HOUSE OF COMMONS
CHAMBRE DES COMMUNES
CANADA

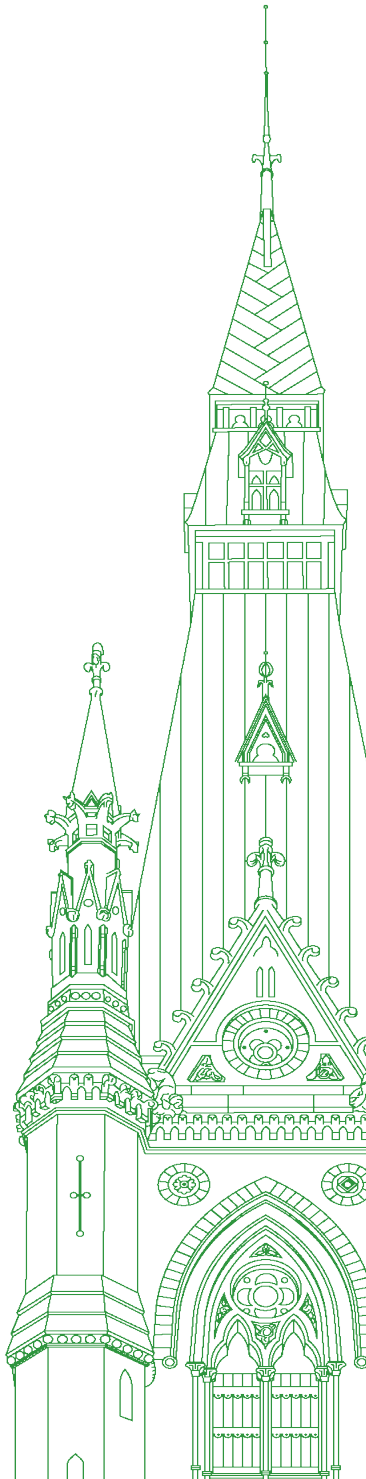
44th PARLIAMENT, 1st SESSION

Standing Committee on Health

EVIDENCE

NUMBER 003

Tuesday, January 18, 2022



Chair: Mr. Sean Casey

Standing Committee on Health

Tuesday, January 18, 2022

● (1315)

[*English*]

The Chair (Mr. Sean Casey (Charlottetown, Lib.)): I call this meeting to order.

Welcome to meeting number three of the House of Commons Standing Committee on Health.

Pursuant to the motion adopted by the committee on Friday January 14, we are meeting to receive an update on recent COVID-19 developments from the minister and officials.

Today's meeting is taking place in a hybrid format, pursuant to the House order of November 25. Members are attending in person in the room and remotely by using the Zoom application.

Regarding the speaking list, the committee clerk and I will do the best we can to maintain a consolidated order of speaking for all members, whether participating virtually or in person.

I'd like to take this opportunity to remind all participants in this meeting that screenshots or taking photos of your screen is not permitted.

The proceedings will be made available via the House of Commons website.

Given the ongoing pandemic situation and in light of the recommendations from public health authorities, as well as the directive of the Board of Internal Economy on October 19, to remain healthy and safe, the following is recommended for all those attending the meeting in person. This is specifically for Monsieur Berthold and Ms. Kramp-Neuman, who are here in person today.

Anyone with symptoms should participate by Zoom and not attend the meeting in person. Everyone must maintain a two-metre physical distance, whether seated or standing. Everyone must wear a non-medical mask when circulating in the room. It is recommended in the strongest possible terms that members wear their masks at all times, including when seated. Non-medical masks, which provide better clarity over cloth masks, are available in the room. Everyone present must maintain proper hand hygiene by using the hand sanitizer at the room entrance. Committee rooms are cleaned before and after each meeting. To maintain this, everyone is encouraged to clean surfaces, such as the desk, chair and microphone, with the provided disinfectant wipes when vacating or taking a seat.

I thank Ms. Kramp-Neuman and Monsieur Berthold in advance for their co-operation.

Today, we have with us for the first two hours the Minister of Health, Jean-Yves Duclos, and the chief public health officer, Dr. Theresa Tam. They are accompanied by officials from the Department of Public Works and Government Services, the Public Health Agency of Canada and, as of 1:45 p.m. eastern, Mr. Matthew Tunis from the National Advisory Committee on Immunization. All will remain until we conclude at 4 p.m. eastern.

Pursuant to the motion adopted by the committee on Friday, January 14, each witness organization will have five minutes to make their opening statement, up to a total of 20 minutes, before we begin rounds of questions.

With that, Minister Duclos—

[*Translation*]

Mr. Luc Berthold (Mégantic—L'Érable, CPC): Mr. Chair, I have a point of order.

The Chair: Go ahead, Mr. Berthold.

Mr. Luc Berthold: Mr. Chair, given that, for technical reasons, the meeting started 15 minutes later, I would like to know if the minister would agree to stay 15 minutes longer and if the committee could continue working until 4:15 p.m.

The Chair: Thank you, Mr. Berthold. I will let the minister answer your question.

Mr. Minister, are you available to stay with us for two full hours, until 3:15 p.m.?

Hon. Jean-Yves Duclos (Minister of Health): I certainly am.

The Chair: All right, thank you very much.

Thank you, Mr. Berthold.

I would now like to introduce Canada's Minister of Health, the Hon. Jean-Yves Duclos.

Mr. Duclos, welcome to the committee. You have five minutes to make your opening remarks. You have the floor.

Hon. Jean-Yves Duclos: Thank you, Mr. Chair.

I will begin by saying that I am currently on the traditional territory of the Anishinabe Algonquin people.

Mr. Chair, honourable members, thank you for inviting me to speak to you today about recent COVID-19 developments in Canada.

I would also like to thank all members of the Standing Committee on Health and all committee staff for their important work over the past few months of the pandemic.

The senior officials joining me today include Stephen Lucas, deputy minister of Health Canada; Paul Thompson, deputy minister of Public Services and Procurement Canada; Dr. Theresa Tam, chief public health officer of Canada; Dr. Harpreet S. Kochhar, president of the Public Health Agency of Canada; and Matthew Tunis, a member of the National Advisory Committee on Immunization, or NACI, who will be joining us shortly.

I would like to thank them for being here and, in advance, for their cooperation today as part of the committee's work.

● (1320)

[*English*]

As you know, with the rapid spread of the omicron variant in our country, we continue to be on high alert. COVID-19 is a crisis unlike any other we have experienced in recent memory in this country. The omicron variant has added a new layer of complexity. Despite this, our government and our whole country continue to respond quickly to protect the health and safety of everyone.

[*Translation*]

Today, my colleagues and I will bring you up to date on these efforts.

Last week, on January 13, I met with our provincial and territorial colleagues for the sixth time since December to discuss our collective efforts to strengthen our defences against the omicron variant.

The conversation was extremely productive, as were the measures. For the past two years, the provinces and territories have stepped up public health measures to contain or at least limit the spread of this virus, and the federal government has supported them.

The Government of Canada has provided significant federal surge funding and resources to protect Canadians and support the response to COVID-19.

Indeed, the federal government has provided the provinces and territories with eight out of every 10 dollars spent in Canada to fight COVID-19.

[*English*]

As you know, vaccination is one of the most effective ways to protect ourselves against COVID-19. So far, nearly 78% of all Canadians of all ages have received their primary vaccination of two doses.

[*Translation*]

In terms of continuing access to vaccines, Canada has secured COVID-19 vaccines from Pfizer and Moderna for 2022 and 2023, with options to extend into 2024.

In addition to providing booster vaccine doses, these agreements provide flexibility to procure future COVID-19 vaccine formulations, based on the evolution of the epidemiological situation in Canada.

Vaccination campaigns are going very well across the country. Booster campaigns are well under way, and 34% of eligible Canadians have received a booster dose.

Furthermore, more than 48% of children aged 5–11 have received their first dose.

[*English*]

Rapid tests are another important tool in our fight against COVID-19 and its variants. Earlier this month, the Government of Canada announced that an additional 140 million rapid antigen tests will be delivered to provinces and territories on a per capita basis in January. Deliveries are on the way.

● (1325)

[*Translation*]

The Government of Canada is also working to ensure that health care and frontline workers have the medical and protective equipment supplies they require to do their jobs.

The Government of Canada launched a bulk procurement process in 2020 to rapidly and efficiently procure personal protective equipment. Thanks to this aggressive approach, the Government of Canada has now secured over 2.7 billion pieces of PPE.

[*English*]

Our government also remains committed to using all the tools available to protect Canadians. This includes easy access to easy-to-use treatments for Canadians, such as Paxlovid, which is critical to reducing the severity of COVID-19 in those people who are at high risk of progressing to serious illness, and will therefore help ease the burden on our health care system. That's why yesterday I was so pleased to announce, alongside Minister Filomena Tassi, that Canada has received the initial delivery of a shipment of 30,400 treatment courses of Pfizer COVID-19 oral antiviral treatment.

Mr. Chair, in conclusion, this is just a snapshot of some of the current and recent actions our government is taking to protect the health of all Canadians.

[*Translation*]

As you know, a lot of work is going on behind the scenes with our many partners across all levels of government.

We know that we must continue with public health efforts to reduce transmission of the virus and minimize its overall impact.

The Government of Canada will continue to do everything within its power to protect the health, safety and well-being of Canadians.

[*English*]

I'll now pass it over to my deputy minister, Dr. Stephen Lucas.

[*Translation*]

Dr. Stephen Lucas (Deputy Minister, Department of Health): Thank you, Mr. Minister.

Mr. Chair, hon. members, thank you for this opportunity to speak to the committee today. It is my honour to be here to talk about what Health Canada has been doing to keep Canadian safe and healthy, as we fight COVID-19 and the omicron variant.

[*English*]

As part of the health portfolio, Health Canada has played a key role in Canada's response to the COVID-19 pandemic. As new vaccines and treatments are developed, they must come to Health Canada for review and authorization before they can be used in Canada.

Health Canada's regulatory branch ensures that drugs and treatments, including vaccines, meet Canada's strict standards for safety, efficacy and quality. Given the urgency of the pandemic, measures were put in place to safely expedite this authorization process. This included an interim order, introduced in September 2020, allowing Health Canada to accept rolling submissions for drugs, including vaccines, related to COVID-19. This expedited process helped make COVID-19 vaccines available to Canadians as soon as possible in late 2020.

[*Translation*]

When the interim order expired the following year, amendments were introduced to the food and drug regulations to give permanent legal status to drugs and vaccines authorized under the order and to maintain regulatory flexibilities introduced through the interim order.

I want to assure you that my department continues to review safety and efficacy data for all authorized drugs and vaccines on an ongoing basis. That includes regular reporting on side effects.

[*English*]

As the pandemic continues, it is vital that we have timely access to life-saving vaccines and leading-edge treatments for COVID-19, particularly in light of the highly transmissible omicron variant.

[*Translation*]

While vaccination continues to be the best way to protect ourselves from serious illness, hospitalization and death, treatments that reduce the severity of infections are an important tool in the fight against this disease.

Health Canada has authorized several treatments for COVID-19, including monoclonal antibody treatments.

[*English*]

Yesterday, Health Canada authorized Pfizer's Paxlovid, an antiviral treatment for adults with mild to moderate COVID-19 who are at high risk of progressing to serious disease. Other submissions are being reviewed on a priority basis, including Merck's antiviral treatment molnupiravir.

Paxlovid and molnupiravir are significant, because all existing COVID-19 treatments require intravenous administration or injection in a hospital or clinical setting. These new antivirals are in pill form. They are taken orally. This represents an important step forward in ensuring timely access to COVID-19 treatments. As such, the Government of Canada has signed an agreement with Pfizer to procure an initial quantity of one million treatment courses of Paxlovid, and with Merck for 500,000 treatment courses of molnupiravir.

● (1330)

[*Translation*]

Now that Paxlovid has been authorized, the Public Health Agency of Canada will work in close collaboration with the provinces and territories to facilitate its distribution and provide support on its use.

Throughout the pandemic, the Government of Canada has been working closely with provincial and territorial governments to help them adapt to the challenges of delivering health care during this crisis.

[*English*]

Whether coordinating PPE, providing surge support, or collaborating with provinces and territories on vaccine rollout, we at the federal level have been doing everything we can to make sure that our provincial and territorial partners have the support they need. This includes supporting surge capacity, such as contact tracing, testing assistance, testing equipment, PPE and medical equipment, laboratory services, outbreak management, voluntary safe isolation sites, public health response teams and health human resources.

After two years of fighting the COVID-19 pandemic, including the recent omicron surge—

The Chair: Mr. Lucas, could I get you to wrap up, please?

Dr. Stephen Lucas: Yes. I am.

I want to emphasize, in conclusion, that we're in a very different position from the one we were in March 2020. We've spent the last two years working with our provincial and territorial partners to build up our capacity and tools to navigate the pandemic and protect Canadians.

With that, I'll thank you and pass it over to Dr. Tam.

The Chair: Thank you, Mr. Lucas.

We'll now have Dr. Tam for five minutes, please.

We can't hear you, Dr. Tam. At least I can't.

The Clerk of the Committee (Mr. Naaman Sugrue): Dr. Tam, this is the clerk speaking. If you're getting audio from the meeting, could you please nod for us?

Okay. You may want to select the correct interpretation channel for the questions you may receive, if that's required for you.

Mr. Chair, I'm not sure if you'd like for Dr. Tam to give her statement now, or if we should go to Mr. Thompson instead.

The Chair: Dr. Tam, can you say a few words so we can hear you?

We're still not getting Dr. Tam.

Can we go to Dr. Kochhar, please? Dr. Kochhar, are you with us?

Dr. Harpreet S. Kochhar (President, Public Health Agency of Canada): Mr. Chair, I am here, but Mr. Thompson is going to be next.

The Chair: Okay.

Mr. Thompson, you have five minutes.

Mr. Paul Thompson (Deputy Minister, Public Services and Procurement Canada, Department of Public Works and Government Services): Mr. Chair, I'm just checking to see if you can hear me. I had to switch devices.

The Chair: I can hear you as clear as a bell.

Mr. Paul Thompson: That's excellent. Thank you very much, Mr. Chair.

I want to thank the committee for inviting me here today. As do my colleagues, I fully appreciate the urgency of the meeting.

Having joined the department only a week ago, I'd like to start by saying I'm very proud to lead a very talented group of public servants who have been crucial to fighting COVID-19.

Since the very beginning, Public Services and Procurement has been working tirelessly to obtain the equipment and the supplies required to protect the health and safety of Canadians. Our goal is to meet the needs established by the Public Health Agency of Canada as they work with the provinces and territories to support Canadians and our health care professionals on the front lines.

Early on, our department focused on buying urgently needed PPE in what proved to be a very competitive global market with huge international demand for a finite supply of goods, most of which were being made overseas. More and more, as domestic capacity for producing PPE was stood up, we also tapped into several Canadian manufacturers. To date, PSPC has now procured some 2.7 billion pieces of equipment with a substantial amount of that being made right here in Canada. For example, we have a 10-year contract with Medicom out of Montreal to supply N95 surgical masks, and we have a contract with 3M based in Brockville for 25 million N95s annually through to 2026. Both domestic manufacturers are now providing Canada with a steady supply of masks.

When it comes to vaccines, our approach has been deliberate and comprehensive. The department led negotiations for the establishment of a robust vaccine portfolio, which has put Canada in a very fortunate position. Whether it be a first or second dose, a pediatric dose or a booster, we now have access to more than enough vaccines for every eligible Canadian, and we have contracts in place with our vaccine suppliers that will ensure a steady flow of doses into the country for years to come.

However, we know that other tools, such as rapid tests, are now more important than ever, particularly with the highly contagious omicron variant. PSPC currently has 14 agreements in place with suppliers for more than 430,000,000 rapid tests that have been secured to date. This month alone these agreements are enabling our colleagues at the Public Health Agency to distribute 140,000,000 rapid tests to provinces and territories to meet these urgent needs. We are planning for shipments to continue steadily coming into Canada over the coming months, but given the global demand, there will be challenges, and that's why we are in constant contact with suppliers.

On border testing, we've put in place new contracts to increase the capacity to collect and process tests for national travellers. These contracts are structured to allow flexibility to ensure that we can adapt to any future border-testing requirements.

We are also ensuring that Canada has access to effective treatments that can reduce the severity of COVID-19. Our department has established agreements for seven different kinds of therapeutics, and we continue to aggressively pursue additional agreements. Just yesterday, immediately following Health Canada authorization, the government announced that we have already received our first shipment of more than 30,000 treatment courses with another 120,000 coming before the end of March. In total, we have an initial order of one million treatment courses of Paxlovid secured under contract, and delivery schedules for those remaining courses are being finalized as we speak.

Mr. Chair, those are just a few examples of the department's recent works to support the pandemic response. I look forward to continuing to support the government's efforts on this front and to answering any questions.

Merci beaucoup.

● (1335)

The Chair: Thank you very much, Mr. Thompson.

Dr. Tam, are we good to go with your opening remarks? If not, we'll go straight to questions.

Dr. Tam, you have the floor for five minutes.

The Clerk: Dr. Tam, it may be that the microphone is off.

Dr. Theresa Tam (Chief Public Health Officer, Public Health Agency of Canada): Can you hear me now?

I'm not using my headset microphone, but if you can hear me, I think that should be okay.

The Chair: Are we okay with the interpreters?

The Clerk: The interpreters would much prefer if Dr. Tam were to use the headset. It may be that the physical button on the headset wire was pushed to mute, which I can't unmute via Zoom.

Dr. Theresa Tam: That's good.

The Chair: Here we go.

Dr. Theresa Tam: That was the physical button.

Thank you.

The Chair: Are we good with the interpreters? Is the quality of the sound okay?

The Clerk: Yes, Mr. Chair.

Thank you.

The Chair: Okay.

Dr. Tam, thank you. Please go ahead.

Dr. Theresa Tam: Thank you very much for this opportunity to appear before you today to speak to the current state of the COVID-19 pandemic.

As we continue to deal with the challenges posed by COVID-19, preventing severe illness and death while minimizing societal disruption remain top priorities in Canada's response to the pandemic.

Omicron continues to spread rapidly and is now the dominant strain in Canada. We have seen an unprecedented surge in case counts far beyond what we experienced in previous waves.

[*Translation*]

The global consensus is that omicron is associated with less severe illness than the delta variant at the individual level. However, given omicron's substantially higher transmission rate, the smaller proportion of infections with serious outcomes is having a bigger impact at the population level. Already, the enormous volume of cases is driving an increase in severe illness trends nationally, and the surge is expected to exceed historical maximums for new daily hospital admissions, which is already having a heavy impact on hospitals across the country.

It is with this in mind that the Public Health Agency of Canada continues to actively engage with provincial and territorial partners to inform public health guidance and share experience, lessons learned and identified best practices.

In particular, PHAC continues to work with and support provinces, territories and indigenous partners on key challenges they are facing in their ongoing COVID-19 responses, including vaccine supply, treatments, procurement and distribution of N95 respirators, distribution of rapid tests, and surge testing.

● (1340)

[*English*]

To date, a total of over 74 million doses of vaccines have been administered in Canada, as vaccination continues to be crucial for reducing the risk of severe illness due to COVID-19. Canadian and international evidence shows that two doses of COVID-19 vaccines reduce the risk of hospital admission, including due to omicron infection. Moreover, recent data shows this protection is enhanced by receiving a booster dose following the primary series.

On average, we are seeing positive trends in vaccination rates, with a seven-day rolling average of 375,000 doses administered daily. Nationally, over 88% of eligible Canadians five years of age and older have had at least one dose of a COVID-19 vaccine, while close to 82% are fully vaccinated. In addition, more than 11 million eligible Canadians have received an additional dose as of January 14. Booster doses are particularly important for certain groups, such as health care workers and those at highest risk of severe illness from COVID-19, including older adults, people with high-risk medical conditions and people in and from indigenous communities.

Canada currently has enough mRNA booster doses for all eligible Canadians. However, vaccination alone is not enough. While COVID-19 is still circulating in Canada and internationally, vaccination, including getting an mRNA booster dose as one becomes eligible, continues to be important in combination with timed and targeted public health measures and individual protective practices for slowing COVID-19 infection rates and helping to reduce the impact on health care capacity.

[*Translation*]

Omicron has shifted the international outlook of COVID-19. We will continue to monitor our borders, assess risks and ensure testing and public health measures are in place to protect our communities.

We are at a critical point in the pandemic. Keeping infection rates down remains key to mitigating the rise in severe illness trends as much as possible over the coming weeks.

As we push through the omicron surge, continuing to prioritize the health and safety of Canadians through vaccinations, phased border reopening, and the continuation of personal protective measures, such as wearing high-quality, well-fitting masks, will help us save lives and get through this difficult period sooner.

[*English*]

The COVID-19 pandemic continues to generate stress and anxiety for many. Through the Wellness Together Canada online portal, people of all ages across the country can access immediate, free and confidential mental health and substance use supports 24 hours a day, seven days a week. As Canadians continue to demonstrate perseverance and resiliency, despite the duration and the ongoing challenges of the pandemic, I want to thank everyone for their commitment to keeping each other safe.

Thank you. *Meegwetch*.

The Chair: Thank you, Dr. Tam.

We've now exceeded the time allotted for opening statements, so we will go directly to rounds of questions.

We will begin with the Conservatives.

Dr. Ellis, you have the floor for six minutes.

Mr. Stephen Ellis (Cumberland—Colchester, CPC): Thank you very much, Mr. Chair.

Thank you to all the witnesses and my fellow committee members for being here today.

Certainly, as Conservatives we want to make it very, very clear that there was a failure of leadership in this government in being prepared for the pandemic and the unfortunate circumstances that have continued to persist throughout the pandemic.

The problem here, of course, is that we have lost 30,000 lives in Canada. That is also comparable to the 42,000 Canadians who died during World War II, in which we mounted a massive effort for change. This government has not done that. This failure of leadership has left the provinces with only the ability to have lockdowns as their primary method of treatment. The unfortunate thing is that this is what we're left with as Canadians.

Minister Duclos, I have a few questions for you, sir. Before the pandemic began, acute-care bed occupancy, according to the OECD, in Canada was 91.6%. Only two countries were worse. Are you aware of this problem, sir?

● (1345)

Hon. Jean-Yves Duclos: Thank you, Member Ellis. Obviously, I also share the knowledge and the sadness of these 30,000 people having died. This being said, because of the hard work we did together, we avoided the situation that we saw in many other countries, including on our southern border. If we'd had the same death rate as the United States, we would have ended with a 90,000 death rate.

That's a tribute—

Mr. Stephen Ellis: Yes, sir, I understand that.

Hon. Jean-Yves Duclos: —to the hard work, including the vaccination hard work, we've done over the last few months. I would like to congratulate and thank everyone who got vaccinated in the last few months, and everyone who did the work to get those people vaccinated.

Mr. Stephen Ellis: Sir, I asked you a question very specifically. This is answer period, not question period. Were you aware that the acute-care bed occupancy was 91.6% in Canada in pre-pandemic days?

Hon. Jean-Yves Duclos: There are two things on that. The first thing, as we know, is that vaccination is going to remain the key. We want people—

Mr. Stephen Ellis: Sir, I don't think I asked you anything about vaccination.

Hon. Jean-Yves Duclos: The second answer is that we have provided $63 billion exactly for that purpose—increasing the ability and capacity in our health care units, including the ICU units, obviously.

Mr. Stephen Ellis: During the election campaign, your party promised to hire 7,500 new physicians, nurses and nurse practitioners. How many of these have been hired since the election on September 21?

Hon. Jean-Yves Duclos: We indeed promised a total of $25 billion additional to what we have invested during COVID-19, which is, I repeat, about $63 billion just to protect the health and safety of—

Mr. Stephen Ellis: It's just the bodies, sir, not the numbers; just the bodies.

Hon. Jean-Yves Duclos: That involves a total of about $6 billion for primary care access to family doctors, $7 billion to try to—

Mr. Stephen Ellis: How many have been hired, sir?

Hon. Jean-Yves Duclos: —look after all that, and another—

Mr. Stephen Ellis: How many of the 7,500 have been hired? Of the 7,500 people, how many have been hired? It's a simple question.

Hon. Jean-Yves Duclos: Let me be even more clear. The $63 billion invested until now, with obviously thousands of nurses and doctors being paid and being recruited and being provided with the appropriate care that they need in order to care for so many others—

Mr. Stephen Ellis: Sir, how many new hires have been made since September 21, which your government promised?

Hon. Jean-Yves Duclos: Obviously, $63 billion is of great substance and great value to my health colleagues.

Mr. Stephen Ellis: That's not bodies.

Hon. Jean-Yves Duclos: They have been able to not only recruit but also maintain...and, equally important, to provide them with the working conditions they deserve to look after so many others.

Mr. Stephen Ellis: Those are people who are already there, sir. Is it fair to say that you do not know how many people have been hired that you promised?

Hon. Jean-Yves Duclos: These people are being looked after because they need to look after so many others. That is why we were so pleased to add another $25 billion in our campaign to make sure that those significant investments would continue over the short and longer terms.

Mr. Stephen Ellis: I guess you are just refusing to answer my question. I appreciate that.

Do you know that the emergency room wait times in Canada are the worst in the OECD? Do you have a plan to change that, sir?

Hon. Jean-Yves Duclos: Not only do we obviously keep increasing and investing through the Canada health transfer, but we also added another $11 billion just a few years ago to look after the mental health and the home care services that seniors and many others across Canada need. We got another $63 billion during COVID-19 to look after the emergency health care needs that the provinces and territories are faced with. We are adding more resources as we exit from the crisis and eventually repair the damage that the crisis has created.

Mr. Stephen Ellis: Do you know how many ICU beds we have in Canada, sir?

Hon. Jean-Yves Duclos: I will tell you that it differs across provinces and territories, and it has been sustained, fortunately, because of the strong collaboration between the provinces, territories and federal government.

I've had six recent meetings with my health ministerial colleagues. This is an important way to collaborate and to look after the needs that so many across Canada have right now in the current crisis.

● (1350)

Mr. Stephen Ellis: Sir, are you aware that Canada has the lowest number of hospital beds? We rank 29th out of 33 states in the OECD. Are you aware of that, sir? It's simply a yes or no answer.

Hon. Jean-Yves Duclos: We are aware of two things. First, not only was it a challenge before COVID-19, but obviously that challenge has also increased during COVID-19. That's why we're continuing our efforts with the provinces and territories not only to exit from COVID-19, which is a key priority now, but, as I said earlier, also to repair the damage created by the crisis.

Mr. Stephen Ellis: I'd like to go back, sir, to find out—

The Chair: No. You're out of time, Dr. Ellis.

Thank you so much.

Dr. Hanley is next for the Liberals, for six minutes.

Mr. Brendan Hanley (Yukon, Lib.): Thank you very much, Mr. Chair.

I thank the minister and all of the witnesses for being able to appear today. Among Dr. Tam and other witnesses are previous colleagues from my role as CMOH, from the beginning of the pandemic up until recently.

Recognizing that people are tired—certainly health providers and public health and clinical services are tired—I would like to focus a question on surge support, which you mentioned in your opening comments. Could you talk about the types of human resource surge supports that have been provided through the pandemic? Where do you see those supports having been effective? Where do you think there may be improvements in surge supports to build upon?

Hon. Jean-Yves Duclos: Thank you very much, Dr. Hanley.

Brendan, if I can call you Brendan, we have had the fortune of having you on board for the last few weeks and months. On behalf of everyone in Yukon, I would like to thank you for what you've done during COVID-19—for all of the expertise and experience you're bringing now to Ottawa to serve your community, and for assisting with the important work we now need to do to exit from COVID-19 and repair the damage and build for the longer term.

In terms of surge support, I will turn briefly to my deputy minister. We've had a number of important opportunities to provide surge support to the provinces and territories based on their needs, which have changed and evolved over the last 22 months.

DM Lucas, would you like to provide examples of surge supports that we have provided to the provinces and territories?

Dr. Stephen Lucas: Certainly.

I would note that the Government of Canada has invested $150 million in support to address a humanitarian workforce problem, working with non-governmental organizations such as the Canadian Red Cross. The Canadian Red Cross now, with the support of the Government of Canada and working with the provinces, is supporting vaccination in a number of provinces, including Nova Scotia and clinical support in Manitoba. The government has a roster of federal nurses who have agreed to support the provinces, including Prince Edward Island, and is looking to support in Manitoba as well.

Of course, the Canadian Armed Forces have provided support through the Rangers in a number of first nation communities, as well as in deployments, such as the deployment in Quebec now to support vaccination. We have worked with the provinces and territories, and our ministries of immigration, refugees and citizenship and of employment, development and social services to support international medical graduates with foreign credentials to allow them to help out.

We are working collaboratively with a range of partners to support the surge needed to provide clinical support, vaccination support and support for testing, as well as contact tracing through the great work done by Statistics Canada, which has supported over 10 provinces through the course of the pandemic.

Thank you.

Mr. Brendan Hanley: Thank you. If time permits, I'll go on to another question.

The Chair: You still have a couple more minutes, Dr. Hanley. Go ahead.

Mr. Brendan Hanley: Okay. Thank you very much.

This question is about long COVID. I wonder whether you, Minister, or Dr. Lucas might comment on the potential impact of and preparations for the health care impacts of those affected by long COVID.

● (1355)

Hon. Jean-Yves Duclos: That's an excellent question, Brendan, and I'll turn in a moment to DM Lucas. It also points to the importance of protecting each other, and that comes with vaccination. As members of Parliament, we have not only a role to play but also an example to set for all other Canadians that vaccination is key to protecting ourselves against not only current COVID but also long COVID, which is something about which we still know too little.

I'll turn to DM Lucas for more precision on that.

Dr. Stephen Lucas: Thank you.

Mr. Chair, I would note that certainly something we are learning about COVID is that it has some enduring effects. The World Health Organization has estimated that 10% to 20% of the people who have had a COVID-19 infection could experience one or more symptoms past 12 weeks after the initial diagnosis, and there are some studies that suggest this number could be higher. It is an area of active research through the Canadian Institutes of Health Research, which have in total invested across this and other areas of COVID-19 research about $300 million and which have focused considerable effort on working with clinical researchers, public health experts and others to better understand, identify and develop treatment approaches for impacts such as long COVID.

This will be a sustained level of effort. I think the Canadian Institutes of Health Research have launched a call for research proposals to further understand this with an additional $119 million in research to support that work.

The Chair: Thank you, Dr. Lucas.

Thank you, Dr. Hanley.

[*Translation*]

It is the Bloc Québécois' turn.

Mr. Thériault, you have six minutes.

Mr. Luc Thériault (Montcalm, BQ): Thank you very much, Mr. Chair.

I'd like to thank all the witnesses and the minister for being with us today so that we can take stock.

Mr. Minister, I have question that has lingered since the first wave. From the outset, experts determined that the chronic underfunding of health care networks over the past 30 years had weakened health care systems and our networks to the point where the pandemic would break the weakest links. That is what we have seen.

All along, we have been hearing from the Prime Minister that the issue of substantial recurrent funding, or health transfer payments, will be addressed after the pandemic. We are now in the fifth wave. Right now, the situation is so severe and the contagion is so extraordinary that doctors are being sent to give medicine or clean up patients.

You have invested from time to time, no one can argue with that. However, you know very well that the provinces and Quebec need predictability to fix this fragile system and that we need to make the system more robust. All public health decisions have an impact on our lives, including treatment delays and being unable to treat a cancer patient because the system is stretched too thin. But here we are in the fifth wave and the pandemic has been going on for two years.

What is keeping you from making structured investments that will allow Quebec and the provinces to plan ahead and invest?

In Quebec, we're talking about $28 billion. When I look at $340 billion and $28 billion, I don't understand why the government insists on not settling this immediately. Quebec could use this additional $6 billion to rebuild its network.

What are you waiting for? Is it going to take a sixth or seventh wave for you to address health transfers and pay your fair share to enable substantial recurrent funding for health care systems?

Hon. Jean-Yves Duclos: Thank you very much for your question, Mr. Thériault.

You have indeed just summed up the health care challenge that we already had before COVID-19 across the country, including Quebec. It is a challenge that we knew would grow over time, with more frequent chronic illness, and obviously the aging population, which also includes aging health care workers, the rising cost of medication and technology, which carries both benefits and challenges for managing and delivering health care. All of this further amplifies the challenges with COVID-19.

As you mentioned, the Government of Canada has been there during the COVID-19 pandemic, investing $63 billion in either cash or transfer payments to support health care and safety alone. That's on top of the $280 billion in direct support to families, workers and businesses. We were there before and throughout the crisis, and we are still here, as shown by the recently announced Pfizer treatments and the large quantity of vaccines that continue to come into the country and are being paid for by the Government of Canada. We are also getting the rapid tests out there even faster.

So we are still here and we will continue to be over the long term.

● (1400)

Mr. Luc Thériault: With all due respect, Mr. Minister, this is not the first time you have given me that answer, but it's a basic question.

Of the $63 billion you mentioned to me, $42 billion are transfer payments already scheduled each year. You decided to increase health transfer payments by only 4.8% in 2022-23, while system costs rose by 5.2%. You are keeping indexation at 3%. So all in all, that means you are investing under $3 billion in substantial recurrent funding in the system.

Quebec and the provinces need to be able to plan and rebuild their health care networks. To do that, they need to know how much recurring leeway they will have. Right now, some patients are not being screened for cancer. We are still expecting more and it will cost billions of dollars because we can't treat those people right now.

What are you doing for patients who don't have COVID-19?

If you refuse to invest and settle the issue of health transfer payments, you are responsible for the non-COVID patients who are not being treated at this time.

Hon. Jean-Yves Duclos: I'm going to make two clarifications, if not corrections, to quickly respond to what you just said, Mr. Thériault.

I know that you have the best intentions and are interested in the numbers, like me, but let's be very clear on the figures. The $43 billion for the Canada health transfer still exists. That's on top of the additional $63 billion we spent during the pandemic, the $11 billion in transfers for mental health and home care, the $25 billion we pledged during the campaign, and the $30 billion in direct transfers to the provinces and territories—

Mr. Luc Thériault: So what's keeping you from investing the $28 billion that Quebec and the provinces are asking for? That recurring funding would enable them to rebuild their network right now and make the structured investments they need to treat the non-COVID patients who are currently being pushed aside.

It looks like you're determined to impose standards and play politics on the backs of non-COVID patients, don't you think?

You need to help Quebec and the provinces quickly rebuild their health care systems. Why have we been waiting for two years? Is it going to take a sixth or seventh wave? We're being hit by the omicron variant, but we may have to deal with others. We will come back to that later when we talk about vaccination worldwide.

What are you waiting for to give that $28 billion to the provinces, territories and Quebec?

It would be a structured investment to get us through the crisis.

The Chair: Mr. Minister, Mr. Thériault did not give you enough time to respond, but I will let you briefly respond.

Hon. Jean-Yves Duclos: Let's add up $11 billion, $43 billion, $63 billion, $30 billion and $25 billion. Those are just numbers, but they include a short-term investment of $6 billion to address, as you rightly pointed out, the urgent need to reduce wait times for all kinds of surgery, which obviously grew longer during the COVID-19 pandemic.

The Chair: Thank you, Mr. Minister, and thank you, Mr. Thériault.

[*English*]

Next is Mr. Davies, please, for six minutes.

Mr. Don Davies (Vancouver Kingsway, NDP): Thank you, Minister and all the officials, for being with us here today.

Minister, will the definition of "fully vaccinated" be updated to include a third-dose booster shot?

Hon. Jean-Yves Duclos: That's an excellent question. I will turn immediately to Dr. Tam, who will have a good answer to provide to that question.

The Chair: Go ahead, Dr. Tam.

I can't hear you, Dr. Tam. Do you want to check that button again?

● (1405)

Mr. Don Davies: Mr. Chair, would you please check my time as well?

The Chair: Absolutely, yes.

Dr. Theresa Tam: Right now, there's no change to the definition for the border purposes, and the provinces haven't shifted on that definition as yet, but we will review that once more Canadians have had the opportunity to have their booster doses.

Mr. Don Davies: Thank you.

Mr. Minister, based on the current trajectory of the omicron outbreak across Canada—and you've mentioned you've met six times with your provincial counterparts—do you anticipate that any provinces or territories will exceed their health system capacity in the coming weeks or months?

Hon. Jean-Yves Duclos: I have two things to say on that.

First, we are indeed working together very strongly and regularly, as you mentioned. It's a crisis that affects all provinces and territories, although at different speeds, at different intensities.

On whether they are able to meet their actual needs, obviously that depends on the level of public health guidance that they are proposing and that is being followed. It depends also on the restrictions, on the vaccination rates, on the use of rapid tests, on the use of masks, so it all depends on the different circumstances in which provinces and territories find themselves.

Mr. Don Davies: Do you have any real concern, Minister, in this regard, that any province or territory may be seeing an overload of their system? I'm just trying to get a sense from you about how serious that concern is with you.

Hon. Jean-Yves Duclos: What we do see in my own province of Quebec, obviously, is that we have now reached a total level of hospitalization that is close to 10,000, which is far more than any previous levels seen in COVID-19. We have obviously more infected people than ever in the history of COVID-19, and that causes a big burden and a severe challenge for all provinces and territories.

Mr. Don Davies: Thank you.

We're pleased to see that Pfizer's Paxlovid COVID-19 antiviral pill has just been approved for use in Canada. We know that this treatment is expected to cut pressure on the health care system because it can help prevent high-risk people from ending up in hospital. However, we also know it must be given within five days of the first discovery of infection and that patients have to test positive to access the treatment and get a prescription from a doctor.

Given Canada's current shortage of rapid tests and slow return times for PCR tests, what steps, if any, is the federal government taking to ensure patients can get test results and a prescription within that five-day window?

Hon. Jean-Yves Duclos: Those are two good questions, and I have two quick answers.

First, on Paxlovid, the Pfizer treatment, that's indeed very, very good news. It's not the whole story; it's one tool in our tool box. I would inform the members of the committee that we are not only approving but also delivering these treatments along with very few other countries in the world. Only Israel, the United States and South Korea are as equally successful as we are. The United Kingdom will soon receive treatment courses, but we are really very much at the top of the league.

When it comes to assisting provinces and territories in doing what they need to do, as I said earlier, we've sent $63 billion in in-kind transfers or in monetary transfers to help provinces and territories in the difficult environment in which they need to work.

Mr. Don Davies: Thank you.

I think we've all agreed that one clear deficiency that COVID-19 has exposed is the dangerous shortage of capacity in our health care system that I think, Minister, you've acknowledged happened even before COVID. Some key figures have been pointed out and illustrate this situation. Canada has 1.95 acute care hospital beds per 1,000 people, fewer than every OECD country except Mexico. Our hospital beds have dropped from 6.9 per 1,000 people in 1976 to 2.5 today. We are 26th out of 28 OECD countries in doctors per 1,000 people. Among comparable developed countries, we rank 10th out of 10 for wait times for surgeries.

Minister, you recently called our health care system “fragile” and acknowledged that it is “stretched too thin”. Given that the federal share of health care funding in Canada has dropped from its original 50% down to about 22% today, will you commit, in the upcoming budget, to a significant increase in federal funding through the Canada health transfer?

Hon. Jean-Yves Duclos: Thank you.

As we were saying earlier, this was true before COVID-19, with all sorts of pressures that I had mentioned, again because of technology, certainly because of the aging of the population, the greater incidence of chronic diseases and their higher costs, the ever-higher costs of drugs across Canada and issues of equity of access to health care in many of our provinces and territories. That's why we have been not only effective but certainly collaborative in working with provinces and territories in doing what we had to do to help everyone go through this crisis.

As we emerge from it, as we exit omicron and prepare and protect against any possible variant that could come afterward, we also need to build for the future, as you've said, and invest in all of those priorities that provinces and territories have signalled to us over the last few months.

● (1410)

Mr. Don Davies: I hope that's a yes, Minister.

The Chair: Thank you, Mr. Davies.

Thank you, Minister.

[*Translation*]

The Conservatives will start the next round.

Mr. Berthold, you have five minutes.

Mr. Luc Berthold: Thank you, Mr. Chair.

Mr. Minister, thank you for being here and I'd also like to thank all those accompanying you today.

As you know, Canadians are sick and tired of the sweeping public health restrictions all their governments are imposing on them, but they are standing strong against the COVID-19 threat. Canada has one of the highest vaccination rates in the world. Actually, I thank the Conservatives for pushing so hard to make sure we had enough vaccines from the start.

We knew right away that we needed to focus on vaccination. We can applaud the resilient people who, nearly two years into the pandemic, have made Canada a country with one of the highest vaccination rates.

Unfortunately, it seems the government hasn't learned much from the difficult months we have just gone through. The federal government has normalized lockdowns and restrictions to deal with the pandemic, at the people’s expense.

Mr. Minister, I had COVID-19 over the holidays, and rapid testing was completely unavailable to me and some of my family members. We were unable to do the tests ourselves.

How do you explain the failure to make rapid testing available to all Canadians during the holiday season?

Hon. Jean-Yves Duclos: Thank you, Mr. Berthold.

You are absolutely right to emphasize just how important vaccination is. I would like to remind everyone that Canada is one of the top countries in terms of vaccination.

We still have a little work to do to convince some of our fellow members of Parliament, but I am sure you will pass that on to your leader, Mr. O'Toole.

Having said that, the provinces and territories were requesting an average of 7 million rapid tests per month prior to December, and that number quickly increased fivefold to 35 million. Demand in the provinces and territories did indeed go up in December. We are on track to deliver 140 million rapid tests this month. We received five times more requests in December, and then four times more than that in January, because rapid tests—

Mr. Luc Berthold: Mr. Minister, why was the government not ready when this wave hit, when Canadians really needed it?

You are saying that 130 million tests will be available by the end of January, so you have 12 more days to deliver those tests.

Could you tell us exactly when the rest will be delivered? We have heard about 30 million tests being delivered, but when will the other 100 million tests be delivered?

Can you tell us when the provinces will receive the tests? How can you assure us that the remaining tests will also be delivered after that?

Hon. Jean-Yves Duclos: I can tell you two things about delivery and contacts.

First, we work with suppliers every day to make sure they meet their commitments. Second, I work every day with my fellow health ministers to give them all the information—

Mr. Luc Berthold: We know that 30 million tests will be delivered, but when will the other 100 million tests be delivered, Mr. Minister?

Hon. Jean-Yves Duclos: As I said, we work with suppliers every day and every day we inform the health ministers. We know that, wherever they are across the country, they need fast and reliable information about the delivery of rapid tests in the coming weeks and months.

Mr. Luc Berthold: We understand that you don't have the delivery dates. You are quick to say that we would receive rapid tests, but unfortunately not quick enough to tell us when we would receive them.

Contracts have been signed for 313 million rapid tests. Of those 313 million, how many rapid tests are coming from Canadian manufacturers?

Hon. Jean-Yves Duclos: We have a series of suppliers around the globe. Deputy Minister Thompson will tell you more in a moment. Some Canadian suppliers are meeting all sorts of procurement needs, whether it be tests or personal protective equipment. Soon, we hope.

Mr. Luc Berthold: Mr. Minister, the Quebec government has just announced an agreement with a Quebec supplier for over 30 million rapid tests made in Quebec.

Canada has contracts for 313 million rapid tests, but you cannot tell us how many of those tests will be made in Canada.

● (1415)

Hon. Jean-Yves Duclos: I could provide more details if you wish. All of this requires specifics that are difficult to share verbally. If I may, I will refer to Deputy Minister Thompson—

Mr. Luc Berthold: I have more questions for you, Mr. Minister.

Hon. Jean-Yves Duclos: It depends. Do you want quick answers—

Mr. Luc Berthold: I want to hear from my minister, because I feel the Minister of Health has to be aware of the status of rapid testing in Canada. The minister makes the decisions and talks to the provincial health ministers, so it's important for him to know what the situation is with respect to the availability of rapid tests, where they come from and how many are being manufactured in Canada. I feel it's important to be aware of this information.

That brings me to another question that I also consider important: what is the current status of our national emergency stockpile, Mr. Minister? How many medical-grade masks, N95 masks and rapid tests do we have in the stockpile to face a new crisis, another omicron that could be just as dangerous? No one can predict that right now.

Mr. Minister, since you cannot answer my question about how many tests are being made or will be made in Canada, do you at least know the status of our national stockpile to deal with this crisis?

Hon. Jean-Yves Duclos: Mr. Berthold, I understand and appreciate your desire for clarifications.

You already said, a few moments ago, that we don't have time to fool around here. If you agree, we'll email them to you as quickly as possible and you can look at them at any time. We can provide further clarifications if you want.

The Chair: Thank you, Minister Duclos and Mr. Berthold.

Mr. Luc Berthold: Mr. Chair, I just want to say that I'm eager to obtain the figures that the minister just referred to in writing.

The Chair: Okay.

He promised you, so I'm sure he'll keep his word.

[*English*]

Mr. van Koeverden, go ahead for five minutes, please.

[*Translation*]

Mr. Adam van Koeverden (Milton, Lib.): Thank you, Mr. Chair.

Thank you, Minister Duclos, for being here. I'd also like to thank our public servants, who have been working tirelessly for over two years.

Thank you for your tremendous work and for joining us today for this important meeting.

[*English*]

I'd first like to acknowledge the obvious, that this is a global pandemic impacting every country around the world and that when Canada is compared with our peer nations, in particular to our neighbours to the south, Canada's response has been formidable. In short, tens of thousands of lives have been saved with good actions and swift policy decisions, and those decisions have been made by many of the officials here today.

So I would like to thank you on behalf of millions of Canadians for your leadership and expertise. As referenced earlier, this is a pandemic that is similar in size and scale to a world war, but instead of lives lost, there has been a similar number of lives saved as the result of policies and decisions made, including to swiftly vaccinate, as well as some tough calls that were necessary at the time. All in all, I do believe that gratitude is warranted.

Whether it's in terms of containing the spread of the virus, rolling out vaccinations, procuring vaccinations and other important things, fighting delta or reopening the economy, Canada has consistently scored above average. Canada is one of the only countries in the world to never have fallen into the bottom half of any metric, according to numerous publications. As we know, among the newest tools in the tool box to fight COVID-19 are antivirals, and this week was a good week for an announcement regarding antivirals that will reduce the strain on our medical system and our health care system, and particularly ICUs.

While vaccination is central to fighting COVID-19 in Canada and around the world, providing everyone in Canada with access to potential treatments remains vitally important as well.

I would like to direct my initial question to the deputy minister.

Can you please tell us about the agreements we heard about this week with regard to antiviral oral medications to combat COVID-19?

Dr. Stephen Lucas: Certainly. Thank you.

Mr. Chair, I'll provide a few remarks and then turn to my colleague Paul Thompson and, if time permits, Dr. Tam.

Yesterday, essentially three elements of our plan to support access by Canadians to Pfizer Paxlovid antiviral were announced. First there was the regulatory decision made by Health Canada after receiving the submission on December 1. The team worked through the holidays and around the clock to complete that review, working with other international regulators and collaborators. The second was the announcement that treatment courses for Paxlovid are in the country. They were pre-positioned to allow for rapid deployment to the provinces and territories. Paul Thompson can speak to this, building on the procurement agreement signed for a million treatment courses of Paxlovid that was announced back in the late fall. Third—and Dr. Tam can speak to this—is work done by the Public Health Agency of Canada, working with experts and in collaboration with the provinces and territories to provide guidance on the use of Paxlovid, recognizing the importance of coordinating for testing and ensuring that priority populations have it.

Mr. Chair, I'll pass it to Paul Thompson to speak further to the procurement agreements.

● (1420)

Mr. Paul Thompson: Thank you very much. I'd just like to add that we were very pleased to secure the delivery of the 30,000 treatment courses coincident with the regulatory approval, and we're also working very hard on the 120,000 treatment courses which are expected over the course of the first quarter, between now and the end of March. So that's a total of 150,000 treatment courses, and we're also working on the broader schedule of deliveries for the overall procurement of more than one million treatment courses.

That's what I would add.

Thank you.

Dr. Stephen Lucas: And perhaps—

Okay. Thank you.

The Chair: You may make a brief comment if you wish, Dr. Tam.

Dr. Theresa Tam: For the initial supplies, the Public Health Agency has been working with the provinces and territories to discuss how these will be best deployed. On that front, we provided some interim guidance to assist with prioritization, in collaboration with clinical experts across the country, as well as ethicists, in order to prioritize these doses to people at the highest risk of severe outcomes. We also provided guidance on other considerations, such as making supplies more available to rural and remote communities. Coordination with the clinical system is very important because of the need for testing and for confirming the infection really quickly.

It is not an easy thing to do for the local jurisdictions, but we're here to support them as needed. We look toward these initial doses and the deployment as learning a lot from the initial deployment in order to support the subsequent deployment of supplies.

The Chair: Thank you, Dr. Tam.

Thank you, Mr. van Koeverden.

[*Translation*]

We'll continue with Mr. Thériault, who has two and a half minutes.

Mr. Thériault, before I give you the floor, let me remind you that if you ask a one-minute question, the person will also have one minute to respond. I know based on your parliamentary experience that you're aware of this.

Mr. Thériault, you have two and a half minutes.

Mr. Luc Thériault: Mr. Chair, the solution is to increase my time.

That said, the other key measure to get us out of the pandemic is global vaccination. Experts say that, as long as we haven't vaccinated the entire global population, we won't be safe from a variant crisis every eight months. This is significant.

Canada's premiers have been very clear on this issue. However, several experts believe that they have lacked leadership. They don't walk the talk. The equivalent of 200 million doses were promised, but half of them were delivered.

I'll make four statements. You'll tell me whether you agree with them.

First, the patents must be lifted. To that end, why hasn't Canada supported the waiver of the WTO's Agreement on Trade-Related Aspects of Intellectual Property Rights, or TRIPS? Why didn't it accept President Biden's invitation to do so?

Second, vaccines must be provided to developing countries. We mustn't do what Canada is doing now, namely, sending out doses that are about to expire. There must be predictable and realistic timelines for these countries, as well as logistical support.

Third, we must participate in the outreach efforts to get these populations vaccinated.

Lastly, logistical support for countries is crucial. We must be able to meet the storage requirements. These requirements are very complex, but they ensure that we don't lose all these doses and vaccines.

Will the minister commit to implementing these measures?

Will you accept President Biden's invitation?

● (1425)

Hon. Jean-Yves Duclos: Thank you, Mr. Thériault.

I'll start by saying in a slightly different way what you said. COVID-19 won't end anywhere in the world if it doesn't end everywhere on the planet. We know why, and we knew it a few months ago. The Omicron variant is a reminder that other variants can emerge as long as everyone isn't sufficiently vaccinated.

The global response includes three parts: the international program for patents and international production; the vaccine direct delivery program; and the support program, as you said, for immunization in the field.

First, with respect to patents, there are discussions and a set of international measures.

Second, in Canada, we have more direct control over our participation in Operation COVAX. We're among the six largest contributors, largest donors, in terms of the number of doses from any country in the world. Canada has a total of 200 million doses, many of which are already being delivered or have already been delivered.

Lastly, we're one of the world's largest providers of administrative and logistical support. Canada has invested $2.5 billion around the world to help some countries receive vaccine doses. That's what we're doing through COVAX. We must also be able to help these countries administer the doses in situations that are often even more difficult than the circumstances in Canada. Some communities are remote. In these countries, the health care system is weaker and equipment may not be available. In addition, people must have confidence in the system for distributing and administering vaccine doses.

Mr. Luc Thériault: So how do you explain that the—

The Chair: Thank you, Mr. Thériault and Minister Duclos.

[*English*]

Next is Mr. Davies, please, for two and a half minutes.

Mr. Don Davies: Thank you.

Mr. Minister, while Health Canada has approved four COVID-19 vaccines for use in Canada to date, there remain several outstanding applications from Sanofi Pasteur, Vasogen Inc., Medicago and Novavax. For individuals who may be vaccine hesitant or who may have concerns about the use of mRNA vaccine technology, access to such alternate vaccine formulations as the Novavax protein subunit vaccine could encourage uptake.

Minister, given that your government once boasted of securing the most diverse vaccine portfolio in the world, why do Canadians have such limited access to alternate COVID-19 vaccines as are being used in countries like India or the Philippines?

Hon. Jean-Yves Duclos: Thank you, MP Davies. There are three things here—first, the portfolio; second, the actual vaccines to which we have access; and third, the regulatory process at Health Canada.

First, on the portfolio, you are indeed correct. It's not my fault and it's not the fault of Minister Anand. It's the fault—the success—of lots of experts, including at the federal government, that we were able to choose a portfolio of seven vaccines, four of which, as you said, have been already approved in Canada.

Second, on confidence, we have access to loads of mRNA vaccines in Canada. We have currently in Canada 22 million booster doses that we could administer right now, with another 35 million coming very quickly. We have ample confidence and ability to use those existing vaccines.

Third, on further approval processes for other vaccines, I will turn to DM Lucas for a brief remark.

Dr. Stephen Lucas: Thank you.

The Novavax, Medicago and Sanofi vaccines are under review. Health Canada is working very closely with the companies to obtain the information required to complete their review. As that comes in, coupled with our collaborative work with other regulators elsewhere in the world, it will enable us to complete those decisions as well.

Mr. Don Davies: Dr. Lucas, may I interrupt you and ask if Novavax is approved by other countries right now? If it is, how many other countries have approved it?

Dr. Stephen Lucas: I believe it has been approved in the context of the WHO listing. Canada is working with other regulators to complete our review. We are anticipating that completion in the coming weeks.

● (1430)

Mr. Don Davies: Thank you.

Minister, the COVID—

The Chair: Thank you, Mr. Davies. That's your time.

Mr. Don Davies: Okay. Thanks, Mr. Chair.

The Chair: Next we have Mr. Williams, please, for five minutes.

Mr. Ryan Williams (Bay of Quinte, CPC): Thank you, Mr. Minister. Thanks for being here.

Canadian innovators stepped up when asked to solve the shortage of PPE in 2020. Distilleries switched to make hand sanitizer and cleaning products. Canadian companies retooled and produced whatever was needed for the pandemic. However, Canadian companies like Eclipse Innovations in Cambridge, Ontario, have millions of respirators sitting on shelves as of this month. They can't move them, while some nurses and doctors in Canada are still saying they lack proper PPE.

Health Canada had announced a made-in-Canada change for companies that met the National Institute for Occupational Safety and Health, or NIOSH, standards to get Canadian PPE out the door, but so far this PPE is sitting in warehouses and not in our doctors and nurses' hands. This is because it was not properly communicated that the made-in-Canada designation would suffice in local hospitals and health care settings. Those settings are still procuring PPE from international and not Canadian companies.

Minister, what percentage of PPE procured by the federal government at this date is made in Canada?

Hon. Jean-Yves Duclos: Thank you very much for the question, and thank you for being there, MP Williams. I have yet to know you really well, because you are a relatively new MP.

There are two things here. The first is on the considerable effort and success that manufacturers across Canada have had in procuring all sorts of equipment for Canadians, including, as you mentioned, personal protective equipment, N95 masks, surgical masks and many other tools. That is the first thing for which we need to be and want to be very grateful, so thanks for signalling that.

The second thing is that as these pieces are delivered to provinces and territories, they are delivered to them on the basis of their needs and requests. Officials work extremely well together to make sure that our—

Mr. Ryan Williams: Minister, I really appreciate that, but right now what percentage of Canadian PPE is procured by the federal government?

Hon. Jean-Yves Duclos: That obviously depends on all sorts of equipment and particular tools.

What I was going to say is that the actual use of those pieces of equipment depends, obviously, on the demand and the need of provinces and territories.

Mr. Ryan Williams: Minister, I appreciate that. That wasn't my question, but I don't think you have that answer right now and I would appreciate it if you would get that answer.

My second part was on the communication about its being made in Canada. At this point hospitals and health care settings don't have that information, so they are still procuring from international suppliers, not Canadian ones. This is coming from Canadian manufacturers. What's being done about the communication that is hurting Canadian PPE manufacturers at this point?

Hon. Jean-Yves Duclos: We're doing three things, and as you have said earlier, very successfully.

The first was to encourage and support Canadian manufacturers in quickly and efficiently providing all sorts of equipment and tools that we were in need of for COVID-19.

The second thing we have done really well was to work with provinces and territories to deliver those different tools and pieces of equipment that they were in need of during COVID-19.

The third thing we're doing right now is investing even more in domestic capacity, both in research and development and in the production capacity of Canadian manufacturers.

Mr. Ryan Williams: Thank you, Minister.

I'm hearing that you don't have those procurement numbers yet, but what I'm hearing from local manufacturers and from across Canada is that they are not able to get their PPE out. We want to make sure the federal government is buying Canadian-manufactured PPE. I think it's very important. If you could just please put that out, let's make sure we have some communication. I think we want to help Canada to be ahead of this, not be average.

With regard to my second question, Minister, I know that my colleague Mr. Davies has already asked about some of this. Novavax and Medicago offer made-in-Canada vaccines that are not only innovative but can help vaccinate the world. The new news from Novavax is they are helping to develop a flu and COVID vaccine, but Novavax is still not approved in Canada.

My question for you, Mr. Minister, as we have had $126 million of our money invested in the new facility in Montreal and as Minister Champagne said we would be producing these vaccines in December, and we are not, when will Canada be producing its made-in-Canada vaccines, sir?

Hon. Jean-Yves Duclos: Thank you.

Here are a couple of brief things.

First, it's indeed exactly true that we are so fortunate to have had science in the last 22 months saving hundreds of thousands of lives, and the contribution to science has been made in large part by companies like Medicago, which is in fact in my home town—

Mr. Ryan Williams: Minister, when will they be approved?

Hon. Jean-Yves Duclos: —and of which, obviously, I am very proud.

The second thing is we need to be vaccinated. I would remind every member of Parliament of that simple message—

● (1435)

Mr. Ryan Williams: Minister, when will they be approved?

Hon. Jean-Yves Duclos: —and the third thing is that because we need to be vaccinated, each and every one of us, I will turn to Deputy Minister Lucas to tell us more about the approval process for further vaccines.

Mr. Ryan Williams: Well, Minister, I would love the minister to answer. Will the vaccines be approved in the next month?

Hon. Jean-Yves Duclos: Well, that's a decision that is obviously made by independent, rigorous, very intelligent, outstanding experts at Health Canada.

I will therefore turn to Deputy Minister Lucas for more guidance on that.

The Chair: We are out of time. If it's at all possible to add a couple of brief comments, Dr. Lucas, go right ahead, but if you want to follow up with a more comprehensive written response, I will leave it to you.

If you can respond very quickly, go ahead.

Dr. Stephen Lucas: Thank you.

In regard to the regulatory submissions for Novavax and Medicago, the Health Canada dedicated regulatory teams for each submission are working very hard at them. They are dependent on information from the companies to complete those reviews, but we expect to be making decisions on both vaccines in the coming weeks.

Mr. Ryan Williams: Thank you, Minister.

The Chair: Thank you, Dr. Lucas. Thank you, Mr. Williams.

Next is Ms. Sidhu, please, for five minutes.

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

Thank you, Minister, and all the witnesses for joining us today to give Canadians an update on COVID-19.

My first question is for Minister Duclos.

Minister, health care workers have been hit hard by COVID. A few weeks ago I spoke to the CEO of the William Osler Health System here in Brampton about the situation. As you know, there was a code orange called in our hospital system. My question is this: What measures is the federal government taking to provide additional support to human health resources?

Can you expand also on virtual care services and how the federal government is supporting Canadians?

Hon. Jean-Yves Duclos: Thank you, MP Sidhu. Thank you, Sonia. I'm glad to see you during this new year.

A large part of the $63 billion additional investment that the federal government made in protecting the health and safety of Canadians was designed to help our health care workers, to whom we have such a debt of gratitude for the hard work they did during COVID-19. Furthermore, we promised in the campaign a rapid investment of an additional $6 billion for greater access to primary care, including training, hiring and retaining personal service workers, nurses, doctors and all the people we need, because these people are looking after the health needs of so many other Canadians in Canada.

The third thing is an additional $6 billion to reduce the backlog in surgery. It's a key input to help surgeons, doctors, nurses and hospitals across Canada and to support health care. It's a personnel investment, but it's obviously also to look after the large number of Canadians who have seen their surgeries—heart surgeries, cancer surgeries—delayed by the COVID-19 crisis.

Ms. Sonia Sidhu: Thank you, Minister.

The next question is for Mr. Thompson.

Mr. Thompson, this is about rapid testing. What agreement do we have to ensure these essential rapid tests continue to be delivered, and what measures are you and your department taking to ensure our deliveries will continue to come as expected, given the increased global demand?

Mr. Paul Thompson: Thank you for the question.

As has been noted, we're really putting the emphasis now on securing this goal of 140 million tests for the month of January, so that's job number one. We are working extremely hard on that, with a range of efforts to facilitate the process, such as changing the packaging work that's done on arrival and facilitating that by working with colleagues at CBSA to facilitate the arrival of shipments and working on logistical supports. A range of efforts are being made in addition to the daily contact with the providers to shorten the period of time and increase the likelihood of securing that target of 140 million. We're also working on the week-by-week, month-by-month target for the months that follow.

Ms. Sonia Sidhu: Thank you, Dr. Thompson.

Dr. Tam, we have briefly heard your update on the mental health programs. I had a great conversation at CMHA about the impact of the pandemic on mental health. As we know, people's mental health is also impacted during COVID-19.

We already have the Wellness Together platform, but can you give an update on what our government is doing to expand these services?

This is for Dr. Tam or Minister Duclos, or anybody who can give this information.

● (1440)

Hon. Jean-Yves Duclos: I will ask Dr. Tam.

Dr. Theresa Tam: Yes, mental health is an extremely important aspect of the pandemic response as well as an ongoing issue.

I have been a great advocate to consider physical and mental health together, so the Wellness Together platform is extremely important, and there is a new application called PocketWell that links to this platform to provide instant access to resources that Canadians need, be it a counsellor or other support.

I actually think the pandemic has given us an opportunity to learn from these innovative measures. They could help us on an ongoing basis, so from my perspective it is important to see these gains and innovations being sustained going forward. Of course, they may need evaluation, but we must not take a step back.

I know that Health Canada is the lead on the mental health file, so there may be other responses to supplement mine.

The Chair: As long as they are brief, we'll allow a couple more sentences. There won't be time for another question, Ms. Sidhu.

Does anybody else want to chime in on that?

Go ahead, Minister.

Hon. Jean-Yves Duclos: I have two brief additional sentences. First, mental health investment was key in our first mandate in 2017, with an investment of $5 billion over a number of years. Second, we have signalled in the campaign that there will be an additional $4.5 billion just for mental health investments, obviously in support of and in collaboration with the provinces and territories.

The Chair: Thank you, Minister. Thank you, Ms. Sidhu.

Next is Ms. Kramp-Neuman, please, for five minutes.

Mrs. Shelby Kramp-Neuman (Hastings—Lennox and Addington, CPC): Hi there, and thank you, Mr. Minister, Mr. Chair and honourable members.

I appreciate this is a very difficult time for everyone, but years ago when I first started working on Parliament Hill, a fine gentleman once told me, “Facts, ma'am, just the facts”, so this is what we're looking for today.

I'm going to switch gears this afternoon and ask questions that are a little more specific and pointed.

Mr. Minister, what is the status of the mobile field hospitals that SNC-Lavalin was contracted to produce? Also, has the company delivered all the units the government requested, or does the work still continue?

Hon. Jean-Yves Duclos: There are three things on that.

First, this is an example of the significant level of preparation that we did throughout the crisis to prepare for all sorts of eventualities.

Second, this is obviously in support of the needs and requests of the provinces and territories.

Third, I'll turn to DM Thompson to see whether we can have an update on that, knowing that DM Thompson has arrived just a few days ago.

Mrs. Shelby Kramp-Neuman: Fair enough.

As the next question, what is the total amount of taxpayer money delivered to SNC-Lavalin in regard to this particular contract, and are there any outstanding payments that have not yet been made?

Hon. Jean-Yves Duclos: This is a PSPC question, so I'll turn to DM Thompson.

Mr. Paul Thompson: Thank you very much for the question.

I personally don't have all the details at my fingertips right now—

Mrs. Shelby Kramp-Neuman: If you don't have all the details, sir, we can get them on paper and I can move on to the next question for the minister.

Mr. Paul Thompson: Okay.

Mrs. Shelby Kramp-Neuman: Awesome. Thank you.

The next question for the minister is this: Why have the field hospitals from SNC-Lavalin not been deployed during any of the waves of the pandemic? We're in the fifth wave of this pandemic, so what's going on? Can I have some clarity there?

Hon. Jean-Yves Duclos: Thank you for the question.

As I mentioned earlier, this is an example of a large number of initiatives that my department, with other departments such as DND, Public Safety, and Public Services and Procurement, has done and supported in the context of collaboration with the provinces and territories.

For further details on the exact nature of the state and use of that equipment I will turn again to DM Thompson.

Mrs. Shelby Kramp-Neuman: No, at this point I think it's quite clear that in the fifth wave of the pandemic we're unfortunately not getting a lot of clarity with some answers, so I'm going to move on and try another question.

How about this: Did the Minister of Public Services and Procurement or the Minister of Health sign off on the decision to give SNC-Lavalin a sole-source contract, and did the PMO approve of this?

● (1445)

Hon. Jean-Yves Duclos: Again, that's a PSPC question, a Public Services and Procurement process, so I'll turn to DM Thompson.

Mr. Paul Thompson: Thank you very much.

There were indeed two contracts that were established, one with SNC-Lavalin PAE and one with Weatherhaven Global Resources. The total value is $150 million for up to 10 mobile health units each.

Those are the basic details on the contracting. I'd have to follow up on any other details and the current status of that.

Mrs. Shelby Kramp-Neuman: I have another question with regard to SNC-Lavalin. Has the government given SNC-Lavalin any other sole-source pandemic-related contracts?

Hon. Jean-Yves Duclos: Thank you for the question.

That's again a Public Services and Procurement question, and therefore I will turn it immediately to DM Thompson.

Mrs. Shelby Kramp-Neuman: I'm sorry, Mr. Minister, but the buck starts with you and the buck stops with you. Sadly, I recognize that you don't have all the answers to everything, but it doesn't seem like we're getting a lot of answers on anything with regard to the questions that I'm posing today.

Hon. Jean-Yves Duclos: I think you're entitled to and deserve to receive accurate answers to your important questions—

Mrs. Shelby Kramp-Neuman: I respect that—

Hon. Jean-Yves Duclos: —and therefore I think it's important to turn to the right people to have the right information in recognition of the hard work that you've done to prepare those questions.

Mrs. Shelby Kramp-Neuman: Indeed. Thank you.

The Chair: Go ahead, Mr. Thompson.

Mr. Paul Thompson: I'm not aware offhand of any other contracts, but I would note that the contracts are all disclosed through proactive disclosure, so that's a relatively easy one to verify through the disclosed contracts that we have.

Mrs. Shelby Kramp-Neuman: I guess from here I'm going to move on to a question with regard to travel restrictions, assuming that my time allows it.

For the last two years we've been preaching about social distancing and maintaining small groups to prevent the spread of COVID. I have constituents who have been crammed into waiting areas at airports for hours just to be tested. They have been putting themselves into compromising positions with other travellers. What are we trying to do to prevent that?

The Chair: Go ahead. When completed, that is the time.

Go ahead, please.

Hon. Jean-Yves Duclos: The first thing I would say is that this is obviously a very difficult situation for everyone in Canada, meaning everyone would like COVID-19 not to exist.

The second thing is that we all need to be vaccinated. That's a message I'm sending to all members of Parliament.

The third thing is that now is not the time to travel. We need to do everything to protect everyone's safety and health, and the current circumstances are difficult for everyone.

Mrs. Shelby Kramp-Neuman: Perhaps I'll just compliment—

The Chair: Thank you, Ms. Kramp-Neuman.

We will go to Mr. Jowhari for five minutes.

Mr. Majid Jowhari (Richmond Hill, Lib.): Thank you, Mr. Chair.

I'd like to welcome the minister and all the officials to our committee. It's good to see all of you.

First of all, let me thank you once again on behalf of millions of Canadians for the great work that you've done, and also our health care workers, who have been [*Technical difficulty—Editor*].

Minister, in response to the high number of infected health care workers and to mitigate the worker shortage in health care settings, several provinces have shortened the length of time that infected health care worker must self-isolate. As of December 21, the federal government's self-isolation period of 10 days has remained the same for those with symptoms or for asymptomatic cases following testing.

What advice have you or your department given to the provinces and territories, and especially to the provincial public health authorities, with respect to the isolation guidelines for health care workers?

Hon. Jean-Yves Duclos: Thank you, Majid. It's nice to see you again. I'll limit myself to one comment and then turn briefly to Dr. Tam.

On the gratitude that we want to express to our health care workers, this is so important—not only the words of gratitude but also the actions of gratitude, meaning that by following public health guidance by wearing a mask and by being vaccinated, we all show our gratitude to health care workers, who have had a very difficult time for many months now.

On the advice on isolation and quarantining, I will turn to Dr. Tam.

Dr. Theresa Tam: Thank you for the question.

Mr. Chair, we have been trying to update our information on the period of communicability, which means how long you can potentially spread the omicron variant once you're infected. There is very little information on that, but the studies that we've managed to amass, including a recent one from Japan, suggest that the period of communicability is no shorter than for the other variants because the viral shedding and the viral load don't decrease until day 10 following symptom onset or specimen collection after the diagnosis.

We do recognize that because so many people are infected with omicron at the moment, maintaining business continuity and continuity of critical services is extremely challenging on the front line for the province and territories, so they have reduced some of these requirements in order to maintain that health care workforce.

Of course, any reduction is associated with a certain amount of risk, so the other layers of protection, such as masking, are particularly important, as is supplementing them with testing in order to reduce those isolation periods.

● (1450)

Mr. Majid Jowhari: Thank you both, Minister and Dr. Tam.

You talked about Japan and about some of the data. Is PHAC collecting data to determine whether the shorter isolation guidelines are potentially resulting in more COVID-19 hospital cases? If we do and we are, what are the indications so far?

Dr. Theresa Tam: I think that information is being collected and is actually in the jurisdiction of the provinces. As they are testing health care workers coming back after five days, for example, they are going to be generating some of the information that we need. This is simply what has been available in the literature, particularly in preprint as well. This data are constantly evolving.

Mr. Majid Jowhari: With about 45 seconds left in my time, I'd like to ask a question. Anybody can answer this. It is regarding the requirements for trucking.

At the outset of the pandemic, our borders were quite open. We definitely suggested that truckers should be vaccinated, but we left the borders open so that truckers could move back and forth.

However, those guidelines have changed. Can the minister or Dr. Tam give us an idea of why we have changed those guidelines?

Hon. Jean-Yves Duclos: Thank you. I'll answer that question briefly.

First, the best economic policy that we can put into place to exit from the crisis is a health policy. That obviously has to be around the importance of vaccination for everyone, not only to protect supply chains, businesses and the flow of goods and services across Canada, but also to protect people—truckers, workers and everyone else across Canada.

The second thing I would say is that as we move through this crisis, we will have to reinvest in all sorts of ways to build back. Our country has suffered tremendous damage in all sorts of ways, and that's why the significant investment we announced in the campaign and prior to the campaign will be important from a health, economic and social perspective, because all of these perspectives go hand in hand.

The Chair: Thank you, Minister, and Mr. Jowhari.

[*Translation*]

Mr. Thériault, you have two and a half minutes.

Mr. Luc Thériault: Thank you, Mr. Chair.

Is there any data on the rate of spread among truck drivers?

Hon. Jean-Yves Duclos: Good question.

I'll turn to Dr. Tam right away. This information falls under the jurisdiction of the provinces and territories, but it may be shared with the Public Health Agency of Canada.

Mr. Luc Thériault: Okay.

I'm listening, Dr. Tam. I would like to have an answer, but if there isn't one, that's fine.

[*English*]

The Chair: Dr. Tam, are you with us?

Dr. Theresa Tam: Yes.

We do not get provided with the occupation of the cases as it pertains to transportation workers.

● (1455)

[*Translation*]

Mr. Luc Thériault: So we don't have any data on this. They're still essential workers. Even when we didn't have a vaccine, they maintained the supply. With the new rules, there may be issues in this area. I'll move on to another question.

You renewed a nearly half-billion dollar contract with Dynacare that will run through April 30. We know that the turnaround time for results is disproportionate. It's over five, six or even seven days. One person even told us that, after 14 days of quarantine, he was informed that he could return to work.

Are there any clauses in the contract regarding unreasonable delays in obtaining results?

Hon. Jean-Yves Duclos: Thank you for your question. I'll quickly say two things about this.

First, it's still important to remember that suppliers must fulfill their obligations. That's why the Public Health Agency is contacting the service providers in question to ensure that everything is being done to meet needs.

Mr. Luc Thériault: Are there clauses in the contract?

Hon. Jean-Yves Duclos: Second, it's a difficult situation for everyone. There are delays in several circumstances.

Mr. Luc Thériault: So there aren't any clauses.

Hon. Jean-Yves Duclos: Now isn't the time to travel. We know that some people don't have the choice to travel, but we—

Mr. Luc Thériault: Okay. Sorry, but I don't have much time.

Do you agree with the chief science advisor that PCR testing at the border and at airports should be dropped and rapid tests used instead?

Hon. Jean-Yves Duclos: On the issue of compliance, I'll quickly ask Deputy Minister Thompson to address that. My first point is that the agency's role is to work with all suppliers to ensure that they're fulfilling their commitments. If you want, we can turn to Deputy Minister Thompson.

Mr. Luc Thériault: What about my question regarding the chief science advisor?

The Chair: There isn't enough time to ask another question if the deputy minister wants to comment.

Mr. Luc Thériault: Mr. Chair, I did lose time.

The Chair: Yes, and I gave you an extra 30 seconds, but you used them up too.

[*English*]

Dr. Lucas, if you wish to add to add a couple of sentences to the minister's answer, go right ahead.

Dr. Stephen Lucas: I think he was referring it to Paul Thompson, the deputy minister.

The Chair: Indeed he was. It was Mr. Thompson. Thanks.

[*Translation*]

Mr. Paul Thompson: Mr. Chair, we're working closely with suppliers to ensure that they're fulfilling their obligations.

The Chair: Thank you, Mr. Thériault and Mr. Thompson.

[*English*]

Next we have Mr. Davies, please, for two and a half minutes.

Mr. Don Davies: Minister Duclos, at a recent news conference you stated that you believed that at some point vaccines would become mandatory across the country in order to get out of the COVID-19 pandemic.

Last May, Prime Minister Trudeau publicly stated, “We're not a country that makes vaccination mandatory”.

Can you confirm the Government of Canada's official position on mandatory vaccinations?

Hon. Jean-Yves Duclos: That's a great question.

I would inform everyone that vaccine mandates do indeed work. At the federal level, we've put vaccine mandates, vaccine obligations, into place for federal public servants, and 99% of federal public servants have made the right choice; they have got the vaccine. It's the same thing for the RCMP, for the armed forces and for those travelling across the air and land borders by air or by train. It works.

The estimates are that millions of Canadians over the last few months have received the vaccine, and therefore they not only protected their loved ones and co-workers but also themselves. That is not only a view; it is solid evidence that vaccine obligations are working.

Mr. Don Davies: Thanks for clarifying that.

Minister, the COVID-19 pandemic is exacerbating pre-existing health care staffing shortages, as I'm sure you're very aware, and that's across Canada. It affects every province and territory and it's pushing frontline health care workers to the verge of collapse.

Minister, will your government convene and lead a pan-Canadian health workforce strategy, working with professional associations and unions as well as provinces and territories to support Canada's health care workers and ensure the sustainability of our health care system for the long term?

Hon. Jean-Yves Duclos: That's a great question, MP Davies, and thank you for asking it.

Yes, in my conversations with my colleague health ministers across Canada, that's the key discussion, the key challenge: how to support health care workers. We obviously know that this is mostly a provincial responsibility, but it's also a shared responsibility, and that's why we did the right thing during COVID-19, and we'll continue to do the right thing, which is to support the efforts of the provinces and territories to train, to hire and to retain those health care workers, not only because of COVID-19 but obviously because of what you also know, which is the long-term challenge around our health and health care systems.

● (1500)

Mr. Don Davies: Mr. Chair, do I have any time left?

The Chair: You do not. You're right on the dot. Thank you, Mr. Davies.

Next is Dr. Ellis, please, for five minutes.

Mr. Luc Berthold: Mr. Chair, I will start. I'll be sharing my time with Dr. Ellis.

[*Translation*]

The Chair: Okay. You have the floor, Mr. Berthold.

Mr. Luc Berthold: Thank you.

Minister Duclos, we're nearing the end of the meeting. Over the past few days, you have given many interviews and I must ask you a question.

In your opinion, should the response to the pandemic be guided by science, policy or personal intuition?

You have the opportunity to respond.

Hon. Jean-Yves Duclos: It must be guided by science, and that means vaccination. We all have a role to play and an example to set. As members of Parliament, we must get vaccinated—

Mr. Luc Berthold: Thank you, Minister Duclos. You answered my question.

In that case, why are you rejecting the opinion of Prime Minister Trudeau's own chief science advisor, who says that random screening should be reintroduced at airports?

Why aren't you following Dr. Tam's recommendation? She considers that, in terms of PCR tests at the border:

[*English*]

“it is a capacity drain on the system as a whole”.

[*Translation*]

These are clear recommendations, Minister Duclos.

Are you continuing to test people against the current scientific opinions because you signed a contract with Dynacare for almost half a billion dollars and you can't terminate it?

Hon. Jean-Yves Duclos: I'd say that we have two major advantages in Canada. The first is that we're surrounded by scientific experts, who have inspired and guided us since the beginning of the COVID-19 pandemic. Science is guiding our response to COVID-19—

Mr. Luc Berthold: So why aren't you listening to your scientists, such as Dr. Tam, whom we listen to every time she provides advice, and Dr. Mona Nemer, the Prime Minister's chief science advisor?

They're all telling us that PCR testing at airports should be changed. The science is evolving. It's now saying that we should change the amount of testing, which is no longer manageable.

Understandably, the nearly half-billion-dollar contract awarded to Dynacare just before the holidays means that the company must test everyone as they arrive.

Is there a connection between this contract and the fact that you aren't changing your opinion based on the recommendations of scientists?

Hon. Jean-Yves Duclos: Since you cut me off earlier, I'll finish what I was saying.

Our second advantage is that we live in Canada, where we have exceptional tools that include vaccination, border measures, testing, rapid testing, personal protective equipment and public health measures. In addition, in Canada, we trust the institutions and scientists.

We must do so while working together to keep up our efforts in the coming months, as we emerge from the COVID-19 crisis.

Mr. Luc Berthold: Unfortunately, you aren't listening to the opinions of your experts.

I'll give the floor to Mr. Ellis.

[*English*]

The Chair: You've got about two and a half minutes left, Dr. Ellis. Go ahead.

Mr. Stephen Ellis: Thank you, Mr. Chair. Thank you, Mr. Berthold.

Mr. Minister, last week you were invited by the ethics committee—you and Dr. Tam were, sir—to appear for their study about the government collecting Canadians' cellphone data.

To you and to Dr. Tam, when will you be appearing, both of you?

Hon. Jean-Yves Duclos: There are three things on that.

First, the protection—

Mr. Stephen Ellis: No, no, no—all I need is a date, sir.

Mr. Adam van Koeverden: I have a point of order, Mr. Chair.

The Chair: Go ahead, Mr. van Koeverden.

Mr. Adam van Koeverden: Mr. Ellis continues to not allow the minister to answer the questions. It's not only disrespectful; it's also impacting the answerability of his questions.

The Chair: Mr. Van Koeverden, thank you for that. The general rule of thumb is that the witness is allowed as much time to answer as questioner takes to pose the question. Generally, Mr. Ellis's questions are very quick. He is right to cut off the witness after allowing an equal amount of time.

Mr. Ellis, I'll add to your time. You go ahead.

Mr. Stephen Ellis: Thank you, sir. I appreciate it.

Simply a date, sir—that's all I need. When will you be appearing before the ethics committee, Minister and Dr. Tam?

Hon. Jean-Yves Duclos: I'll be even shorter. I'll just let you know that I'll be pleased to be at whatever occasion, with my officials, we need to be at to be helpful to you as members of important committees of the House.

● (1505)

Mr. Stephen Ellis: Do you not know when you're going?

Hon. Jean-Yves Duclos: As I said, I'll be pleased to be there at whatever moment is appropriate and convenient for busy people like you and important people like you.

Mr. Stephen Ellis: Dr. Tam, do you know when you'll be there, ma'am?

Dr. Theresa Tam: I think the Public Health Agency will be there to support the minister on whichever date has been decided. Just for the record, I'm not actually directly involved in the program. For it to be useful to the committee, the Public Health Agency will propose the most suitable witnesses.

Mr. Stephen Ellis: Thank you very much, ma'am.

Just to follow up on that, Dr. Tam talked about a mental health app. Should Canadians be concerned about their cellphone data, and again their personal health data, while using the mental health app the Canadian government has now proposed, given this scandal associated with data collection behind their backs?

Hon. Jean-Yves Duclos: On mental health data, that's obviously part of a different department.

Maybe Dr. Tam or DM Lucas has something to contribute on that question.

Dr. Stephen Lucas: Thank you, Mr. Chair.

The process taken to competitively determine the service provider for the Wellness Together portal and the subsequent app developed was rigorous. It involved consideration of all dimensions, including privacy protection and security. The service providers have a long track record in providing health services. We're confident they're taking the steps necessary to ensure that protection.

Mr. Stephen Ellis: Thank you, Mr. Chair.

The Chair: Thank you, Dr. Lucas.

Thank you, Dr. Ellis.

Next is Dr. Powlowski. Go ahead, please, for five minutes.

Mr. Marcus Powlowski (Thunder Bay—Rainy River, Lib.): Hello. Thank you. Welcome to all the witnesses.

I want to ask the minister something, but of course he's welcome to delegate the answer to someone else. I think for this one it would probably be Mr. Thompson. I want to ask about other therapeutics and the difficulty Canadian doctors have in accessing them.

Certainly I think everyone is overjoyed that Paxlovid has been approved in Canada. It seems to be really promising, with more than 85 per cent efficiency in decreasing the number of people either hospitalized or dying.

We did have medications out there before that were pretty good, when used early on, to treat high-risk people, namely monoclonals—one of my favourite topics, of course—and sotrovimab. I know they've also been using some remdesivir, but it's in very short supply. I'm told by infectious disease people in Ontario—and I know it's the province that basically runs the hospitals—that a lot of people aren't getting it. Similarly, tocilizumab, supposedly decreases mortality by 10% in people who are on ventilators, but there's not a lot of that available. Although this is provincial, my understanding is that the federal government has put some money into purchasing monoclonals and helping the provinces with these treatment modalities.

Could you, Mr. Minister or one of your people, answer that?

Hon. Jean-Yves Duclos: Thank you, Dr. Powlowski. I'll give you a few short sentences on that and then turn to Deputy Minister Lucas.

First, you're right to signal that we have the good fortune in Canada to be among the top four countries when it comes to the approval, the delivery and then the use of Paxlovid, the new antiviral treatment. That's obviously aligned with the other great successes we've achieved in Canada, which has been to be at the top of the vaccination league across the world for many months now.

Third, on the use of monoclonal antibodies, the clinical challenges and the use of that treatment, I'll turn to DM Lucas.

Dr. Stephen Lucas: Thank you, Mr. Chair.

Indeed, Health Canada has approved a number of treatments, including monoclonal antibodies, and there is use of some existing treatments such as tocilizumab for rheumatoid arthritis, which has been used to support treatment of patients with COVID.

Public Services and Procurement Canada, working with the Public Health Agency of Canada, has procured doses of a number of these treatments, including remdesivir, as noted, and tocilizumab, as well as sotrovimab, the GlaxoSmithKline monoclonal antibody that works relative to the omicron variant.

We are in close contact with provinces and territories in terms of determining their supply, working with them to reallocate to address areas of need and taking steps to procure more to address those needs going forward.

● (1510)

Mr. Marcus Powlowski: Thank you.

I have a question on the current requirement of a PCR test within 72 hours of arrival in Canada. I had one of my constituents complain. Well, he's not my constituent—he lives in Winnipeg—but his mother lives in my riding around Rainy River. Because of the 72-hour requirement, he is required to drive all the way around Lake of the Woods; if I could turn my camera, I'd show the snow squalls that are occurring right now in Thunder Bay. He is asking why he has to take this five-hour route when, if he went through the States, it would take him one hour to visit his mother, who is having health problems.

I know that the 72-hour requirement for a PCR test certainly I think seemed to make sense when we were worried about new variants coming into the country; however, right now, it seems to be overwhelmingly omicron on both sides of the border. Lots of people have it on both sides. I'm not sure if the 72-hour requirement for a PCR test still holds.

Is that going to be reconsidered? I know that this is a border measure; however, I'm sure that the people who are making that determination are informed by the Ministry of Health and Theresa Tam, so do you have any response to that, please?

Hon. Jean-Yves Duclos: Thank you.

I may start with first a recognition that you emphatically and correctly say, Marcus, that this is a very difficult time for everyone in Canada. We would all prefer that COVID-19 didn't exist, never existed and will end very soon. Unfortunately, we are in a different world, especially difficult for these special cases you mention, where there is a lot of stress from the family and health perspectives. These are difficult times for many people, and it's important that you are acknowledging this.

As you've also said—and I'll turn in a moment to see whether DM Lucas wants to add something—this is going to obviously be reconsidered as the situation evolves. We all hope that it will evolve quickly, but we're still at the very intense moment of the omicron crisis.

The Chair: Be very quick, please, Dr. Lucas, as we want to get in one more questioner before we let the minister go. Thanks.

Dr. Stephen Lucas: I'll turn to Dr. Tam for a brief response.

Dr. Theresa Tam: Yes, as the minister said, all the policies should be reviewed. Right now, we're in a massive omicron wave, so I think the layers of protection at the border are there for this period of time, and they should be evaluated as the situation evolves.

The Chair: Thank you, Dr. Tam.

Thank you, Dr. Powlowski.

[*Translation*]

Mr. Berthold, you have five minutes.

Mr. Luc Berthold: Thank you, Mr. Chair.

I'm sorry. I thought that the round was over. I'm happy to keep asking the minister questions.

Minister Duclos, it seems clear that, unfortunately, you didn't have many answers to our questions today on a number of issues.

We have questions, especially about the new treatment, Paxlovid, which is causing a great deal of concern. At yesterday's press conference, we learned that a positive test result was required to obtain the treatment.

Unfortunately, PCR tests are very difficult to obtain and there are long delays in getting results. Rapid tests are also still extremely difficult to obtain.

How will the Paxlovid treatment affect this omicron wave, Minister Duclos?

Hon. Jean-Yves Duclos: Thank you, Mr. Berthold.

First, despite all the supply and approval challenges, Canada is among the top four countries in the world when it comes to the regulation and procurement of Paxlovid.

That said, as you also pointed out, this drug must be prioritized for the most vulnerable people. You listened carefully and accurately summarized the conversation that took place yesterday at the press conference.

Clinicians, doctors and nurses in every province and territory are doing this work as of today, since the treatment has been in the country for a few days.

● (1515)

Mr. Luc Berthold: Am I wrong in saying that this drug will have an extremely minimal impact on the current omicron wave?

Hon. Jean-Yves Duclos: First, regardless of the availability of this type of treatment, vaccination is the most important tool—

Mr. Luc Berthold: I understand. We agree on that, Minister Duclos.

Sorry to go back to the treatment, but this is the news from yesterday. This was discussed yesterday. We've been waiting for this approval for a very long time.

People have been asking me a question since yesterday. Will this treatment alleviate the pressure on hospitals across Canada right now, as we face the omicron wave?

The answer is “yes” or “no”. Did this drug come too late to help us deal with the crisis?

Hon. Jean-Yves Duclos: First, as I said, Canada is among the top four countries in the world in this area. So we're really leading the way.

Second, according to Pfizer's rules, this drug must be prioritized for vulnerable people.

Third, if you want, I can give the floor to Dr. Tam so that she can summarize the relationship between the current omicron situation and the clinical use of Paxlovid.

Mr. Luc Berthold: Thank you, but we'll have the chance to talk to Dr. Tam later.

Another treatment, Molnupiravir, is currently under review. We learned earlier that there was a potential contract for 500,000 doses with Merck to obtain this drug quickly.

What's the delivery schedule under your contract with Merck?

Hon. Jean-Yves Duclos: Delivery schedules are obviously always dependent on approval schedules. Here we are talking about a different drug that was proposed by a different company, as you quite correctly said.

If you would like more specific information as to where the approval process stands, we can turn to Deputy Minister Lucas.

Mr. Luc Berthold: As I mentioned, fortunately we will have the opportunity to put questions to the deputy minister during the last hour. That said, Minister, thank you very much for the opportunity.

Lastly, I would like to ask you about border testing. Can you tell us how many tests are conducted each week at Canadian ports of entry, and what the positivity rate is for those tests?

Hon. Jean-Yves Duclos: Thank you very much for the question.

This is the answer: our capacity for all air travellers arriving from outside the United States is approximately 26,000 tests per day. Those 26,000 tests are conducted in a manner that varies according to the size and nature of the airports.

Now, in terms of the most recent positivity rates, I'm going to turn to Deputy Minister Lucas and Dr. Tam, who can give you the most accurate information.

Mr. Luc Berthold: Minister, you are responsible for these issues and you make the decisions. You will determine whether to continue to do PCR testing at the borders, and you will decide on the length of the quarantine. Will the federal government follow the provinces and the CDC and reduce the quarantine to five days?

I'm surprised you can't answer a question like that.

You were appointed minister some time ago. Can you tell us when you will be able to answer the few simple questions that we ask here at the committee? I imagine that you must have been prepared to answer the questions. These are questions that Canadians are asking us and that all of my colleagues are being asked by many Canadians, particularly with respect to access to rapid testing, PCR testing and border testing.

The Chair: Mr. Berthold, your time is up.

Minister, you may leave the meeting, but, if you wish, you may answer the question. This will be your last answer.

Hon. Jean-Yves Duclos: All right.

Mr. Berthold, there are two things we are fortunate to have in this life. The first is to be surrounded by people who help us do our job. This is true for MPs and it is true for ministers. We are surrounded by exceptional and dedicated people. The second is that, because we are so well surrounded and so well supported, we can do a better job.

I expect you to get the most accurate answers possible. Sometimes senior officials, whose expertise and role it is to do so, are better able to answer you more quickly and accurately.

I think it is important for you to have access to the best information in the quickest and most efficient way.

● (1520)

The Chair: Thank you, Minister and Mr. Berthold.

[*English*]

This is the end of the extended time in which the minister is available.

Thank you very much for being so generous with your time, Minister Duclos, and for staying on for an extra 20 minutes after agreeing to 15.

Colleagues, I would ask that we suspend briefly for a health break while the minister disconnects.

Minister Duclos, I expect we'll be seeing lots of each other in our roles as health committee members and in yours as minister. We certainly appreciate your being here on short notice and your generosity with your time and, of course, your service.

Colleagues, we stand suspended for three minutes.

● (1520)

_____(Pause)_____

● (1525)

The Chair: I call the meeting back to order.

Before we recommence, we started about 15 minutes late because of some technical difficulties. Do we have consensus among the witnesses and among the members of Parliament to go until 4:15? We require that in order to extend the time. If anybody has a big problem with that, please say so. If there are any witnesses who can't accommodate that, then just let us know.

Some hon. members: Agreed.

The Chair: I don't see any objections, so we'll cut it off around 5:15.

We're continuing now with questions. The next member of Parliament up is Dr. Hanley, for the Liberals, for five minutes.

Dr. Hanley, you have the floor.

Mr. Brendan Hanley: Thank you very much.

If time permits, I have two questions for Dr. Tam.

Dr. Tam, I think it would be very useful if you could talk a bit about the modelling, the projections and the surveillance that you and your team take on to inform the advice that you and your colleagues provide to the ministers.

In my role as an MP, of course I am asked by many people about what we are looking at post-omicron. What are the possibilities including for border controls and for tourism and the ability to open those up a little bit? It would be useful to go back to how you, even in the midst of omicron, project ahead and on what you base the advice that eventually will come on how we adapt our border requirements and other measures.

Dr. Theresa Tam: Thank you for the question.

Mr. Chair, this is quite a complicated question. Of course, maintaining surveillance as well as keeping an eye on all the evolving international data on omicron is really important.

First, we have laboratory networks, including genomics networks, connected to the international community that are on a constant lookout for any new variants of concern. They're also conducting domestic surveillance with the collaboration of the provinces and territories to look at not just cases but hospitalizations and ICU admissions as well as outbreaks in high-risk settings such as long-term care facilities. Monitoring vaccine effectiveness over time is really important as you've just seen. With the advance of treatments you need to also monitor for any resistance to some of the drugs that are being provided.

We know, for example, that some of the monoclonal antibodies were not working for this omicron virus. There are many streams of surveillance, data and modelling.

One of the key innovations during this pandemic is waste water surveillance, which is another indicator we're using to track where the omicron wave is going and when it might subside. All of these measures are ongoing as is modelling. Modelling projections we have been providing on a regular basis, the last of which was last Friday.

We have to be very careful with the projections. We think the omicron wave might spike very quickly and potentially come down fairly quickly as it has done in other countries but we have to be very careful about that. Right now we're seeing a little bit of plateauing in the cases. I advise that we wait until at least the end of this week to have another snapshot of what's going on. Given the testing limitations at the moment, we need to look at all of these indicators.

I look at the current context as the pandemic period, which is that we are still in crisis and our health care system cannot cope, moving to an interim transitional period towards a state of endemicity. This means I do not believe that this virus is going away from the world. Every country has it, so we need to adapt our response going forward. However, the endemic state is not yet in effect. The omicron wave may push us towards that state—one step into that future state. We have to evaluate the post-omicron wave using things such as sero surveys, whereby you look at the proportion of the population that might have immunity.

● (1530)

Mr. Brendan Hanley: Thank you.

In as much time as we have, Dr. Tam, you recently published a report, which I personally think is extremely important but many Canadians may not be aware of it. That report is called “A Vision to Transform Canada's Public Health System”.

Could you take a moment to point to some of the highlights and recommendations arising from your report?

Dr. Theresa Tam: Yes. I think the committee has noted that we need to strengthen Canada's health system, and my report is focused on the public health system, but it's part of the health system as a whole. Given the enormous challenges of the pandemic, my message is also to recognize the prevention, health promotion and preparedness aspects, not just the response. We need to get ourselves well set up for any future complex public health issues, including climate change and anti-microbial resistance.

My recommendations really fall into four different streams, one actually on workforce capacity, and the second on some of the tools that are needed to modernize our health system, and this means at every level of the public health system, not focused on the Public Health Agency, but on the local, the provincial and the federal systems, so that we're better set up with data, for example, as one of the tools, and also to address things like misinformation in the social media age.

The third aspect is governance. We need to have a modernization of governance, recognizing the multisectoral nature of some of the work we do, including the pandemic response, and of course the financing of the public health system as well, because it is a very small proportion of the health spending in different jurisdictions. It's very difficult to estimate how much that budget is, but CIHI, the Canadian Institute for Health Information, estimates it is probably not more than 6%. If we want to be better supported in our pandemic response in the future, we've got to strengthen the public health system.

Mr. Brendan Hanley: Thank you.

The Chair: Thank you, Dr. Tam.

Thank you, Dr. Hanley.

We will switch to Monsieur Thériault for two and half minutes, please.

[*Translation*]

Mr. Thériault, you have two and a half minutes.

Mr. Luc Thériault: Mr. Chair, do I still have two and a half minutes, or is it five minutes?

The Chair: Your speaking time is two and a half minutes.

Mr. Luc Thériault: Well, I tried.

The Chair: Mr. Thériault, you haven't changed parties. This is the time allocated to members of the third party.

Your time is two and a half minutes, and it starts now.

Mr. Luc Thériault: I would like to talk about rapid tests.

As mentioned earlier, it's good to have antivirals, but we have a problem if we don't have access to rapid tests and the antivirals are not very effective after five days.

I would like to know when Merck's antiviral will be approved. It has already been purchased and this was filed in August. If it hasn't been approved yet, is it because there is a problem?

Why don't we trust what the experts say about rapid tests? We could produce a lot more of them if, on a temporary and extraordinary basis, we allowed some of the rapid tests that have been approved in other countries. Why don't we do that here? We have the antivirals now, but they have to be administered quickly to be effective.

[*English*]

Dr. Stephen Lucas: Mr. Chair, I'll respond.

Health Canada has approved 25 rapid tests and, in addition, 10 self-tests. This is comparable to other countries. In fact, it exceeds a number of our key comparator countries. These cover a range of antigen tests and some molecular rapid tests. As has been described, we're working with Public Services and Procurement to procure and deliver 140 million to provinces and territories this month.

In regard to utilization, provinces and territories are using rapid tests as well as PCR tests to support key areas of both diagnosis and critical functions, including in the health system, long-term care, schools and essential services. Dr. Tam can speak further, if you wish, to use guidance prepared by the Public Health Agency, with experts, in terms of enabling both test diagnosis and utilization of Paxlovid.

● (1535)

[*Translation*]

Mr. Luc Thériault: Mr. Lucas, some experts say that more could be approved if this measure were taken. What they say, and what is problematic, is that your criteria are too strict and inadequate, since rapid tests are compared to the PCR test. Instead, they should be assessed on their ability to identify infectious patients.

Why not increase their potential approval by changing the criteria and making them more accessible? It's all very well to say that 140 million rapid tests will be sent to us, but there could be more. This is important.

We spend money on antivirals. But if we don't have access to PCR tests, we can't use them effectively. There are other issues as well.

[*English*]

The Chair: Could you give us a brief response if possible?

Dr. Stephen Lucas: Certainly. What I would say, Mr. Chair, is that Health Canada's standards for reviewing rapid antigen tests for screening purposes align with those of the U.S. Food and Drug Administration in terms of the levels of specificity and sensitivity. We do review clinical evidence that they work, and therefore we have not had to recall tests, in contrast with some other countries that have deployed rapid tests that don't work and that have had to recall them.

We have approved 25 rapid tests and 10 self-tests and we have pursued those approved in other jurisdictions and have invited them to submit those to Health Canada to undergo expedited reviews.

That work continues with many tests under review and further decisions expected in the coming days and weeks.

The Chair: Thank you, Dr. Lucas.

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

Mr. Don Davies: Thank you.

To anybody who might know, in the fall of 2020 the safe restart agreement aimed to increase Canada's collective PCR testing capacity to 200,000 people per day across the country.

Can you confirm the average number of PCR tests administered across Canada over the last seven days?

Can anybody answer that?

Dr. Theresa Tam: Yes. May I answer the question, Mr. Chair?

The Chair: Yes, Dr. Tam. Go ahead.

Dr. Theresa Tam: Yes. On average, we have been doing over 148,000 or 150,000 tests, with any rate-limiting steps not necessarily related to the number of tests that can be run but related to human resources and other testing capacity challenges within the provinces and territories.

Mr. Don Davies: Thanks.

Dr. Tam, are all Canadians likely to be exposed to and get infected with omicron as many experts have predicted? Is that your assumption?

Dr. Theresa Tam: Where there's a very transmissible virus, the likelihood of contracting it is much higher than with other variants. I do think that people still have varying risks, but the likelihood is much higher.

Mr. Don Davies: Thank you.

So with that growing global recognition that omicron, that COVID-19, may soon become endemic, does societal immunity, particularly through virus exposure, which may be likely to provide some level of effective immunity, play a role in this change?

If so, are we collecting seroprevalence data as the U.K. is doing?

Dr. Theresa Tam: On the latter, yes, there have been ongoing serologic surveys. That's why I also mentioned earlier on that it would be very important to know after this omicron wave what kind of immunity there is in the population.

But we also have to remember that the immune system is a complex thing, and so protection from infection is different from protection from serious outcomes. We're particularly concerned and very interested in protection against serious outcomes, for which the vaccines are actually doing quite well.

I think that protection from infection is going to be short-lived no matter whether you're infected with the virus itself or you have had a vaccination, so that remains to be monitored.

● (1540)

Mr. Don Davies: Now the European Medicines Agency recently warned that frequent COVID-19 booster shots could adversely affect the immune system and may not be feasible. They stated that boosters “can be done once, or maybe twice, but it's not something that we can think should be repeated constantly.”

Dr. Tam, do you share that concern? If so, what is Canada's next step after third or fourth booster series are complete?

The Chair: Please keep your answer brief if you can, Doctor.

Dr. Theresa Tam: We have been following the data and the science. I believe our National Advisory Committee on Immunization has given us really great advice. We haven't just charged into giving a fourth booster dose, and our vaccine intervals are great.

I actually don't think there's necessarily evidence to say that you couldn't have more boosters. The question is what the subsequent vaccine formulations should look like given that the virus is evolving as we speak so there may not be the same kinds of boosters that we have right now, but numerous researchers and vaccine companies are looking at some of the future vaccines.

The Chair: Thank you, Mr. Davies.

Thank you, Dr. Tam.

Next we go to Dr. Ellis. Go ahead, please, for five minutes.

Mr. Stephen Ellis: Thank you, Mr. Chair. I appreciate that.

Dr. Tam, there has been much scientific data and evidence around vaccine hesitancy versus mandates.

In my reading of the literature—and just to be crystal clear, I was a family physician before I became a politician—I haven't read any that has talked about the benefit of vaccine mandates.

Do you have a comment about that?

Dr. Theresa Tam: With regard to vaccine mandates, we've been trying to follow, within our program area, what the changes might have been, given some of the announcements by the provinces and territories and, of course, also the federal government. They do seem to boost the level of uptake. That can be to a different extent, depending on the jurisdiction. Each province was a little bit different.

After an announcement that there may be a vaccine requirement, you do see vaccine uptake increase. But they do also—

Mr. Stephen Ellis: What would the science say about it?

Dr. Theresa Tam: —come back down again, of course.

I have to add that we know that the Canadian population has some of the highest vaccination coverage already, so even those few percentage gains are quite significant gains. I think overall Canada has done quite well.

Mr. Stephen Ellis: Dr. Tam, I asked what the science would say about vaccine hesitancy and how it should be addressed. From my reading of the literature, vaccine mandates are not part of the science around this, and this Liberal government really talks a lot about using the science. Am I right or wrong?

Dr. Theresa Tam: You have to take a very holistic approach, I think, to increase vaccine coverage. Addressing vaccine hesitancy is one of them, particularly in providing the information that an individual needs to make that decision. There's also access to the vaccine. Indeed, access to information, access to the vaccine, combatting misinformation and disinformation—they are all very important. We're also supporting funding to different community and other trusted organizations to get the messaging out on vaccines on their safety and effectiveness. That is very important.

Vaccine mandates can be another layer of increasing vaccine coverage. We have seen some data now to show that vaccine coverage can increase for a period of time after announcements. That information is being gathered.

Mr. Stephen Ellis: I'd like a quick answer, yes or no: Is that part of the scientific literature, yes or no ?

Dr. Theresa Tam: That is part of the data that is being collected.

Mr. Stephen Ellis: That's not a scientific study, though.

Thanks very much—

Dr. Theresa Tam: There are studies that—

Mr. Stephen Ellis: No, that's okay. I appreciate that.

Here's a question for anyone who wants to answer. I've asked this before. The Liberal Party has boasted about 7,500 health care workers. Does anybody know how many have been hired?

Answer, anybody out there.

Dr. Stephen Lucas: Mr. Chair, what I would say—

Mr. Stephen Ellis: Just give a number, sir, if you can—just a number.

Dr. Stephen Lucas: I don't have a specific number. I do know that provinces are working to hire health care workers and that the Government of Canada is working to support them in that venture.

Mr. Stephen Ellis: Are you saying, Dr. Lucas, that there have been people who've been hired out of those 7,500? How many? Do we know? Is it five, or...?

● (1545)

Dr. Stephen Lucas: As I indicated, I'm not aware of a specific number. The Canadian Institute for Health Information does track those statistics. We are working with them in terms of the overall health human resource challenges that we face now.

Mr. Stephen Ellis: Okay.

I have another real simple question. What is the cost of a course of Paxlovid?

The Chair: Is that directed at anyone in particular, Dr. Ellis?

Mr. Stephen Ellis: It will be Dr. Lucas, I suspect.

Dr. Stephen Lucas: I don't have that specific number offhand. I'll turn to my colleagues on that. Dr. Kochhar of the Public Health Agency or Deputy Thompson at PSPC may have that information. Otherwise, we can provide it back to the committee for you, honourable member.

Mr. Stephen Ellis: I appreciate that.

Here's a third thing. In the 1940s, we could build a 10,000-tonne ship, which is the size of a Canadian frigate, in 107 days. Why can we not domestically produce rapid tests, domestically produce vaccines and domestically produce antivirals? One huge ship in 107 days: Why do we not have domestic supply in Canada?

That's for Dr. Lucas, perhaps.

Dr. Stephen Lucas: As has been noted in previous testimony and in questions, we have seen remarkable work done in the country by firms working to produce personal protective equipment; medical equipment, including ventilators; and rapid tests. There is a Canadian firm providing supply now. As well, there are PCR lab tests and serological tests produced by Canadian suppliers. We have a number of Canadian vaccine candidates in development in clinical trials, including the Medicago submission referred to earlier.

Mr. Stephen Ellis: It's been two years, though, two years—

The Chair: We're out of time.

Dr. Lucas, is there anything else you want to add to complete your answer? Otherwise we're going to move to the next person.

Dr. Stephen Lucas: I would just note that the government has invested in a biomanufacturing strategy. It invested $2.2 billion in the last budget and has invested in a number of firms already across the country to strengthen that capability for biomanufacturing.

The Chair: Thank you, Doctor.

Mr. Van Koeverden, go ahead, please, for five minutes.

Mr. Adam van Koeverden: Thank you, Mr. Chair.

I wish to use some of my time today to clear up something that has come up a couple of times in this meeting, but first I'd like to just acknowledge or say that science often involves careful observation and it is not limited to such a narrow view that everything needs to be published or peer-reviewed in order to be called science. I'm not a doctor. I have a science degree. The science is evolving during COVID-19. We are, in fact, in an emergency situation still and relying on information. I would just call into question the kind of narrow view of science that Dr. Ellis has been using.

In addition to that, I'd also—

Mr. Stephen Ellis: On a point of order, Mr. Chair, I really think that if someone's going to specifically address me, then I should have the opportunity to address that, sir.

The Chair: Well, you would be mistaken. He has five minutes to use as he wishes. When it's your turn, you can use it as you wish. Thank you.

Mr. Stephen Ellis: Thank you, sir.

The Chair: Go ahead, Mr. Van Koeverden.

Mr. Adam van Koeverden: Thank you, Mr. Chair.

The other thing I would like to address is the usage of the term "personal cellphone data" earlier and also the word "scandal" in referring to the usage of such data. When I google my route to work, for example, oftentimes Waze or Google will tell me that a specific route is busy. If you google a restaurant location or a grocery store location, oftentimes Google will tell you that location is busy.

The same data is used and has been used—it's not secret—by the Public Health Agency of Canada. In fact, I believe that Dr. Tam was tweeting about it last summer in a transparent manner, telling Canadians how their data, which is aggregated, non-personal, and anonymized.... That means it's not as though they know Adam Van Koeverden was at the grocery store yesterday; they just know that more people were at the grocery store or something like that.

I was hoping that one of the officials who knows more about this than I do, and certainly more about this than members of this committee referring to it as personal data do, could elaborate, please.

Dr. Stephen Lucas: I think Dr. Kochhar....

Dr. Harpreet S. Kochhar: Mr. Chair, if I may....

The Chair: Absolutely.

Dr. Harpreet S. Kochhar: Thank you.

Mr. Chair, I was just going to mention very quickly that the actual reason we collected this data is that reliable, timely and relevant health and public health data comes out of this for other policy- and decision-making. This is population-level mobility data analysis. This is what we have collected. No personal information was asked for or was received, and no individual's identifiable data is contained in any part of the work.

The mobility data, which were offered through the service provider, was actually analyzed by the communications research centre here at Innovation, Science and Economic Development. That would help us to understand the possible link between the movement of populations within Canada and the impact of that on COVID-19. We did that in a very clear way, keeping the means of collection open and transparent. When we use that information, it is never individually identifiable. Again, it is aggregated data.

Throughout this process, Mr. Chair, the Public Health Agency of Canada engaged with privacy as well as ethics experts to ensure that the government was following best practices. We engaged our Privacy Commissioner on this initiative as early on as April 2020, and technical briefings have continued. To mitigate any privacy risks we may have, we actually require that mobility data vendors apply very robust data anonymization and aggregation controls even prior to data extraction and access.

That is what I would offer, Mr. Chair, at this point.

● (1550)

Mr. Adam van Koeverden: Thank you very much, Dr. Kochhar. We're grateful for that answer and for clearing up the fact that it's neither personal data usage nor a "scandal", as the term was used previously.

I'd use the remaining time just to ask any of the public health officials at today's meeting if, in fact, we did see an uptick in certain jurisdictions with mandates. When Quebec, for example, said that people weren't able to go to the SAQ unless they were vaccinated, did that cause an uptick in vaccinations? Just anecdotally, did we see an uptick in vaccinations when the Leader of the Opposition was saying that we needed to accommodate the unvaccinated?

Dr. Theresa Tam: I do want to emphasize, because I didn't have a chance to do so at the end of my responses, that there have been preprints, including from Simon Fraser University, that show a cumulative gain of up to 5% in provincial vaccination rates as a result of the vaccination requirements.

Just to quote a few numbers, in New Brunswick, there was a 249% increase in vaccination uptake in implementation week one, or one week post the announcement of their vaccination mandate; in Newfoundland, a 228% increase from a week before implementation to three weeks post-announcement; in Nova Scotia, a 199% increase, one week post-announcement; in Alberta, a 198% increase from the week of announcement; and in Saskatchewan, a 119% increase. These are the jurisdictions that saw the greatest increase. It was more modest in some of the other jurisdictions.

I do think it is important to monitor these trends just because it is important: Any of these policies being enacted by jurisdictions can be adjusted if the data shows and points us towards new directions.

The Chair: Thank you, Dr. Tam and Mr. van Koeverden.

Next we have Mr. Williams, please, for five minutes.

Mr. Ryan Williams: Thank you very much.

Thank you again, everyone, for being here today. It's very important.

Last week, Dr. Tam, you stated that Canada's COVID testing requirements for travel are a "drain" on our already overwhelmed system and that the resources could be better used elsewhere. These testing requirements were put into place to stop the omicron variant from spreading to Canada, and we all know what the elephant in the room is—omicron is here. We have to continue—again, in your own words, Dr. Tam—monitoring sporadically for new variants, but when will the government get rid of these cumbersome resources and put them where they're needed?

I'll ask this of Dr. Lucas, please.

Dr. Stephen Lucas: I'll turn to Dr. Kochhar for the management of the border regime, and Dr. Tam.

Dr. Harpreet S. Kochhar: Thank you very much, Mr. Chair.

The border measures are actually put in place to evaluate the characteristics and impacts of any of the variants of concern on both domestic and international epidemiological landscapes. When those tests are done at the border, they actually help us to look at the behaviour of the virus in terms of its transmission, its clinical presentation, as well as, "Do they actually behave the same way on the vaccine efficacy side?" We continue to use these tests to make sure that we have a better idea of the science and also to make sure that we are minimizing and reducing the importation of any kind of variant of concern that may cause more transmissibility, as was seen with the omicron virus.

Dr. Tam, do you want to add anything on that?

● (1555)

Dr. Theresa Tam: I just want to clarify that prior to omicron, of course, there was the very phased easing of border measures, including the application of mandatory random testing for the vaccinated travellers. Because of omicron, those measures were increased, because we knew very little about the virus and we knew it was very transmissible.

I do think that the testing has been actually quite important, in that even with pre-arrival testing the positivity rate kept going up, not surprisingly, for the non-vaccinated or partially vaccinated, but even for the vaccinated travellers. That is an actual fact. Even with pre-arrival testing, with on-arrival testing it's still quite high. I do think, though, moving forward, particularly as we see the omicron wave subside and our hospitals less impacted, that these kinds of policies or the testing strategies need to evolve.

Mr. Ryan Williams: Thank you.

Do we have indication of when that's going to be lifted?

Dr. Theresa Tam: Well, as I think I said last Friday in my epidemiology update, the next weeks are very crucial, because we'll be seeing the trajectory of the omicron wave, and we should then be able to re-evaluate some of the border stance.

Mr. Ryan Williams: To reiterate, Dr. Tam, you did state that these are a "drain" on our system. Should these resources not be moved to other places at this point?

Dr. Theresa Tam: Yes, so with such a huge number of cases, of course, it's very difficult for any jurisdiction to manage the testing at the moment. It's not just the number of tests kits handed out or anything like that. It's actually human resources—people in labs getting sick and that type of thing.

Now, of course the bottom line is that if the provinces request support from us, can we provide it? We have been providing it, depending on the provincial-territorial request. That actually has still been going on. The support is being provided to the provinces and territories. But as I said, we do have to re-evaluate our testing stats going forward.

Mr. Ryan Williams: Okay.

I'll direct this final question to the same people, please. On what date will Canada revise the federally mandated quarantine-length recommendations to five days to align with the provinces and with the CDC?

Dr. Theresa Tam: I alluded to this earlier. When we review the actual scientific base, the period of communicability for omicron is actually not that different from the other viruses. An individual who is infected, for example, is still capable of shedding the virus and communicating this even up to the 10 days. So it is a matter of the fact that risk tolerance has to be adjusted, because right now people are running out of critical infrastructure and health care providers. This is a difficult decision that the provinces have to make, so they've been making that adjustment.

Also, on the quarantine period as well, the incubation period for this particular variant could be shorter, so one might think that we could shorten the quarantine period. That can be discussed. However, at the border we're focusing on not just omicron. We're focusing on some other variant that might come along with different incubation periods and isolation periods. That must be taken into account as we look at our next phase in our border measures.

The Chair: Thank you, Dr. Tam, and thank you, Mr. Williams.

● (1600)

Mr. Ryan Williams: Thank you very much, Doctors.

The Chair: Ms. Sidhu, go ahead, please. You have five minutes.

Ms. Sonia Sidhu: Thank you, Mr. Chair.

Dr. Tam, 97.9% of the public service, with a mandate, has been fully vaccinated, as compared with 83% of the general public. Would you consider this as reasonable evidence that mandates are effective?

Dr. Theresa Tam: Yes. Of course, I'm not in charge of the public service vaccine mandates, but I think those are the facts. I know that within the Public Health Agency, we were at about 92%, which is great. Public servants have really stepped up. That's gone up, I think, to close to 99% or thereabouts. Those are just the facts as they are laid out.

Ms. Sonia Sidhu: Thank you, Dr. Tam.

Mr. Thompson, your department worked tirelessly over the last two years to ensure that Canadians had access to PPE, especially N95 masks. Do you know approximately how many items of PPE have been delivered to Canada? How are you planning for any future need for N95 masks, gloves and so on? Can you comment on that?

Mr. Paul Thompson: There's been an extensive effort on both overall procurement of PPE as well as standing up domestic production, as was mentioned earlier. One area of success in terms of domestic production is with respect to N95 masks. The production level domestically is now in excess of four million per month. We have already taken delivery of over 50 million domestically produced N95 masks, and have contracts for an overall 190 million.

That's one area where domestic production is really stepping up to be an increasing portion of the overall procurement going forward. As has been mentioned, there are other domestic providers in these other spaces. Artron, for example, is a Burnaby-based company that is providing rapid tests.

Ms. Sonia Sidhu: Thank you, Mr. Thompson.

Dr. Kochhar, as we know, as COVID-19 continues to evolve, Canada has one of the best researchers in the world. Can you update this committee on COVID-19 research? How many funds are we allocating for COVID-19 research?

Dr. Harpreet S. Kochhar: The amount of money that we have allocated to COVID research has been divided into a multitude of different parts. This includes the core COVID pandemic research, which is with the Canadian Institutes of Health Research.

There is a part that we have encouraged academia and others to come in on and provide more information and research, which continues to happen in the different research and academic settings.

The third part is working with the National Microbiology Laboratory in the Public Health Agency and all of the other partners, so that we can get information that allows us to see how these variants of concern evolve and what it means for us in terms of preparedness for a future pandemic.

I would not have a precise number, because these are a few of the different parts, but I can certainly come back and provide that remittance number as requested.

Ms. Sonia Sidhu: Thank you, Mr. Kochhar.

The next question is for Dr. Lucas. Health care workers have been working very hard to protect Canadians. Unfortunately, our health care heroes also face harassment and abuse, which is unacceptable.

Can you tell us what we are doing to protect our health care workers during this difficult time?

Dr. Stephen Lucas: We recognize the incredible contribution that health care workers have made and continue to make during the pandemic. The government took action to protect health care workers through amendments to the Criminal Code under what was called Bill C-3, which was passed prior to the holiday recess. This is an important step to ensure that they are free from intimidation and harassment to enable them to do the critical work that they do day in and day out.

The Chair: Thank you, Dr. Lucas.

Thank you, Ms. Sidhu.

Next we are going to Mr. Thériault.

[*Translation*]

You have the floor for two and a half minutes, Mr. Thériault.

● (1605)

Mr. Luc Thériault: Thank you, Mr. Chair.

Doctor Tam, from a scientific point of view, if we went back to random PCR tests at borders and airports, in addition to rapid tests in numbers that would allow for results within a reasonable time frame, do you think that would pose a public health problem?

[*English*]

Dr. Theresa Tam: The testing regime at the moment at the border, certainly for the unvaccinated, consists of a pre-arrival test and then day-one and day-eight tests. For the vaccinated, that's been shifting over time. Right now, non-U.S. individuals, or even vaccinated individuals, are getting tested because we're living through an uncertain time with the omicron variant and all of these need to be reevaluated.

[*Translation*]

Mr. Luc Thériault: That was not the subject of my question, excuse me.

Here's my question: from a scientific point of view, if we went back to random PCR tests and added random rapid tests to get results within a reasonable time frame, do you think that would pose a public health problem?

[*English*]

Dr. Theresa Tam: Yes. It depends on your objective, because the mandatory random testing is structured to get a good sample from different parts of the world. That is primarily to look for surveillance purposes and to look for different variants of concern. For that, you need a sample that can be sent for molecular sequencing in order to diagnose variants, which rapid tests will not to do.

We should certainly examine policies going forward in terms of the objective of reducing importations by every traveller. That could potentially shift, depending on the domestic and international context, but for sequencing for variants, the samples have to go to PCR.

[*Translation*]

Mr. Luc Thériault: Do you have any figures on the percentage of people who tested negative when they left, but positive when they arrived? Is there a gap, a difference, between the two?

A traveller's test result may be negative when they leave, but positive when they return. Do we have any figures on this? Are there many travellers to whom this happens?

[*English*]

Dr. Theresa Tam: What we have data on, of course, are the tests that we conduct on arrival. Because other countries conduct their tests pre-departure, it's not something we can collect.

What we're seeing is that these percentage positive shift—

[*Translation*]

Mr. Luc Thériault: A traveller must present a negative test result upon arrival in the country. Have many travellers tested positive on arrival when they were negative on departure?

The Chair: Your speaking time is up.

[*English*]

Dr. Theresa Tam: Yes. That has been shifting over time. When omicron arrived, the percentage of positive tests actually increased quite a bit. In the partially or non-vaccinated individual—both by land and air—that number is cumulative and was 7.2% in the last week we had the complete data for. From December 26 to January 1, it increased from 0.73% to 7%.

In the fully vaccinated, because this is an immune-evasive variant it still increased from 0.3% to 5.47%.

So even though these travellers have had pre-departure tests before they got on the plane, for example, they are still showing up positive on day one, and the unvaccinated individuals who were tested on the day eight tests are also showing positivity.

It does mean that when we can detect these travellers, then they can be isolated and reduce their ability to spread into the community.

The Chair: Thank you, Dr. Tam.

Merci, Monsieur Thériault.

Next is Mr. Davies.

Go ahead, please, for two and a half minutes.

Mr. Don Davies: Thank you.

Dr. Tam, will the protection offered by mRNA vaccine third dose boosters wane at a similar rate to that for second doses?

● (1610)

Dr. Theresa Tam: I think we're still learning, because you actually have to monitor over time, so you have to get the booster and then we're monitoring over time.

I think what we will see is that the third booster might increase the durability of the protection, but, of course, the virus itself also changes.

What I think we will see, similar to what happened after the second dose, is that the protection against infection will likely be reduced over time but the protection against severe outcomes is likely to be more enduring.

Mr. Don Davies: Is the increased transmissibility of the omicron VOC primarily attributable to immune evasion or an inherent increase in the basic transmissibility of the variant?

Dr. Theresa Tam: We believe it's both.

Mr. Don Davies: Thanks.

Could you outline for us what criteria must be met for any infectious disease, or in this case COVID-19, to be classed in the endemic phase?

Dr. Theresa Tam: Endemicity basically means that the virus will continue to circulate in the human population and is not eradicated, but its pattern of spread and transmission becomes more predictable and more manageable. There are no hard and fast thresholds one way or the other. The R number, that reproduction number, when this happens, will likely hover around one, but that doesn't mean there couldn't be epidemics or outbreaks in the years to come. There may be some seasonality to the virus as well. A lot of the experts are anticipating that the virus will hang around and cause ongoing impacts on the human population.

Mr. Don Davies: So PHAC doesn't have specific criteria that you're looking for to make that determination yet?

Dr. Theresa Tam: I think it would be done not just nationally but at the global level because this virus has to be considered internationally.

Mr. Don Davies: Earlier in the pandemic you and previous health ministers claimed that Canadians would achieve herd immunity to COVID-19 once 70% and then 80% of Canadians were double-vaccinated.

With double-vaccination exceeding those numbers now, why hasn't herd immunity been achieved?

Dr. Theresa Tam: I don't think I personally used “herd immunity”. We used different benchmarks of vaccination to inform the next sets of policies and what we could expect over the summer or in the fall, for instance, with a higher vaccination rate with two doses. Of course, with the appearance of the delta variant and then the omicron virus, these are moving targets.

I think many experts believe that the so-called herd immunity may not be achievable with this virus because it undergoes constant evolution, so what you're looking at is this endemic state in which people will get reinfected over time as immunity wanes and then it would also be determined by the appearance of variants that may invade the immune system as well.

I think that is the reality. It is going to be more like an endemic virus.

The Chair: Thank you, Mr. Davies.

Thank you, Dr. Tam.

Colleagues, I see the clock at 5:13, which means that we have a couple of minutes. May I suggest that the Conservatives ask a final question and the Liberals ask a final question and then we call it a day? Is everyone okay with that approach?

Very well—

Mr. Luc Berthold: Mr. Chair?

[*Translation*]

The Chair: Yes, Mr. Berthold; go ahead.

Mr. Luc Berthold: I'd like to ask Dr. Tam for a clarification.

Dr. Tam, earlier you mentioned the vaccination rate in your office.

Were you talking about the 92% vaccination rate at the Public Health Agency of Canada?

[*English*]

Dr. Theresa Tam: Maybe I'll turn to the president to confirm, but yes, that was based on our agency. As part of the public service, we were pretty much aligned with what the federal public service vaccine coverage has been.

[*Translation*]

Mr. Luc Berthold: I want to make sure I understand. The obligatory vaccination mandate also covers the Public Health Agency of Canada. So you are telling us that currently 92% of people are partially or fully vaccinated at the Public Health Agency of Canada.

What happens to the 8% who are not vaccinated?

● (1615)

[*English*]

Dr. Theresa Tam: If the president is not going to answer the question, I will try. I believe the vaccine coverage increased from 92% to 99%. Now, of course, much care is taken to review the remaining individuals who are not vaccinated to figure out why they're not, and then the course of action is taken according to their specific personal circumstances.

[*Translation*]

The Chair: Thank you, Mr. Berthold. You've asked two questions rather than one.

[*English*]

In the interest of fairness, we have two questions for the Liberal side.

Next on my list is Mr. Jowhari, unless he ceded the floor to someone else.

We'll have a couple of questions from the Liberals, and then we'll call for an adjournment.

Mr. Majid Jowhari: Thank you. I'll ask one question and give the other question to Mr. Powlowski.

This is for whoever can answer. I think Dr. Tam probably would be the one.

Dr. Tam, can you tell us what strategies PHAC is using to monitor Canadian immunity to COVID-19?

Thank you.

Dr. Theresa Tam: Dr. Lucas might be closer to the file, but we support, through funding mechanisms to the COVID-19 Immunity Task Force, in collaboration with many partners—including Statistics Canada and the Canadian Blood Services—in monitoring throughout the course of this pandemic the level of immunity in the general population and also in specific groups of Canadians. That has been tracked over time.

Dr. Stephen Lucas: I would just add that those studies continue and, as Dr. Tam indicated earlier, are a very significant piece of work being advanced by the Canadian immunity task force, Canadian Blood Services/Héma Québec, StatsCan and others to have a broad view of the level of immunity through infection in the population consequent upon the omicron wave now.

The Chair: Thank you.

Dr. Powlowski, you have the last question.

Mr. Marcus Powlowski: Dr. Tam, you and I and a number of other people on this panel have been at this for two years. I don't know about you, but I'm feeling fairly optimistic that, yes, this is a bump in the road, but things are going to get better. What do you think?

Dr. Theresa Tam: Yes, I'm always trying to be optimistic. As I've said, every pandemic ends, and we now have many more tools available to us, including a lot more knowledge on vaccines.

We have so much innovation in the field. This will be one of the most studied viruses, I think, and the treatments are coming out and the tests and a lot of collective learning on this very virus, so I think with that I am definitely remaining very optimistic about the months ahead.

The Chair: That's an excellent note on which to finish.

To all of our public servants, though it's trite to say and we've heard it many times that COVID didn't come with a manual, so allow me, on behalf of the committee and more broadly, to sincerely thank you for your service. Thanks for being available to come here on an emergency basis, as was required, and to stay as long as you have. Your dedication testimony are greatly appreciated. I have little doubt that our paths will cross again in this session, so we say “thank you and goodbye” but probably not for long. Thanks again.

Colleagues, there's just one item before we adjourn. Unless something else arises over the next couple of weeks, the plan right now is that our first meeting upon the reconvening of Parliament on January 31 will be a meeting of the subcommittee to discuss the business and activities for the upcoming session, with the full committee meeting thereafter on February 2 to ratify or discuss the subcommittee's recommendations. That's just to give you a heads-up that this is the plan as it presently stands.

With that, is it the will of the committee to adjourn?

Some hon. members: Agreed.

The Chair: Thank you very much, everyone. A lot of excellent information was disseminated today and I thank you all for that.

Have an excellent evening. We are adjourned.

Published under the authority of the Speaker of the House of Commons

SPEAKER'S PERMISSION

The proceedings of the House of Commons and its committees are hereby made available to provide greater public access. The parliamentary privilege of the House of Commons to control the publication and broadcast of the proceedings of the House of Commons and its committees is nonetheless reserved. All copyrights therein are also reserved.

Reproduction of the proceedings of the House of Commons and its committees, in whole or in part and in any medium, is hereby permitted provided that the reproduction is accurate and is not presented as official. This permission does not extend to reproduction, distribution or use for commercial purpose of financial gain. Reproduction or use outside this permission or without authorization may be treated as copyright infringement in accordance with the Copyright Act. Authorization may be obtained on written application to the Office of the Speaker of the House of Commons.

Reproduction in accordance with this permission does not constitute publication under the authority of the House of Commons. The absolute privilege that applies to the proceedings of the House of Commons does not extend to these permitted reproductions. Where a reproduction includes briefs to a committee of the House of Commons, authorization for reproduction may be required from the authors in accordance with the Copyright Act.

Nothing in this permission abrogates or derogates from the privileges, powers, immunities and rights of the House of Commons and its committees. For greater certainty, this permission does not affect the prohibition against impeaching or questioning the proceedings of the House of Commons in courts or otherwise. The House of Commons retains the right and privilege to find users in contempt of Parliament if a reproduction or use is not in accordance with this permission.

Also available on the House of Commons website at the following address: https://www.ourcommons.ca

Publié en conformité de l'autorité du Président de la Chambre des communes

PERMISSION DU PRÉSIDENT

Les délibérations de la Chambre des communes et de ses comités sont mises à la disposition du public pour mieux le renseigner. La Chambre conserve néanmoins son privilège parlementaire de contrôler la publication et la diffusion des délibérations et elle possède tous les droits d'auteur sur celles-ci.

Il est permis de reproduire les délibérations de la Chambre et de ses comités, en tout ou en partie, sur n'importe quel support, pourvu que la reproduction soit exacte et qu'elle ne soit pas présentée comme version officielle. Il n'est toutefois pas permis de reproduire, de distribuer ou d'utiliser les délibérations à des fins commerciales visant la réalisation d'un profit financier. Toute reproduction ou utilisation non permise ou non formellement autorisée peut être considérée comme une violation du droit d'auteur aux termes de la Loi sur le droit d'auteur. Une autorisation formelle peut être obtenue sur présentation d'une demande écrite au Bureau du Président de la Chambre des communes.

La reproduction conforme à la présente permission ne constitue pas une publication sous l'autorité de la Chambre. Le privilège absolu qui s'applique aux délibérations de la Chambre ne s'étend pas aux reproductions permises. Lorsqu'une reproduction comprend des mémoires présentés à un comité de la Chambre, il peut être nécessaire d'obtenir de leurs auteurs l'autorisation de les reproduire, conformément à la Loi sur le droit d'auteur.

La présente permission ne porte pas atteinte aux privilèges, pouvoirs, immunités et droits de la Chambre et de ses comités. Il est entendu que cette permission ne touche pas l'interdiction de contester ou de mettre en cause les délibérations de la Chambre devant les tribunaux ou autrement. La Chambre conserve le droit et le privilège de déclarer l'utilisateur coupable d'outrage au Parlement lorsque la reproduction ou l'utilisation n'est pas conforme à la présente permission.

Aussi disponible sur le site Web de la Chambre des communes à l'adresse suivante : https://www.noscommunes.ca