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Chair: Mr. Ron McKinnon



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• (1430)

[English]

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

Welcome, everyone, to meeting number 27 of the House of Commons Standing Committee on Health. The meeting today was requested by six members of the committee to deal with various urgent matters, as described in the letter submitted.

Before I give the floor to Ms. Rempel Garner to move her motion, I wish to advise the committee that pursuant to the motion adopted last Friday, on Monday, April 12, after question period, I will be tabling the six reports from the end of the last Parliament, and a letter will be sent to the Minister of Health, the Minister of Public Safety and the Minister of Indigenous Services with regard to the study concerning the forced sterilization of women in Canada.

Now we will go to Ms. Rempel Garner.

Please go ahead.

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

Before I move the motion, I want to note that I am going to add, right off the bat, the Public Health Agency of Canada to the witnesses I'm going to request. I think we missed them, and I think they will be best positioned to provide details on the Auditor General's report.

With that, I move:

That the Committee hold a meeting to invite the Minister of Health, Minister of Public Services and Procurement, and the Chief Public Health Officer of Canada Theresa Tam, and the head of the National Advisory Committee on Immunization, and the head of the Public Health Agency of Canada to discuss recent COVID-19 developments including, but not limited to, the recent Auditor General's Report entitled; Report 8: Pandemic Preparedness, Surveillance, and Border Control Measures, emerging issues related to the AstraZeneca vaccine, new evidence regarding COVID-19 vaccine dosing timeline recommendations in Canada, concerns surrounding possible vaccine supply shortages due to export restrictions by the European Union and India, and the impact of above issues on COVID-19 modelling projections; and That the meeting be at least three hours in length, that the Ministers listed above appear for no fewer than 2 hours and that appropriate government officials appear for the last hour, that each of the invited witnesses give prepared remarks no longer than seven minutes in length to ensure adequate time for questions to be posed by committee members, and, that this meeting be held on or before the end of day on Wednesday, April 7th 2021.

I'm happy to provide comments on rationale, but I think the motion speaks for itself. The Auditor General's report raises a lot of questions for us to address as a committee. There's been a lot of coverage in recent days of decisions related to the AstraZeneca vaccine and how that may or may not affect vaccine supply and roll-out, and there are still outstanding questions on clarity with regard to the other issues that are contained in the matter therein.

The Chair: Thank you, Ms. Rempel Garner.

I'll ask the clerk if he was able to capture the changes to the motion. He is nodding. Thank you.

Mr. Davies, go ahead.

Mr. Don Davies (Vancouver Kingsway, NDP): Thank you, Mr. Chair.

I would like to speak in favour of the motion and hope that we can pass this motion swiftly, because I think it is something that all members of this committee should be interested in. Briefly, the motion raises what I think we all understand and can easily see as five major, pressing, important and timely issues.

It talks about AstraZeneca. Of course there is a great focus right now on the issues around AstraZeneca, and I think that might be the number one issue in Canada and for the provinces in terms of their vaccination protocols.

The AG's report came out last week, and I think it's fair to say that it was a pretty comprehensive and concerning report on a number of problems. My main concern there is not necessarily to look for accountability, although I think that's important, but rather to make sure that the errors that have been identified in that report are being taken seriously and worked on by the government, because obviously, as lead agency of Canada, the Public Health Agency needs to be top-notch in terms of preparing for the next outbreak or emergency that no doubt will come.

Dosing intervals, I think, are also a very timely topic. I won't repeat my comments on AstraZeneca, but I think the emerging and changing information we're getting on that would be helpful to explore.

The EU exports are obviously [*Technical difficulty—Editor*] recent pronouncements that they may be looking at further curbs, which is of concern to Canadians.

Finally, the modelling issues, of course, are also very important.

I think there are five major issues, as the chair pointed out. We have cross-party support for this. That's the first time, I think, that at this committee in this Parliament we've seen not only the Conservatives, the NDP and the Bloc all signing on to the meeting on Standing Order 106, but also that there is a majority signature for it. Of course I cast no aspersions on my Liberal colleagues, who I am sure recognize the importance of all these issues as well. I anticipate and hope they'll join in supporting this.

My last point I'd make on this is that the motion does require that the meeting be held no later than next Wednesday. I would propose that it be held next Wednesday for a number of reasons. It's a week from today. It gives all of us a day to prepare on Tuesday, because Monday is a holiday, including for the ministerial staff and various people. It gives the ministers the maximum amount of time to make any adjustments to their schedules they may need to make, and I just think it makes eminent sense to do it on the Wednesday.

Thank you, Mr. Chair, and by the way, thank you for your information about tabling those reports and the letter. That's very expeditious of you, so thank you for doing that on behalf of the committee.

• (1435)

The Chair: Thank you, Mr. Davies.

Ms. Sidhu, go ahead, please.

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

Mr. Chair, I am always happy to hear from our minister and the officials, and so are my colleagues.

My constituents will be interested in listening to the testimony of these officials. I think all of the items listed in the motion are important. It is good that we are looking into them.

I want to point out, though, that we repeatedly find ourselves here where some opposition members are raising alarms in a way that risks creating confusion among Canadians. They said that we were at the back of the line for vaccines, and we got them even before Christmas. They said that we would not hit the Q1 target, and we exceeded it. By the end of this week, we will have received 9.5 million doses and, by the end of Q2, we will have 43 million doses, Mr. Chair.

We know that there are going to be questions along the way. We were dealing with a virus that did not even exist two years ago. Evidence will change, and the scientists' opinions will differ. I am happy that our government listened to all of these, but that does not interfere in our regulatory process.

As I said before, I think it is important we listen to the officials, and I look forward to hearing my colleague on it, too.

The Chair: Thank you, Ms. Sidhu.

We'll go now to Ms. O'Connell.

Go ahead, please.

Ms. Jennifer O'Connell (Pickering—Uxbridge, Lib.): Thank you, Mr. Chair.

I agree with what Ms. Sidhu mentioned. I'm glad the opposition, in moving the actual motion, stuck to the text and not the preamble that they had in the letter, because the preamble they had informing this meeting was....

I don't think the Conservatives have seen a conspiracy theory that they don't love. To suggest that the federal government needs to direct Canadians on AstraZeneca and that they don't believe it should be scientists informing these decisions....

I'm glad we will have the professionals, the scientists here to explain that, because there seems to be confusion caused by some members of the opposition spreading false information, confusing information, and suggesting somehow that it is the Prime Minister who should direct provinces and territories on the administration of vaccines. I think it's a welcome opportunity to get the facts on the record because, to date, I think that is really lacking from some members of the opposition.

In terms of exports and any restrictions, my colleague just pointed out that not only are we receiving vaccines but we're exceeding our original projections. Rest assured, then, that we are in good hands. Also, thank God we don't have a Conservative government who would have put all of their eggs in one basket, if at all.

I welcome the opportunity to have these conversations. As Ms. Sidhu pointed out, Canadians are interested as well.

Cutting through the noise and the partisan disinformation being spread as a way to create vaccine hesitancy.... I think it is incredibly damaging.

I also find it interesting to note how today my home province of Ontario is seeing the highest level of ICU admittance since the beginning of the pandemic, yet it was the Conservatives who spent an entire day telling us and Canadians that we need to reopen.

With regard to having an expert group and the scientists behind some of these decisions come forward to enlighten the opposition about the fact that this virus is real and that we need to listen to scientists and experts and not completely reopen because a few politicians think that's the right idea, I welcome that motion.

I'm so glad that the opposition is not continuing to raise the reckless point about reopening when we see this virus surging. We should be working together to ensure that there isn't vaccine hesitancy and that our world-renowned Public Health Agency is able to share the facts and the data with Canadians without it being spun for partisan purposes by some members of the opposition.

I absolutely am glad to have these conversations. Hopefully, it will stop some of the fake information that is being spouted for partisan reasons. I welcome this and really look forward to a very interesting conversation.

• (1440)

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

We will go now to Mr. Kelloway.

Mr. Mike Kelloway (Cape Breton—Canso, Lib.): Thank you, Mr. Chair, and hello to my colleagues from coast to coast to coast.

I have a couple of things.

I am thankful for the Auditor General's report and her findings. [*Technical difficulty—Editor*] having this meeting and putting the facts on the table. From so many meetings we've had with different witnesses from different walks of life, people who are dealing with this pandemic head-on, we know things change, and they change rapidly. Science is like that. Thank goodness we have not just the scientists and the researchers but a variety of frontline health care workers working on this.

I look forward to the discussion. I look forward, at the same time, to having a very robust discussion on the science and the facts and to leaving a lot of the other things at the table, where facts and science need to be the most pre-eminent.

I'm appreciative of it, and I'm looking forward to getting to the facts and to a very concrete discussion on the motion.

Thank you.

The Chair: Thank you, Mr. Kelloway.

Mr. Blois, go ahead, please.

Mr. Kody Blois (Kings—Hants, Lib.): Thank you, Mr. Chair.

As you know, I am not a regular member of this committee, but I welcome the opportunity to be here today as a substitute.

My question is for Ms. Rempel Garner.

I sit on the public accounts committee and although it is not unusual of course for other committees to take AG reports, it is generally the domain of the public accounts committee. I'll go through a couple of my points, but one of the ones I'm hoping she can speak to is whether or not she has had dialogue with her respective colleagues about whether or not, this being in the realm of health, we will not be expected to look at this at public accounts or any type of dialogue that she might have had with her colleagues who sit on that committee for our benefit.

Obviously, traditionally the Auditor General is looking at reports in hindsight about how government can improve process. We're still right in the middle of this pandemic. We are in a situation where our ministers and health officials are still spending a lion's share of their day trying to respond to the needs of Canadians across the country. She said that she was more than willing to speak to some of the rationale. With the Auditor General's report, is the idea to bring the minister and officials before the committee to identify what had happened in the past and what might have been corrected, or is it to look at where we're going from here?

Generally, of course, we look at processes and then try to improve them. A lot of what would have been in the Auditor General's report is in the past. We are now here trying to deal with the present and the future, and I'm curious to see what the rationale is. Is it just trying to find out how the government had pivoted in those early days from some of the challenges that were noted in the AG report?

That would be what I'd be interested in. I'll wait to see if she is able to respond to that.

Thank you very much, Mr. Chair.

• (1445)

The Chair: Thank you, Mr. Blois.

[*Translation*]

We'll now go to Mr. Thériault.

Mr. Thériault, you have the floor.

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

I'm very pleased to hear the comments of my Liberal colleagues, who say they are looking forward to having the witnesses come and talk to us about the issues related to the last five points.

This is a rapidly changing situation. I'd like to point out that 20 days ago, we met with representatives from Health Canada and the National Advisory Committee on Immunization, or NACI. They told us that there was no problem with the AstraZeneca vaccine and that, even though three countries in Europe had decided to suspend the vaccine, it was only three countries. Mr. Berthiaume replied that my concern, from a scientific perspective, was completely in line with their decision and that it shouldn't be questioned.

I asked the question. I'd like to remind my colleagues, because some of them are talking about the facts, so I'll go back to the facts. We were told that there was no problem with that. I said that managing a pandemic is practising mass medicine. This vaccination operation implies a buy-in based on our confidence in this operation, which is the best solution to get out of the crisis.

I asked these witnesses if they thought the precautionary principle should be applied. They assured me that they didn't, that there was no scientific justification for it and that there was no problem. I wasn't asking from a scientific perspective. That night I seemed like a firebrand. I seemed completely off topic when I said I felt we had nothing to lose by keeping people's confidence in the vaccine. Now, given my socio-economic and political concerns, I find it kind of nice that this vaccine is inexpensive, that it's tied to a partnership with research centres, and so on. There's something interesting there. I'm not sabotaging a vaccine, but I'm trying to put forward the precautionary principle in a situation where there is uncertainty.

There was a surge between Thursday night and Monday. Some countries started to apply the precautionary principle, but Canada did not. Where did that leave us? After 20 days, we're still talking about this vaccine. All of a sudden, they decided to suspend it and issue a warning about it.

They say they want to work with the facts. However, it's normal for us to want to hear from people who, I imagine, will be able to base their answers on evidence. Beyond the statistical and mathematical question of the occurrence of problems that may be related to the administration of the vaccine, that is, adverse reactions, I think it's legitimate to bring these people back and ask them why they lost control and why no one wants to receive the AstraZeneca vaccine in Quebec. They have created a mess in terms of managing the buy-in and prevention that is necessary when you're managing an operation like this. I'm all for talking about the facts, but I'd like to see someone here contradict what I'm saying and claim that it's partisan.

What is currently being said in the chain of messages going to the provinces and territories and to Quebec stems from the decisions of these people. But there comes a time when the media ask questions. They sometimes ask questions even before we can ask them in our committee. The fact remains that after 20 days, because the precautionary principle wasn't applied, we ended up sabotaging the credibility of a scientific process that doesn't deserve to be sabotaged to this extent. People's trust has been undermined, and the vaccination operation is being jeopardized.

• (1450)

Since we were raising facts, and in a very partisan way, by the way, I wanted to tell you that we've been working across party lines as much as possible since the beginning.

We're asking legitimate questions about the management of this pandemic. Since we'll have reports and recommendations to make, we want to follow events as they unfold. To do that, we'll need to include meetings like the ones we'll have next week in our thought process. Otherwise, we'll be overwhelmed.

Using this example, I want to bring people to order.

We'll certainly have some very good exchanges, and I'm glad you're in favour of this motion. It would have been nice if you had proposed it yourself, because it would have been worded the way you prefer. But with that said, let's get to work as quickly as possible.

The Chair: Thank you, Mr. Thériault.

[*English*]

We'll go back to Ms. O'Connell.

Go ahead.

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

After the last speaker and my colleague...I don't disagree with him in terms of wanting to raise questions of those who put out..., whether it's NACI or Health Canada, to further explain their positions and rationale.

Absolutely, we've been transparent since the beginning. I think those organizations and those officials can absolutely do that. What I take exception to, and what I mentioned in my earlier comments, are these comments around "We should have done this", and "We should have put on limitations".

It is not for politicians to determine the scientific validity around the safety and effectiveness of vaccines. It is not for this health committee. It is not for the Prime Minister; it is not for the Minister of Health. It is for scientists and experts. That's precisely who put out these reports, whether it's NACI providing advice.... Then it's up to provinces and territories.

I'm confused by my colleague suggesting that we should tell the Province of Quebec how to administer vaccinations. That's not correct. If there are questions around the positions of NACI or Health Canada, and clarifications are needed, absolutely, let's have those conversations. I, in this new role, would absolutely work with you as well if you require additional technical briefings. I'm happy to do that. But let's be very clear. Number one, it is not up to politicians to determine the advice, at the federal level, to tell provinces how to administer vaccinations. Number two, it is not up to the federal government and to politicians to determine the safety and effectiveness of vaccinations. That is why we have a world-class regulator. When it comes to AstraZeneca, I think there is information that we can happily discuss, but it's that precise idea that we, as politicians, should make this decision that I take great exception to. I look forward to the meetings so Canadians can have those questions answered by scientists, and not politicians.

• (1455)

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

I see no further hands raised. I therefore will ask the clerk to conduct the vote.

(Motion agreed to: yeas 11; nays 0)

Mr. Don Davies: Mr. Chair, if I may, I realize that you have to have the discretion to do what you can, but is it the consensus of our colleagues that we do our best to try to tip the meeting for Wednesday? We do have the long weekend coming up with Good Friday and then Easter Monday, so it really only leaves Tuesday or Wednesday. As I said before, I think it's fairest to everybody, including the minister's office and our staff, that we have Tuesday to be able to prepare for the meeting on Wednesday.

If my colleagues agree, could I suggest that you try to arrange, to the best of your ability, the meeting for Wednesday? I think that would be most convenient for everybody.

The Chair: Thank you, Mr. Davies.

I will certainly work with the clerk to try to fulfill the requests of the committee.

We have Monsieur Thériault.

[*Translation*]

Mr. Luc Thériault: I agreed with Mr. Davies that Wednesday is about the only appropriate day to have time to get it right and to have witnesses prepared to answer our questions directly.

We need a three-hour time slot, without cutting into an afternoon or a morning. I think the 2:00 p.m. to 5:00 p.m., or 2:30 p.m. to 5:30 p.m. time slots are good for avoiding the time zone problem. Because members are spread out across the country, Mr. Davies and I are three hours apart. If I propose a meeting at 10:00 a.m., it will be a little earlier for him. I would like to find the best time of day for us, and for the witnesses as well.

The Chair: Thank you, Mr. Thériault.

[*English*]

I will absolutely, of course, work with the clerk to fulfill the will of the committee. We will determine what time slots are available and take the best one we can to meet our needs.

Thank you all for meeting with us today and for your comments.

If there is no further discussion and no further business, I will declare this meeting adjourned.

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