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Chair: Mr. Ron McKinnon



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• (1305)

[*English*]

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

I'd like to welcome everyone to meeting number 25 of the House of Commons Standing Committee on Health.

The committee is meeting today to study the supplementary estimates (C), 2020-21: votes 1c and 5c under Canadian Food Inspection Agency, vote 5c under Canadian Institutes—

[*Translation*]

Mr. Luc Thériault (Montcalm, BQ): Mr. Chair, I'm sorry, but there is no interpretation. I am on the right channel.

The Chair: Thank you.

[*English*]

Is the translation coming through now?

Let me start again. We'll see if we get a thumbs-up from Mr. Thériault.

I call this meeting to order.

Welcome to meeting number 25 of the House of Commons Standing Committee on Health.

Is there still no translation?

The clerk is going to check on that.

The Clerk of the Committee (Mr. Jean-François Pagé): You can go ahead. It's been resolved.

The Chair: Thank you, Mr. Clerk.

Once again, I call this meeting to order.

Welcome to meeting number 25 of the House of Commons Standing Committee on Health.

The committee is meeting today to study the supplementary estimates (C), 2020-21: votes 1c and 5c under Canadian Food Inspection Agency; vote 5c under Canadian Institutes of Health Research; votes 1c and 10c under Department of Health; and votes 1c, 5c and 10c under Public Health Agency of Canada.

I would like to remind everyone that you have the right to participate in these proceedings in the official language of your choice. I would emphasize that in the event there is difficulty hearing translations, I ask you to please bring it to my attention as soon as possi-

ble, as Monsieur Thériault has just done, so the matter can be resolved.

I would now like to welcome the witnesses.

Today we have the Honourable Patty Hajdu, Minister of Health. Supporting the minister today are, from the Canadian Food Inspection Agency, Dr. Siddika Mithani, president; from the Canadian Institutes of Health Research, Ms. Catherine MacLeod, acting president; from the Department of Health, Dr. Stephen Lucas, deputy minister; and from the Public Health Agency of Canada, Mr. Iain Stewart, president; Dr. Theresa Tam, chief public health officer; and Major-General Dany Fortin, vice-president, vaccine rollout task force, logistics and operations.

With that, I will invite the minister to give her statement. You have 10 minutes, please.

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

I will do my speech in English to avoid having to flip back and forth between the channels.

I appreciate the invitation to appear before the HESA committee. I will let you know that I have many departmental officials joining me today, including Dr. Stephen Lucas, deputy minister; Iain Stewart, president of the Public Health Agency of Canada; Dr. Theresa Tam, chief public health officer; Major-General Dany Fortin, vice-president, vaccine rollout task force, logistics and operations; Dr. Siddika Mithani, president of the Canadian Food Inspection Agency; and Catherine MacLeod, acting president of the Canadian Institutes of Health Research.

When I appeared before the committee last month, I provided an overview of Canada's COVID-19 vaccination strategy. Today I would like to begin with a brief update on COVID-19 vaccinations and the situation in Canada right now.

So far we've delivered more than 3.8 million doses of COVID-19 vaccines to provinces and territories. More than two-thirds of these—a total of 2.6 million doses—have already been administered. We expect these numbers to rise quickly as deliveries from vaccine manufacturers continue to ramp up this month and in the months to follow. The recent authorizations of the AstraZeneca and Janssen vaccines by Health Canada give us two more tools in the fight against the pandemic.

Following the authorization of the AstraZeneca vaccine, the Minister of Public Services and Procurement announced that Canada has secured two million doses through an agreement with Verity Pharmaceuticals Inc., Canada, and the Serum Institute of India. This is in addition to the 20 million doses already secured through an earlier agreement with AstraZeneca.

The Janssen vaccine is administered in a single dose and can be stored and transported at regular refrigerated temperatures. Canada has an agreement with Johnson and Johnson for 10 million doses of this vaccine between now and September.

Although we've seen a decline in COVID-19 activity from mid-January through mid-February, daily case counts have since only levelled off, and COVID-19 variants could threaten the progress we have made if we relax public health measures too soon. That's why we all need to keep following public health measures that we know help identify and stop the spread of COVID-19. This includes testing, screening, contact tracing, and of course isolation. We also need to keep doing our part to protect each other. That means continuing to wear masks and limiting our interactions with other people.

Canada also has strong restrictions for travellers arriving in the country. In addition to being tested for COVID-19 before they arrive, travellers must now take a test on the day they arrive in Canada, and another on day 10 of their quarantine. All positive tests are evaluated to determine whether there are variants of concern. These strengthened requirements help protect the most vulnerable Canadians, and I want to thank the many Canadian travellers who are doing their part to protect their neighbours by following these new rules.

From the very first day, this pandemic has required us all to adapt and change our behaviours to protect public health. Canadians as individuals have had to do it, and so too have governments. As the pandemic has evolved, the federal response has evolved as well, and our budgetary needs reflect this.

I will now provide you with a financial overview for 2020-21 as set out in supplementary estimates (C). Through this exercise, I'm seeking \$684.5 million on behalf of the health portfolio, which includes Health Canada, the Public Health Agency of Canada, the Canadian Food Inspection Agency and the Canadian Institutes of Health Research. This increase over the 2020-21 main estimates will complement work that is already under way in a number of important areas.

Beginning with Health Canada, I'm seeking an additional \$603.1 million. This will increase the department's statutory spending by \$553.6 million and its voted spending authorities by \$49.5 million. This funding will be used to address pressures associated with Canada's COVID-19 response, as well as our obligations under the Economic Statement Implementation Act, 2020. This includes investments in long-term care, mental health and substance use in the context of COVID-19, as well as supporting innovative approaches to COVID-19 testing.

For the Public Health Agency of Canada, I'm requesting a total increase of \$66.5 million. This reflects an increase of \$5.634 billion

in voted authorities, which is offset by a decrease in statutory spending of \$5.567 billion.

● (1310)

The increase in voted authorities will go towards innovative research and the procurement of testing technologies related to the pandemic, surge capacity and support for mental health and substance-use initiatives.

For the Canadian Food Inspection Agency, or CFIA, I am seeking \$13 million. This will increase the agency's statutory spending by \$1.8 million and its voted spending authorities by \$11.2 million. The majority of this funding will go towards improving existing domestic and import safety control systems through increased surveillance and inspection, supporting Canadian exports through the inspection and certification of goods, and the ongoing digitization of the agency's internal and public-facing business.

Another \$1.5 million will support the Canadian food safety information network, which will improve confidence in the food safety system by connecting authorities and laboratories across jurisdictions.

Finally, for the Canadian Institutes of Health Research, I'm seeking \$2 million. This will decrease its statutory spending by \$126.7 million and increase its voted spending authorities by \$128.7 million. These research investments will contribute to our overall understanding of COVID-19 and will continue to inform Canada's public health approach.

Mr. Chair, it has been a long road, but with vaccination under way across the country, we are closer than we have been in a long time to a more hopeful future. The Government of Canada is working steadily towards that future with actions that protect Canadians and safeguard the progress we've made.

Health Canada and the agencies of the health portfolio are proud to lead these efforts. Our resourcing plans reflect our commitment to ensuring the health and safety of Canadians during the COVID-19 pandemic and beyond. My colleagues and I will be happy to take your questions.

Thank you.

● (1315)

The Chair: Thank you, Minister.

We will now start round one of our questioning with Ms. Rempel Garner. Please go ahead for six minutes.

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

Long time, no see—from last night.

Minister, how many members of the Canadian Armed Forces will be mobilized to help provinces administer vaccines in the next two months?

Hon. Patty Hajdu: Thank you.

Mr. Chair, I'll turn to Iain Stewart at the Public Health Agency of Canada to talk about some of the planning under way to support provinces and territories if they need it.

Mr. Iain Stewart (President, Public Health Agency of Canada): Mr. Chair, a lot of work is under way for planning in that regard. It's going to be needs-based, in effect. It's difficult for me to speak, though, with respect to the plans of the Canadian Armed Forces for supporting provinces. What I can say is that the Canadian Armed Forces are supporting us here, and as you know from Major-General Fortin's presence, we do have a contingency supporting us here.

Hon. Michelle Rempel Garner: Would it be fair to say that there are no plans to mobilize any members of the armed forces to administer vaccines at this point?

Mr. Iain Stewart: No, it would not be fair to say there are no plans. I think perhaps it would be appropriate to have the Canadian Armed Forces talk about their support to this initiative.

Hon. Michelle Rempel Garner: I just want to know—I'm a minute and a half in—how many members of the armed forces will be deployed or mobilized in the next two months to help administer vaccines.

Mr. Iain Stewart: Dany can speak to how many are currently deployed with the Public Health Agency, and then you're asking us to speculate on what would be required.

Hon. Michelle Rempel Garner: That's fine. I got what I needed.

Minister, across Canada how many pharmacies will be administration sites for vaccines by the end of April?

Hon. Patty Hajdu: Mr. Chair, through you I will say that the provinces and territories, as you know and as the member knows, are responsible for administering vaccines. We work closely with them to ensure that they have the capacity and the supports they need. I'll turn to Major-General Dany Fortin to speak about some of the tabletop exercises with the provinces and territories.

Hon. Michelle Rempel Garner: That's okay. That's fine.

Minister, do you have any idea of how many pharmacies will become administration sites for vaccines by the end of April?

Hon. Patty Hajdu: I think the member likely realizes that provinces and territories administer vaccines, and of course we've been supporting the provinces and territories with their planning. I have an official who is actively involved in this planning and would be happy to share more details with you.

Hon. Michelle Rempel Garner: I would be happy to have that plan tabled with committee.

Minister, is there any money in the supplementary estimates here to support provinces setting up administration sites at pharmacies? You're basically saying it's not your role, right?

Hon. Patty Hajdu: No. The member has a habit of putting words in people's mouths. That is not accurate.

Hon. Michelle Rempel Garner: The minister has a habit of not answering questions, so I'll go on to the next thing.

The Chair: Ms. Rempel Garner, I would ask you to let the minister answer questions.

Hon. Michelle Rempel Garner: It is my time, and I know the Liberals don't like it when I own my time, but I'm going to keep doing that.

The Chair: Actually, when the chair wishes to intervene, it's the chair's time. I'm not taking this away from your time, but please do let the minister and her officials answer the questions you ask them.

Hon. Michelle Rempel Garner: Thank you.

Are there any plans, Minister, to deploy federally supported mobile vehicles and pop-up clinics to deliver vaccines?

• (1320)

Hon. Patty Hajdu: As I've answered previously, Mr. Chair, there are plans to support provinces and territories should they need supplementary support to vaccinate their citizens.

Hon. Michelle Rempel Garner: Are there any plans right now for federally supported mobile vehicles and pop-up clinics to deliver vaccines?

Hon. Patty Hajdu: We have planning under way; it's comprehensive. If the member would like to hear about it, we have an official who is actively involved in those two specific matters.

Hon. Michelle Rempel Garner: I have about two and a half minutes left.

Hon. Patty Hajdu: So the member doesn't want to hear the details from the official?

Hon. Michelle Rempel Garner: They can table that with committee. I was just asking you if you had any plans to do that, but I think I got my answer on that question.

Does the federal government have any plans to set up websites, etc., to help people get appointments for vaccines?

Hon. Patty Hajdu: Again, the member perhaps doesn't realize that it is in fact provinces and territories that have the right and the responsibility to administer health care, including vaccinations.

Hon. Michelle Rempel Garner: Okay, then there's no plan from the federal government to assist in that.

What percentage of people over the age of 65 have received a dose of a vaccine to date?

Hon. Patty Hajdu: Perhaps I can turn to my officials for the percentage of people who have received doses. We may have some of that information.

Iain, would you like to speak about the provinces' programs?

Hon. Michelle Rempel Garner: I have a minute and a half left. You don't have that off the top of your head, Minister?

Hon. Patty Hajdu: Let me be clear: We have a ream of data on vaccination, on the planning by provinces and territories.

Hon. Michelle Rempel Garner: You came here to—

Hon. Patty Hajdu: I'm more than happy to provide that information through the appropriate officials and agencies. If you would allow them to have a moment to answer, we could get you the information.

Hon. Michelle Rempel Garner: You're the minister, and I asked you, and you don't have it. With the time I have left, I'd be happy if somebody would table that with committee. You don't have the answer to that question at your fingertips, and it's kind of a big question.

This is my last question, Minister. Do you agree with the statement that even if we sustain lockdown indefinitely, which would cost lives and do immeasurable harm to our children, we would not be able to eradicate this disease, referring to COVID-19?

Hon. Patty Hajdu: I'll turn to Dr. Tam to talk about the most recent research.

Dr. Theresa Tam (Chief Public Health Officer, Public Health Agency of Canada): Mr. Chair, the coronavirus is found in every country and territory around the world, so it's unlikely to disappear from the global population for some time. Science is evolving, but that's where things are at.

Hon. Michelle Rempel Garner: Minister, would you care to answer whether you would agree with that statement or not?

Hon. Patty Hajdu: I trust the expertise. I have a top-notch virologist as the chief public health officer and I trust her perspective. She is far more eminent in this area than I am.

Hon. Michelle Rempel Garner: Thank you, Chair.

The Chair: Thank you, Ms. Rempel Garner.

We will go now to Ms. Sidhu. Ms. Sidhu, please go ahead for six minutes.

Ms. Sonia Sidhu (Brampton South, Lib.): Thank you, Mr. Chair. Thank you to all the witnesses for appearing today. It's great to see Minister Hajdu again at our committee.

Today is a good day for Canada. Earlier today, the Prime Minister announced that from March 22 to May 10, Canada would be receiving one million doses of Pfizer vaccine every single week. This is good news for Canada's vaccination efforts.

Minister, as you know, Grace Manor long-term care home in my riding of Brampton South was one of the earliest-hit residences. The armed forces were called in. I understand that these facilities fall under provincial jurisdiction, but the federal government has also stepped up to keep those living and working in long-term care homes safe.

Can you tell me more about the support we have given to provinces and territories regarding long-term care?

Hon. Patty Hajdu: Thank you very much to the member.

Mr. Chair, I think the member identifies rightly that the tragedy of loss of life in long-term care is something that I'll remember and something we've all been mourning this week, and indeed throughout COVID-19.

We also know that more needs to be done. The Prime Minister has been very clear that we will be there for provinces and territories as we move forward in the development of shared long-term care standards.

I will also say this: We didn't wait to take action. For example, through the safe restart agreement, we provided \$740 million to

provinces and territories to strengthen their protection and infection prevention control measures. We also proposed a billion dollars in the fall economic statement to create the safe long-term care fund. We've provided wage top-ups, Mr. Chair, which I think were critical to support the labour security of people working in long-term care homes, and we had the rapid response program that funded the Canadian Red Cross and allowed it to go into many long-term care homes in crisis to support those seniors who were struggling in some pretty difficult situations.

Finally, of course, the Canadian Armed Forces.... I think all Canadians will be grateful for the work they did in the first wave to protect seniors in Ontario and Quebec, particularly.

• (1325)

Ms. Sonia Sidhu: Thank you, Minister. Isn't it nice when nobody interrupts you?

Minister, as you know, those Canadians living with diabetes are more likely to have severe cases of COVID-19. Can you speak to how the government is working to support Canadians living with diabetes?

Hon. Patty Hajdu: Thank you.

Mr. Chair, I would first like to congratulate the member on her incredible advocacy for people living with diabetes. We've met a number of times. I know she has done very much work in this space.

This is a specific challenge. Many of us know someone who lives with diabetes. It's a disease that many Canadians face. Again, delivery of health care falls to the provinces and territories. We're investing millions of dollars in research. It's an area where we support the provinces and territories to understand more about diabetes—not just how to prevent it, but also how to treat it and how to support people who are living with it.

Over the past five years, \$230 million has been invested through the Canadian Institutes of Health Research. In addition to that, the CIHR is investing more than \$30 million over the next seven years in new research as part of the 100 Years of Insulin: Accelerating Canadian Discoveries to Defeat Diabetes initiative. This is an important piece of work that we have committed to people who are living with diabetes, and to provinces and territories, so that we can, first of all, prevent diabetes, but also help support those people who are living with this disease.

Ms. Sonia Sidhu: Minister, while we are fighting COVID-19 as a country, we're also fighting another public health crisis. People are losing their lives to the opioid crisis across the country. We had a meeting with the Peel police in Brampton, where they dealt with seven overdoses and three deaths due to what they described as a bad batch of opioids. This is a public health issue.

Can you tell us how your department is working to combat the opioid crisis in Canada?

Hon. Patty Hajdu: Thank you.

Through the chair, this is an area that I was personally involved in for many years prior to being in politics. In fact, it was under the previous Conservative government that we saw some of the cruelest changes to public policy, which resulted in spikes of opioid overdose deaths, a lack of supportive care, a lack of compassion in drug policy and the criminalization of many people who use substances. We've been taking steady steps to reverse those trends over the last five years, including by making sure that we could support safer supply centres, invest in safer supply centres, invest in programs that allow for safer consumption and community-based treatment, and restore harm reduction so that those people who are struggling with substance use and addictions know that people actually care about them and want them to get better.

We're working with provinces and territories to explore legal options for harm reduction. In fact, the Province of British Columbia has written to me recently to explore decriminalization.

We're going to continue to be there for Canadians and their families. This is a public health crisis, as you point out. It's something that we must continue to do as we see families struggling all across the country with substance use issues.

Ms. Sonia Sidhu: Thank you.

The next question is for General Fortin.

We now have four vaccines in Canada, each requiring a different logistical infrastructure. Can you please update this committee on how you are working with the provinces and territories, and especially indigenous communities, on the logistics?

Major-General Dany Fortin (Vice-President, Vaccine Roll-Out Task Force, Logistics and Operations, Public Health Agency of Canada): Mr. Chair, thank you for the question.

We've been working quite extensively over the last three-plus months on setting the conditions for effective rollout, which started in December. We continue to build this so that we have an effective increase in capacity and an increased ability to deliver and scale up from April onwards, when more vaccines become available, into the millions a week, as well as additional 8° vaccines as they get added.

This week, a culminating event occurred when we had an opportunity to bring together over 170 participants to discuss the level of readiness, and we'll pursue some of that through bilateral engagements in the coming days.

The Chair: Thank you, Ms. Sidhu.

[Translation]

We will now go to Mr. Thériault for six minutes.

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

Welcome, Madam Minister.

From our previous conversations, I imagine you have an idea of what I'm going to talk about today. I know you're not in an easy position. In fact, it is difficult to convince a Prime Minister of Canada to invest in health transfers. It is also difficult to convince a Minister of Finance to be proactive and invest in health transfers. However, I am reaching out to you today. My goal in our discussions today is to reach out to you. You know that I am cooperative by nature, as

I demonstrated during the discussions on medical assistance in dying. So, perhaps after our discussions, you will have additional arguments. I will try to give you some figures that will help you convince your colleagues.

In fact, it has been established before this committee that, before the first wave of COVID-19, the health networks in Quebec and the other provinces were already weakened because of chronic underfunding. The pandemic hit, but we were not ready. The networks became even more fragile, to the point that two groups of patients are now affected by COVID-19: those who actually have COVID-19 and those who do not have the disease. By that I mean the people who have been offloaded.

So far, I'm assuming everything is fine and we are still in agreement, because in order to solve a problem in medicine, you have to diagnose it first. That's what I'm trying to do with you.

Do you know how many people have been offloaded in this way? Do you know how many cancer cases were offloaded in the first wave?

● (1330)

[English]

Hon. Patty Hajdu: Mr. Chair, I want to thank the member for his constant advocacy for investment in health care. It is actually an important—

[Translation]

Mr. Luc Thériault: Madam Minister, I'm sorry but there is no interpretation.

I was just asking you if you knew the numbers.

The Chair: Excuse me, Mr. Thériault.

[English]

We will wait and get the interpretation corrected.

Mr. Clerk, could you please advise?

The Clerk: It should be okay now.

The Chair: Monsieur Thériault, your time has been stopped.

[Translation]

Mr. Luc Thériault: Madam Minister, do you have any idea of the number of undiagnosed cancer cases that were offloaded in the first wave in Quebec?

Since it is not your department that provides these services, you probably don't know. So I'll tell you: there were 4,000 cases of undiagnosed cancer. The Canadian Association of Radiologists told us at the end of October that 80,000 people were waiting for MRIs. For CAT scans, 52,000 people were waiting. So you can understand that we have a serious problem. Between the first and second wave, we were not able to treat all of those non-COVID-19 patients.

When we have to offload, it is because our networks are already “sidelined,” as they say. So, in light of this, don't you think the provinces and Quebec are quite right to say that now is the time to give them some hope to restore their networks and avoid having undiagnosed cancer patients end up in the mortality column next year?

[English]

Hon. Patty Hajdu: The Prime Minister has been very clear that he's open to speaking about increased health transfers when the time comes, but right now we're all focused on getting through COVID-19.

I think we've also shown, as a federal government, that we'll spare nothing to get Canadians and provinces through this. The \$19 billion is no small amount. It was for testing, tracing and data and for safer long-term care homes, including \$2 billion for schools to protect students in schools.

The investment for PPE and vaccines—

[Translation]

Mr. Luc Thériault: I'm sorry, Madam Minister.

[English]

Hon. Patty Hajdu: —pays for all of the equipment, including rapid tests.

[Translation]

Mr. Luc Thériault: Excuse me. I understand that you can give me the list of one-time investments.

Health transfers are important. We need to put the health care system back on its feet in a sustainable way. Front-line workers are completely exhausted. There is a shortage and people are falling in action.

We are currently at the budget stage. Provinces, territories and Quebec need to be able to budget for how they will be able to recover these non-COVID-19 patients and how they will be able to invest in their system. We need to do more. It's not just the one-time dollars you give that are important. It's the recurring dollars that need to be there.

Do you agree with that?

It's a matter of the right time, and the right time is not tomorrow. We need to get these patients back as soon as possible to avoid a collateral disaster from COVID-19.

• (1335)

[English]

Hon. Patty Hajdu: I'll just repeat that the Prime Minister has been very open to increased health transfers, but the focus now does need to remain on getting through COVID-19.

We've been there for the provinces and territories, clearly, with billions of dollars, with equipment, with vaccines fully paid for by the federal government, with extra support to come in and support in crisis situations. We'll continue to be there for the provinces and territories, including Quebec.

[Translation]

The Chair: Thank you.

[English]

We will go now to Mr. Davies. Please go ahead. You have six minutes.

Mr. Don Davies (Vancouver Kingsway, NDP): Thank you for coming to committee, Minister.

Minister, do you acknowledge that the federal government has the power under the Emergencies Act to establish vaccination clinics?

Hon. Patty Hajdu: The Emergencies Act doesn't have specific designated powers in that granular way, but certainly we do acknowledge that we have a role to play if the provinces and territories need that support. We've been preparing to backfill any kinds of needs they have around vaccination.

Mr. Don Davies: Subsection 8(1) of the Emergencies Act says:

While a declaration of a public welfare emergency is in effect, the Governor in Council may make such orders or regulations with respect to the following matters as the Governor in Council believes, on reasonable grounds, are necessary for dealing with the emergency:

Paragraph (g) of subsection 8(1) says: “The establishment of emergency shelters and hospitals”.

Is it your testimony that your power to establish a hospital under a public welfare emergency would not include a vaccination clinic?

Hon. Patty Hajdu: That's not what I said. I said there wasn't a specific reference to vaccination clinics, but I also said that I don't think we need the Emergencies Act, quite frankly, to support the provinces and territories. We haven't had to use the Emergencies Act to date. The provinces and territories haven't wanted us to use the Emergencies Act, to be clear, and we have felt throughout that collaboration and support for PTs—provinces and territories—has been the best way forward.

That is exactly what we're doing.

Mr. Don Davies: As we know and we all hope, I suppose, millions of doses of vaccine are anticipated to arrive in Canada. Leaving aside that it is a near certainty that some provinces and territories will have some degree of difficulty administering vaccines quickly, the more important fact is that vaccinating Canadians as quickly as possible saves lives.

In your words, you said you would consider helping with vaccinations should the provinces need support. Are you going to wait until problems emerge and Canadians can't get access to timely vaccines, or are you going to be proactive and throw the federal government as a full partner to supplement provinces to ensure that Canadians get vaccinated as fast as they possibly can?

Hon. Patty Hajdu: The federal government is a full partner. Let me remind the member that we have purchased all the vaccines, we have arranged for their transportation, we have delivered them to the provinces and territories, we've worked on the readiness plans, and we've gone through tabletop exercises. We are preparing federal backstops if the provinces and territories have any challenges whatsoever in vaccinating their population.

I'd like to turn to Major-General Dany Fortin, who could speak a little more about those details.

Mr. Don Davies: That's okay. I'd like to focus my attention on you, if I can.

Minister, again you're going to wait until the provinces have problems. Is that really the best way to deal with this situation? The Prime Minister talks about a team Canada approach. Well, team Canada without a captain is missing a major partner.

Why doesn't the federal government proactively get involved with the provinces and supplement them with federally funded vaccination sites? Do you think any provinces will refuse that? Will they disagree with their citizens having access to more vaccination sites so that they can get access to vaccines quicker?

Hon. Patty Hajdu: I think the member maybe doesn't understand what I'm referring to when I say full collaboration and support. In fact, let me just reiterate. We purchased the vaccines. We delivered the vaccines. We worked with provinces and territories to ensure they had readiness to set up those vaccines. We've supported augmenting their data systems. We've been there every step of the way. We will continue to be there.

Major-General Dany Fortin interacts with every single province and territory to understand how they are faring with readiness, and of course we'll be there.

Mr. Don Davies: Sure. I think—

Hon. Patty Hajdu: If there are problems identified, those problems can be worked out together. The federal government has been very clear that we will be there in a heartbeat should we need to support provinces and territories in their—

• (1340)

Mr. Don Davies: Sure. I understand your position, Minister—

Hon. Patty Hajdu: —responsibility to deliver health care in their jurisdictions. Furthermore—

Mr. Don Davies: Sorry, Minister, but I have limited time. I got your answer.

The Liberal-appointed Hoskins advisory committee on the implementation of national pharmacare recommended that federal, provincial and territorial governments launch national pharmacare no later than January 1, 2022, by offering universal public coverage for an initial list of essential medicines and then expanding to a comprehensive formulary.

Will your government honour this recommendation and meet the deadline of January 1, 2022?

Hon. Patty Hajdu: We are working as we speak on standing up the Canada drug agency, and that agency will be responsible for working on a formulary with provinces and territories. That work is

under way as we speak. It would be premature for me to set a deadline and our capacity to meet that particular deadline. I'm sure the member understands that we've had a year of disruption in terms of consultations and the ability to move forward, but we are indeed moving forward.

Mr. Don Davies: On another deadline, on November 26, 2020, I asked you if your government was prepared to finally move forward with amendments to Canada's patented drug price regulations on January 1, 2021. That would save Canadians an estimated \$6.2 billion over 10 years. At that time, your government had already postponed those changes twice.

You said this: "...the changes to the PMPRB are going forward. We agree with the member opposite that we must have lower drug costs for Canadians." However, on December 30, not a month later, you reversed that position and once again delayed implementation of those reforms. Why?

Hon. Patty Hajdu: Mr. Chair, perhaps the member doesn't realize how disruptive a pandemic has been to the process of consultations and the process of working in partnership, in particular with pharmaceutical companies that are right now pulling out all the stops to deliver vaccines for world citizens. This is the priority of our government: getting people vaccinated, making sure that we have the capacity and the tools needed to get people vaccinated to protect Canadian health. In fact, those amendments are slated to come into force on July 1.

Mr. Don Davies: We've heard that before.

The Chair: Thank you, Mr. Davies.

At this point, we'll start round two with Mr. Barlow.

Mr. Barlow, please go ahead for five minutes.

Mr. John Barlow (Foothills, CPC): Thank you, Mr. Chair.

Minister, in relation to the requested voted authority amount of \$225.5 million for quarantine hotels, is the \$2,000 being charged to Canadians a means of cost recovery?

Hon. Patty Hajdu: The amount varies that a Canadian will need to pay for the stay in a quarantine hotel, and it is set and determined by the hotel they choose.

Mr. John Barlow: You don't know if it'll be a cost recovery for that person. We kind of heard that number is between \$1,800 and \$2,000. You can't say if that's a cost recovery...?

Hon. Patty Hajdu: The money doesn't go to the Government of Canada. It goes to the hotel that's providing the services. They are contracted services.

Mr. John Barlow: Okay.

What is the \$225.5 million going to cover?

Hon. Patty Hajdu: Well, there are additional supports, of course, for the travellers themselves. There are additional supports for the hotel associations and a variety of other supports in terms of booking, in terms of Red Cross support for folks who are travelling and a variety of other kinds of measures.

I'll turn to Iain Stewart to speak to what those expenses are related to.

Mr. Iain Stewart: Mr. Chair, that line item refers to a variety of things that we're doing in relation to the border and quarantine measures. We provide security. We provide medical backstops for our designated quarantine facilities. We also have costs related to reception at airports and points of entry. That item is a number that covers a bucket of things.

Mr. John Barlow: Thanks, Mr. Stewart. Would you mind tabling those criteria or that list with the committee? That would be very helpful.

Minister, is any of that \$225.5 million going to be used for legal fees? If so, how much of it has been allocated to them?

Hon. Patty Hajdu: As Iain Stewart indicated, the money is for very important components of the quarantine program, including testing. These are direct supports for the quarantine program.

• (1345)

Mr. John Barlow: So none of that \$225.5 million has been allocated to legal fees?

Hon. Patty Hajdu: I will get Iain Stewart to confirm that.

Mr. Iain Stewart: No, that money does not include funding for legal fees.

Mr. John Barlow: Minister, has money been put aside for the government to cover legal fees when it comes to hotel quarantines?

Hon. Patty Hajdu: As the minister, I'm focused on making sure we're doing our utmost to protect Canadians against the importation of the virus and the variants, and the additional quarantine measures are—

Mr. John Barlow: Just a yes or no then, Minister. That's fine.

Hon. Patty Hajdu: The additional quarantine measures are very important—

Mr. John Barlow: Just a yes—

Hon. Patty Hajdu: —to understand whether travellers are arriving with COVID-19, and furthermore whether—

Mr. John Barlow: So it's no.

Hon. Patty Hajdu: — the positive cases are variant.

I'll turn to Iain Stewart to answer.

Mr. John Barlow: That's okay. I got the answer. Thanks, Minister.

Hon. Patty Hajdu: Actually, you didn't—

Mr. John Barlow: No, you avoided answering the question. You're trying to run out the clock. I understand that, Minister. It's fine.

I have a constituent in southern Alberta who is a lawyer and filed an action against the government on the hotel quarantines. His argument is that during the Oakes test, the government must prove that it has jurisdiction or is warranting an infringement on Canadian rights in the Charter of Rights and Freedoms, section 6. He got a response from Health Canada and your department saying you will not relinquish any data that would justify the reasons for the hotel quarantine.

Why is it your decision not to release that data? It would show information on why the hotel quarantine is justified.

Hon. Patty Hajdu: I'll turn to Iain Stewart to speak in general about the data we're collecting. As this is a matter in front of the courts, it's not for me to speculate or discuss.

Perhaps, Iain, you could speak about the data we're tracking.

Mr. Iain Stewart: For sure I could speak about the data. The quarantine—

Mr. John Barlow: Just before you go to Mr. Stewart, your statement was you are not going to release any information to help in the courts, so to me—

Hon. Patty Hajdu: As the member knows—

Mr. John Barlow: I haven't asked the question yet, Minister.

If there is science and data that would warrant the reason for a hotel quarantine that would say it is safer for a Canadian to quarantine in a hotel as opposed to in their house, or if this is a means to reduce the spread of the virus, why would you not want to share that information with Canadians to be transparent? Why are you refusing to share that information?

Hon. Patty Hajdu: As the matter is in front of the courts, we don't respond.

Mr. John Barlow: I think if this wasn't a political decision you would have been happy to share that information.

Hon. Patty Hajdu: No. As a matter of fact, I'll negate that. We don't respond to matters in front of the court.

Mr. John Barlow: This was before this was in the court. We've asked this question before, and you've refused to answer it, Minister. To me, this has nothing to do with a court case.

The Chair: Thank you, Mr. Barlow.

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

The Chair: We go now to Mr. Kelloway for five minutes.

Mr. Mike Kelloway (Cape Breton—Canso, Lib.): Thank you, Chair, and hello to all the witnesses.

Again, there are so many people to thank as we go through an unprecedented pandemic. You're one of the many on the front lines and behind the scenes, and in some cases in front of the camera and behind the scenes, so this is just a special thank you from people in my riding and me.

My questions will be directed to the minister. Hello, Minister.

I want to talk a little about health care services in rural and remote communities like mine here in Nova Scotia and Cape Breton—Canso. Many of my constituents, Minister, do not have easy access to a hospital. Some don't even live in communities that have active clinics, but they still need to get the care they need when they need it.

I know that your mandate letter instructs you to work with the Minister of Rural Economic Development to ensure that all Canadians have access to more health services. I'm wondering if you can tell us more about the progress you're making on this file, especially in light of COVID-19.

The way I approach things is I want to give people an opportunity to answer and to speak. I know somebody mentioned about running out the clock. I like answers that are thoughtful and introspective and empathetic and evidence-based. Consider this the time to do so.

Hon. Patty Hajdu: Thank you very much.

Through the chair, first of all I want to acknowledge the challenges that Canadians face in rural and remote communities. I know we live many kilometres apart, but in my riding as well I have rural communities and remote communities that I serve.

You're absolutely right that the challenge of accessing health care services in these communities is profound. This won't come as a surprise to the member, but in fact people who live in these communities often have to travel multiple times per week back and forth to larger centres for specialized services. In order to see anybody other than a GP, people often have to travel. In some cases there might not even be a GP in some of these communities, so it is a significant gap. I was very excited to work on this issue when I was first appointed minister, way before the pandemic, in what feels like a lifetime ago, because I knew it so well as an MP representing rural communities.

In some ways, COVID-19 has been an asset, weirdly, for virtual access to primary care. You wouldn't think that COVID-19 had anything good about it, but it did cause provinces and territories to quickly accelerate access—for example, to change their billing codes to be able to allow doctors and a variety of other health care practitioners to bill for virtual visits.

This has been a real breakthrough for rural and remote communities that struggle—and will struggle, from my perspective, for a very long time—to hold on to professionals in their communities. We know that often people don't want to relocate to small communities. We try. We have a million different ways, I think, in every province to try to lure people to these beautiful places and keep them, including by introducing them to wonderful potential spouses

and having them marry and stay in that area, but unfortunately it still is quite a challenge for some of these smaller communities.

Virtual care has proven to be a boon, actually, during the pandemic, and provinces and territories have realized just how much they can accelerate access to care. It's not ideal for every kind of care, but it really fills a gap for some of those primary care health services.

In the estimates, we're asking for \$47 million for virtual care. It's part of a larger investment of \$150 million. That's to strengthen this work that has already begun as a result of COVID-19 to strengthen those virtual care systems and hopefully help the provinces and territories solidify this gain they have made in breaking through a barrier in providing access to care in some very challenging geographical settings.

• (1350)

Mr. Mike Kelloway: Thank you, Minister. I think that's a great example of more prospects for working together with the provinces in a collaborative effort.

I'll go to my next question. We keep hearing about the tools provinces and territories have for stopping the spread of COVID-19, whether that's testing, contact tracing, PPE, public health measures or vaccines. We know that none of these alone is a silver bullet to winning the fight against COVID-19, but I think it's important for people out there watching.

Can you explain a little more why there is no silver bullet to COVID-19, the necessity of a multi-layered approach and how these measures work together? I think this is really important for Canadians to hear.

Hon. Patty Hajdu: It's such a wise question. I really appreciate the question from the member, because it reflects a deeper thinking about the complexity of disease prevention and protection.

The member is absolutely right. There is no silver bullet. There are many tools. Some of them are stronger and some of them are weaker, and they all have challenges, but I will say that it is about adding layers of protection to Canadians.

Of course, we need to be able to detect the virus, so this means testing and tracing and being able to put out the embers and the flames very quickly, as you might say. We also need to have tools like vaccination to be able to prevent the deaths that we have seen in long-term care and in other settings. We need to have strong measures at our border to protect against importation. We have to have a heavy investment in research and science so that we can understand how the virus is changing and our tools can keep up.

I think Dr. Tam talks about this quite eloquently when she talks about the layers of protection that we need both as a society and as individuals.

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

We go back now to Ms. Rempel Garner.

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

Hon. Michelle Rempel Garner: Thank you, Chair.

Minister, what benchmarks are you using to determine when you will end the quarantine hotel program, or maybe more simply, do you have benchmarks right now that you are using to determine when you will end the quarantine hotel program?

Hon. Patty Hajdu: We are carefully monitoring the data we're collecting at the border from both the pre-test and the post-test arrivals. The day 10 testing data is just arriving now. All of that data will help inform our next steps as we evolve our stance at the border.

Hon. Michelle Rempel Garner: Then you don't have any benchmarks right now that you're using to determine when you would lift the quarantine hotel program.

• (1355)

Hon. Patty Hajdu: No, that's not what I said. I said that what we are doing is evaluating the data, evaluating the science and monitoring the variants of concern so we can better understand how we can protect against importation and follow the virus as it mutates and changes.

Hon. Michelle Rempel Garner: What benchmarks would those be?

Hon. Patty Hajdu: They might be things like per cent positivity. They might be things like the number of variants that are coming in. It would include measures around quarantine adherence. There are a number of measures that we monitor.

Hon. Michelle Rempel Garner: Which of those benchmarks would you use to determine when you would lift the quarantine hotel program?

Hon. Patty Hajdu: This is an issue I'd like to turn to Dr. Tam and Iain Stewart on, because I think it's important that—

Hon. Michelle Rempel Garner: We're two minutes in.

Minister, you're the minister, okay, so you have to be able to communicate some of this stuff to me as the opposition critic.

Hon. Patty Hajdu: Thankfully, we have officials and scientists leading our way here, and we're very grateful—

Hon. Michelle Rempel Garner: What is it you would say you do here, then?

Hon. Patty Hajdu: Certainly—

The Chair: Ms. Rempel Garner, I've asked you not to bully the witness. The officials are here to assist the minister—

Hon. Michelle Rempel Garner: No, no, no, no, Chair; we're here for supplementary estimates, so she is saying—or I think she's arguing—that she can't answer questions, and I think asking what she does is relevant when we're looking at things like salary lines—but I digress, and I'll go on to my next line of questioning.

The Chair: I think it's important that we remember that we have to display courtesy and proper fairness to the witnesses, and it is appropriate for the minister to ask officials to respond if they can give the appropriate answer.

Hon. Michelle Rempel Garner: Chair, I realize you might not like my questions, but I do have the right to ask them. I will continue.

Minister, will vaccinated persons be exempt from any lockdown restrictions?

Hon. Patty Hajdu: I think the member knows—perhaps she doesn't, but the member should know by now—that in fact any kinds of public health measures at the local levels are applied by provinces, territories and local jurisdictions, so those are best posed to those jurisdictions.

Hon. Michelle Rempel Garner: However, the Minister does know that her officials and occasionally she herself will make comments about provincial lockdown restrictions with regard to federal modelling on case projections and things like that, so I just find it odd that she doesn't have a plan when you're asking for several hundred million dollars.

I'll continue.

Do you have any benchmarks that you are using at the federal government to recommend to the provinces around lifting or continuing lockdown restrictions?

Hon. Patty Hajdu: Provinces and territories work collaboratively together in a number of different ways. One way is through the special advisory committees of medical officers of health of each province and territory—

Hon. Michelle Rempel Garner: I asked for benchmarks, and you're a year into this, and you're asking for several hundred million dollars today—

Hon. Patty Hajdu: They meet regularly to talk about the modelling that's happening nationally and the modelling that's happening in each province and territory, and then decisions are taken based on the risks perceived to those particular people in that particular province or territory in collaboration with—

Hon. Michelle Rempel Garner: Chair, I would like my time back.

Hon. Patty Hajdu:—local officials. Of course, it's very important for the provinces and territories—

Hon. Michelle Rempel Garner: Point of order, Chair. Point of order, Chair.

Hon. Patty Hajdu:—to have the autonomy, given that—

Hon. Michelle Rempel Garner: Point of order, Chair.

The Chair: Excuse me, Minister.

Ms. Rempel Garner, you have a point of order.

Hon. Michelle Rempel Garner: Yes, I do, Chair. Per *Robert's Rules of Order*, which are contained in Bosc and O'Brien, I have the right to direct questioning to the minister, so I will have my time back now.

Thank you.

The Chair: Now, Ms. Rempel Garner, I will decide about the time at my discretion. Whatever questions you ask are up to you within reason, but you also are expected to allow the witnesses to respond.

I'll make a small adjustment for this particular intervention and the one I made before, but please do express appropriate courtesy and fairness to the witnesses.

Hon. Michelle Rempel Garner: Chair, I think at this point, a year into the pandemic, when the minister is asking for hundreds of millions of taxpayer dollars, to come to a supplementary estimates committee and not be able to answer some basic questions indicates that it's she who's being discourteous, but I digress.

Mr. Tony Van Bynen (Newmarket—Aurora, Lib.): I have a point of order, Mr. Chair.

It's not that the minister is not answering; the minister is not being given an opportunity to answer.

The Chair: Thank you for your point of order, Mr. Van Bynen.

Now we'll go back to you, Ms. Rempel Garner. Please carry on with your questions.

Hon. Michelle Rempel Garner: Thank you, Chair.

Did you, Minister, or anyone in cabinet, phone the Biden administration to ask if we could have some of the doses of AstraZeneca that are sitting in the U.S. right now?

• (1400)

Hon. Patty Hajdu: Mr. Chair, I did not personally phone the Biden administration to ask for doses of AstraZeneca.

Hon. Michelle Rempel Garner: Minister, has your department been in contact with the Department of Finance with regard to budget development in tying specific benchmarks for ending lockdown restrictions to the upcoming federal budget?

Hon. Patty Hajdu: Again, Mr. Chair, I think the member opposite is confused. The lockdown measures, as she refers to them, are not imposed by the federal government. These are public health measures that are taken by provinces and territories according to their own epidemic and modelling.

Hon. Michelle Rempel Garner: Thank you, Chair, but the minister does realize that the federal government has spent hundreds of

billions of dollars on measures to pay for provincial lockdown measures, so doesn't she think the federal government has a responsibility, given that they have tens of thousands of people working on medical advice, to help provide benchmarks and modelling moving forward on when lockdown measures would be ended?

Hon. Patty Hajdu: We have always told Canadians we'd have their back while they struggle so immensely in every single community, in every single province and territory. That's exactly what we've done. We've been there for families, for businesses, for communities, and we'll continue to do that because, you know what? That's the right thing to do for Canadians.

Hon. Michelle Rempel Garner: As just a last question, do you think it is the right thing to do to provide some advice—

The Chair: Thank you, Ms. Rempel Garner.

Hon. Michelle Rempel Garner:—on ending lockdowns?

The Chair: We'll go to Dr. Powlowski for five minutes.

Mr. Marcus Powlowski (Thunder Bay—Rainy River, Lib.): Thank you.

As you all realize, I tend to run down the clock all on my own with my lengthy questions.

Let me first of all say that this is for Dr. Tam and Dr. Stewart, so I hope you'll listen.

I want to ask about therapeutics. Like all of you, I know that health care is primarily a provincial jurisdiction. However, I think we'll all admit that the federal government has put billions and billions of dollars into helping the provinces in dealing with the pandemic. There's also a national therapeutics task force, so here's the question.

The question is around bamlanivimab, a monoclonal antibody made here in Canada by AbCellera. Several studies have shown that it seems to be effective when used early in the disease by high-risk people in preventing them from going on to have severe COVID. There have also been a number of other studies with other monoclonal antibodies. As infectious disease people have pointed out to me, there are no studies that have shown that it isn't effective.

The problem, at least in Ontario, has been in getting this treatment out to people. It would certainly be useful, especially in a place such as Thunder Bay, where our ICU is filling up with COVID cases, but they've been unable to use it—and this is all provincial.

I know that for a month across Ontario, six groups of infectious disease people were trying to access it and weren't able to do so. People with transplants have a 20% mortality rate when they get COVID, but they couldn't access it. All across Ontario, and I think all across Canada, people are having difficulties accessing this medication, and with the funding to administer it, because you have to bring people into heated tents or something and transfuse it over a couple of hours.

Given the fact that this is a problem all across Canada, are we aware of this problem, and what can we do to help the provinces in order to get this potentially important treatment out to them?

As for the certainty of its use, as one infectious disease person told me, he felt that an informed physician treating an informed patient should be able to use it, but it's not getting out there.

The Chair: Dr. Powlowski, could you maybe identify again to whom that question was directed?

Mr. Marcus Powlowski: It was to either Dr. Stewart or Dr. Tam.

Hon. Patty Hajdu: Mr. Chair, if I can speak, I think perhaps questions on therapeutics might be best positioned to Dr. Tam or Dr. Lucas.

The Chair: Thank you, Minister.

Go ahead, Dr. Tam, if you'd like.

Dr. Theresa Tam: Yes. Mr. Chair, this is a provincial issue. I think the federal government provided support and the drug is available to the provinces, so it is up to the individuals to access this through the provincial mechanisms.

I do know that some provinces are using it under specific circumstances. It is a difficult drug to use for early illness because it needs infusion and is definitely difficult under local circumstances, but it is up to the provinces and the individual physicians to access it. The federal government has already provided that support.

● (1405)

Mr. Marcus Powlowski: There's a lot of concern about the increased spacing between the first and second doses of Pfizer and Moderna and the possibility that the increased time between the two doses could potentially allow variants some selective advantage. Perhaps increasing the interval works with the wild type, but perhaps not as well with the variants.

How are we going to be tracking that? I understand that in Ontario, for example, there is a database saying who got the vaccines and what vaccine they got. It's tied to their OHIP number. When test results come back, including test results for the variants, they are also tied to the OHIP number. These two could be linked, and we could follow them in real time and look to see whether increasing the interval between the two doses is adequately controlling the spread of the disease, particularly the variants.

Are we looking at that? Are we investing in it?

The Chair: Is that question for Dr. Tam or for Dr. Lucas?

Mr. Marcus Powlowski: It's for Dr. Lucas or Dr. Tam.

The Chair: Dr. Tam, if you wish, go ahead.

Dr. Theresa Tam: First of all, let's just clarify that the virus mutates in its natural state, and we've seen the emergence of variants

without any pressure from the vaccine. As for what vaccines do, if you can reduce the number of cases, together with public health measures, then fewer cases mean less ability for the virus to mutate.

Now, of course we have a number of mechanisms and studies that are foundational to the rollout of the vaccines. Measuring vaccine effectiveness is really key, and you've seen some of the data beginning to come out of B.C. and Quebec. Those mechanisms are already in existence. We'll keep monitoring the interval and vaccine effectiveness over time as the interval increases, so that is already there.

The other thing we've done is increase the infrastructure for the sequencing and screening of variants of concern. One of the key protocols is that for anyone who has been vaccinated—and it doesn't matter if it's one dose or two doses—samples need to be sequenced so that we can detect if there are any variants emerging. That capacity has increased really fast, with much higher sequencing now than we had even a couple of months ago. Over 10,000—and maybe 11,000—sequences were performed last month. We'll be watching that really carefully and we'll be able to provide that information.

The Chair: Thank you, Dr. Tam and Dr. Powlowski.

[*Translation*]

We will now go to Mr. Thériault.

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

Mr. Luc Thériault: Since I have the floor for only two and a half minutes, I'm going to play all my cards.

Madam Minister, you know that I have a hard time understanding your logic of dealing with the pandemic first and then dealing with health transfers, as if we were asking to implement a health transfer program. It already exists.

What we are saying about chronic underfunding is that the various federal governments have not contributed for 30 years. This has weakened the systems. The systems weakened during the pandemic have created two classes of patients, COVID-19 patients and other patients.

The statistics I am giving you are from the ministry of health and social services report. Dr. Champagne, president of the Association des médecins hématologues et oncologues du Québec, said that we are living off our credit cards and that this will cost society dearly, both in human and financial terms. A cancer diagnosed later becomes a heavy burden to cure. To say that we need to fix the pandemic before we start investing in caring for non-COVID-19 patients is to fail to understand the lessons we must learn from the pandemic, Madam Minister.

How can you justify logic like that?

[English]

Hon. Patty Hajdu: I think the member is not interpreting what I said correctly. In fact, transfers aren't stopping. They continue. We've added—

• (1410)

[Translation]

Mr. Luc Thériault: They are not enough, Madam Minister.

I am talking about the demand by Quebec and the provinces as a common front. Quebec and the provinces are saying that 3% indexation is insufficient, that we need at least 6% indexation. That is what they want. System costs are at 5%. We don't want 22% as the federal share; we want 35%.

That's what I'm talking about, as you know full well.

[English]

Hon. Patty Hajdu: Mr. Chair, I think the member knows that the transfers have indeed been increased over the past number of years, specifically focused on mental health and on home care, which is actually a good thing. Obviously, people need to be supported to age at home now more than ever. We've been there, no questions asked, for the provinces and territories, with billions of dollars in equipment, in money, in expertise, and now, most recently, in vaccines and the support to get those vaccines to the locations of the province's choice. We'll continue to be there, as the member knows, for provinces and territories.

The Prime Minister has been very clear. He understands that investments in health will be needed as we go forward, but our focus right now is on getting through the pandemic.

[Translation]

The Chair: Thank you, Mr. Thériault.

[English]

We'll go now to Mr. Davies.

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

Mr. Don Davies: Thank you.

Minister, Dr. Quach-Thanh from NACI yesterday very bluntly said that Canada has had to effectively take rationing measures for vaccines, basically because of a lack of supply. She was very clear about that on several occasions. One example of the rationing is extending the administration of a second dose to four months.

Your government has repeatedly said it relies on science, but Canada's chief science advisor, Dr. Mona Nemer, who's presumably advising your government, said with respect to this that "it amounts right now to a basically population level experiment" and that she thinks "it's really important that we stick with the data and with the great science that give[s] us these fantastic vaccines, and not tinker with it."

Then last week the Pfizer Canada president said this about the four months: "The fact is, we don't have any data after two months to know what the impact of one dose will be."

As health minister, can you tell us how it is respecting science and data to have a recommendation from Health Canada to extend doses to four months in light of that advice and opinion from NACI and your chief science advisor?

Hon. Patty Hajdu: Mr. Chair, I'm sure the member opposite is not trying to confuse Canadians, but in fact his question is full of incorrect premises. It's not Health Canada that makes these recommendations. Health Canada approves vaccines. NACI is an independent, science-based advisory body. Dr. Caroline Quach-Thanh is an expert in the field of immunology and vaccinations, as are many of the other members. This is independent advice that's provided to provinces, territories and other interested stakeholders, and that advice can be applied should the province or territory choose to use it. Dr. Tam is an active participant in those conversations, but, again, this is, as I said, independent of government decision-making.

Mr. Don Davies: The only confusion we heard yesterday was the confusion about Health Canada saying you can use AstraZeneca for those over age 65 while NACI says you can't. I mean, there's a lot of confusion.

I just want to turn quickly to the opioid crisis.

In 2020 in B.C., 1,716 people died of overdoses. It was the deadliest year on record. Opioid deaths have risen every single year the Liberals have been in power since 2015. B.C.'s provincial health officer has repeatedly called for the decriminalization of substance use and for the provision of a safe supply. In February, B.C.'s Minister of Health and Addictions wrote you a letter requesting a province-wide exemption under the Controlled Drugs and Substances Act to save lives.

Will your government finally listen to public health experts and science and grant this exemption without delay to save lives?

Hon. Patty Hajdu: Thank you very much.

Through you, Mr. Chair, in fact there was yet again a false premise in the member's opening statement. In fact, opioid deaths declined in Vancouver just prior to COVID-19 striking. That was, I think, due in part to a commitment by both the Province of B.C. and the federal government to increase access to safe supply and safe consumption sites, to restore harm reduction to the Canada drug strategy and to take a number of other measures, besides the House of Commons' approving, of course, of the Good Samaritan Drug Overdose Act, which was presented by your chair and ensures that people who call for help for someone who's overdosing won't be criminally penalized for doing so.

Listen, a lot has happened in this space, and, of course, we're working with the Province of B.C. on their request. I spoke with Minister Malcolmson just last week and with Mayor Stewart about their plans, and we're working on the framework as we speak.

• (1415)

The Chair: Thank you, Mr. Davies. Thank you, of course, Minister, for the plug. Thank you all.

We'll start round three now, with Mr. Maguire. Mr. Maguire, please go ahead for five minutes.

Mr. Larry Maguire (Brandon—Souris, CPC): Thanks, Mr. Chair.

I want to go back a bit. We had the president of Pfizer here the other day, last Monday, as the minister knows full well. The president of Pfizer said that negotiations began for vaccines for December delivery back in November. Why?

Hon. Patty Hajdu: I think the president of Pfizer was speaking about December deliveries when it became obvious that it was possible, but we began those negotiations—

Mr. Larry Maguire: No, pardon me; the government was going to get these vaccines.... The vaccines were going to show up in February, and—

Hon. Patty Hajdu: I'll turn to Iain Stewart, who has more intersection with—

Mr. Larry Maguire: I just want to know. This started in mid-November. Are you saying that the president of Pfizer was lying in his comments?

Hon. Patty Hajdu: Maybe I can turn to Iain Stewart to speak about our work on procuring—

Mr. Larry Maguire: Or is it that you don't know?

Hon. Patty Hajdu: Maybe I can turn to the official who can speak about our work on procurement.

Mr. Larry Maguire: Well, we heard from him—

Hon. Patty Hajdu: As the member knows, I am not the minister of procurement.

We were actively engaged in procuring vaccines very early. I'll have President Stewart speak.

Mr. Larry Maguire: No, you weren't. You were a month late.

Hon. Patty Hajdu: I'll have—

Mr. Larry Maguire: That's why you were negotiating this in early November.

Mr. Darren Fisher (Dartmouth—Cole Harbour, Lib.): I have a point of order, Mr. Chair. Please allow us to hear the answer.

The Chair: Thank you for the point of order.

Hon. Patty Hajdu: The member is asking about our negotiations with the pharmaceutical companies. I'll turn to President Stewart to speak about those.

Mr. Iain Stewart: As the minister has indicated, PSPC does the negotiations with the pharmaceutical companies, not us. Once they're procured under contract, they're delivered to us, to Dany Fortin, who is here with us today.

In December we received several hundred thousand doses of vaccines. December 14 was the commencement of the national immunization campaign at 14 points of delivery across the country. That's when it commenced. It was at that time.

Mr. Larry Maguire: The president of Pfizer said those negotiations started in mid-November. They were moved up. The contract was originally for the first quarter of 2021, and they were moved up. That's what he said. His testimony is such.

They were delivered in the middle of December, and thank goodness. We finally got some vaccines. I'm just asking about those negotiations.

I'll go on to another question.

Hon. Patty Hajdu: Mr. Chair, perhaps I could respond to that.

Mr. Larry Maguire: I didn't ask a question, so I will ask another question.

Hon. Patty Hajdu: I'd like to correct the record, Mr. Chair, as there was some incorrect information.

We were one of the first—

Mr. Larry Maguire: Are you saying the president of Pfizer is wrong?

The Chair: Mr. Maguire, I will ask you to let the minister answer to the assertions you've made.

Hon. Patty Hajdu: Thank you very much for the moment to respond, Mr. Chair.

We were, in fact, one of the first countries in the world to secure approval of Pfizer and Moderna and begin early immunization. It's really quite a story of perseverance on behalf of my colleague Minister Anand and, of course, many others, including Mr. Stewart and Major-General Dany Fortin.

Mr. Larry Maguire: Mr. Chair, I only have a limited amount of time.

Hon. Patty Hajdu: I want to thank them for their incredible hard work.

Mr. Larry Maguire: Yes, I get that, and I give them credit for that work, but the government was three months late negotiating last spring. Therefore, in their first contract, they got delivery of vaccines for Q1, and then they had to go back and renegotiate it. That was clearly evident from the testimony the president of Pfizer gave here on Monday at this committee.

There have been about 60% more opioid deaths in Canada since COVID started, particularly in the province of B.C. There are also over 330,000 elective surgeries that have been delayed in Canada because of COVID. You have \$4.2 billion of lapsed money at the Public Health Agency of Canada alone in this budget, including \$2.5 billion lapsed for medical research and vaccine developments and \$1.7 billion lapsed in protective gear and medical equipment spending.

Are you using any of those lapsed dollars to make sure we have a plan for recovery, so we can get back to getting those elective surgeries in place before more people die?

Hon. Patty Hajdu: Mr. Chair, I think the member does not realize that in fact the provision of direct medical care is the responsibility and the right of provinces and territories.

Mr. Larry Maguire: But you have lapsed \$4.2 billion, and they're asking for more money. I know the provinces could deliver this. They would do it.

There are places in the world where vaccines are being delivered 24-7. That's because they have vaccines. We're not doing that in Canada, because we don't have vaccines, so it's very frustrating for the provinces.

I'm sure the minister has been in touch with them, or the Prime Minister has, and understands that. In fact, the Prime Minister said that he talked to them 28 times this morning, but we still don't have those vaccines on enough of a delivery mechanism that we can do it on a 24-7 basis. We need to ramp up and we will ramp up, but we're months late.

I guess I will just ask the minister when the plan will come out to tell these people who are expecting elective surgeries and have been placed on elective surgery lists when they can expect to get them.

• (1420)

Hon. Patty Hajdu: Mr. Chair, that's a great question for the Premier and the Minister of Health of Manitoba, who I'm sure are managing their caseloads and their medical—

Mr. Larry Maguire: This isn't about Manitoba, Madam Minister. It's about Canada and Canadians who are waiting for elective surgeries. These numbers aren't just for Manitoba.

Hon. Patty Hajdu: In fact, as the member may not realize, health care is the responsibility of provinces to deliver—

Mr. Larry Maguire: I'm very aware of that, but you have a department for that—

Hon. Patty Hajdu: We'll be there for provinces and territories to support them in delivering on their responsibilities.

The Chair: Mr. Maguire, please do not interrupt the minister.

Hon. Patty Hajdu: Thanks, Mr. Chair.

The Chair: Thank you, Mr. Maguire. We will go now to Mr. Van Bynen.

Please go ahead for five minutes.

Mr. Tony Van Bynen: Thank you, Mr. Chair, and thank you, Minister Hajdu and health officials, for joining us today. It's always great to hear from you on what we're doing to protect the health of Canadians, especially as we continue to fight this virus.

Minister, I want to ask you about our vaccine rollout, since you were so rudely interrupted when you tried to respond earlier.

Vaccines are top of mind now for most Canadians. Our government has been instrumental in delivering vaccines to provinces and territories. Now we're seeing over a million doses arrive every week. Can you tell us more about the work the federal government has done to get vaccines to the provinces and to the territories?

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

I want to give huge congratulations to everyone at the Public Health Agency of Canada, and in particular Major-General Dany Fortin, who has been instrumental in the vaccine rollout with provinces and territories. It's been efficient and organized. I know he's been working really hard.

Perhaps I could give him a couple minutes to speak about his work with the provinces and territories.

MGen Dany Fortin: Mr. Chair, thank you very much.

It is very much a team effort. We work closely with provinces and territories as well as with other federal departments to ensure that the rollout is as efficient as possible. By the end of the day today, we'll have nearly four million doses distributed across the country.

Provinces and territories are working on scaling up. We've ensured that we provide them with as much predictability as possible in terms of when doses are arriving, with forecasting tools to help them visualize what they will receive and when in the different types of scenarios. We'll continue to ensure that we respond to any requests they have—there are none at this time—in terms of repositioning or buying additional cold chain enabling equipment.

We also share a lot of best practices among provinces. We shared model playbooks just a week ago. They're very much looking at different modalities to distribute their vaccines.

Mr. Tony Van Bynen: Thank you.

Minister, given the limited supply of vaccines in the entire world, are the recommendations by NACI and Health Canada unsafe?

Hon. Patty Hajdu: Through the chair to the member, that is a question that's best placed to Dr. Tam.

These are scientific recommendations made by experts for the use of provinces and territories. Our government, as you know, has been guided by science and evidence in our response.

Mr. Tony Van Bynen: Are we putting Canadians at risk with these recommendations?

Hon. Patty Hajdu: Dr. Tam, would you comment?

Dr. Theresa Tam: From a regulatory perspective, Health Canada uses extreme seriousness and high standards in reviewing the data in front of it, a lot of which is from clinical trials, with tens of thousands of persons studied, to ensure that vaccines are safe and effective and of high quality and that the benefits far outweigh any risks. That is the bottom line.

The National Advisory Committee on Immunization also takes into account the data, but in addition provides a lens for looking at all the vaccines together, as well as the epidemiology of where Canada is at, who's at the highest risk in terms of risk factors, and feasibility, acceptability, ethics and equity as they make their recommendations. The bottom line, though, is that any recommendation they make takes into account vaccine effectiveness and safety. That is how they provide recommendations.

As you've seen, the provinces and territories, through their chief medical officers and their vaccine programs, are essentially aligned with the NACI recommendations as well. I think Canadians should feel confident that the vaccines provided are effective and safe.

• (1425)

Mr. Tony Van Bynen: Thank you.

Over the past few weeks we've heard from various witnesses and experts about these COVID-19 vaccines and recommendations. We've heard a lot of scientific terms—some of which we are familiar with and some of which we are not—such as the ones that the public health officials use to talk to each other.

Minister, I'm wondering if you or any of your health officials are able to clarify the difference between efficacy and effectiveness and between clinical trial results and real-world results. If we have time, what are the different roles of PHAC and NACI and the role that they play in immunization?

I'm actually seeking the types of definitions that people would understand at the grassroots level.

Hon. Patty Hajdu: Thank you. It's a great question, and I will turn to Dr. Tam again.

Some aspects of your question are more easily explained than others, but I will agree that a lot of terms are flying around, and we want Canadians to have the clearest information possible. That's why we're grateful to Dr. Tam for her very frequent pressers to Canadians to let them know about all things COVID.

Dr. Tam, would you comment?

Dr. Theresa Tam: I'm very happy that people in Canada have significantly elevated their knowledge base and their acquisition of that scientific knowledge.

“Vaccine efficacy” is generally used to describe the data coming out of clinical trials done in very specific circumstances under a great many protocols. As you've seen in phase 1, 2 and 3 trials, escalating into phase 3, they're generally done with tens of thousands of patients enrolled. Those who are vaccinated are compared with those who received a placebo or another vaccine to see the final outcome, and that's how you get the really high effective rates. Highly efficacious vaccines are the results coming out of those trials. The safety aspect is also monitored through the clinical trials.

After authorization by regulatory authorities around the world, the vaccines are deployed in the tens of millions all around the world. The real, live on-the-ground performance of the vaccine is called “vaccine effectiveness”. In general, one might expect it to be a bit lower than what you find in well-controlled environments.

Those are the real, live administrations in the field. You have to give the vaccine under different circumstances to different populations, some in remote areas, with different logistics. What is very heartening is that the real, live on-the-ground data is really good as it stands. Some of the data coming out of British Columbia, Quebec and Ontario is demonstrating real-life vaccine effectiveness, particularly right now, in reducing long-term care facility impacts in very significant ways.

That's effectiveness. Safety is also—

The Chair: Excuse me, Dr. Tam. I'm sorry, but I have to cut you off. Thank you.

We go now to Mr. Barlow for five minutes.

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

Minister, we had some interesting testimony from NACI last night, and I know my colleagues have touched on that.

Minister, do you agree with NACI's testimony last night that the failure to procure enough RNA vaccines by the Liberal government has forced them to provide off-label use recommendation for the Pfizer vaccine?

Hon. Patty Hajdu: It's not my understanding that this was the testimony of Dr. Caroline Quach-Thanh. I'll turn to Dr. Tam to speak to that question.

Mr. John Barlow: Minister, I'm asking you. You know the buck stops with you. This was exactly what NACI said—

• (1430)

The Chair: Mr. Barlow, it's up to the minister to decide how to answer the questions you pose to her.

Hon. Patty Hajdu: I'll turn to Dr. Tam because Dr. Tam, as you know, actively interacts with—

Mr. John Barlow: Mr. Chair, it is my time, and I'm asking the minister if she personally agrees with that testimony from NACI.

I am not manipulating NACI's testimony. NACI's testimony last night was that the failure to access enough vaccines early on forced the decision to change the access to the Pfizer vaccine off-label to extend that second dose. That was her testimony. I'm asking the minister if she agrees with that testimony.

Hon. Patty Hajdu: Thank you, Mr. Chair.

I would like to turn to Dr. Tam, given that she is a medical expert and I am not. NACI is composed of medical experts, and she interacts with them.

Mr. John Barlow: Okay, I'll move on if you're not going to take.... You are the minister. You are—

The Chair: Mr. Barlow, it is up to the minister to decide how to answer the question.

Mr. John Barlow: Mr. Chair, I am asking the minister a question and for her opinion on that question.

Mr. Chair, I will move on.

The Chair: Mr. Barlow, I will refer you to page 30 of Bosc and Gagnon, which identifies that the responsibility is to the minister to answer questions appropriately and to call on officials as appropriate to do so. If you ask a question of her, it's discourteous not to let her answer.

I'll stop your time briefly, but the minister has asked Dr. Tam to respond to your question, so I will invite Dr. Tam to do so.

Hon. Patty Hajdu: I'll turn to Dr. Tam to talk about the NACI advice.

Dr. Theresa Tam: The central foundation of the NACI advice is the high effectiveness and safety of that first vaccine dose. That is absolutely what they base the recommendations on.

Not only that—

Mr. John Barlow: Thank you, Dr. Tam. I appreciate that.

I'll just move on to my next question.

Minister, does the off-label use of the Pfizer vaccine contravene any section of the agreement we have with Pfizer for the use of their vaccines?

Hon. Patty Hajdu: I'll turn to Deputy Lucas to talk about the regulatory approval for Pfizer.

Dr. Stephen Lucas (Deputy Minister, Department of Health): Health Canada makes its regulatory decisions against the standards for safety, quality and efficacy based on the clinical trial data provided by the manufacturer—in this case, Pfizer. In terms of the practice of medicine and how it's used, in Canada we have the National Advisory Committee on Immunization, which provides advice on the use of vaccines, as they've done to date for Pfizer, Moderna and AstraZeneca. In that context, they take into account the clinical data and other factors from a public health perspective and real-world evidence, if it's available, that allow them to provide that advice for the use of the vaccine in a real-world setting.

Mr. John Barlow: Mr. Lucas, I just asked if it contravenes any aspect of the contract we have with Pfizer. It's a very simple question. It's yes or no.

I'll move on to my next question.

Has any consultation been done with the insurance companies in Canada when it comes to our health insurance? Does extending and going off-label from the recommendation on the vaccines impact eligibility for health insurance? We have certainly heard from constituents who have had conversations with their health insurance provider to the effect that if they are vaccinated using the vaccine off-label, off the recommendation, it will invalidate their health insurance should they pass away or have a health issue as a result of COVID.

When you made the recommendation to go off-label, did you have those consultations with Canada's health insurance providers?

Hon. Patty Hajdu: The NACI recommendations are not made by the government. They're made by an independent advisory body. Provinces and territories can then choose to use that NACI guidance to direct their actions in terms of their vaccination priorities and practices.

Mr. John Barlow: Thanks, Minister.

There is some responsibility for you, as the minister and as the government, to oversee decisions that will have a massive impact on the Canadian public. If NACI makes this decision, I would suspect that you, as the government, would also take the prerogative to have those discussions with health insurance providers, for example. Clearly, you did not see that as an issue.

I'll move on to my last question.

We know that the WHO and the FDA have minimum standards when it comes to efficacy guidelines. Does Health Canada have a minimum efficacy standard?

Hon. Patty Hajdu: Yes, there are a variety of very rigorous standards, I would say, that any drug or medical therapeutic needs to go through before it's approved by Health Canada.

Dr. Lucas, can you please take this question?

• (1435)

Dr. Stephen Lucas: In November 2020, Health Canada did publish our standards in terms of the safety, quality and efficacy expected for vaccines. The efficacy standard is at least 50% efficacious—

Mr. John Barlow: Thanks. That's the answer I wanted. Why did the government approve AstraZeneca for use with Canadian adults over 65 when its efficacy is below the standard of 50% that you set? It's 43%. Why would you approve a vaccine for use on Canadians when it is below the standard?

Hon. Patty Hajdu: I'll turn to Dr. Lucas for that. There are some misrepresentations in the question.

Dr. Stephen Lucas: Mr. Chair, in considering the regulatory decision in regard to the AstraZeneca vaccine, the regulator examined the evidence provided through the clinical trials, as I noted. Additional evidence was provided through real-world experience, including through structured studies. On that basis, the regulator determined that the benefits outweighed the risks and authorized the vaccine for use in people 18 years of age and older.

Mr. John Barlow: The minister can't say what I said was wrong. The data says it's 43%—

The Chair: Thank you, Mr. Barlow.

We go now to Mr. Kelloway. Mr. Kelloway, please go ahead for five minutes.

Mr. Mike Kelloway: Thanks, Mr. Chair. It's great to be back to ask a few questions.

My first question is for the minister.

Minister, you and your colleagues have a great team, so if you want to ask others to join in, please do so.

My question is around variants of concern. We know that these variants have taken hold in Canada and are spreading in different parts of our country. I guess my question is twofold. How are we tracking these variants and how is their presence changing our government's response to COVID-19?

Hon. Patty Hajdu: Thank you very much to the member.

He's absolutely right. We are taking a multi-layered approach to keeping Canadians safe. Obviously, everything we do has to be in partnership with provinces and territories, as they deliver health care in their own jurisdictions and have the right and the responsibility to do that.

As part of our work to support tracking variants, we've invested \$53 million to create a variants of concern strategy, which will increase monitoring and surveillance of new COVID-19 variants in Canada. I think you heard Dr. Tam say that this work has accelerated extremely quickly, and we're testing positive cases across the country to get a better handle on where these variants of concern might be, obviously in partnering with experts in research and public health. This is a very important piece of work, especially right now as we stand at such a critical point in our battle against COVID-19, including vaccinating Canadians.

Mr. Mike Kelloway: Would anybody else like to join in?

Hon. Patty Hajdu: Maybe I can turn to Dr. Tam, because what has happened in the last couple of months in terms of our ability to track these variants is quite incredible.

Mr. Mike Kelloway: Thank you, Minister.

Dr. Theresa Tam: Yes, even prior to the acceleration of the capacity, we were doing quite well compared to other countries. Now we're whole-genome sequencing over 10% of our cases. In provinces, the vast majority are screening 100% of the possible cases for mutations. That's a great milestone. That's just to say that variants of concern are increasingly identified in Canada. We now have 3,000 cases of them in Ontario and other places as well.

You've seen some of the latest data coming out of Ontario. About 40% of the cases of variants of concern are mainly of the B.1.1.7 variant, with increased transmissibility, as they have shown in their modelling and their data, and there are certainly concerns about an increase in severity. Of course, how we manage these variants does have to be adjusted according to that data, and provinces are easing their measures very carefully. I'm seeing commitments for them to clamp down on the variants as they detect them, but I think we're in a better spot in terms of detection.

Mr. Mike Kelloway: Thank you so much, Dr. Tam.

I'm going to go back to the minister.

Minister, I'm a huge advocate for seniors in my riding, and I know that my colleagues are huge advocates for seniors in their ridings. My favourite senior is my mom, and as you know, she is a huge fan of yours.

Seniors like my mom have felt the impacts of this pandemic, as we all have, but our government has stepped up to the plate to help seniors. I'm wondering if you could tell us and those who are watching more about how we've supported seniors through these

challenging times. Can you give us and those who are watching a sense of what we have done?

• (1440)

Hon. Patty Hajdu: Thank you very much, and please say hi to your mom for me. I have never met her, but she sounds like a wonderful woman and I've enjoyed your stories of her.

I'll say that we knew right away that seniors were going to struggle, especially since seniors in particular often face isolation already. When we were asking people to stay home and avoid going out, we knew that for those seniors not living in long-term care isolation would be difficult, but for those in long-term care it would obviously be even more so.

We worked very closely as a whole of government to increase access to financial supports for seniors and to ensure that New Horizons programs across the country had additional money to rapidly change how they were connecting to seniors in communities. Obviously, all the work we did to support provinces and territories in long-term care work was very critical. We'll continue to do that work for seniors.

The seniors across this country have been there for us in our toughest times, so it's time for us to be there for them, and that's why I'm so honoured to be Canada's health minister and to be working on the many ways that our government can support seniors to have healthier, more dignified lives.

Mr. Mike Kelloway: Thank you, Minister.

The Chair: Thank you, Mr. Kelloway.

[*Translation*]

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

Mr. Luc Thériault: Madam Minister, let me make you aware of the reality that the provinces and Quebec may be experiencing. I know that health care does not fall under federal jurisdiction. Perhaps that is why you are a little removed from the reality created by the first two waves of the pandemic.

The Quebec ministry of health and social services report I was referring to indicates that, in the first wave, 4,119 people with cancer were not diagnosed in Quebec. In addition, from April to June 2020, there were 1,539 fewer cancer surgeries. For the same period, the number of radiation treatments decreased by 9%. There were 58% fewer of the most common prostate cancer screening tests. Medical imaging tests to detect lung cancer, the leading cause of death for both women and men, were down by 21% last spring.

That's the reality for non-COVID-19 patients.

The report also shows that the number of lung cancer surgeries for the period April through June 2020 decreased by 18% compared to the same period in 2019. The largest decrease was in April with 42%.

The same was observed with colorectal cancer, which is also very common. We have seen an incredible drop in the number of screening tests and the number of surgeries has dropped by 30%. I could go on and talk about breast cancer as well.

As a result, Mario Décelles, the director general of the Fondation québécoise du cancer, said that the numbers may unfortunately be worse in the second wave. This report was published at the end of January 2021, and the numbers in the second wave will be even worse.

You have the nerve to tell us today that we need to separate the approaches and deal with the pandemic first, as if the reality I am talking about is not urgent. Health transfers can solve this problem.

What are you going to do when non-COVID-19 patients die because they are not diagnosed, Madam Minister?

Are you going to say that this was not your responsibility and that the pandemic needed to be addressed first?

[English]

Hon. Patty Hajdu: First of all, my heart is with all Canadians who have sacrificed, struggled and dealt with the pandemic in ways that we can see and in ways that we can't.

I will remind the member that the provision of health care rests with the provinces and territories, and we've been there to help them deliver on historic demands on their health care systems. In fact, as the member knows, we paid for personal protective equipment, and billions of dollars have been transferred directly to the provinces so they could augment the many capacities they've needed. We've also supported seniors in long-term care. We've supported infection prevention and control in schools. We've been there for the acquiring of vaccines and many other therapeutics, which were paid out of pocket. There were no expenses to the provinces and territories for testing, including for rapid testing.

Every step of the way, I have worked with Minister McCann and Minister Dubé, receiving calls for urgent supplies. We've been there for the Province of Quebec, as the member knows. We're going to continue to be there as we—

• (1445)

[Translation]

Mr. Luc Thériault: Rebuilding the networks like the one in Quebec—

The Chair: Thank you, Mr. Thériault.

Mr. Luc Thériault: —requires better health transfers, Madam Minister. You know that very well.

[English]

Hon. Patty Hajdu: We're going to continue to be there.

[Translation]

The Chair: Thank you, Mr. Thériault.

[English]

We will now go to Mr. Davies.

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

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

Major-General Fortin, what is the maximum number of doses per week that the provinces and territories are currently capable of administering?

MGen Dany Fortin: It depends. A number of efforts are ongoing to increase and scale up the health workforce. All provinces have different modalities of delivery, and they continue to investigate that. We're providing projections so that they can align all the resources necessary, and they have assured us that they are on track to meet the demand.

Mr. Don Davies: Can anybody appearing before us give me the maximum number of vaccination doses per week we can administer in Canada nationally?

Mr. Stewart, I see you nodding your head.

Mr. Iain Stewart: Yes. Through the survey work we've been doing, the provinces have given us ranges. We could give you a range based on those outreaches, Mr. Davies.

Mr. Don Davies: Do you have those ranges with you, or can you supply that information to the committee?

Mr. Iain Stewart: We could definitely supply it to you, and we will do so.

Mr. Don Davies: Thank you.

Major-General Fortin, I asked this because you have noted that Canada's vaccine program is moving into a significant ramp-up phase, which was your phrase. We know that about 3.8 million doses have been distributed to the provinces and territories in the last 13 weeks. About another 4.2 million will be distributed in the next three weeks alone, and we have an announcement today that Pfizer may be delivering one million doses per week for the next seven weeks.

Are you confident that all provinces and territories are prepared to rapidly administer this number of vaccines over the next seven weeks?

MGen Dany Fortin: Mr. Chair, provinces and territories have assured us that they have good plans in place and they have the health workforce required to scale up, so they indicate that they have no issues with throughput. We'll continue to monitor that as closely as possible with them.

Mr. Don Davies: That's good news. We'll keep our fingers crossed.

Minister, this committee has heard evidence from a number of sources that vaccinating the world's population is important for Canadians' health, primarily because the faster the world is vaccinated, the quicker we can control variants. We know it's important not only for equity of access but also to control the spread of variants in Canada, yet this week Canada refused to support the WTO proposal to temporarily reduce patent protections so that we could have vaccines produced by every country of the world. As health minister, do you agree with the position that Canada's taken at the WTO, or do you think we should be seeking to make sure that the world can vaccinate its population as fast as possible to protect the health of Canadians?

Hon. Patty Hajdu: We agree that Canadians need to be vaccinated, and so does the world's population. That's why we're a major contributor to the COVAX facility and that's why we've been having regular conversations with the World Health Organization about Canada's role in ensuring that global citizens across the world get vaccinated.

Mr. Don Davies: But on our position at the WTO, do you have a comment on that?

The Chair: Thank you, Mr. Davies.

Mr. Don Davies: I guess not. Okay, thank you.

The Chair: Sorry; that brings round three to a close.

Looks like we'll have just enough time left to actually conduct the vote.

Ms. Sonia Sidhu: I have a point of order, Mr. Chair.

The Chair: Yes, go ahead.

Ms. Sonia Sidhu: I want to raise an important issue for future meetings, Mr. Chair. The rules are clear: The witnesses should be given an opportunity to answer the question the member asked them. Can we please ensure that all members are following this rule?

Thank you.

The Chair: Thank you for the point of order. I certainly have advised all members to do so, and we shall keep on that going forward.

Mr. Don Davies: I have a point of order too, Mr. Chair.

[*Translation*]

Mr. Luc Thériault: Mr. Chair, I also have a point of order.

[*English*]

Mr. Don Davies: Perhaps we could also make sure that all witnesses are....

The Chair: Go ahead on your point of order, Mr. Davies.

Mr. Don Davies: Thank you.

Well, the quid pro quo of Ms. Sidhu's comment is that the witnesses be instructed that they should answer the question being asked. That would, I think, help all committee members as well.

• (1450)

The Chair: Thank you for your intervention on the same point of order. Thank you, Mr. Davies. That is noted.

We will undertake the vote now.

[*Translation*]

Mr. Luc Thériault: A point of order, Mr. Chair.

[*English*]

The Chair: We have Mr. Thériault on a point of order. Is it the same point of order?

[*Translation*]

Mr. Luc Thériault: Yes.

On this issue, Mr. Chair, I would also like to clarify that we have five minutes each time we speak, whereas the government party can take all the time it wants to ask its questions. With the time it has available, it can let the witnesses take more time and more detours when answering questions.

However, when you have two and a half minutes to ask your questions and the witness goes off topic, at some point you have to interrupt them. I think that needs to be understood.

The government party has a lot of time to ask questions, unlike Mr. Davies and me, and witnesses need to understand that dynamic. When you say we have two and a half minutes, that doesn't mean that witnesses can avoid a question by saying something that doesn't directly answer it.

I wanted to make that point of order, because you could also sometimes remind witnesses that a question has been asked. If you're calling us to order to let the witnesses speak, you should also remind the witnesses that they have to answer the questions.

Having said that, I am in a very good mood.

[*English*]

The Chair: Thank you, Mr. Thériault.

I would remind Mr. Thériault and all members that the time allocated for speaking is a matter that was decided among all the whips and determined in our routine motions when we started this committee at the beginning of the session.

It is certainly the prerogative of the chair to recognize people to speak or not. During questioning, we typically allow the members to control the flow during their own questioning, but if that is abused, the chair has to take action.

I would advise all witnesses to answer the questions as best they can, but I'd also remind members not to put words in the mouths of witnesses or to try to impose specific sets of answers on them. The answers are the prerogative of the witnesses.

I would also remind members that when a minister appears, she appears with officials whose job is to support her. It is her prerogative to pass the question to them when she feels it is more appropriate.

Is there any further intervention on this point of order?

Seeing none, let us once again go forward and conduct the vote.

CANADIAN FOOD INSPECTION AGENCY

Vote 1c—Operating expenditures, grants and contributions.....\$10,979,485

Vote 5c—Capital expenditures.....\$225,000

(Votes 1c and 5c agreed to on division)

CANADIAN INSTITUTES OF HEALTH RESEARCH

Vote 5c—Grants.....\$126,700,000

(Vote 5c agreed to on division)

DEPARTMENT OF HEALTH

Vote 1c—Operating expenditures.....\$43,968,111

Vote 10c—Grants and contributions.....\$47,492,269

(Votes 1c and 10c agreed to on division)

PUBLIC HEALTH AGENCY OF CANADA

Vote 1c—Operating expenditures.....\$6,035,445,421

Vote 5c—Capital expenditures.....\$48,256,000

Vote 10c—Grants and contributions.....\$251,947,356

(Votes 1c , 5c and 10c agreed to on division)

The Chair: Shall I report the votes on the supplementary estimates to the House?

An hon. member: On division.

The Chair: That concludes the business before us today.

I would like to thank all of the witnesses. I wish to thank the minister and her officials. I know how exhausting your schedules are, so I do appreciate the time you spent with us today to share your expertise and knowledge. Once again, thank you.

Thank you to all the members.

The meeting is adjourned.

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