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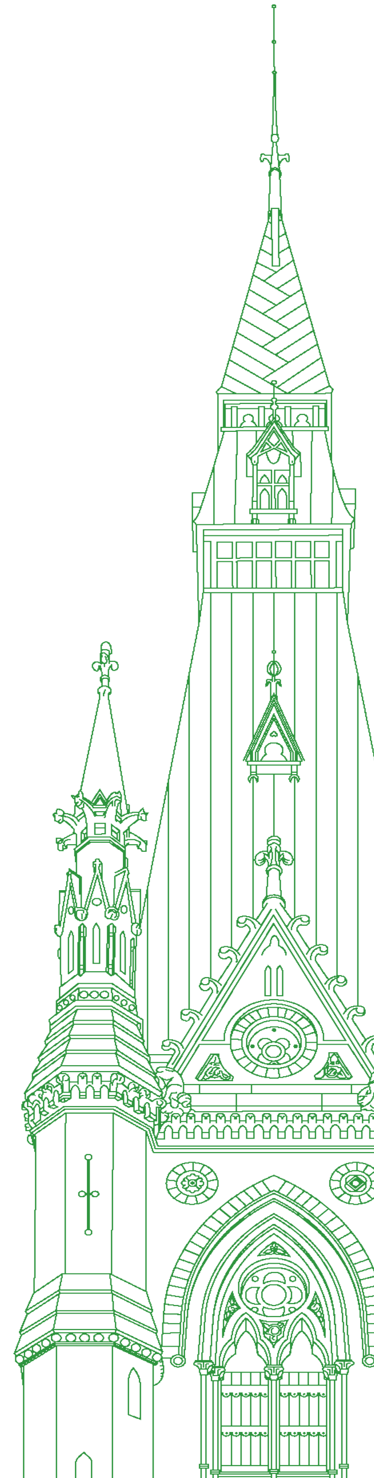

Chair: Mr. Ron McKinnon

Standing Committee on Health

Friday, June 18, 2021

• (1300)

[*English*]

The Chair (Mr. Ron McKinnon (Coquitlam—Port Coquitlam, Lib.)): I call this meeting to order.

Welcome, everyone, to meeting number 45 of the House of Commons Standing Committee on Health. The committee is meeting today to study the emergency situation facing Canadians in light of the COVID-19 pandemic.

Before I welcome the witnesses, however, I would like to draw the committee's attention to the supplementary budget request for this study. I believe all committee members should have a copy from the clerk. This request supplements our previously adopted budget for this study. It requests an additional amount of $4,125. This covers additional costs for witness headsets, video conferencing, shipping and such. If there's any discussion, we can bring it up later. I'm hoping, however, that it is the will of the committee to approve this budget at this time.

Do we have unanimous consent to do so?

Some hon. members: Agreed.

The Chair: Seeing no dissent, thank you, all. The supplementary budget is therefore approved. Thank you.

I would now like to welcome the witnesses.

[*Translation*]

We welcome, as an individual, Professor Alain Lamarre from the Institut national de la recherche scientifique (INRS).

[*English*]

Also as an individual, we have Professor Ambarish Chandra from the University of Toronto. We have Dr. Michael Silverman, chair and chief of infectious diseases at Western University. From the Lu'ma Medical Centre, we have Dr. Michael Dumont, medical director and family physician.

We'll start with statements. I will advise the witnesses that I shall hold up a yellow card when their time is in the vicinity of being over, and I'll hold up a red card when it's actually over.

If you see the red card, please try to wrap up. You don't have to quit instantly, but do try to wrap up. Thank you.

[*Translation*]

We'll begin with Mr. Lamarre.

Professor Lamarre, you have the floor for five minutes.

Mr. Alain Lamarre (Full professor, Institut national de la recherche scientifique, As an Individual): Thank you very much, Mr. Chair.

First, I would like to thank the committee for inviting me to participate in this meeting.

I would like to take a few minutes to talk about the importance of significantly increasing research funding in Canada, particularly for basic research. I believe that this is a key issue in maintaining and enhancing Canada's place on the world stage of health innovation.

I am a full professor at the Centre Armand-Frappier Santé Biotechnologie of the Institut national de la recherche scientifique in Laval. I have been studying the immune response to viral infections and vaccines for over 20 years. As a result, I have been able to see a relative decrease in research funding in Canada during that period.

Basic research is an indispensable component of the development of new technologies for the prevention and treatment of disease. For example, the messenger RNA technology, which is the basis for the new COVID-19 vaccines, grew out of developments in the design of new approaches to cancer treatment. This means that the development of innovative approaches cannot always be accelerated by targeted, problem-specific investments, but often comes from broad investments in basic research, the potential benefits of which were often unsuspected at the outset.

The business model of the pharmaceutical industry has changed dramatically in recent decades. Large pharmaceutical companies are increasingly turning to the public and academic sectors to develop new technologies, rather than relying solely on their own research and development resources. For this reason, a rich and diverse public research ecosystem is increasingly important in the development and commercialization of innovative new treatments for patients.

The majority of biomedical research funding in Canada comes from the Canadian Institutes of Health Research (CIHR). According to a recent analysis by the Canadian Association for Neuroscience using CIHR data, the success rate of funding applications to CIHR open competitions has steadily declined since 2005, from a 31% success rate to less than 15% in 2018. Such a low success rate means that excellent applications are not funded and will need to be resubmitted, placing a significant additional workload on researchers and potentially even leading to the closure of successful labs, especially for researchers just starting their careers. In addition to the low success rate of CIHR projects in open competitions, applications that are funded typically see the budget reduced by more than 25%, further demonstrating the glaring lack of funding.

According to data from the Organisation for Economic Co-operation and Development (OECD), Canada is the only G7 country where gross domestic expenditures on research and development have been declining since 2001. It is now the second lowest in the G7 on this measure, ahead of only Italy. As an example, the per capita amount of research investment is more than three times higher in the United States than in Canada. This clearly demonstrates the considerable effort that Canada should make to become a world leader in this area.

As a contribution to the reflection on these strategic issues, I would like to propose two measures that the Government of Canada could consider in order to maximize the benefits of its investments in biomedical research. These actions are consistent with recent recommendations from the Canadian Association for Neuroscience and with the final report of the Advisory Panel on Healthcare Innovation, entitled “Unleashing Innovation: Excellent Healthcare for Canada.”

First, federal investments in basic research in Canada should be increased by 25% now, and by 10% per year for the next 10 years, in order to catch up with other G7 countries. Second, federal investments in leading-edge research infrastructure through the Canada Foundation for Innovation (CFI) must be continued and increased. We know that new advances in basic research require state-of-the-art infrastructure. Such infrastructure entails significant operating and maintenance costs for researchers and universities. It will therefore be essential in the coming years to continue and increase CFI investments, not only in infrastructure, but also in its long-term operating and maintenance costs.

● (1305)

In conclusion, the COVID-19 pandemic has highlighted the importance of having a rich and diverse basic research ecosystem to better protect against future health crises.

Canada should make significant additional efforts to re-establish itself, as a world leader in research and development and should invest heavily in research funding over the next decade.

Thank you. I am available to answer your questions.

The Chair: Thank you, Professor Lamarre.

[*English*]

We go now to Professor Chandra.

Please go ahead, sir, for five minutes.

Professor Ambarish Chandra (Associate Professor, Rotman School of Management, University of Toronto, As an Individual): Good afternoon, and thank you for inviting me today.

I'm an associate professor of economics at the University of Toronto. My past and current research focus is on airlines and the U.S.-Canada border. I have published articles in this area, and I have written a number of related opinion pieces in the media. I have previously provided testimony to Senate committees on the subject of airlines and cross-border travel. My statement today is on Canada's policies towards the border and international travel since the start of the pandemic.

In my opinion, Canada has made some correct decisions but also some mistakes in its approach to the border. I am sympathetic toward those who had to make quick decisions in stressful times, often with little available data or evidence, so these remarks are not meant to be overly critical. However, it is important to recognize the correct decisions, as well as identify the mistakes, to prevent them from happening again.

Economists do not generally favour severe restrictions on international travel. My own research shows the huge social and economic benefits of travel, yet last year I wrote to support the decision to stop non-essential travel between the U.S. and Canada. I still believe that decision was correct.

I also believe that Canada's government correctly identified major essential sectors that were exempted from any travel restrictions. These were defined by Public Safety Canada and include categories such as food, water, health, manufacturing and others.

I believe mistakes were made and continue to be made in the mandatory testing and quarantine procedures for travellers entering Canada. Many travellers were exempted from quarantine or testing, including those who provide essential services, those who maintain the flow of essential goods or people, and those who commute for work or school. We correctly exempted these travellers from testing and quarantine, yet we continue to impose these requirements on a small minority of travellers for little purpose.

To be clear, it was necessary to exempt truck drivers, other transportation staff, commuting workers and students, and anyone working in an essential industry. We have incredibly highly integrated supply chains with the United States. Our food networks, manufacturing supply chains and deliveries of everything from medicines to construction supplies require regular cross-border travel. Trucks won't cross if drivers need to quarantine for two weeks. Everyday commuters cannot realistically quarantine, and health staff should not be deterred from crossing the border.

By my calculations, around 14,000 trucks enter Canada every day from the United States, which is about five million per year. I also estimate around two million car trips by commuters per year. When I add together the truckers, commuters, essential workers and other exempt travellers, I estimate that over 80% of current cross-border travellers are not required to test or quarantine.

Canadians have been led to believe that testing and quarantine at the border protects us from infectious disease and emerging variants, but in fact these policies are weak. Consider, for example, returning snowbirds who cross the border by taxi, as they're permitted to do. Even if fully vaccinated, the snowbirds still need to test three times and quarantine for 14 days, meanwhile the taxi driver, who may well be unvaccinated, is not required to test or quarantine.

Given this, there can be little doubt that viruses and their variants that are present in, say, the United States, have made and will continue to make their way here no matter what. Why, then, do we require the remaining 20% of travellers to test and quarantine and to do so even when they have evidence of vaccination? Continuing to test and quarantine fully vaccinated travellers is extremely expensive for the government, time-consuming for CBSA and onerous for travellers, for no clear benefit.

Canada's government is currently ignoring clear recommendations from its own expert panel to let vaccinated travellers enter freely, and also to resume normal cross-border flows. This is baffling. Past governments have always supported the free flow of people and goods, and opposed moves to “thicken” the border. Canada acted quickly in the wake of 9/11 to prevent the border from being closed, and successfully carved out Canadian exemptions to American regulations such as passport requirements and the buy America provisions. Canada's policy has always been that a relatively open border is in the clear interests of Canadian citizens and businesses.

It would be a massive miscalculation for Canada to continue restricting most forms of travel, given the low case numbers in both countries, especially as U.S. lawmakers express their own bafflement and frustration at the continuing situation. At stake are not just the charter rights of citizens but also the survival of the tourism industry, which employs, directly or indirectly, 10% of Canadians.

At some point, Canadians can expect to see a commission of inquiry to examine Canada's response to the pandemic. While there are many aspects that will be evaluated, the government's handling of the air and land borders must receive special attention. I have no doubt that an inquiry would reveal both correct and incorrect decisions. We must record and acknowledge these in order to improve our future decisions.

Thank you.

● (1310)

The Chair: Thank you, Professor.

We will now go to Dr. Michael Silverman.

Dr. Silverman, please go ahead for five minutes.

Dr. Michael Silverman (Chair and Chief of Infectious Diseases, Western University, As an Individual): Thank you for the invitation to speak to you today.

I would like to address the issue of health care worker COVID vaccination.

Vaccination of health care workers has been an incredibly effective intervention in the control of COVID-19. A study by the Cleveland veterans affairs department found that health care workers who had been vaccinated had a 19-fold lower risk of acquiring COVID than those who were unvaccinated. Furthermore, the institution suffered from four COVID outbreaks, all of which were associated with transmission from unvaccinated health care workers. There were no outbreaks from vaccinated workers.

A recent outbreak involved a single unvaccinated health care worker who transmitted COVID to 20 other health care workers and 26 residents, and led to three patient deaths. This occurred despite the facility having extensive patient vaccination.

In Canada, there is a wide variation in health care worker vaccination rates between institutions, with many having staff vaccination rates well below the general population. As having your personal health care worker vaccinated can help protect you from exposure, these variable rates in vaccination raise an important issue of equity in health care delivery and patient safety.

Many patients do not respond to the vaccine because of serious underlying conditions, such as cancer, dialysis, organ transplantation or other immunocompromising conditions. They are vulnerable, and thus dependent on the health care workers and those around them to shield them from exposure to COVID.

Unlike going into a private business, patients who need to go to hospital cannot simply choose to stay home. Therefore, we have a moral obligation to assure these people that we will do everything we can to prevent them from becoming catastrophically ill and dying while in our care.

This then raises the issue of whether vaccination should be mandatory for health care workers who provide direct patient care.

Several concerns about a mandatory vaccination policy have been raised. Firstly, due to personal privacy concerns, health care workers do not have to even report their health care information to their institution.

Although it is true that the principle of privacy of health care information needs to be maintained, there are well-established exceptions where the public has a right to know in order to be protected. An individual's struggles with alcoholism should remain a private matter. However, if that individual is a commercial pilot, the airline safety regulator has a well-established right to demand this information.

In our own experience, many of us would not be comfortable having someone who was unvaccinated come into our home. However, when a patient is ill in hospital, they at present have no right to even ask whether the health care worker entering their room is vaccinated.

The vast majority of patients would not consent to being directly cared for by a non-vaccinated person. However, this practice is still commonplace and is only maintained because of a lack of transparency, which enables the system to deny this information to the patient.

Patients have a right to expect that when they are being cared for in a medical facility, scientific principles will be used to determine the approach to care. We would not accept a health care worker making a unilateral decision, based on the belief that hand washing is not necessary, to continue to provide care between patients without washing their hands. Certain scientific principles that have overwhelming consensus and important patient safety issues must be maintained in order to provide a science-informed basis in care.

I am not recommending that any individuals who feel strongly opposed to vaccination must undergo it against their will. However, I do say that providing frontline health care services is a privilege and not a right.

If health care workers choose not to be vaccinated, despite the well-documented risks to both themselves and their patients, then hospitals should be able to decide not to allow their patients to be put at risk. These workers may be redeployed to non-frontline activities, if possible, or if not, then terminated. Special arrangements for health care workers with a vaccine allergy will have to be made, but a true vaccine allergy is an extremely rare phenomenon.

Our hospitals already mandate that health care workers provide proof of vaccination against other common transmissible agents, including measles and hepatitis B. Several countries have instituted mandatory health worker COVID vaccination policies.

The United States Equal Employment Opportunity Commission has ruled that all companies can mandate employees to be vaccinated in order to protect their customers. Many large U.S. hospitals have, therefore, undertaken a mandatory staff vaccination policy.

In Canada, however, despite the fact that most health care leaders would like to institute such a policy, they have been hamstrung by concerns regarding the legal framework, including the Charter of Rights and Freedoms, and a lack of federal or provincial direction.

● (1315)

Federal guidance and a national strategy on this issue are urgently needed. I therefore request that a committee be set up that would include representatives of health care institutions, health care providers, ethicists, patient advocacy groups and legal experts. This would enable rapid development of guidelines regarding implementing mandatory COVID vaccination policies for frontline health care workers.

Thank you.

The Chair: Thank you, Doctor.

We go now to Dr. Michael Dumont.

Go ahead, please, for five minutes.

Dr. Michael Dumont (Medical Director and Family Physician, Lu'ma Medical Centre): Thank you.

My name is Michael Dumont. I am Anishinabe Marten Clan. My family is from the Shawanaga First Nation, and I also carry mixed European ancestry. I am calling from the unceded territory of the Musqueam, Squamish and Tsleil-Waututh peoples, where I am honoured to make my home. I am a family physician and represent the Lu'ma Medical Centre, where I serve as medical director.

I would like to thank the committee for the opportunity to speak today about urban indigenous primary care in the COVID-19 pandemic.

Indigenous peoples in Canada experience unacceptable disparities in health outcomes, and there continues to be a large unmet need for culturally safe medical care to address this gap. With this goal in mind and guided by TRC call to action 22, in 2016 we established Lu'ma Medical Centre, an indigenous-operated not-for-profit society. Our centre delivers safe, culturally integrated primary care to 1,900 indigenous people in urban Vancouver through a team-based, two-eyes-seeing model, blending western and traditional indigenous approaches to health and healing.

We have been fortunate to build excellent partnerships with the First Nations Health Authority, Vancouver Coastal Health and our provincial health ministry in developing our community-guided service plan, which funds our multidisciplinary team. The support from our local MP, Don Davies, and our provincial MLA and health minister, Adrian Dix, has been invaluable.

However—

[*Translation*]

Mr. Sébastien Lemire (Abitibi—Témiscamingue, BQ): A point of order, Mr. Chair.

I was listening to the conversation in English and I did not realize that the interpretation was not being done. I am gradually becoming used to understanding English, but I would like to have access to the interpretation in French.

[*English*]

The Chair: I'll ask the clerk to check on that.

[*Translation*]

Mr. Sébastien Lemire: Okay.

I can hear it now.

[*English*]

The Chair: Doctor, could you maybe back up a couple of paragraphs and start over? I'll give you a little more time to accommodate that.

Thank you.

Mr. Don Davies (Vancouver Kingsway, NDP): Yes, Mr. Chair, especially the part where he mentioned me.

I'm teasing.

The Chair: We're going to edit that out anyway, so that's fine.

Go ahead.

Dr. Michael Dumont: Thank you.

Indigenous peoples in Canada experience unacceptable disparities in health outcomes, and there continues to be a large, unmet need for culturally safe medical care to address this gap. With this goal in mind and guided by TRC call to action number 22, we established Lu'ma Medical Centre in 2016, an indigenous-operated not-for-profit society. Our centre delivers safe, culturally integrated primary care to 1,900 indigenous people in urban Vancouver through a team-based, two-eyed-seeing model, blending western and traditional indigenous approaches to health and healing.

We have been fortunate to build excellent partnerships with the First Nations Health Authority, Vancouver Coastal Health and our provincial Ministry of Health, in developing our community-guided service plan that funds our interdisciplinary team. The support from our local MP, Don Davies, and our provincial MLA and provincial health minister, Adrian Dix, has been invaluable.

However, we stand in a difficult position. We are facing unprecedented demand for our primary care services, fuelled by the overlapping health emergencies of the COVID-19 pandemic, opiate overdose epidemic and indigenous-specific racism in health care. We have run out of physical space in our building to meet the needs of our growing patient panel and seek financial support to make the necessary capital improvements to an adjacent unit in our building to expand our services.

With this planned expansion, we plan to build two additional medical exam rooms, a physiotherapy gym, a sacred space for group healing and ceremony, a traditional medicines room, a culturally integrated pharmacy and three counselling rooms. These improvements will allow us to fully expand to the full realization of our service plan, attaching 2,800 first nations away from home and urban indigenous people to culturally safe primary care.

We have fundraised $60,000 through local and provincial partners but need an additional $160,000 to complete this capital project. It is exceedingly difficult for indigenous health organizations such as ours to access capital funding to develop needed projects like this off reserve, where the majority of indigenous people—status, non-status and Métis—live.

We call for a partnership between Indigenous Services Canada and the Department of Health to develop a funding stream for capital grants to support the development of indigenous-specific health centres off reserve. This mechanism could provide enormous benefits for status first nations and other indigenous people living in urban centres away from their home communities and help the federal government meet its commitment to closing the health gap between indigenous and non-indigenous people in this country.

I'd like to highlight how we have responded to local care needs during the COVID-19 pandemic. We are currently the sole indigenous-specific COVID-19 vaccination site in the city of Vancouver, providing cultural support services through the full vaccination experience. Of the 10 mass vaccination clinics completed or scheduled, seven have had bookings handled under the provincial booking system. At these clinics, only 1% to 29% of attendees were indigenous, as non-indigenous people were still able to book appointments and displaced our community members, who sought the familiar safe environment of our centre for their vaccinations. In the subsequent three pilot clinics where the bookings have been coordinated directly by our organization, 99% of vaccines have gone directly to indigenous community members.

We see this as a major success in overcoming vaccine hesitancy and improving immunity in our urban indigenous population, which faces higher rates of COVID-19 infection, hospitalization and death compared to non-indigenous Canadians.

We advocate for Health Canada and Indigenous Services Canada to build more direct partnerships with urban indigenous organizations such as ours, which have earned the trust of our local communities, for the safe and effective delivery of COVID-19 vaccines to indigenous people off reserve. We believe this approach will lead to higher vaccination rates and improved health outcomes compared with the current reliance on provincial or territorial partners for all off-reserve vaccinations for indigenous peoples.

Thank you very much for your time and opportunity to share the story of the Lu'ma Medical Centre in this forum.

Hay'qa o'siem. *Chi miigwetch*. All my relations.

● (1320)

The Chair: Thank you, Doctor.

We will start our questions at this point with Ms. Rempel Garner, please.

Go ahead for six minutes.

Hon. Michelle Rempel Garner (Calgary Nose Hill, CPC): Thank you, Chair.

I'll direct my questions to Dr. Chandra. Thank you for your testimony today.

I'll start by just asking if you're aware that the federal government extended the U.S.-Canada land border closure for another month today.

Maybe I'll give you a minute to talk about the impact of that in the context of the piece that you wrote in the The Globe and Mail recently.

Prof. Ambarish Chandra: I have to say that it's disappointing. It's also a little bit bewildering. It's not clear at this stage what threat we face from fully vaccinated people, especially fully vaccinated Americans. In general, the rates of community transmission in the United States are either comparable to ours or at times lower. Both New York state and Michigan, our immediate neighbours across from Ontario, which has the busiest land borders, have lower rates of infection than we do.

If we're going to continue to keep the borders closed now, then maybe we should never open them, because there will always be diseases, not just COVID but others.

I find it baffling, especially today's decision in the light of the high vaccination rates and low case numbers.

Hon. Michelle Rempel Garner: I do as well.

The committee is trying to ascertain whether or not the policies we have in place are beneficial to Canadians at this point. You just alluded to the fact that, at this point, you couldn't point to a specific body of evidence that shows the benefit of this policy. You don't have to comment on this. I'm speculating that it is political at this point in time.

I think the other side of the equation on the land border closing right now really hasn't been discussed. That's the opportunity cost to industry. I noted that a lot of people are, for example, flying into Buffalo and then driving across the land border. Those rules are being skirted in some ways anyway.

Can you perhaps try to quantify for us the potential opportunity cost to closing the U.S.-Canada land border for another month without evidence of necessity?

● (1325)

Prof. Ambarish Chandra: One thing I'll just say is that the fact that some people are skirting the rules isn't necessarily evidence of failure. We design public policy all the time, but occasionally people do slip through the cracks and evade restrictions. As long as they work most of the time for most of the people, it's still good to design public policy with good aims.

Now you ask me to quantify the effects on industry. To some extent we won't know until much later. We won't know until months or years later exactly what effect this will have on industry.

I can tell you that the tourism sector in Canada, broadly defined, employs 10% of Canadians directly or indirectly. That's a staggering number. Of course, a lot of that is domestic as much as international travel, but a lot of these crown jewels of tourism will not survive without international travel. Niagara Falls, Ontario; Whistler, B.C.; Banff and Lake Louise are destinations that will not be able to keep operating in the future if we essentially make clear that we aren't interested in foreign travel, especially by people who are completely safe and fully vaccinated.

I can't give you a number on—

Hon. Michelle Rempel Garner: Thanks.

I just have a couple of minutes. I'm sorry to interrupt you. I would invite you to table any research that you have in this regard with the committee. It would be very helpful for our deliberations.

Again, I'm trying to get to a quantification of this. Could you ballpark a dollar amount or a number of jobs that the Canadian economy is now losing, let's say per month, for every month that the border closure is delayed without a plan in sight?

Prof. Ambarish Chandra: I'd be very reluctant to ballpark a number. I can try to come up with an estimate and send that to your office or to the committee later on.

I do think even the best estimate right now might prove to be wildly off once we fully realize the effects of this in the future.

Hon. Michelle Rempel Garner: At this point, as a legislator, without seeing data that shows a considerable public health benefit to keeping the border closed—and I'm very open to looking at that data, which has not been provided by the government to this committee—I am surmising that this is a political decision at this point.

Would you want to speculate on that or perhaps on the reason that you would think this is still in place?

Prof. Ambarish Chandra: I can see very clearly, living where I do in Toronto, that there's pressure from certain provinces with the claim that the borders are a cause of infection. I think multiple levels of government find it convenient to toss that football around, but there's no evidence for it.

Hon. Michelle Rempel Garner: In your piece in The Globe and Mail, you said that Europe is already welcoming fully vaccinated Americans. Are there any other international examples that you would point us to in terms of best practices right now?

Prof. Ambarish Chandra: As of last week, France and Spain have begun welcoming fully vaccinated travellers. I believe Finland announced today that they would, as of today. Again, I can probably look up a list of jurisdictions and let you know.

Hon. Michelle Rempel Garner: This is the last question.

Today, Perrin Beatty made a comment that it is now easier to fly to France for a fully vaccinated Canadian than it would be to go to Buffalo.

Would you agree with that assertion?

Prof. Ambarish Chandra: It's true. Fully vaccinated Canadians are welcome in France, but they're not necessarily welcome back today without quarantine.

Hon. Michelle Rempel Garner: Do you think it will have a significant detrimental impact on many industrial sectors in Canada?

Prof. Ambarish Chandra: Absolutely. In fact, there are so many sectors.... We take for granted that people can cross the border and take advantage of tourism opportunities here. I think, when we finally see the scale of the effect, we'll be shocked.

Hon. Michelle Rempel Garner: Would you recommend the reopening of the U.S.-Canada border with whatever safe provisions you might recommend at this point?

Prof. Ambarish Chandra: Frankly, for fully vaccinated travellers, that time has long past. It should have been through in April. Regular resumption of cross-border flows, I think, is overdue today.

Hon. Michelle Rempel Garner: Thank you.

The Chair: Thank you, Ms. Rempel Garner.

We go now to Dr. Powlowski.

Dr. Powlowski, go ahead, please. You have six minutes.

● (1330)

Mr. Marcus Powlowski (Thunder Bay—Rainy River, Lib.): I'll address my questions to Dr. Silverman.

Thanks for a very cogent, well-thought-out argument as to why we should be considering making COVID vaccination mandatory for—

Dr. Michael Silverman: I'm sorry. I can't hear Dr. Powlowski.

Mr. Marcus Powlowski: Can anybody else not hear me?

The Chair: Doctor, maybe lift your microphone.

Dr. Michael Silverman: I'm sorry. I couldn't hear Dr. Chandra either, so it's possible there's something wrong on this side.

Mr. Marcus Powlowski: Can you hear me now, Mike? Should I keep talking?

The Chair: No. We'll suspend for a minute as we sort this out.

● (1330)

_____________________(Pause)_____________________

● (1330)

The Chair: Due to problems with Dr. Powlowski's microphone, we will go directly to Monsieur Lemire—

Ms. Jennifer O'Connell (Pickering—Uxbridge, Lib.): I'm sorry, Mr. Chair....

[*Translation*]

The Chair: One moment, please.

[*English*]

Ms. O'Connell, do you have a point of order?

Ms. Jennifer O'Connell: I don't think it's an issue with Dr. Powlowski's microphone. I think we have a witness who can't hear the testimony, so that's not fair to any members who might want to ask him a question. He's not able to hear, so I think we need to sort out why this one witness can't hear any of the interventions.

Hon. Michelle Rempel Garner: Mr. Chair, on that point of order, we have a very limited amount of time on this panel. It seems to be a technical issue with the witness in terms of his microphone. If my colleague, Mr. Lemire, is not intending on asking Dr. Silverman questions, then I would suggest that we proceed while IT deals with Dr. Silverman's IT issues so that the rest of the committee is not wasting time, which is greatly unfair to everybody, given that it is a technical problem on the witness's end.

The Chair: Thank you for all of your points of order.

Dr. Powlowski has already agreed to ask his questions in the next slot, so I will carry on.

[*Translation*]

We'll now go to Mr. Lemire.

Mr. Lemire, you have the floor for six minutes.

Mr. Sébastien Lemire: Thank you, Mr. Chair.

I am pleased to be with you today and, more importantly, to be able to share my questions again with Mr. Lamarre, whom I had the good fortune of inviting to the Standing Committee on Industry, Science and Technology a few months ago. I am curious to hear his views on the evolution of research in the context of the pandemic.

The pandemic has highlighted the fact that investments in basic research are paramount, as they have affected people's daily lives. We need to stop compartmentalizing everything. We need to consider increased funding for basic research not as a mere cost, but as a societal investment that will allow society to fully develop in the long term.

Do you agree? Can you explain your point of view?

Mr. Alain Lamarre: Yes, I absolutely agree. That's an excellent point.

Doing basic research, as you say, means investing in the development of future technologies and stimulating innovations in healthcare. This is true for all fields, but particularly for healthcare. It is how new therapeutic avenues are discovered that ultimately lead to new treatments and new drugs.

Over the past decades, we have seen a downturn, even a decline, in research investment, and we have seen the potential consequences on vaccine development. The newspapers have mentioned that Canada has lost a lot of its reputation internationally in terms of its ability to develop vaccines.

I think it's time to reinvest massively in basic research so that we can rebuild our entire ecosystem and better position ourselves internationally.

● (1335)

Mr. Sébastien Lemire: Yes, the key word is “ecosystem”.

And since we are talking about the international side of things, yesterday, we learned that the eminent Quebec researcher and microbiologist Gary Kobinger left Quebec to head the Galveston National Laboratory at the University of Texas. The main reason is that money is not an issue and they have many projects over there.

When you see that underfunding over the last 20 years is putting pressure on our ability to avoid a brain drain, are you concerned about the future? What can we do to stop this brain drain and make us an attractive place for scientists again?

Mr. Alain Lamarre: It's a shame to see that. He's not the first, and he won't be the last, to leave Canada for positions with, say, a better funding opportunity in the United States or Europe. In recent years, we've seen a decrease in the number of highly qualified researchers, from about nine out of every thousand to eight out of every thousand. That's a considerable drop in the number of researchers working in Canada.

Funding opportunities are also more attractive in the United States. As I said, the U.S. invests about three times as much in research and development as Canada, and the best Canadian researchers are attracted to positions there.

Indeed, it's very worrying.

Mr. Sébastien Lemire: In your speech, your second recommendation was to continue and increase federal investments in advanced research infrastructure through the Canada Foundation for Innovation.

Could you expand on that position, so that we can make sure that governments can invest more in these innovations and, in particular, in our universities?

Mr. Alain Lamarre: The Canada Foundation for Innovation, the CFI, is a fantastic tool that has been put in place in Canada. It allows us to acquire state-of-the-art infrastructure to continue to be among the pioneers in basic research. However, there is always a risk that this fund will be reduced or abolished, which causes stress.

Also, the operation of these infrastructures is increasingly expensive, and the CFI does not pay for all of it. Therefore, it's important to increase funding for these infrastructures, but also funding that helps cover the costs of operating and maintaining them.

Mr. Sébastien Lemire: In short, every research stakeholder must be funded.

Mr. Alain Lamarre: Yes, absolutely.

Mr. Sébastien Lemire: You talked about the research and life sciences ecosystem.

On July 1, the reform of the Patented Medicine Prices Review Board, or PMPRB, will come into effect. Mr. Clark of the PMPRB told us that in five years, the board has never done a study to assess the impact of life sciences reform in Quebec and Canada.

Several witnesses, including representatives from Research Canada, told us that weakening the biopharmaceutical sector, which is a key link in the health sciences innovation chain, can be expected to have a negative impact on the entire chain in Quebec, including research institutes, teaching hospitals, contract research organizations and clinical trial centres.

Does that worry you, Mr. Lamarre?

Mr. Alain Lamarre: This is a complex issue. While I certainly understand the goal of lowering drug costs for Canadians—it's an important issue that needs to be studied—we need to look beyond the cost. We also need to look at the value of these innovative drugs and calculate the potential impact on research. You have to look at the whole picture.

Mr. Sébastien Lemire: Thank you very much, Mr. Lamarre.

The Chair: Thank you, Mr. Lemire.

[*English*]

We were going to go back to Dr. Powlowski, but I believe Dr. Silverman is on the phone with IT support.

Dr. Silverman, are you able to hear me?

● (1340)

Dr. Michael Silverman: Yes, I can hear you. The question is whether I'll be able to hear Dr. Powlowski.

Mr. Marcus Powlowski: Can you hear me, Mike?

Dr. Michael Silverman: Now, I can. That's great.

Mr. Marcus Powlowski: Perfect.

I want to start off by congratulating you. I think you did a very good job of making a very good argument that the COVID vaccine should be mandatory for health care workers, and perhaps there's a need for national leadership with recommendations on this subject, perhaps under the auspices of PHAC.

I want to switch to another topic, and that is the issue of whether or not we should be keeping schools open, given the number of COVID cases. You recently wrote a paper that I think was published in the Canadian Journal of Public Health, entitled “Ethics of COVID-19-related school closures”. You talked about the pros and cons of school closures and who ought to be making the decisions as to whether or not to keep the schools open.

Could you maybe summarize your conclusions in that paper?

Dr. Michael Silverman: Thanks.

The issue of school openings and closures has been highly debated. However, there is strong consensus that because of both the short-term and long-term developmental and mental health risks of missing in-person learning and the low likelihood of severe physical harm to children from COVID, the safest place for children is in school.

However, these considerations must be balanced against the health risks to teachers of in-person learning as well as the potential health risk to parents and the overall trajectory of community transmission. These are all medical questions. They involve triaging between various medical priorities and, therefore, are best decided by the medical officer of health.

I would differentiate these issues from political concerns such as business closures. In the setting of closing the economy, economic bailouts and mitigating strategies that involve the public purse can be employed, so the politicians have an important role in decision-making. In contrast, school closures are purely a matter of triaging health care priorities. No amount of economic bailout can compensate a child for changes in their long-term development.

Politicians are subject to community advocacy pressures, which should not impact decision-making on the best approach to maximize public health. Promises are commonly made that schools should be the last thing to close and the first to reopen. However, in practice, this doesn't happen due to strong political pressures by various advocacy groups. Data from the United States shows that with the same level of community transmission, states run by Democratic governors were much more likely to have closed their schools than states run by Republican ones.

Decisions about school closure should be apolitical and made by the public health system, with the same separation of decision-making as occurs with the justice ministry. This would assure that public health priorities remain paramount.

Mr. Marcus Powlowski: Thank you.

Now I will turn to one of my favourite topics, and I'm sure one of the whole committee's, and that is the issue of the use of monoclonal antibodies.

Dr. Silverman, are you using them at Western? Do you find them helpful? Why aren't more Canadians using them?

Dr. Michael Silverman: We are using them at Western, but we've been hamstrung by a couple of things. First of all, it's been very slow. There is one monoclonal available, which is bamlanivimab, a combination of monoclonals, which has just been approved by Health Canada but is still not available.

As we're getting more variants, we need these other options. They are available in the United States. They've been available for quite some time. They really help some people who are at risk of developing severe COVID due to severe underlying conditions.

They're not a panacea. They are difficult to administer, because they require IV therapy for people who are generally well at the time they need it but who are at risk of getting very sick.

We've found that it's extremely difficult to get a hold of, but the difficulties can be overcome. Health Canada's recent approval of the combination drug has quite honestly been very slow and very late. There are multiple other options available in the U.S. that are not being made available in Canada yet. With that development, we need rapid deployment of the drug so that people who need it can get it.

We also need the institution of infrastructure so that it can be administered on an outpatient basis rather than having patients come into the hospital to get it. Special outpatient facilities have been set up in the United States, which have enabled hundreds of thousands of people to be treated in the U.S. We do not yet have those in Canada.

● (1345)

Mr. Marcus Powlowski: What would be your response to people who say that we're getting lots of vaccines now so we don't need the monoclonals anymore? Is that the case, or will there still be an ongoing need for monoclonals and other forms of therapy in the coming months?

Dr. Michael Silverman: Because more and more people are getting vaccinated, the need will decrease somewhat, but it is by no means going away. Many people don't respond well to the vaccines, such as people with underlying immunocompromising conditions. We are seeing these people come down with COVID despite being vaccinated. We're also seeing people who have had only one dose of vaccine now getting sick with the new delta variant and other variants. That's going to continue to happen for some time. Those people are important, and we need to be able to service their needs to prevent their ending up in hospital.

Mr. Marcus Powlowski: Quickly, Mike, do you have any comment on what further we ought to be doing in terms of protecting health care workers globally?

We've both worked internationally in health care. Are health care workers in developing countries getting the vaccine and getting protected?

Dr. Michael Silverman: I have a number of colleagues across sub-Saharan Africa. They are all complaining about limitations in availability of vaccine. They say that the government says it's available, but when they go, the cupboards are bare. They have to wait for long periods of time for either the first dose or the second dose. Basically, the cupboards are bare in many of these places.

The Chair: Thank you, doctors.

We go now to Mr. Davies.

Mr. Davies, go ahead, please, for six minutes.

Mr. Don Davies: Thank you, Mr. Chair.

I'd like to thank all the witnesses for being with us today.

Dr. Dumont, may I direct my questions to you? First, let me say for the benefit of all of the committee, how exceptional the Lu'ma Medical Centre is. It is an indigenous-led community clinic in Vancouver serving a primarily indigenous urban population. It is innovative and is delivering frontline primary care to people who largely don't access that. I want to congratulate you on your accomplishments to date.

Dr. Dumont, I wonder if you could describe in a little bit more detail for us what impacts you've seen over the past year and a half, since the pandemic started, on the client population, which is, I guess, primarily urban indigenous people. What can you tell us about those?

Dr. Michael Dumont: I'm so sorry, Don. I don't know if it's my connection or yours, but I missed the question.

Mr. Don Davies: Can you hear me now, Dr. Dumont?

Dr. Michael Dumont: I can hear you now, yes.

Mr. Don Davies: Mr. Chair, I'm wondering if I could have that time back.

Dr. Dumont, I was asking if you could perhaps describe in a bit more detail what impact you've seen on your patient population, namely urban indigenous people, over the course of the pandemic.

The Chair: Mr. Davies, I did stop your time for you to re-ask the question. I will start it again now.

Mr. Don Davies: Thank you, Mr. Chair.

The Chair: Go ahead, Dr. Dumont.

Dr. Michael Dumont: I very much appreciate the opportunity to answer that question. It's been an exceptionally difficult time for our patients, especially for indigenous people living off reserve. I do work as well with the Musqueam First Nation doing on-reserve primary care. I think the pandemic has been especially difficult for indigenous people off reserve, because they haven't had the same opportunities to safely stay home and safety quarantine. Many of our urban families are living in very crowded environments. This shows up in the data. We've seen higher rates of infection, higher rates of hospitalization and higher rates of death among indigenous people living off reserve. I believe that's all across Canada, but it's certainly true here in B.C.

I'm sure the committee is aware of the recent “In Plain Sight” report in B.C. It's a report into indigenous-specific racism in the health care system here in B.C. This is certainly not a situation that's unique to B.C. Health care spaces are in general a very difficult place for indigenous people to access at a baseline. There is, unfortunately, still very much a culture within health care spaces that is very toxic and not very welcoming for indigenous people. Many of us don't have a sense of safety walking into these environments, be it a walk-in clinic, an emergency room or a community health centre to seek the care we need. Add to that the burden of the pandemic and the difficulties of accessing care safely from an infectious disease point of view, and it's meant that a lot of our patients are even further isolated from the care they need.

I would say that it just further increases the need for centres like ours to be able to provide that culturally focused care, that safe care. The majority of our health care providers are indigenous. The ones who aren't are very strong allies who have had cultural safety training and have developed those trusting relationships with our patients too. We've been doing certainly more virtual care and trying to do more safe outreach care to our patient population. We are working very hard to vaccinate as many people as we can in the community. Certainly, it's been an exceptionally difficult time over the last 15 months.

● (1350)

Mr. Don Davies: Thank you.

Dr. Dumont, you used the term “culturally informed” care. I'm wondering if you could describe to us a little bit more what you meant by that.

Dr. Michael Dumont: I used the term “culturally safe” care. The reason I mention cultural safety specifically is that it places the interpretation of and sense of safety from the patient's point of view. That's a very important distinction. We've talked in the past about cultural competency as a concept of learning about some of the historical factors that affect indigenous people accessing care. That competency is a necessary component to that education for all health care workers, but it's not complete.

Again, cultural safety is a concept that takes that a step further and places the perspective more on the patient's side as far as how they feel in that interaction. It basically means that we have a responsibility as health care providers to make sure that the interactions we have with our patients, the procedures we conduct and the care we provide are all done in a manner that, first of all, helps the patient feel safe, feel cared for and feel free of discrimination. It's a place where they feel they can build trust.

We spend an enormous amount of time, especially early in our interactions with patients and their families, on making sure that it is a safe space and on building those trusting relationships off the start so that they have that sense of trust coming to the health care system. We see that as fundamental. That relationship really is the intervention at the beginning, when we're getting to know them.

Mr. Don Davies: I know that historically we have had a very physician-based care model. I think we're now increasingly aware of the importance of allied health professionals to provide a whole approach to patient care.

At your clinic, you have incorporated some novel and creative uses of people like elders and uses of indigenous traditions and ceremonies as a way of treating people with mental health issues, I think. Can you maybe elaborate a little bit on your clinic's experience with that?

Dr. Michael Dumont: Absolutely. We partner with indigenous elders and traditional healers. They are part of our team. They are hired on and are full members of our team. We know from patients themselves and their families, but also from research, that the inclusion of elders on primary care teams improves mental health outcomes, not only subjective scores in terms of depression and anxiety going down but also a reduced risk for suicide and a reduced risk for involvement in the criminal justice system. There are a number of benefits.

Just from a staffing point of view, it's made an incredible difference in terms of how we provide our medical care.

The Chair: Thank you, Mr. Davies.

That wraps up our round of questions. I think we have a couple of minutes for a quick snap round, if people are interested. There's not very much time, so let's give one minute per party, and I believe we would start with Mr. Barlow.

Mr. Barlow, go ahead please for one minute.

Mr. John Barlow (Foothills, CPC): Thank you very much, Mr. Chair, and I'll be fast.

Mr. Chandra, I was surprised with the words that you used regarding the border closure. There's one thing I wanted to ask you. You were talking about this being baffling and bewildering, but in the supplementary estimates the Liberal government is asking for an additional billion dollars, with a “b”, for hotel quarantines. They've already spent $225 million.

Do you think it is a good investment to continue these hotel quarantines for an unspecified amount of time, if we shouldn't even have the border continue to be closed?

● (1355)

Prof. Ambarish Chandra: It's absolutely not a good investment.

Mr. John Barlow: You also mentioned the fact that if we're not going to open the border now, why bother opening it at all? I thought that was interesting.... It may never be open. Can you elaborate on that very quickly, if you don't mind?

Prof. Ambarish Chandra: I realize now that it's easy to impose these restrictions and very difficult to lift them, but let's take the example of Australia. They've had borders closed since the start of the pandemic and now they're saying they're not going to open them at least until the middle of next year.

We'll see what effect that has in the long run in Australia, on the universities and their tourism sector and all of that, but I hope we don't treat the border so casually here. We just can't afford it.

The Chair: Thank you, Mr. Barlow.

We'll go now to Dr. Powlowski for one minute, please.

Mr. Marcus Powlowski: Thank you.

Dr. Silverman, as you may know, I think 70-something of us members of Parliament recently signed a letter supporting the idea of waiving intellectual property rights related to COVID. This is being done at the WTO level.

Can you comment on that and what you think of the importance of that globally in trying to manage the pandemic?

Dr. Michael Silverman: I think it is the right thing to do. I think the experience from the HIV epidemic is that intellectual property rights really slowed the delivery of antiretrovirals. We do have large production facilities at several places in the developing world that could ramp up if intellectual property rights were waived. There can be mandatory licensing. This should not affect the companies because they can be produced for distribution in the developing world exclusively at cost.

There can be, with mandatory licensing, some compensation to the companies. It's the right thing to do and it would protect us by having rollouts in countries that, for the foreseeable future, will not be able to pay the market price for these vaccines.

The Chair: Thank you, Doctor.

[*Translation*]

Mr. Lemire, you have the floor for one minute.

Mr. Sébastien Lemire: Thank you, Mr. Chair.

I'll turn back to Mr. Lamarre.

On February 16, exactly four months ago, you testified before the Standing Committee on Industry, Science and Technology.

I asked you a question about the pitfalls to avoid. You responded that we shouldn't focus on a limited number of technologies based on individual concerns that aren't part of a global vision, and that we also shouldn't focus solely on the vaccine development chain without maintaining a strong basic research capacity.

We know that messenger RNA technology was developed through basic research over 40 years ago and that this technology is saving us today.

Have things changed on the ground in the past four months? Is the government keeping its promises?

Mr. Alain Lamarre: Things are starting to move.

There have been individual investments in some small-scale biotechnologies or pharmaceuticals. We've started to see the benefits. In Quebec City, Medicago is now conducting its phase 3 clinical trials. Other technologies have also received financial support in British Columbia and Alberta, for example.

However, much more investment is needed. I estimate that the Canadian Institutes of Health Research, or CIHR, budget for basic research should be doubled over the next 10 years.

Mr. Sébastien Lemire: Do you feel that a long-term vision is currently being established?

Mr. Alain Lamarre: I don't feel that way—

The Chair: Thank you, Mr. Lemire.

Mr. Sébastien Lemire: Thank you.

[*English*]

The Chair: We go now to Mr. Davies.

Mr. Davies, go ahead for one minute, please.

Mr. Don Davies: Dr. Dumont, I know that Lu'ma Medical Centre profoundly understands the importance of social determinants of health. You have partnered with the Lu'ma Native Housing Society. According to their website, there are over 3,500 individuals and families on Lu'ma's wait-list for housing with subsidy. People wait many years before landing housing with subsidy provided.

I'm wondering if you could briefly describe the importance of housing and the impact it has on health in your patient cohort.

Dr. Michael Dumont: Housing is critical. I think of it as the primary social determinant of health. We start with housing as our first intervention if we have a patient coming to see us for the first time who is experiencing homelessness or is underhoused.

We're fortunate to work with a partner organization like Lu'ma housing to be able to connect our patients with that support. Part of our interdisciplinary team is having social navigators to help with housing applications and treatment program applications.

● (1400)

Mr. Don Davies: Thank you so much for your fabulous work.

The Chair: Thank you, Mr. Davies.

Thank you to all the witnesses. On behalf of the committee, I certainly want to thank you for all your time and all of your efforts in sharing with us your expertise, for helping us with our study and certainly for what you do on a day-to-day basis to move us forward.

Thanks to all of you.

With that, we will suspend and bring in the next panel.

● (1400)

(Pause)

● (1400)

The Chair: I call this meeting back to order.

Welcome to the second part of meeting 45 of the House of Commons Standing Committee on Health.

The committee is meeting today at this point to study supplementary estimates (A), 2021-22: votes 1a and 5a under the Canadian Food Inspection Agency; vote 5a under the Canadian Institutes of Health Research; votes 1a, 5a and 10a under the Department of Health; and votes 1a, 5a and 10a under the Public Health Agency of Canada.

I would like to welcome the witnesses.

Appearing today is the Honourable Patty Hajdu, Minister of Health.

Appearing with the minister we have, with the Canada Border Services Agency, Denis Vinette, vice-president, travellers branch. From the Canadian Food Inspection Agency, we have Dr. Siddika Mithani, president. From the Canadian Institutes of Health Research, we have Dr. Michael Strong, president. From the Department of Health, we have Mr. Stephen Lucas, deputy minister. With the Department of Public Safety and Emergency Preparedness, we have Monik Beauregard, associate deputy minister. From the national advisory committee on immunization, we have Mr. Matthew Tunis, executive secretary; and with the Public Health Agency of Canada, we have Dr. Theresa Tam, chief public health officer; Mr. Iain Stewart, president; and Brigadier-General Krista Brodie, vice-president, logistics and operations.

With that, I would invite the minister to present a statement for 10 minutes, please.

● (1405)

Hon. Patty Hajdu (Minister of Health): Thank you very much, Mr. Chair.

Thank you for the opportunity to appear before all of you today to speak to the supplementary estimates (A) for the health portfolio.

First of all, I wish to thank the committee members for their exceptional work over the last several months as Canada responds to COVID-19 and the pandemic. Your diligent oversight is key to ensuring we continue to work effectively together to protect Canadians during the pandemic and beyond.

COVID-19 continues to dominate our work in the health portfolio. It's, therefore, the driving force behind the spending plans I'll outline for you today.

Today, I'm joined by Dr. Stephen Lucas, deputy minister, Health Canada; Iain Stewart, president, Public Health Agency of Canada; Dr. Theresa Tam, chief public health officer; Brigadier-General Krista Brodie, vice-president, vaccine rollout task force, logistics and operations; Dr. Siddika Mithani, president, Canadian Food Inspection Agency; and Dr. Michael Strong, president, Canadian Institutes of Health Research.

I'll begin with an update on our ongoing response to COVID-19.

It's pleasing for everybody to see that disease activity continues to decline across Canada. We're seeing fewer new cases, and the number of people who are severely ill is also decreasing as overall infection rates come down. At the same time, the vaccine supply continues to increase, making it possible for more and more Canadians to get their first and second doses. As of earlier this month, there was enough Moderna vaccine delivered to the territories to fully vaccinate 85% of the adults who live and work there.

In total, 29 million doses of vaccine have been delivered across Canada. I believe that's probably outdated a bit as of today. As a result, more than 70% of eligible adults in Canada have already received at least one shot.

These trends are encouraging and of course increased vaccination, combined with strict public health measures, are working. The national case count is now at its lowest level in weeks, and we are hopeful the summer ahead will be a safer and healthier one for all of us.

Nevertheless, we are at a critical junction in the pandemic. As immunity builds across the population, we have to continue to work to keep those infection rates low, so that everybody has a chance to get fully vaccinated. This is particularly important with the more transmissible variants of concern circulating in most provinces and territories.

That's why, for the time being, we're asking all Canadians, whether they're vaccinated or not, to continue to follow their local public health guidance. Some extra caution now will set the stage for a safe reopening in the months to come and a resumption of our lives with, hopefully, a resumption of our capacity to have more normal activities in the fall.

In the health portfolio, we're focused on keeping Canadians healthy and safe as we navigate this precarious moment in the pandemic. The supplementary estimates I'm presenting today support this commitment.

Given the shifting nature of the pandemic, we've realigned some of our resourcing plans to better support our evolving work. In total, I'm seeking an additional $5.5 billion on behalf of the health portfolio, which includes Health Canada, the Public Health Agency of Canada, the Canadian Institutes of Health Research and the Canadian Food Inspection Agency.

Let me begin with Health Canada. Through these supplementary estimates, Health Canada will receive a net increase of just over $1 billion. This amount, which includes both new funding and funds reprofiled from last year, will go primarily towards Canada's COVID-19 response. This includes investments to strengthen the long-term care sector, improve virtual care and digital health tools, and safely restart the economy.

These estimates also include funding to support Health Canada's ongoing work in other areas, including $53.5 million for Canada's chemicals management plan, $27 million to extend the territorial health investment fund and $14.25 million to support the Mental Health Commission of Canada. There is also just over $15 million for employee benefit plans.

The Public Health Agency of Canada continues to focus on mounting a robust response to the COVID-19 pandemic. Through these supplementary estimates, the agency is proposing an increase of just under $4.4 billion. This includes new and reprofiled funds. Most of these requested funds will support the ongoing response to COVID-19, including research and vaccine developments, border and travel measures and isolation sites, and medical countermeasures. It will include testing, contact tracing and data management as part of the safe restart agreement.

Some funding will also go towards indigenous early learning and child care through the aboriginal head start program, as well as Canada's chemicals management plan.

● (1410)

Next, I'll turn to the Canadian Institutes of Health Research, which is seeking an increase of approximately $111 million in the supplementary estimates. This investment, resulting from a reprofile of the medical countermeasures phase three funding from 2020-21, helps address persistent and emerging gaps in the research on COVID-19 and priority areas such as variants and long COVID.

Finally, I will speak to the Canadian Food Inspection Agency, or CFIA. As you know, the COVID-19 pandemic has put a great deal of pressure on Canada's food production and supply chain. With this in mind, CFIA is proposing a net increase of just over $35 million to help safeguard the integrity of Canada's food safety system. This includes an increase of $28.7 million to increase food inspection capacity and maintain a daily shift inspection presence in federally registered meat processing establishments. It also includes $6.4 million to support employee benefit plan adjustments.

Mr. Chair, as I said, this is a key moment in the pandemic. The government's top priority remains protecting Canadians' health and safety. With continued care, caution and vigilance, we will set the stage for a safe reopening and a return to all of the activities we have missed over the past year.

The supplementary estimates (A) that I presented today will support the important work that must take place before, during and after that transition.

My colleagues and I are happy to take your questions.

Thank you, Mr. Chair.

The Chair: Thank you, Minister.

We will start our questions with Ms. Rempel Garner.

Ms. Rempel Garner, please go ahead for six minutes.

Hon. Michelle Rempel Garner: Thank you, Chair.

Mr. Stewart, are you aware of the House of Commons motion that was passed in the House yesterday regarding you?

Mr. Iain Stewart (President, Public Health Agency of Canada): Mr. Chair, honourable member, yes, I'm aware of the motion that was passed in the House of Commons.

Hon. Michelle Rempel Garner: There were two components to the privilege motion passed yesterday requiring Mr. Stewart to attend the bar of the House after question period on Monday to receive an admonishment to be delivered by the Speaker. It also requires you to deliver documents ordered by the House on June 2, so that they may be deposited with the law clerk and parliamentary counsel.

Mr. Stewart, do you intend to comply with both components of that motion on Monday?

Mr. Iain Stewart: Mr. Chair, honourable member, the motion is with respect to Monday. For those of us who are working on the COVID pandemic, that's a while from now. I'm aware of the motion and what it requires of me. I look forward to Monday as it comes.

Hon. Michelle Rempel Garner: Are you aware that Parliament is supreme and that your opinion is immaterial in this regard?

Ms. Jennifer O'Connell: I have a point of order, Mr. Chair.

The relevance of this questioning, given the fact that this meeting is either on supplementary estimates or COVID and [*Technical difficulty—Editor*] suggest, Mr. Chair, that you rule that the member stick to the topic of the meeting.

The Chair: I certainly would recommend to all members that they stick to the topic of the meeting.

I will invite Ms. Rempel Garner to carry on.

Hon. Michelle Rempel Garner: On that point of order, Chair, before my time starts, the supplemental estimates do cover a wide variety of expenditures, including the matter that's at hand here, so I believe it's within scope and I will start—

Ms. Jennifer O'Connell: I'm sorry, Mr. Chair.

On that point of order, can Ms. Rempel Garner specifically point out what section of supplementary estimates she's referring to in her questions around the motion in the House? I'd like to be able to refer to it.

The Chair: Thank you, Ms. O'Connell.

We do allow quite broad latitude here, but I would invite Ms. Rempel Garner to respond, if she wishes.

● (1415)

Hon. Michelle Rempel Garner: Thank you, Chair.

Mr. Stewart, do you intend to comply with both components of the privilege motion passed yesterday as ordered by the House?

Ms. Jennifer O'Connell: On a point of order, Mr. Chair, I've asked that the specific.... Ms. Rempel Garner said she was referring to—

Hon. Michelle Rempel Garner: On point of order, Chair, this is debate.

Ms. Jennifer O'Connell: —supplementary estimates and I asked that she refer to it if she's going to continue this line of questioning. I have not received that answer.

The Chair: Thank you, Ms. O'Connell.

I did ask Ms. Rempel Garner if she wishes to respond to that question. I take it that she does not. I'll leave it up—

Hon. Michelle Rempel Garner: On a point of order though, Chair, that is debate.

The Chair: Excuse me. I am speaking.

I will leave it up to you to respond or not, and then I will start your clock and carry on with your time.

Go ahead as you will.

Hon. Michelle Rempel Garner: Thank you, Chair.

Mr. Stewart, do you intend to comply with both components of the privilege motion passed before the House of Commons yesterday, as I described earlier in my line of questions?

Mr. Iain Stewart: Mr. Chair and honourable member, I replied to your question when you previously posed it.

Hon. Michelle Rempel Garner: You did not actually have a specific response of yes or no.

Mr. Iain Stewart: Mr. Chair and honourable member, I answered the question.

Thank you.

Hon. Michelle Rempel Garner: Mr. Chair, through you, I would argue that Mr. Stewart did not answer the question. Does he intend to comply with both components of the motion passed in the House yesterday—yes or no?

The Chair: I think the question has been asked and answered.

I would ask you to move on, please.

Hon. Michelle Rempel Garner: Mr. Stewart, do you intend to deliver documents ordered by the House on June 2, to be produced so they may be deposited with the law clerk and parliamentary counsel under the terms of the motion provided in the House of Commons yesterday?

Mr. Iain Stewart: Mr. Chair and honourable member, I am not going to be able to respond about intentions for Monday at this time, but I appreciate the question.

I will point out that previously similar motions have created tension that is difficult to manage between the requirements of the Privacy Act and the Security of Information Act, both of which place limits on the ability to provide documents of the nature being requested.

Hon. Michelle Rempel Garner: Thank you, Chair.

I will point out that the Speaker of the House of Commons ruled on the point that was just made, and ruled against that argument in his ruling in the House yesterday.

He also pointed out that the National Security and Intelligence Committee of Parliamentarians Act makes clear that despite its composition, the body is not a committee of Parliament. That's why the ruling was made.

Going forward, Mr. Stewart, do you believe that your opinion on this matter supersedes an order of Parliament and a ruling of the Speaker of the House of Commons?

Ms. Jennifer O'Connell: I have a point of order, Mr. Chair.

Once again, where is the relevance? If she would like to point to the section on the supplementary estimates, I am still waiting.

The Chair: Thank you, Ms. O'Connell.

I would also request of Ms. Rempel Garner that she let the witness answer as he deems best.

Please go ahead.

Hon. Michelle Rempel Garner: Thank you, Chair.

I have outlined relevance already.

I'll ask Mr. Stewart, again, do you believe that your opinion on this matter supersedes an order of Parliament and the ruling of the Speaker of the House of Commons?

Ms. Jennifer O'Connell: I have a point of order, Mr. Chair.

Mr. Chair, this isn't the Canada-China committee where the motion originated, so if the member is not going to stay relevant, I'd ask that you rule that she point out the section she is referring to. This is the health committee where we're dealing with supplementary estimates.

Thank you, Chair.

Hon. Michelle Rempel Garner: Chair, on this point of order, the national microbiology lab, as well as the research contained therein, has a significant amount of funding, which is material to these estimates. I could point to numerous other things, but I would ask that you rule on whether or not you think that my line of questions is in order so that.... My clock keeps being cut off. I have lost a lot of time. I would ask that you rule on this so that the committee may decide whether to sustain your ruling or not.

Ms. Jennifer O'Connell: Mr. Chair, I have a point of order.

The Chair: We'll go to the point of order of Mr. Davies, who we haven't heard from yet.

Go ahead.

Mr. Don Davies: Thank you.

I think it's important to clarify what we're doing today. First of all, we are here to discuss the supplementary estimates and there is historically an incredibly wide berth not only to ask about anything that's in the estimates but even about what's not in the estimates. Second, we are also here and these witnesses are here pursuant to the motion of this committee, which is to deal with matters that deal with the government's handling of COVID.

The issues that were before the House originated over concerns raised at the Winnipeg laboratory, which was dealing with viruses, and there is a clear connection between that and potential interference or involvement in compromising Canada's COVID research, etc., so there are nexuses between this line of questioning and the purpose of which we heard today.

What I am concerned about is that Ms. O'Connell has interrupted, I think, four times now with the very same point of order, and you have ruled on it repeatedly. I think there is a certain point where a member who is being repetitive and vexatious and is raising the same point of order repeatedly, given your ruling.... It interrupts the flow of questioning. I think it's a privilege of every member here to have their six minutes to do with what they will. There is no question that these questions are relevant, so I would ask that all members not interrupt each other, particularly when their points of order have been ruled upon and they have not prevailed on that point of order.

● (1420)

The Chair: Thank you, Mr. Davies.

Ms. O'Connell, do you also wish to speak to this point of order?

Ms. Jennifer O'Connell: Thank you, Mr. Chair.

While I appreciate Mr. Davies' intervention, my ability as a member to raise points of order, as any member does, is a privilege point that we all have.

Mr. Chair, to that, the member mentioned that she was referring to a section of the supplementary estimates, and then did not cite it. I appreciate Mr. Davies' comments, but Ms. Rempel Garner opened that door and then did not provide the facts or the receipts to back up her comments.

My final point on this argument is the fact that Ms. Rempel Garner suggested that she has questions about the microbiology lab that would be relevant to the supplementary estimates and spending, which I would agree is in bounds. However, her entire questioning to Mr. Stewart has been in relation to a motion in the House—a procedure—and whether he will comply, and she hasn't asked a single question on the lab. She has simply asked questions about a procedural motion that came from another Conservative, and that has nothing to do—

Hon. Michelle Rempel Garner: Chair, this is now debate and we are wasting time.

Ms. Jennifer O'Connell: Excuse me, I have the floor. You have not been recognized by the chair.

Hon. Michelle Rempel Garner: On this point of order, Chair—

The Chair: Please don't interrupt the member. She has the floor on a point of order.

Ms. Jennifer O'Connell: Mr. Chair, as I have the floor, the point is that if Ms. Rempel Garner would like to speak about the lab, by all means, go for it. However, I have raised a point of order based on the fact that she is not speaking about that. She is speaking about a procedural matter being dealt with in the House. I would ask that that be ruled on. That has nothing to do with supplementary estimates, as wide of a scope as the chair permits on it.

The Chair: Thank you, Ms. O'Connell.

Ms. Rempel Garner, did you wish also to respond?

Hon. Michelle Rempel Garner: Are you ruling that my line of questions is in order or out of order?

The Chair: I asked if you wanted to respond to the points. However, I am prepared to rule.

I agree that we generally give wide latitude in asking about estimates. I believe that the microbiology lab is relevant. However, I take Ms. O'Connell's point. The direct line of questioning that you reference, Ms. Rempel Garner, is about a House procedure. It's far too peripheral. I would rule that this line of questioning is not relevant, and I would ask you—

Hon. Michelle Rempel Garner: I challenge your ruling.

The Chair: Thank you, Ms. Rempel Garner.

I will ask the clerk to conduct a vote.

(Ruling of the chair overturned: nays 6; yeas 5)

The Chair: Thank you to the committee.

Ms. Rempel Garner, you may continue with your line of questions.

● (1425)

Hon. Michelle Rempel Garner: Just on a point of order, Chair, can you let me know what your clock says?

The Chair: My clock says 4:41, but I think—

Hon. Michelle Rempel Garner: I have three—

The Chair: Don't interrupt me, please.

I think we lost at least a minute, so I will give you.... We'll call it four minutes, so you would have two minutes left.

Go ahead.

Hon. Michelle Rempel Garner: Thank you, Chair.

Mr. Stewart, did anyone from the Prime Minister's Office, any staff or anyone from the minister's office, any staff or any other staff, advise you on whether or not to comply with the House order made yesterday?

Mr. Iain Stewart: I've had no conversations with anybody in the Prime Minister's Office on this topic. I have not had discussions with my minister's office with respect to the intent to comply on Monday.

Hon. Michelle Rempel Garner: Do you believe that your opinion on this matter supersedes the Speaker of the House of Commons?

Mr. Iain Stewart: Mr. Chair and honourable member, if I can have the time to respond to this question uninterrupted, I would like to try to take it on, since the member has asked it several times.

Hon. Michelle Rempel Garner: I would ask for a yes or no on this.

The Chair: The witness may answer as he deems appropriate.

Hon. Michelle Rempel Garner: Again, Chair, I have a minute, and I've been interrupted many times.

I would like to know, as it is material, if Mr. Stewart believes that his opinion supersedes the will of Parliament on this matter.

The Chair: You've asked. You should expect to hear the answer. Mr. Stewart can give the answer that he feels appropriate. I will make allowances for time.

Please go ahead, Mr. Stewart.

Mr. Iain Stewart: Thank you.

The way the question is being framed makes it difficult to respond to. I would invite a different way of responding be considered.

I am a career public servant, and as a career public servant, I have to follow the law. There are two laws that limit my ability to act. Nothing in the motion has amended the law to date, so it creates a difficult situation. Therefore, it's not about my view of somebody else. It's about the advice I've received about what I'm allowed to do under the law.

Thank you for the question, honourable member.

Hon. Michelle Rempel Garner: Thank you.

You do realize, Mr. Stewart, that the law.... Parliament makes laws and also has the ability to determine what documents are produced, so I guess I would just ask if are you now in a position where you are interpreting the will of Parliament as opposed to Parliament.

Is that what you're suggesting to the committee?

Mr. Iain Stewart: Mr. Chair and honourable member, that was a very excellent way of structuring what you're asking.

In fact, Parliament does make law, and I am required to follow that law. The House of Commons' motion does not amend the law, and that's been the challenge in this file.

Thank you, honourable member.

The Chair: Ms. Rempel Garner, you have 30 seconds left.

Hon. Michelle Rempel Garner: Mr. Stewart, you do realize that the Speaker ruled on sections of the law that were applicable to the House order and found a prima facie breach of privilege, so what you just said is out of alignment with what the Speaker of the House of Commons found and what Parliament then ruled upon.

Do you find that now you are making pronouncements upon the will of Parliament as opposed to obeying the will of Parliament, as you said, in your role as a career public servant?

Mr. Iain Stewart: Mr. Chair and honourable member, what I've been trying to say is that the law places obligations on me, and the advice I've received helps me stay within compliance with that law.

I don't have opinions of the nature the member is ascribing to me regarding the Speaker and his ruling.

The Chair: Thank you, Ms. Rempel Garner.

We go now to Ms. O'Connell.

Ms. O'Connell, please go ahead for six minutes.

Ms. Jennifer O'Connell: Thank you, Mr. Chair.

Mr. Stewart, let's pick up where you left off. I think that it was an excellent point that the motion doesn't change the law that you are bound by as a public official in this. In that vein, in the laws in particular around.... Obviously, one set is around privacy, and the other is around national security.

When it comes to national security redactions in that process, I would assume this is not a decision that is made alone by you in particular, but that national security-type redactions would be done.... Maybe the question is this, and it doesn't have to be about these specifics.

What is that process to considering national security redactions?

● (1430)

Mr. Iain Stewart: Mr. Chair and honourable member, you are exactly right. This has been characterized as if it were an opinion of mine. In fact, as I've mentioned, I'm trying to follow the law, and laws also circumscribe what security-related material can be released. There are legal and also security experts who guide those decisions.

As accountable head of the Public Health Agency, I am the person who signs the packet or provides the documents. Hence I find myself in this extraordinary situation in this 27th year of my career, but it's not the exercise of my choice that's putting me here. It's the obligations of my job and of making the representations of my organization, guided by the advice that was provided by the experts.

Ms. Jennifer O'Connell: Thank you, Mr. Chair.

Thank you, Mr. Stewart.

On that, had you ignored the advice of the national security intelligence community or the experts on that part of the redaction and released unredacted documents in open-source format, are there any provisions to prevent, say, China, Russia, Iran or any other foreign national governments from also accessing that national security information, once it is publicly released?

The point I am making here, Mr. Chair, and my question to you, Mr. Stewart, is whether there would be any safety protections once those documents are released. The Conservatives continue to make the argument that Canadians have to see this information. They fail to point out, however, that the law Mr. Stewart is referring to in terms of national security protections is in place because it's not just Canadians' eyes seeing this information. Once it's in an open-source or unsecured format, it's actually bad actors around the world who would love to see Canada's national security and intelligence information.

Mr. Stewart, had you ignored the law and the advice of national security experts, would there be any protections against other bad actors, or governments around the world, gaining access to Canada's national security and intelligence information?

Do you have any powers that would have prevented that broader access once it was in open-source format?

Mr. Iain Stewart: Thank you, Mr. Chair, and thank you, honourable member.

You're very right. When it comes to security, there's open source, there are soft sources and then there's specific intelligence. Materials related to things around a level 4 lab are of interest to many parties.

In my experience over the past several weeks, where we have provided materials, those have immediately been made public by the Commons committee reviewing the matter. The cumulative effect of making these materials available does, in and of itself, begin to create security concerns for the intelligence community.

The materials we have not released to date due to our concerns about security—and national security, of course—are classified, so the impact you're talking about is even more profound.

If I may, we were asked to provide the materials unredacted to a committee where none of the members had security clearances. They had no ability to handle classified documents nor even to have secure communications. It was done over the World Wide Web.

Ms. Jennifer O'Connell: I actually am a former member of NSICOP and Mr. Davies is a current member. We understand what is required, the difference in receiving security clearance, how meetings are handled and the difference between an in camera parliamentary session and a secure meeting, so Mr. Chair—

[*Translation*]

Mr. Sébastien Lemire: I have a point of order, Mr. Chair.

[*English*]

The Chair: Pardon me, Ms. O'Connell.

[*Translation*]

Mr. Lemire, is there an issue?

Mr. Sébastien Lemire: I have a question for the member of Parliament.

What section is she referring to in terms of security clearances as part of our current detailed study of the budget?

● (1435)

The Chair: Is this a point of order?

Mr. Sébastien Lemire: Yes, exactly. I would like her to respond.

[*English*]

The Chair: Ms. O'Connell, the question has been asked. Do you wish to respond?

Ms. Jennifer O'Connell: Absolutely.

Mr. Chair actually ruled that this line of questioning was out of order. Then, Mr. Lemire, you and the majority of the committee members voted against it, thereby allowing this line of questioning.

The section I'm referring to is your specific vote on the item that overruled the chair's ruling.

[*Translation*]

Mr. Sébastien Lemire: Thank you for your response. I was just intellectually curious.

You can continue.

The Chair: Thank you, Mr. Lemire.

Ms. O'Connell, you have the floor.

[*English*]

Ms. Jennifer O'Connell: Thanks.

Again, I'm hoping that didn't eat up my time, with the member—I guess—forgetting the vote that just happened.

Mr. Stewart, in relation to that secure process and also in reference to the Speaker's ruling, at the time there was a reference to a previous ruling with respect to the Afghanistan war. However, a secure committee of Parliament with security clearance and the ability to meet in a secure setting to handle sensitive documents didn't exist at that time. Now that this process does exist, was this the rationale for using NSICOP, with all the secure protocols, to send all documents unredacted to a safe and secure setting, with members of Parliament from both Houses able to handle and understand the national security information in that secure manner?

Mr. Iain Stewart: Mr. Chair and honourable member, it was a committee of parliamentarians who had the necessary classification and ability to handle secret documents. I provided all documents in an unredacted form to that committee in the hope that would address the intent. However, obviously, subsequently it has not addressed the intent.

Thank you for the question.

Ms. Jennifer O'Connell: Thank you, Mr. Chair.

The Chair: Thank you, Ms. O'Connell.

[*Translation*]

Mr. Lemire now has the floor for six minutes.

Mr. Sébastien Lemire: Thank you, Mr. Chair.

I have a question for Minister Hajdu.

Yesterday, we learned that a prominent Quebec researcher, microbiologist Gary Kobinger, who developed vaccines against Zika and Ebola and who is currently working on a COVID-19 vaccine, will be leaving Quebec to head the Galveston National Laboratory at the University of Texas. His main reason was that funding didn't pose an issue there and that the projects were plentiful. Remember that Ottawa denied him the funding needed to complete his research and clinical trials for his COVID-19 vaccine.

Although you significantly increased research funding during the pandemic year, you didn't maintain the same level of investment. A number of researchers won't be able to obtain proper funding for their research. How can we resolve this issue? During question period, you told my colleague, Mario Simard, that you were already making substantial investments, that you were in touch with scientists and researchers and that the production capacity in the country needed improvement.

When asked in the past hour, Mr. Lamarre said that basic research should be increased by 25% and then increased by 10% per year for the next 10 years to ensure that Canada catches up with the other G7 countries. Canada is currently in second last place, ahead of Italy.

Do you feel that you're doing enough right now? What will it take to really increase research funding and stop the brain drain?

[*English*]

Hon. Patty Hajdu: Thank you very much.

[*Translation*]

I also recognize the value of research.

[*English*]

I think it's super important that we continue the path we've been on in terms of reinvesting in research, science and evidence in this country, after a decade of slashing of scientists—in fact, destroying research and science—under the former Harper Conservatives. That's why we put that at the front and centre of our policy in 2015.

Thankfully we had, because we were able to build up the research community over the past four years prior to COVID-19 hitting. We were able to mobilize very quickly our Canadian research community to research not just COVID-19 but the many aspects of COVID-19 that would be, I would say, spill-on effects of living through a global pandemic.

Perhaps I can turn to Dr. Strong to speak about some of that work through the CIHR. He's here today. I think the work that the CIHR has been doing with our research community is critically important.

Dr. Strong.

Dr. Michael Strong (President, Canadian Institutes of Health Research): Thank you very much, Chair, Minister and honourable member, for the question.

In fact, one of the major investments that this supplementary discussion is about is a clinical trials fund, which will in fact begin to develop again the clinical trials expertise in this country and to support investigators such as Dr. Kobinger in the very early phases of drug trials.

It's a $250-million investment over three years to establish a pan-Canadian strategy and to assist with the biomanufacturing component. The investments required are being made as we speak to rebuild, as the minister has stated.

Thank you.

● (1440)

[*Translation*]

Mr. Sébastien Lemire: Thank you.

I want to reiterate the importance of long-term investments. A strong signal must be sent to the research community, who is waiting for this signal.

In 2017, Quebec adopted the Quebec life sciences strategy for 2017-27. This constitutes an important sector of the Quebec economy. Several billions of dollars are invested in research and development. This sector includes over 660 companies and 32,000 high-quality jobs in Quebec.

On July 1, the PMPRB reform is scheduled to come into effect, even though Douglas Clark told us five years ago that the PMPRB had never studied the impact of the life sciences reform in Quebec and in Canada. Yet we know that research takes place at the centre of an ecosystem with strong components and that weakening the biopharmaceutical sector undermines the entire chain.

The Bloc Québécois is proposing a solution that has consensus. It involves changing the countries' reference basket and delaying the contentious issues in order to set up a discussion table. No one wants a third passive delay, since this would prolong the uncertainty.

Do you agree to implement these recommendations, Madam Minister?

[*English*]

Hon. Patty Hajdu: What I can say is that we agree it is important to rebuild our life sciences sector. That's why my colleague Minister Champagne has been working so closely with a number of pharmaceutical companies, including Novavax and many others, to look at how we can strengthen Canada's footprint in biomanufacturing and the life sciences sector.

Of course, when we do that with the many companies that are interested, actually, in coming to Canada and being part of that sector, with a footprint here, it is an opportunity to strengthen the connection with research and science in that space as well. I'm very excited about that work, and I know that the minister would be happy to speak about the ongoing conversations with the pharmaceutical companies and their eagerness to be here in Canada.

[*Translation*]

Mr. Sébastien Lemire: You're the Minister of Health, and I would like a clear response from you.

In two weeks, it will be July 1. The research ecosystem is fragile.

Will you delay the implementation of the PMPRB reform?

[*English*]

Hon. Patty Hajdu: Thank you. On the subject of the PMPRB, as the member knows, we have already delayed the coming into force a number of times as a result of the stress on the industry but also their incredible focus on responding to COVID-19. We continue to have those conversations with all stakeholders, including the pharmaceutical companies, and we'll assess closer to the date how we proceed.

I will just say this: We will continue on our path to lower the cost of drugs in Canada for Canadians as well. This is an important aspect of PMPRB renewal and adjustments, and we have to stay focused on the fact that Canada pays some of the highest prices for drugs in the world. It is also critically important to Canada that we find a way to reduce those costs so that all Canadians can have access to medications that save lives.

[*Translation*]

The Chair: Thank you, Mr. Lemire.

Mr. Sébastien Lemire: Absolutely. I'm glad to hear that you're considering this in order to—

The Chair: Your time is up, Mr. Lemire.

[*English*]

We go now to Mr. Davies.

Mr. Davies, go ahead, for six minutes.

Mr. Don Davies: Thank you, Mr. Chair.

I really want to get to questions about COVID, but I feel like I need to clarify some things with Mr. Stewart and the order of the House. By the way, I want to say, Mr. Stewart, that I very much respect your decades of service and your professionalism, so these questions are not meant to be personal.

The first thing I want to clarify is that the very issue before the Speaker concerned the privilege of parliamentarians to receive unredacted documents as a matter of fundamental privilege. Do you not agree that this was the nub of the matter of the Speaker's ruling?

Mr. Iain Stewart: Thank you, Mr. Chair, and honourable member, I answered from the position of my ability to provide those documents, which I believe is material.

Mr. Don Davies: I understand. I'll quote from the Speaker's ruling. It says:

> On June 4, 2021, the president of the agency—

I take it that was you.

> —wrote to the Law Clerk and Parliamentary Counsel informing him that the documents sent to him had been redacted because the order of the House did not offer the appropriate guarantees for protecting information related to national security and personal information. He added that the agency was co-operating with the National Security and Intelligence Committee of Parliamentarians....

The very argument you're making today, sir, you made to the Speaker prior to the Speaker's ruling yesterday. Is that not the case?

● (1445)

Mr. Iain Stewart: I've been consistently making this argument, and I'm making the same argument today.

Mr. Don Davies: Yes, and the Speaker rejected that argument. In taking your argument into account, this is what he said, and this is what needs to be clarified because both you and Ms. O'Connell, I believe, with great respect, are misrepresenting this issue of national security. This is what the order of the House says:

> ...the Law Clerk and Parliamentary Counsel shall confidentially review the documents with a view to redacting information which, in his opinion, could reasonably be expected to compromise national security or reveal details of an ongoing criminal investigation, other than the existence of an investigation....

Sir, there is no issue of the documents being redacted for national security. The question is whether you believe that it's your right to do it, or whether you have to comply with the order of the House, as the Speaker has ruled, to have the law clerk do that. Is that not correct?

Mr. Iain Stewart: Mr. Chair and honourable member, these are complex areas in which I am advised because I'm not an expert, obviously. My understanding is what I'm legally able to do, and nothing in the motions heretofore has made me not legally liable for the choice that I'm being asked to make.

I don't know if that responds, or if you... What I'm doing is trying to make a determination based on what I'm able to do and to be consistent with the law.

Mr. Don Davies: Yes, sir, and I'm suggesting to you that, with great respect, that is not up to you to say. This is the second ruling now of the House of Commons. Peter Milliken made the same ruling against the Harper government when the House requested the production of unredacted documents, and both times, the Speaker of the House ruled that it's a matter of fundamental privilege of parliamentarians to receive unredacted documents.

Sir, it's not up to you to determine whether they're redacted. You've been ordered to produce unredacted documents, and by the way, those documents will be redacted for national security, just not by you but by the law clerk.

Now, I want to tell you as well that this committee received a letter from the law clerk, and I want to quote from that. It says:

> We added that the House and its committees are the appropriate authority to determine whether any reasons for withholding the documents should be accepted or not; and that it was for the Committee to determine whether it was prepared to accept any proposed measures....
>
> ...we reminded the government officials that the House's and its committees' powers to order the production of records is absolute and unfettered as it constitutes a constitutional parliamentary privilege that supersedes statutory obligations.

Do you disagree with the law clerk when he says that Parliament's privilege supersedes any statutory obligations that you may have?

Mr. Iain Stewart: Mr. Chair and honourable member, do you believe that the motion of the House and the ruling of the Speaker provide me with immunity from the two pieces of legislation?

Mr. Don Davies: Is that the issue you're worried about—your immunity, as opposed to complying with the order of the House? Is that what this is about, Mr. Stewart, your own hide?

Mr. Iain Stewart: Mr. Chair and honourable member, as I have been trying to explain, as a public servant, I'm bound by law and I have to follow the law. If the advice I'm receiving involves actions that put me offside of the law, I'm—

Mr. Don Davies: Whose advice are you receiving, sir? Who's giving you that advice?

Mr. Iain Stewart: I'm receiving advice from the normal sources, from the advisers—

Mr. Don Davies: I don't know who the normal sources are, sir. Tell me whose advice you're getting to resist this order of the House.

Mr. Iain Stewart: If I may just rephrase that, I'm getting advice on whether I'm able to release the documents, sir, and—

Mr. Don Davies: I understand. From whom is that advice, sir? The question is, from whom?

Mr. Iain Stewart: The Department of Justice are the people who provide us advice in this area.

Mr. Don Davies: I'm going to change my questions here and turn quickly to you, Dr. Tam.

How prevalent is the delta variant in Canada at present?

Dr. Theresa Tam (Chief Public Health Officer, Public Health Agency of Canada): The delta variant is now in all provinces and at least one of our territories, in a specific area in one territory. We have just over 2,000 identifications of the delta variant. Of course, as with all coronavirus cases, we may not know every single case that has occurred in Canada, hence my warning regarding precautions and the need to get two doses of vaccine into as many people as possible.

● (1450)

Mr. Don Davies: Do you—

The Chair: Thank you, Mr. Davies.

Mr. Don Davies: Thank you, Mr. Chair.

The Chair: That wraps up round one. We start round two now with Mr. d'Entremont.

[*Translation*]

You have the floor, Mr. d'Entremont.

[*English*]

Mr. Chris d'Entremont (West Nova, CPC): Ms. Rempel Garner will go this time.

The Chair: Okay. Ms. Rempel Garner, please go ahead for five minutes.

Hon. Michelle Rempel Garner: Thank you, Chair.

Mr. Stewart, in answer to my colleague Mr. Davies' questions you said that you were referring to the usual sources to get information regarding whether or not you would be complying with the House order. Who are the usual sources?

Mr. Iain Stewart: As I mentioned, it's the Department of Justice.

Hon. Michelle Rempel Garner: That's great.

When my colleague Mr. Davies raised a matter, you suggested that you were looking for immunity. Do you want to expound on what you meant by immunity?

Mr. Iain Stewart: Mr. Chair and honourable member, what I was trying to do was disentangle. I have to abide by the law.

Hon. Michelle Rempel Garner: Are you saying that the House order is unlawful?

Mr. Iain Stewart: Mr. Chair and honourable member, the acts of Parliament that I'm following were passed by the House and the rest of Parliament. They have the full force of law. I have to act in a way that is consistent with them.

Hon. Michelle Rempel Garner: Mr. Stewart, you do realize that an order of Parliament is also lawful. Is that correct?

Mr. Iain Stewart: Mr. Chair and honourable member, you are parliamentarians and know better than I do whether the House of Commons is equivalent to the totality of Parliament. My understanding is that an act of law is passed by the Commons as well as the Senate, etc., through a process than involves more than a motion, but I am not an expert in that area. You may know more than I do.

Hon. Michelle Rempel Garner: Thank you.

Through you, Chair, Mr. Stewart, as Mr. Davies mentioned, the order requires the production of documents for the law clerk for redaction. Do you believe that the law clerk is not sufficiently equipped to redact the documents?

Mr. Iain Stewart: Mr. Chair and honourable member, in order to make a determination about whom classified material can be handed to, normally we look at the levels of protection around the material before we transfer it. That would be my response.

Hon. Michelle Rempel Garner: You do believe, then, that the law clerk is not sufficiently able to redact documents via an order of Parliament.

Mr. Iain Stewart: Mr. Chair and honourable member, if you look at the motion and the previous motions, you will see no guarantees in any of the wording that the materials provided will be managed in a way that's consistent with the security required given their level of classification, so I have no information on that front, actually. I can't answer your question.

Hon. Michelle Rempel Garner: It is, Mr. Stewart, within your opinion that the Speaker was wrong in ruling a prima facie case of privilege.

Mr. Iain Stewart: Mr. Chair and honourable member, you've asked me several times for an opinion about the Speaker's opinion. This is not an area in which I am an expert. I have tried to avoid even appearing to have such an opinion, so I would say, as I have previously, that I don't have an opinion about that.

Hon. Michelle Rempel Garner: Thank you, Chair.

I will now pass the floor over to my colleague Mr. d'Entremont.

Mr. Chris d'Entremont: Thanks.

Let's go back to some of the questions Monsieur Lemire was asking the minister about the PMPRB.

From what I understand from your answers, the regulation changes will happen on July 1. Is that correct?

Hon. Patty Hajdu: We're still reviewing the PMPRB. As you know, it's been delayed twice because of, obviously, the state of a pandemic and the incredible focus of the pharmaceutical industry on responding to the pandemic. Right now we're assessing the next steps on the PMPRB.

Mr. Chris d'Entremont: How are those assessments taking place? Is there a little consultation going on or people writing in? How are you doing that?

Hon. Patty Hajdu: We're doing that in a variety of different ways, including speaking with the industry and other stakeholders.

Mr. Chris d'Entremont: Has there been considered within it of some of those recommendations that have been provided by patient groups?

Monsieur Lemire just spoke to a number of those requests—changing the basket of countries, particularly taking out the U.S. and Switzerland, which I believe were the two that were creating a challenge; trying to find a way to implement the regulations over a longer period; and then trying to find a way to actually have true consultations between PMPRB and the patient groups.

● (1455)

Hon. Patty Hajdu: Actually, those consultations have been ongoing and regular. In fact, I've met with a number of patient groups and with a number of other stakeholders, including industry stakeholders and Innovative Medicines Canada. Those are ongoing conversations that I would say my office and I have on a regular basis.

Mr. Chris d'Entremont: In those discussions with the patient groups, did you apologize a little bit for the work PMPRB did, especially when it came to certain patient groups, on trying to find a way to make them seem to be bought out by the pharmaceutical companies?

Hon. Patty Hajdu: The conversations I've had with the patient groups have been extremely respectful from both sides. I would say that the patient groups have understood that the government, at the end of the day, is trying to make the very expensive medications in some cases for their particular illness group more affordable for their families. For example, we know that Trikafta has just received approval here in Canada. The real challenge now is the affordability of that drug.

Patient groups fully understand that the government is trying to do a number of things. One, obviously, is to reduce the costs of drugs, especially those high-cost drugs. They appreciate the work we're doing as well on the rare disease strategy, because of course many of those patient groups are not just advocating for access. They're advocating for affordability. They understand that this is a complex landscape and that we will continue to meet with them on a regular basis. We have never shied away from meeting with any patient group.

The Chair: Thank you, Mr. d'Entremont.

Ms. Sidhu, go ahead, please, for five minutes.

Ms. Sonia Sidhu (Brampton South, Lib.): Thank you, Mr. Chair.

Thank you, Minister, for joining us with your officials. Thank you for all the hard work that you and your team are doing.

In my line of questioning, I intend to focus on matters that matter to Canadians. As we speak, families of long-term care residents are protesting the conditions of their parents and grandparents in long-term care in Ontario. This is happening right now in my riding. We can never see a repeat of the tragedies that occurred in these homes over the last year. We have been there for them in Ontario.

What work is being done to address these issues in the short term, and what is being done to ensure that these tragedies will never happen again?

Hon. Patty Hajdu: That's such an important point from the member. Through the chair, I'd just like to thank the member for her very hard work in her riding with long-term care homes and their residents. She's absolutely right that this has been a national tragedy all across the country, and in some provinces far worse than in others. We know that in Ontario and Quebec, for example, those scathing military reports of the conditions in long-term care homes in those provinces horrified all Canadians.

Much more has to be done. That's why the Prime Minister made that commitment and stepped up to provide support to the provinces and territories now and into the future to strengthen protections for long-term care. For example, the fall economic statement provides $500 million from the safe long-term care fund through the supplementary estimates (A) to strengthen infection and prevention control measures and to spend that money on ways that they can secure a stable workforce so that people are not left alone in undeniably terrible conditions for very long.

I will also say that this builds on the $740 million that was already provided through the safe restart agreement. Budget 2021 also has a lot of money, $3 billion, dedicated to working with the provinces and territories on measures that will strengthen protection for people in long-term care homes.

Of course, we're working towards those national standards and on how we can ensure that we not only have national standards but also enforce them so that no matter where you live in a province or territory, if you are a resident in a long-term care home, an elderly person, a person with a disability or any other person, you have the security that you can live there in dignity and safety.

Thank you for your question.

Ms. Sonia Sidhu: Thank you, Minister.

Research has been critical in the fight against COVID-19. Canadians can be proud of the work our scientists have done in advancing our understanding of the disease's impacts, emerging treatments, testing technologies and vaccines.

Minister, or perhaps Dr. Strong, what research do you expect will be needed as we shift to a vaccinated world?

Hon. Patty Hajdu: Ms. Sidhu is absolutely right. We have supported over 400 COVID-19 research projects in some of the very key areas she mentioned.

I'll turn to Dr. Strong who may highlight some of that work.

● (1500)

Dr. Michael Strong: Looking forward to the next steps of research that will be needed to be done, it will build on these investments to which the minister was referring. In particular, looking at the long COVID consequences, both in terms of the type of biology that underlies this syndrome, which we know very little about at the moment, but also the devastating effects on individuals, irrespective of the degree of disease that they have suffered. We need to understand that, so there will be investments along those lines.

We understand the major impacts on mental health, as well, so investments are already being made and, indeed, in our rapid response programs, we've asked specifically that researchers focus in these areas to assist in that care and in helping develop the next steps as we move forward.

Ms. Sonia Sidhu: Thank you, Dr. Strong. Thank you for mentioning that mental health has been impacted very much.

Minister, Brampton peaked at more than 1,000 new cases in a day during the third wave, but today it was 50. This is thanks to the vaccination effort made possible by the increase in vaccine deliveries, and the work being done by health care workers and volunteers on the ground.

Last week, I was at the Caledon East Community Complex in Brampton, which is one of the largest and most active vaccine clinics in the country, administering over 5,700 doses a day.

Minister, are you optimistic that the worst of the pandemic is behind us, and that Canadians will be able to return to normal fairly soon?

Hon. Patty Hajdu: Certainly, it's looking a lot better for the people in Brampton and across the country. The vaccines are making a big difference, and so are the public health measures that the provinces and territories have imposed, some of them albeit later than we would have liked, but nonetheless. They're strong, and the cases are coming down with those combination of factors.

In fact, over 35.3 million vaccines have been delivered to the provinces and territories to date. As you know, the Prime Minister and Minister Anand announced today that we'll be getting 11 million more Moderna doses earlier than we thought, which means that more early second doses will be administered across the country. This gives us a much better outlook in terms of moving into the late summer and fall, and what we might expect in the fall of 2021.

One thing that's really hurt my heart, and maybe yours as well, is the challenge that many children have had, particularly in provinces where schools have been closed for so long. In fact, in Ontario, it's the jurisdiction where schools have been closed the longest across the country.

Many researchers are now saying there will be long-lasting effects on students from being out of school and not being able to study. It is my hope, and I'm sure yours as well, that in the fall we will see students return to classrooms and get the education they need and deserve in a way that helps foster their social development and keeps families able to do the many things they do as a result of our education system.

The Chair: Thank you, Ms. Sidhu.

Mr. Maguire, go ahead, please, for five minutes.

Mr. Larry Maguire (Brandon—Souris, CPC): Thank you, Mr. Chair. I have a couple of questions and then another colleague may wish to come into this as well.

I want to go to the estimates here and the budget. Last fall, there was an announcement of a billion dollars for funding in long-term care facilities, but there were no details in the recent budget. Your department is seeking approval of $500 million in supplementary estimates (A).

The original press release said that funding will be contingent on a detailed spending plan, but I don't believe your department has shared that detailed spending plan for the program with this committee. Is it publicly available now?

Hon. Patty Hajdu: There was no shortage of things to spend money on in long-term care, especially in the early surge days where provinces and territories were unequipped with personal protective equipment, needed infectious disease training and had staffing shortages. In fact, we spent millions and millions of dollars sending in the Red Cross to help offset the shortages of staff and to augment the care for seniors.

Mr. Larry Maguire: I'm sorry, Madam Minister. I have other questions here to ask.

Can you just table the list?

Hon. Patty Hajdu: Through the chair, I'll turn to my officials for that answer.

Mr. Larry Maguire: No, I'm asking you if you can just table the list. You have lots of spending. You said there would be $1 billion. You've put up $500 million, so that's about half of it. Surely there is a list. I just wonder if you could table that.

● (1505)

Hon. Patty Hajdu: I'm sure we can get you a breakdown of how that money was spent.

Mr. Larry Maguire: Thank you. If you could table that, it would be great.

Before determining that $1-billion figure, did your department provide you with an inventory of which specific long-term care facilities in Canada are in urgent need of infrastructure improvements?

Hon. Patty Hajdu: We also stepped up in the area of infrastructure, and I want to thank my colleague, Minister McKenna, for acting so quickly on her infrastructure fund, which deals with exactly that, the emergency infrastructure repair that was needed in provinces and territories to help them deliver on their responsibility to care for seniors in their care.

The federal government decided early on that we would not squabble with provinces and territories about who paid for what, and we stepped up in an unprecedented way. I'm sure the member realizes that in fact we spent billions and billions of dollars helping provinces and territories deliver on their requirements—

Mr. Larry Maguire: Again, could she just table that, Mr. Chair?

Hon. Patty Hajdu: —and on their responsibilities, and we'll continue to do that because we've said to Canadians, MP Maguire, through the chair, that we'll have their backs for as long as it takes, with whatever it takes.

Mr. Larry Maguire: Yes, there are a lot of infrastructure improvements and I'm sure it's part of the $500 million now.

Before determining this billion-dollar figure, again, did your department provide you with any specific numbers on many of the current staff shortages there are in personal care homes across Canada, and what that shortfall might look like in the years to come?

Hon. Patty Hajdu: Mr. Chair, this is an area that we have been working with provinces and territories on as well. In fact, we gave a significant wage top-up as part of the challenge to obtain—

Mr. Larry Maguire: Could you just table the shortfall?

Hon. Patty Hajdu: Mr. Chair, I'd like to try to—

Ms. Jennifer O'Connell: I have a point of order.

Mr. Chair, the Standing Orders state that a member can ask their question and the witness has a generally equivalent time to respond. Mr. Maguire isn't asking if these things can just be tabled in his question, so he needs to provide time for the minister or any witness to actually be able to answer.

Mr. Larry Maguire: Mr. Chair, on that point of order, we saw in the previous question that the minister was going to get the staff to answer that, but it's a tabling. It's a document that the government has put out, so all I am asking for is that.... This is pretty much a shortfall that's somewhat well known across the country, and I know that they have been working on it, so I am assuming that she could just table that information for us because I have more questions and I have only a limited time.

Thank you.

Ms. Jennifer O'Connell: I have a point of order, Mr. Chair.

If Mr. Maguire just wants the minister to table things, then I would suggest he ask her that in those questions, but if he is going to ask the question, then she needs the opportunity to answer. If his question is just to table it, then he can just say that. However, that's not what his questions were.

I don't mean to be a stickler, but if he's going to ask the question, he needs to hear the answer.

The Chair: Thank you, Ms. O'Connell.

I would actually agree that the witness should be able to answer the question asked. I certainly understand Mr. Maguire's perspective that he'd like to have these tabled.

Mr. Maguire, go ahead, please. You have two minutes left.

Mr. Larry Maguire: Thanks, Mr. Chair.

In that announcement the government made, it also said that the funding will be allowed on a per capita basis. However, we know there is urgent need to improve and expand these personal care homes in small and rural communities. Can the minister just tell me quickly whether or not this funding will be allocated directly to the provinces, or will each project need the government's signature, or perhaps her signature, before any federal funding is transferred?

Hon. Patty Hajdu: One of the things that I heard most profoundly from Canadians is that they actually want results for the money that is spent in the space of long-term care. In fact, what they don't want are transfers to provinces and territories that don't result in tangible improvements in the lives of the long-term care residents.

We're negotiating with provinces and territories right now on what the next tranche of money will look like and how best to deliver on that commitment that we all made together—all provinces and territories and the federal government—to protect the people living in long-term care. I'll continue to deliver on that promise on this side.

Mr. Larry Maguire: I know that time is of the essence, and I believe that, with that, many of the personal care homes need to be modernized. Will there be a requirement for the provinces to access this program within a certain timeline?

Hon. Patty Hajdu: We're still working with the provinces and territories on what the new money will look like and how we can best achieve the goals to protect the seniors and the other people requiring care who live in those homes. I'll continue to negotiate with the best interests of Canadians in mind.

Mr. Larry Maguire: I'll just make an observation to finish my time, Mr. Chair. With a billion-dollar ask and a $500-million commitment, it seems that there is less than a commitment to make sure we're meeting the obligations that the government identified to start with.

Thank you.

● (1510)

The Chair: Thank you, Mr. Maguire.

We go now to Mr. Kelloway.

Mr. Kelloway, please go ahead for five minutes.

Mr. Mike Kelloway (Cape Breton—Canso, Lib.): Thank you, Mr. Chair.

My questions today will be for Minister Hajdu.

Last week, the testimony from the folks who were here on behalf of Dan's Legacy in Vancouver was really compelling and actually hit quite close to home for me. It's something that I think all members and all Canadians would agree is relevant to Canadians from coast to coast to coast. We know that the opioid crisis is one of the most significant public health crises in Canada. My heart and our hearts, I know, go out to those who have lost a loved one or who are struggling with addiction right now.

I have some context. My riding covers a large portion of rural Cape Breton, as well as small rural communities in mainland Nova Scotia. It's the geographic area of the province that makes up what the Nova Scotia Health Authority refers to as the "eastern zone". To put this in perspective, in Nova Scotia there are 1,638 individuals in active opioid recovery, and the majority of those—about 830—are in our zone, my zone, the eastern zone.

I want to thank David Sawler, pastor for the Lighthouse Church and youth director of Undercurrent Youth Centres, for all his work on the ground and for providing those stats to me.

Colleagues, unlike previous governments, I'm proud that our government is treating the opioid crisis as a public health issue, not a criminal one. As you know, both the Province of British Columbia and the City of Vancouver are working with Health Canada to explore how those with substance use disorders can better access treatment. Quite frankly, it's an approach to this crisis that I've been following very closely as to how it could be applied to the communities I represent.

I have two questions for the minister.

What are we hearing from organizations on the ground? Do you think this is the right approach? Why or why not?

The second question is equally important. On this type of collaboration between all levels of government, do you think this is something that we can expand beyond the current work Health Canada is doing with the City of Vancouver?

Thank you.

Hon. Patty Hajdu: Thank you very much.

First of all, my heart breaks for families who are struggling with substance use and problematic substance use, including opioid use. I have to say that the stigma of dealing with substance use and problematic substance use is partly what keeps people away from effective treatment and harm reduction services.

I'll just tell you that on a personal note this is a multi-generational challenge in my family. It is partly why I'm so passionate about this. I've personally seen too many lives that have been destroyed and damaged as the result of problematic substance use. I think that if we look in our souls, we can all say that we know someone we love who struggles with problematic substance use, or maybe we have ourselves.

That's why I think these honest, open conversations are so important, because the more we can talk about it, the more they can talk about it and the more people can feel safe in reaching out. That's the point, I think, behind the conversation around safe supply, harm reduction and decriminalization. It really isn't about encouraging drug use, which some Conservative opponents might say and have said, in fact, in the harmful policy under the Harper legacy for a decade. Rather, it's about meeting people where they're at and offering supports and services in a compassionate way that reduces their risk of dying.

I used to have a colleague who said that no one can get treatment if they're dead. We have to save lives so that people have an opportunity to get better, and that's exactly the focus of this Liberal government. We will work with communities on tools that they feel are appropriate, including safe supply, including harm reduction, including safe consumption sites and including making sure that community groups on the ground that are doing that hard work with families every day have what they need to keep doing that work.

Finally, let me just say that if you have not heard of the group Moms Stop the Harm, please go and visit that website. Listen to some of those moms. They will tell you heartbreaking stories of their young people who have died of opioid overdose, and they are begging governments to be non-partisan in this approach and to work together to get the job done to save lives.

Mr. Mike Kelloway: Thank you, Minister.

It speaks to the importance of looking for creative solutions with all levels of government, but in particular those community groups like the Undercurrent Youth Centre in Glace Bay, which is one of the areas that I represent. The work being done on the ground—also the work being done on the ground in Vancouver and how they're working with the federal government through Health Canada—is something that I know is absolutely essential to Canadians, and in particular to people in rural Canada.

We hear there's a tremendous problem in urban Canada, but it's also a tremendous problem here. Perhaps it's not seen as much, but it is still there. I really thank you for that answer.

How much time do I have left, Mr. Chair? Are you there? I'll say three minutes.

● (1515)

The Chair: I'm sorry. I was muted.

I said you're officially out of time, but if you can come to a question quickly, the minister may answer.

Mr. Mike Kelloway: We talked about innovations just briefly in the latter part of that answer and question. Looking at virtual care services that have emerged from COVID and the ability to respond innovatively, do you think the government should invest more in that, especially and in particular in rural Canada? I've seen some pretty substantial and positive changes as a result of virtual care. I know it's a provincial responsibility, but I also know we have a role too.

What are your thoughts on that?

Hon. Patty Hajdu: Thank you very much to the member for that question as well.

It is one of the silver linings of COVID-19. There aren't many, although maybe we'll find more over the next decades. Right now, a silver lining of the pandemic is that virtual care was able to arise so quickly. Provinces and territories quickly sprung into action to create, for example, billing codes to be able to properly compensate health care practitioners for providing care online or in virtual ways.

I also come from a semi-rural community. The work we have been doing with provinces and territories to strengthen access to virtual care is really critical. We've provided $240 million in funding, including $72 million through supplementary estimates (A). This is about building up the capacity to deliver virtual health care services in a way that protects people's privacy and data and ensures that people get that quality care.

This is not going to replace in-person care, but it certainly can augment in-person care, in particular for people who have a hard time getting access to in-person care.

Thank you, MP Kelloway, through the chair.

The Chair: Thank you, Mr. Kelloway.

I believe Mr. Barlow is taking Mr. Lemire's slot. Is that correct?

Hon. Michelle Rempel Garner: No.

[*Translation*]

Mr. Sébastien Lemire: I'll keep my turn, Mr. Chair. I'm generous, but maybe not to that extent.

[*English*]

The Chair: I'm sorry. I'm not clear on who's next.

I have on my list that it would normally be Mr. Lemire. Is it Mr. Lemire?

The Chair: Mr. Lemire, go ahead.

[*Translation*]

You have two and a half minutes.

Mr. Sébastien Lemire: Thank you, Mr. Chair.

First, I want to respond to what the minister said. When all Quebeckers are asked the question, no one wants conditional transfers from Ottawa. We want unconditional transfers, especially for health care. The National Assembly, unanimously, and all the provinces voted for an unconditional increase in health transfers to 35% of provincial spending. The word “unconditional” is important.

Madam Minister, you boast on Health Canada's website that the two interim orders have eased the rules around COVID-19 vaccines to ensure that Canada remains an attractive location for clinical trials, thereby improving Canadians' access to potential COVID-19 treatment options.

Yet with the regulatory reform of the PMPRB, you'll do the opposite. You're tightening the rules without listening to the stakeholders. The uncertainty and complexity of these rules have and will have an impact on the number of new drug launches in Canada and on clinical trial activities.

Are you aware of this blatant contradiction?

[*English*]

Hon. Patty Hajdu: Thank you.

Given that I can't see that part of the Health Canada website, I'll take a guess that you're talking about the accelerated regulatory ability of Health Canada to review vaccines coming in for approval. In fact, that's separate from the PMPRB. That is actually about making sure that we have the capacity to rapidly assess treatments or drugs that are being used for COVID-19 in a way that does not delay them through an approval process.

The PMPRB, as you know, is about the pricing of drugs. It is a different process.

● (1520)

[*Translation*]

Mr. Sébastien Lemire: Yes, but there's still a contradiction.

I'll go back to the importance of delaying implementation to ensure that there isn't any contradiction. There's a consensus on the application of the countries' reference basket. Even the industry is willing to make this concession to get prices down quickly.

I would especially like to see you, Madam Minister, show leadership, set up a discussion table composed of partners and industry representatives to talk about the rest of the implementation of the PMPRB, and perhaps even sit as chair. These participants would include representatives of associations; patients; research; life sciences; the national institute of excellence in health and social services, or INESSS; the Canadian Agency for Drugs and Technologies in Health, or CADTH; the pan-Canadian Pharmaceutical Alliance, or pCPA; the PMPRB; and the pharmaceutical and biotechnology industries.

Madam Minister, would you be prepared to provide that leadership to ensure a long-term investment vision for our pharmaceutical industry?

[*English*]

Hon. Patty Hajdu: Respectfully, that's exactly what this Liberal government has done since the beginning of our term of government, take on this challenge of trying to work with the pharmaceutical companies, the patient groups and, indeed, the provinces and territories to look at how we reduce costs of medication for Canadians in this country.

This is an important piece. I absolutely agree with the member that COVID-19 has made this more challenging, given the landscape of COVID-19 and the contribution that pharmaceutical companies are making to beating back COVID-19.

We'll continue. We haven't stopped talking to all of the stakeholders that the member opposite has referred to. We'll continue that hard work so that we can determine the future of the industry here in Canada and also how we move forward with both of those goals: to make sure that Canadians have the access to the best and most cutting-edge drugs in the world, and to make sure that Canadians can afford those drugs. Both of those principles are important.

[*Translation*]

The Chair: Thank you, Mr. Lemire.

[*English*]

We go now to Mr. Davies.

Mr. Davies, go ahead please, for two and a half minutes.

Mr. Don Davies: Thank you.

Minister Hajdu, you mentioned Moms Stop the Harm. Moms Stop the Harm very clearly believes and states that it's the criminalization of drugs that contributes to many of the harms of drug use. Do you agree with them?

Hon. Patty Hajdu: I have been very clear throughout my entire career that decriminalization may be one aspect of helping people who use substances, but there needs to be many components to reducing harm related to substance use. In fact, I was the author of the Thunder Bay drug strategy, which has five pillars of action. None of them individually will save lives. We need multiple actions on multiple fronts, which is why this government has invested so much money in substance use and harm reduction to restore some aspects that were severely damaged under the previous government.

Mr. Don Davies: Mr. Hajdu, there's not a person in the country, including Moms Stop the Harm, who ever asserts that decriminalization by itself will fix the problem.

Moms Stop the Harm also points out that criminalization forces drug users to get their drugs from the street, supplied by criminals, and with the poisoned, toxic street supply, this leads to avoidable overdose deaths. Do you agree with them?

Hon. Patty Hajdu: That's why, through this year, we've been so aggressive on funding safe supply projects across this country. Of course, it's not just about decriminalization. It is also about making sure that people have access to a safe supply. It's been a privilege to be able to work on these issues with multiple stakeholders. Unfortunately, some provinces and territories are not taking up the tools that I've offered them repeatedly in terms of making safe supply more easily accessible to people who use substances.

Finally, I'll say I find it ironic that this member is talking about decriminalization. In 2015, in fact, when I ran in the federal election, the Liberal Party was the only party talking about the legalization of cannabis. In fact, that member's party was not brave enough to talk about that. I will just say this: We are a party that believes in a pragmatic drug policy that will save lives. We believe we need to work with communities, and that's exactly what we're doing.

Mr. Don Davies: Yet you, Minister, and the Prime Minister have explicitly ruled out decriminalization of drugs. Tell me why.

Hon. Patty Hajdu: In fact, no, what I have said repeatedly in press conferences are two things. First, communities can determine the tools they need. My job as the Minister of Health federally is to help enable their access to those tools. Secondly, and the Prime Minister has said this as well, there is no silver bullet to solving the problem with opioids or any problematic substance use.

This is a comprehensive approach that includes many other areas that we're investing in: reducing poverty through the Canada child benefit, investments in affordable housing and supports for racialized and stigmatized members of our communities. That is the work—

Mr. Don Davies: Minister, a comprehensive approach that doesn't include decriminalization is not a comprehensive approach.

Hon. Patty Hajdu: I would argue that we have legalized cannabis in this country. I would say that—

Mr. Don Davies: I'm talking about other drugs, opioids—

Hon. Patty Hajdu: I would also—

Mr. Don Davies: Thank you, Minister.

● (1525)

The Chair: Thank you, Mr. Davies.

That brings round two of our questions to a close. We'll start round three now.

We go with the Conservatives. I'm not exactly sure who's going to take that.

Go ahead, Mr. Barlow, for five minutes, please.

Mr. John Barlow: Thank you very much, Mr. Chair.

Minister, the expert panel on COVID-19 testing and screening provided very clear evidence that quarantine hotels have been a failure and recommended they be cancelled immediately and replaced with a comprehensive home quarantine.

When will the hotel quarantine program be scrapped?

Hon. Patty Hajdu: I think I've answered this question a number of times in the House, but I'm glad that I have an opportunity to speak to it a little bit more robustly.

In fact, what we have done is follow the advice of scientists and researchers on how best to reduce the importation of COVID-19, and every step of the way we have added measures to protect Canadians against COVID-19.

We'll be very careful and cautious in removing some of those measures. Of course, we thank the expert panel for their report. It provides a very useful road map, but we will not put the hard sacrifice of Canadians at risk. This has been an extraordinary time of sacrifice for Canadians.

Mr. John Barlow: Minister, thanks. I have only a certain amount of time.

Hon. Patty Hajdu: Canadians expect us to proceed in a way—

Mr. John Barlow: I have a certain amount of time.

Hon. Patty Hajdu: —that does not put their progress at risk.

Mr. John Barlow: Thank you very much.

The science and data from that expert panel say that it's inefficient and ineffective and should be shut down immediately. Even the co-chair of that panel, Sue Paish, said that we don't have any evidence that establishes the efficacy of a three-day hotel quarantine program.

Do you agree with that panel's evidence on that data in this statement?

Hon. Patty Hajdu: First of all, I thank Sue Paish and the other members on that committee for their ongoing reflections on the role of border measures—

Mr. John Barlow: Do you agree with the statement, yes or no, that there's no proof—

Hon. Patty Hajdu: I will also—

Mr. John Barlow: —that hotel quarantines show any efficacy?

Hon. Patty Hajdu: I will also say that whatever we do next on the border will be guided through the lens of science and evidence, and we will not put the sacrifices that Canadians have made at risk.

Mr. John Barlow: That's interesting, because the science and evidence of that expert panel say that it has no effectiveness whatsoever. You can't say we're going to live by some of the evidence as long as it fits with our political view and ignore that which doesn't.

You've said in the past in the media that families will not be split coming back into Canada. Will children under the age of 12, who are ineligible to be vaccinated right now, be exempt from hotel quarantines?

Hon. Patty Hajdu: I stand by my word that we will not split families up when they return to Canada.

Mr. John Barlow: In that vein, does the entire family have to go to a hotel quarantine or will they be allowed to quarantine safely at home?

Hon. Patty Hajdu: We will be releasing measures for the next phase of our reopening of the border in the very near future. I encourage the member to stay tuned.

Mr. John Barlow: You're saying you won't split families up. Will they all have to go to a hotel quarantine, yes or no?

Hon. Patty Hajdu: Families will not be separated during the process of returning to Canada.

Mr. John Barlow: Okay.

We've already seen that you've spent $225 million on the hotel quarantine, and now you're asking for an additional billion dollars for isolation sites and border measures. How much of that billion dollars will be spent on hotel quarantines?

Hon. Patty Hajdu: For that I'll turn to my officials, but before I do I'll just say that, in fact, isolation sites are around the country, and they have been at the request of communities that are providing isolation for families or other residents who don't have—

Mr. John Barlow: How much of that billion will be spent on hotel quarantine sites?

Hon. Patty Hajdu: —the ability to quarantine. In fact, we stepped into this space willingly—

Mr. John Barlow: How much of that $1 billion—

Hon. Patty Hajdu: —because we knew we would be able—

Mr. John Barlow: I'm asking a very simple question—

The Chair: Mr. Barlow.

Hon. Patty Hajdu: —to reduce cases of COVID....

Mr. John Barlow: Mr. Chair, she's not answering—

The Chair: Mr. Barlow, please let the witness speak.

Mr. John Barlow: —the question I asked her. The minister is not answering the questions I asked her. I asked her very simply how much of the billion dollars is going to be spent on designated hotel quarantine sites that even our Prime Minister isn't willing to use.

The Chair: Thank you, Mr. Barlow.

It is up to the minister to respond to these questions as she deems appropriate—

Mr. John Barlow: She should respond to the question that's asked, Mr. Chair.

The Chair: —or to ask her officials to do so on her behalf. It is up to the minister.

Minister, if you wish to respond, go ahead.

Hon. Patty Hajdu: Again, I will just say that the isolation sites, as I was trying to explain, have been critically important for communities and have been established at the request of communities. In fact, they have been important components of communities to be able to isolate close contacts and positive cases of COVID away from other family members in order to reduce the spread of COVID.

We'll continue to be there, whether it's at the border when people don't have appropriate quarantine plans, or whether it's in communities where people don't have the ability to quarantine—

Mr. John Barlow: Thank you, Minister. Can you please answer the question I asked?

Hon. Patty Hajdu: —safely away from their families to limit the spread of COVID.

Mr. John Barlow: Can you please answer the question I asked? How much of the new billion dollars that you've requested in the supplementary estimates is designated for hotel quarantine sites?

Hon. Patty Hajdu: I will turn to my officials to speak to the specifics of the question.

● (1530)

Mr. John Barlow: You could have done that 30 seconds ago.

Mr. Iain Stewart: Mr. Chair and honourable member, thank you for the question.

We don't fund government-approved accommodations. The travellers pay for those directly themselves.

Mr. John Barlow: Then, to Mr. Stewart, what was the $225 million in the previous budget that was designated for hotel quarantine sites for?

Mr. Iain Stewart: On terminology, maybe to declutter, there are the government-approved accommodations, the PHAC hotels, and then there are designated quarantine facilities, which are infection control containment units. If you wish me to explain what's in the envelope of money, I can do that, but it's not for government-approved accommodations.

Mr. John Barlow: To save time, and I see my red card, if you could submit that to the committee, it would be beneficial.

Thanks, Mr. Stewart.

Mr. Iain Stewart: Okay. Thank you, sir.

The Chair: Thank you, Mr. Barlow.

We go now to Mr. Van Bynen.

Mr. Van Bynen, go ahead please.

Mr. Tony Van Bynen (Newmarket—Aurora, Lib.): Thank you, Mr. Chair.

Thank you also to the minister and officials for joining us once again today.

I know this is a very busy time and you all carry a heavy burden of care for our nation, so I truly appreciate the opportunity to welcome you and to hear from you directly. Certainly, I won't downgrade responses to a simple yes or no. I think the issues that you're dealing with are complex and deserve the opportunity to have a fulsome response.

Minister, I've been seeing that the federal government has been stepping up consistently throughout the pandemic in a number of ways, but perhaps one of the most significant ways is through the nurses, the Canadian Red Cross workers and other public health support staff who have been sent to all corners of the country.

What kinds of human resources support has PHAC been able to provide to the provinces and territories and where do you think the support has been most impactful?

Hon. Patty Hajdu: Thank you very much.

To the member of Parliament, through the chair, thanks for the opportunity to highlight the team Canada approach that we decided on earlier. I think I started to speak about that in response to another member's question. We really felt at the beginning of this pandemic that although we have jurisdictional roles and responsibilities, Canadians needed us to, as a federal government, step up to help. Health human resources has been one of those aspects where provinces and territories have called on us to do so.

Early on in the pandemic, we created a rapid response program that could move vital resources like nurses, doctors and other critical public health workers, epidemiologists, to provinces and territories when they needed the extra help. For example, earlier this year, we helped coordinate the deployment of doctors and nurses from Newfoundland and Labrador, who volunteered in Ontario, to help on the third wave.

I'll turn to Dr. Tam to speak a few more words about other resources we provided to provinces and territories.

Dr. Theresa Tam: A lot of the time we provide epidemiologic support, so technical epidemiologists and laboratory support. We also provide infection prevention control specialists, be it for outbreaks in correctional facilities or in remote communities, or on the request of provinces and territories.

We also have leveraged the Canadian Red Cross. Through them, many communities, be it testing sites, sometimes vaccination sites, have had support. Of course, there's the support for contact tracing in conjunction with Statistics Canada, and of course, our Canadian Armed Forces colleagues.

Together, that team has been brought together. In fact, even staff from the agency, who are already very busy, if there is a need, they've been stepping up on top of what they're doing to help others as well.

Mr. Tony Van Bynen: Thank you.

In my community of Newmarket—Aurora, our local hospital accommodates over 1.2 million people, and at the very beginning of this outbreak, I know that there was a lot of stress in terms of finding the resources that they needed, and I was certainly happy to see that the government stepped up and provided what was required.

We've also been talking about mental health and the impacts of the pandemic on Canadians' health throughout the past year and the role the federal government has been able to play in getting Canadians free, accessible mental health resources. I know that budget 2021 extends further funding for Wellness Together in the budget 2021-22 year, and in the supplementary estimates (A) there's additional funding for the Kids Help Phone.

Why do you think it's important to keep these mental health supports available to Canadians, even as we return to the new normal life?

● (1535)

Hon. Patty Hajdu: Thank you very much for the question.

I had an opportunity to meet with the volunteers at the Kids Help Phone just this week. What an enormous piece of work they're doing for Canadians. They're responding to calls from people, often young people but actually people of every age, across the country. We knew early on that we needed to support that work.

Wellness Together also grew out of a sense that the pandemic was going to create such change in Canadians' lives that it would exacerbate mental health conditions and put people in distress at all hours of the day or night. We wanted to make sure that no matter what a Canadian's circumstance, no matter what a person's circumstance in this country, they would have access to that service.

We'll be extending these services for another year. We know that, first, we're not out of this yet, and second, as people return to their lives, many things have changed. People have suffered tremendously. There's been enormous sacrifice, some that we know and some that we don't know. People's routines have been disrupted. Their relationships have been disrupted. Their work settings have been disrupted. We know that Canadians will continue to need support for some time to come.

This is our contribution to ensuring that Canadians have that help when they need it, through emergency helplines but also through the Wellness Together portal that helps connect people to the help they need, when they need it and in the language they need it.

Mr. Tony Van Bynen: Thank you.

The Chair: Thank you, Mr. Van Bynen.

Mr. Davies, I believe we go to you now. You have five minutes.

Mr. Don Davies: Thank you, Mr. Chair.

Mr. Stewart, would you table with this committee the legal advice you received from the Department of Justice advising you on complying with the parliamentary order?

Mr. Iain Stewart: Mr. Chair and honourable member, we do not table the legal advice we get.

Mr. Don Davies: Mr. Stewart, you are probably aware that the privilege of that advice is yours, and you may waive it. Will you waive that privilege and table that legal advice with this committee?

Mr. Iain Stewart: Mr. Chair and honourable member, no, I will not waive the privilege.

Mr. Don Davies: I'll tell you why I think that's important. I think all Canadians would like to know whether the Department of Justice is advising public servants not to comply with orders of the House of Commons. Do you agree that it would be a concern to Canadians?

Mr. Iain Stewart: Mr. Chair and honourable member, I am actually in no position to know the will of Canadians on this matter, so I won't conjecture. Thank you.

Mr. Don Davies: Before I leave this, I just want to be clear. We've had two orders of the House, one by Mr. Milliken and one now by the current Speaker of the House, that deal squarely with an order of the House that orders the government to produce unredacted documents to Parliament. Both of those rulings have stipulated that it is fundamental to Parliament's operations and a foundational privilege and right of holding government accountable that no government can lawfully refuse to produce unredacted documents to the House of Commons when so ordered.

Do you dispute that, Mr. Stewart?

Mr. Iain Stewart: Mr. Chair and honourable member, I've been saying in the course of this proceeding that I'm governed by a desire to stay within the law. I don't have opinions of the nature you're asking after.

Mr. Don Davies: Second of all, the next proposition I'd put to you is that the arguments to resist producing those documents out of a concern for national security were squarely presented and heard by the current Speaker, who ruled that, notwithstanding that argument, he still was ordering you to produce those documents. Do you acknowledge that?

Mr. Iain Stewart: Mr. Chair and honourable member, to my understanding, nothing that has occurred changes my legal obligation under the Security of Information Act, which, as you know, includes sanctions in the Criminal Code. There are very strict limits and sanctions for the behaviour that is being indicated I should follow.

Mr. Don Davies: You are aware that the parliamentary law counsel has written to this committee, and it's been stated in the Speaker's ruling, that no statute of Canada supersedes the supremacy of Parliament to order the production of documents when that's ordered. Are you aware of that?

Mr. Iain Stewart: Mr. Chair and honourable member, as I mentioned earlier, I'm not advised or aware that the motions relieve me from my legal obligations.

Mr. Don Davies: Finally, you are aware that the terms of the order specifically state that the documents will be redacted by parliamentary counsel for national security reasons, among other things, before they would be provided to the Canada-China committee. You're aware of that, aren't you, sir?

● (1540)

Mr. Iain Stewart: Mr. Chair and honourable member, as I mentioned the last time we touched on this topic, nothing to date has been provided that would indicate the normal security requirements related to classified documents are in fact going to be upheld.

Mr. Don Davies: With great respect, sir, yes, indeed something has, and that is that the ruling of the Speaker squarely says everything I just said to you.

Minister Hajdu, I'd like to ask you, when can cystic fibrosis patients in this country get access to Trikafta, which they so desperately need? When will that happen?

Hon. Patty Hajdu: Thanks, MP Davies.

I will turn to Stephen Lucas, but Trikafta was just approved, I think either yesterday or today.

Dr. Lucas, can you confirm that?

Mr. Don Davies: I understand that it was approved. That's why I asked the question, Minister.

I know it was approved, so when is it going to get in the hands of patients in this country?

Dr. Stephen Lucas (Deputy Minister, Department of Health): In response, following the Health Canada approval, provinces and territories need to make listing decisions. CADTH, the group doing health technology assessment, and INESSS in Quebec will be providing their advice to provinces in the coming weeks. Following that, provinces will consider it in terms of enabling access.

Until that time, the access is available through the special access program.

Mr. Don Davies: If I may use my remaining time to provide some advice to you and to the minister, with respect, I've had some very profoundly affecting meetings with cystic fibrosis patients in this country. They need access to Trikafta immediately. Anything that this government can do to expedite and accelerate production and distribution of Trikafta, beyond the special access program generally, I would urge this government to do on an emergency basis.

Thank you, Mr. Chair.

The Chair: Thank you, Mr. Davies.

We go now to Ms. O'Connell.

Ms. O'Connell, please go ahead, for five minutes.

Ms. Jennifer O'Connell: Thank you, Mr. Chair.

Getting back to COVID and some of the areas that I think Canadians are really interested in, today was a big announcement in regard to vaccine deliveries. Canada is number one, I believe, in the G7, G20 and OECD for first doses, but getting into second doses, I know here in Ontario and in my community, we're getting those second doses out.

With today's announcements, perhaps you could speak about the announcement today, where that puts us in terms of delivery and our position for getting Canadians fully vaccinated, especially in the context of the delta variant.

Hon. Patty Hajdu: Through the chair, thank you very much, MP O'Connell.

Today's announcement was indeed really great news. In fact, now we are on track to having 68 million doses in total delivered by the end of July, which is more than enough to fully vaccinate 33.2 million Canadians over the age of 12.

Of course, we have some work to do to administer all of those vaccines, but the news is good. We hopefully will start to see the curve of the second vaccine dose rise as rapidly as the first. I know that Canadians are very eager to get their second dose, and immunizers are very eager to get going.

Ms. Jennifer O'Connell: Thank you.

There are many officials here who actively worked with procurement in terms of working to get these doses, so I won't have time to ask you all questions. On behalf of all Canadians, thank you for your hard work in getting these doses.

I'll ask Brigadier-General Brodie. Could you give us even a little bit of an update in terms of the specific schedule of how many doses we received this week, and what's anticipated in the next week or so, based on the schedule that you have after this announcement? Could you just highlight this news for the committee?

Brigadier-General Krista Brodie (Vice-President, Logistics and Operations, Public Health Agency of Canada): Thank you, Mr. Chair and honourable member.

This week alone, we have brought in 9.5 million doses of COVID-19 vaccines. We have distributed over six million doses of those, or will have by the end of today. Another 2.7 million arrived this morning.

We'll continue to distribute vaccines as they flow into Canada and as the provinces pull those forward to support their vaccination campaigns. We're tracking for significant volumes of vaccines to continue flowing in every few days for the next several weeks, until we reach the point where we have an appropriate number of vaccines to fully vaccinate all eligible Canadians.

● (1545)

Ms. Jennifer O'Connell: Thank you.

What is that number for approximately all eligible Canadians—for the two doses, obviously?

BGen Krista Brodie: Thank you, Mr. Chair and honourable members.

If we're looking at 100% coverage from a vaccine distribution perspective and that factors in a number of assumptions with respect to how we manage the inventory as it processes through the supply chain, we're looking at around 66 million doses to hit that 100% target.

Clearly, Dr. Tam has encouraged us to shoot for the stars. We are looking at encouraging Canadians to be vaccinated in the greatest measure possible so that we can not only achieve that 75% that will allow us to minimize the burdens on our hospitals and our health care systems, but also truly protect Canada and Canadians in this environment, in this pandemic, and see us through to the other side.

Ms. Jennifer O'Connell: Thank you so much for that.

Thank you, Mr. Chair.

The Chair: Thank you, Ms. O'Connell.

[*Translation*]

Mr. Lemire, you have the floor for two and a half minutes.

Mr. Sébastien Lemire: Thank you, Mr. Chair.

My question is for Minister Hajdu, because I liked part of her answer. She said that she consulted with all the people that I wanted to bring to the table.

However, does she see the difference between consulting with people and bringing them to the table so that together they can find the best possible strategy and speak about the different areas of expertise?

I'm thinking in particular of the COVID-19 vaccine task force. Remember that the transparency and ethics of certain people around the table were criticized. I consider it important to ensure collaboration, particularly with respect to the PMPRB.

Research Canada has four recommendations regarding caution. First, the entire health research and innovation ecosystem should be maintained.

Second, the government should reconsider not only the PMPRB reforms' impact on drug costs, but also on drug value and patients' access to innovative medicines and clinical trials.

Third, the federal government should consider the reforms' impact on employment for the next generation of highly skilled researchers and on its investments in this area.

As a result, the fourth recommendation is that the federal government defer implementation of the PMPRB reforms until it has concluded a more comprehensive process in support of the full health research and innovation ecosystem, bringing all key stakeholders who will be impacted by these reforms to the table.

What does the minister have to say to Research Canada: an alliance for health discovery?

[*English*]

Hon. Patty Hajdu: First of all, to the member, we have had a number of stakeholder consultations. I'll turn to Dr. Lucas, who has details about the types of consultations that have gone on through the process of suggestions to reform the PMPRB.

Dr. Stephen Lucas: Thank you.

There have been extensive consultations over many years regarding the Patented Medicine Prices Review Board and specifically the regulations, which came into force in August 2019. Subsequent to that, there has been extensive consultation on the guidelines to implement those through the PMPRB in regard to the effect of the pandemic.

Furthermore, through the work of the Ministry of Health and the Ministry of Innovation, Science and Economic Development, we have been consulting the industry, patient groups and others on the life sciences sector in this country; rejuvenating the biomanufacturing sector, as outlined in the budget, with an investment of $2.2 billion; and working on critical elements, such as Dr. Strong referred to, in terms of clinical trials and regulatory systems.

[*Translation*]

Mr. Sébastien Lemire: I want to hear your thoughts on transparency.

Will your research provide transparency?

Will we have access to the results of these meetings, Mr. Lucas?

[*English*]

Dr. Stephen Lucas: The various consultation exercises have resulted in a variety of “what we heard” reports and documents provided. The Patented Medicine Prices Review Board, for example, in its guidelines, has provided revised guidelines. There have been multiple-step consultations. Health Canada will be posting, in the coming weeks, a report on its consultations regarding the strategy for rare disease drugs. There is a great deal of transparency in terms of the engagement.

● (1550)

[*Translation*]

The Chair: Thank you, Mr. Lemire.

[*English*]

Once again we will go back to Mr. Davies.

Mr. Davies, go ahead. You have two and a half minutes.

Mr. Don Davies: Thank you.

Dr. Tam, federal modelling produced in May suggested that when 75% of eligible Canadians are fully vaccinated, restrictive public health measures like distancing and masking could begin to loosen.

You recently confirmed that the variants used to develop those models did not include the delta variant, which is the most infectious tracked in Canada to date. In fact, you were quoted a few days ago as saying:

> If we model the Delta variant now and put that into the model...it does mean that even higher vaccination coverage would be even better at protection against the hospitalizations and overwhelming the health system.

I have a quick question. Does PHAC plan to update its 75% full vaccination target in response to the spread of the highly transmissible delta variant across Canada?

Dr. Theresa Tam: In terms of modelling and data, yes, we'll be updating it.

In terms of what benchmarks to use for policy positions, the vaccine coverage is not the only benchmark. The other really critical piece is the deceleration of this third wave in Canada. You have to look at both. Otherwise, you'd be taking just one side of the coin—

Mr. Don Davies: Right. In other words, would you agree that...? Is what you're saying, Dr. Tam, that Canada will not be able to exclusively vaccinate its way out of a potential fourth wave driven by the delta variant?

Dr. Theresa Tam: That's right. You still need to use a combination of measures, but with the vaccine, you can begin to take out certain layers as well, so that's what we'll be seeing.

With the delta variant, the other key message is of course the 75% and 20%. That's the first goalpost, if you like. You can ease measures, but you have to be very careful until you get two doses into your arm.

Mr. Don Davies: Right.

I want to put to you what's happening in the United Kingdom. There, the delta variant has surpassed the alpha variant to become the dominant strain. As a result, this week, Boris Johnson delayed his plans to lift most remaining COVID-19 restrictions by a month.

One of the reasons, by the way, is that a study by Public Health England found that Pfizer and AstraZeneca vaccines had notably lower effectiveness after one dose for the delta variant, at only 33%, from 51% respectively. He is saying that the extra time will be used to speed up Britain's vaccination program, which has already delivered full vaccine schedules to 44.5% of the population.

Given that only 14% of Canadians have been fully vaccinated to date, do you believe that provincial reopening plans should be delayed to accelerate the delivery of second doses in response to the spread of the delta variant?

Dr. Theresa Tam: I think the provinces have to manage based on their own epidemiology, which is quite different from one province to the other.

Having said that, with the number of vaccines coming in, I actually think that second dose coverage will accelerate pretty fast, so it's data, not dates. In any case, even with the initial ballparking of the dates from the different plans, even with the delta variant, I think if we can get the vaccination rates up you may still be able to meet those kinds of timelines.

Mr. Don Davies: Let's hope so.

Dr. Theresa Tam: Some provinces deliberately didn't put certain dates, and other ones did, but with the caveat that they may have to change them if the need arises. We hope they don't.

Mr. Don Davies: I want—

The Chair: Thank you, Mr. Davies.

Mr. Don Davies: Thank you, Mr. Chair.

The Chair: Thank you, committee.

That wraps up our third round. We have very few minutes left. Given that the House voted on supplementary estimates (A) last night, I think that our voting on them here becomes somewhat moot, so I suggest that we have a quick snapper round and give every party one minute. I will start with the Conservatives.

Who is up for the Conservatives at this point?

Go ahead, Mr. d'Entremont for one minute, please.

Mr. Chris d'Entremont: Thank you.

I have a quick question around AstraZeneca. The provinces have basically stopped using it. There's a challenge right now, in that if you travel to the States, they won't accept that as being a vaccine at this point. Maybe NACI has looked more closely at what we're supposed to do with AstraZeneca doses.

Minister, have we ordered any more and are we going to be cancelling the contract with AstraZeneca?

● (1555)

Hon. Patty Hajdu: In terms of the future of the contract with AstraZeneca, we have always been clear that doses we don't use will be donated to the rest of the world through a variety of mechanisms, but I'll turn to Dr. Tam for the specifics on AstraZeneca and NACI.

Dr. Theresa Tam: I think NACI has made its recommendations.

Right now, the detail work that was done with the provinces and territories is in fact coming back to Brigadier-General Brodie with the actual numbers of doses that they require. Some individuals still want AstraZeneca as their second dose, so the provinces are making sure those doses are covered. It is a very careful sort of monitoring we need so that we do not order more than we need, but at the same time, we satisfy that need. I don't think we will see the numbers come to ground for a few days, probably, just to see what the initial shift in public requirements will turn out to be like after the update to the recommendations.

The Chair: Thank you, Mr. d'Entremont.

Mr. Kelloway, you have one minute, please.

Mr. Mike Kelloway: Thank you, Chair.

This is a question that could be answered by anyone. Could you tell us more about the strategies PHAC is using to monitor Canadian immunity to COVID-19? That's question number one.

Quite frankly, do you think Canadians should feel optimistic about the immunity levels and trends we're seeing across the country?

Hon. Patty Hajdu: Perhaps I will turn to Dr. Tam, who is obviously an infectious disease expert and is widely connected to the research community.

Dr. Theresa Tam: There's been a very significant investment through the Canadian immunity task force. Through that task force and its funding mechanisms, a whole host of studies and surveys are being done across Canada in the general population. That includes blood donors, persons with HIV, seniors in long-term care, health care workers and kids. We will have some very good data on the level of antibodies and immunity in the population.

Prior to the vaccine, because we did manage to suppress a lot of transmission in Canada, the level of immunity from the natural infection was low. It would be less than 10% for the most part, and a few percentage points when we started the beginning of the second wave, for example.

However, with vaccines and with the uptake in vaccines, it means that a very significant proportion of the population will now benefit and have immunity. The funding, the studies and the surveys will continue over time to monitor the immunity afforded by the vaccine, or the immunity afforded by the virus.

The Chair: Thank you, Mr. Kelloway.

[*Translation*]

I'll now turn the floor over to Mr. Lemire.

Mr. Lemire, you have the floor for one minute.

Mr. Sébastien Lemire: Thank you, Mr. Chair.

During our meeting, we learned some significant news that greatly concerns all Canadians. The head coach of the Montreal Canadiens hockey club has caught COVID-19.

I'm talking about this because the club confirmed that the head coach received two doses of the vaccine.

I want to ask Dr. Tam or someone else the question.

How is it possible to contract COVID-19 and test positive for the disease when you have already been vaccinated twice? This has a major impact on the national interest of Canadians.

[*English*]

Dr. Theresa Tam: We're very fortunate in Canada to actually have very effective vaccines. However, vaccines are not 100% effective even with two doses.

To illustrate this, if a vaccine is 80% effective, you might still get a fifth of the population, even after vaccination, who may be susceptible to infection. What we do know, in general, is that these infections are going to be milder, so the prevention of serious outcomes is also very key.

You've brought up a very important point, which is that you can still get infected. Even though you have a mild illness, you could pass it on to someone else who might not have been well vaccinated. The bottom line still stays the same, whether it's the variants we have now, or the fact you may still see cases after vaccination. The bottom line is to get two doses of a vaccine, or to complete a full course of vaccines. That will still work.

Sports teams have to have protocols. At this time, these types of games are performed under the auspices of public health departments that have safety plans in place so that, should people become positive, they don't spread that virus to a lot of other people.

● (1600)

[*Translation*]

The Chair: Thank you, Mr. Lemire.

[*English*]

We now go to Mr. Davies, for one minute, please.

Mr. Don Davies: I think we can all agree that we're all pulling for the Canadiens to win the Stanley Cup this year, so let's get that on the record.

Dr. Tam, we heard some evidence this week that highlighted the federal government's failure to duly consider sex differences in immune response to infections and vaccinations in our vaccination study. A witness noted that:

> Being female is also the greatest predictive risk factor for many autoimmune diseases. Women also bear the brunt of experiencing more serious adverse events related to vaccination, and we've also seen that with the COVID-19 vaccines.

By the way, we also know that women have twice as many antibodies as men.

Could you confirm if the Government of Canada is conducting sex-based dosing studies for these new gene delivery platform vaccines, and whether they're being performed for safety and efficacy?

Dr. Theresa Tam: I'll start, but it may be Dr. Lucas who's in a better position to answer this.

All I know is that the clinical trials and the recruitment of participants have included both males and females in a good proportion, but the trials are done in tens of thousands and can't scope in every single population group. It's not just sex differences. There are other differences.

As for pregnant women, we need more studies there in particular. We're following pregnant women through registries, but it is a very important point. In fact, through preclinical trials all the way to clinical trials, you need to take a sex-based approach, including in animal studies even, and I think the regulators have some requirements on this front.

The Chair: Thank you, Mr. Davies.

That wraps up our questions. I'd like to go on the record by saying that the chair takes no official position on hockey.

Hon. Michelle Rempel Garner: Chair, if I may, I would move that the committee wish the best to the Canadiens in their upcoming endeavour.

Mr. Chris d'Entremont: I will second that, Chair.

The Chair: Do we have unanimous consent?

Some hon. members: Agreed.

The Chair: I think we have unanimous consent for that, so thank you very much. I guess we also have unanimous consent, so that we don't need a notice of motion for that.

That does bring us to the end. Thank you, all, very much for your time today.

Most particularly, I want to thank the witnesses for once again giving us so much of your time and for so much of your hard work on an ongoing basis, some of you for years now but certainly for the last 15 or 16 months. We really do appreciate it. Thank you for assisting us with our studies.

With that, we are now adjourned.

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