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# Standing Committee on Health

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Chair: Mr. Ron McKinnon





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• (1300)

[English]

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

Welcome, everyone, to meeting number 39 of the House of Commons Standing Committee on Health.

The committee is meeting today to study the emergency situation facing Canadians in light of the COVID-19 pandemic. Today we are specifically examining Canada's national emergency response landscape.

I'd like to start by welcoming the witnesses. Appearing as an individual, we have Dr. James Maskalyk, associate professor of emergency medicine, University of Toronto, and Toronto-Addis Ababa academic collaboration in emergency medicine. Also appearing as individuals, we have Dr. Andrew Morris, professor and physician, and Mr. Patrick Taillon, professor, faculty of law, Université Laval.

From Switch Health, we have Dilian Stoyanov, chief executive officer; Jordan Paquet, vice-president, public affairs; and Olga Jilani, chief financial officer.

I will now invite the witnesses to present short statements of six minutes. We will start with Dr. Maskalyk. Please go ahead.

**Dr. James Maskalyk (Associate Professor of Emergency Medicine, University of Toronto and Toronto-Addis Ababa Academic Collaboration in Emergency Medicine, As an Individual):** Thank you so much. It's such a pleasure to be here.

I'm an emergency physician and trauma specialist here in Toronto and with Médecins Sans Frontières. I've worked in epidemics before the COVID-19 pandemic and I intend to afterwards.

First, I'd like to say that the response overall by Canada and Canadians has been remarkable and exceeded my and so many peoples' expectations. I just wanted to extend my thanks as a citizen and a clinician for feeling so well supported...having mitigated the worst of this for all of us.

Normally, I speak about issues of global equity, particularly knowledge translation through critical care and emergency medicine to the global south. Today I want to speak about issues that are particularly relevant to the Canadian context in the emergency landscape that the COVID-19 pandemic has made so clear. I will focus my testimony today on how we might continue these lessons from the pandemic to create a stronger, more robust and safer health system for Canadians. In particular, I will focus the dis-

cussion today on the topic of national licensure for doctors, nurses and other health care professionals in our country.

As you likely know, provincial licensure is what health care professionals require to gain the ability to treat patients. It's only in the confines of their province. Should you want to move to another province, either in times of disaster, pandemic or otherwise, you require an emergency order to do so. That process is cumbersome, ineffective, risky and really unsafe.

I believe we are the last remaining Commonwealth country—I wasn't able to go through the whole list, but we were the last—that doesn't have national licensure. It prevents more equitable distribution of health care resources, particularly as we move into greater virtual care opportunities. What's happening now is that I can't treat a patient in Iqaluit without a special reciprocal licence between our provinces. I think that needs to change.

As you can see, the nature of this pandemic, like all disaster, is one of asymmetry. This means that it doesn't just happen demographically; it happens geographically. You're seeing Manitoba going through a crisis right now that Ontario's just coming through to the other side of. You're seeing patients being transited from Manitoba to Ontario. That's dangerous. It's risky for the individual because if you're a sick person, it's much more risky to send you to Ontario than send a healthy nurse, doctor or RT to Manitoba. I think that through national licensure, we can start to equilibrate some of these resources.

While mathematical modelling can help predict something with the COVID-19 pandemic, it certainly can't predict an earthquake on the west coast or how high the Red River will rise. Giving physicians, nurses and other health care professionals the ability to move freely throughout the country would be an easy way to start redistributing these resources in times of emergency, and also overall.

I think, as you'll see in the coming months, we're about to face a crisis of a different kind. We're about to face a crisis of burnout. Pretty much every doctor I know, as they look to the future of their whole careers perhaps wearing the mask and shield, is thinking about doing something else. This is real.

I bring up this issue of national licensure because it's close to my heart. It initially came up when working in Inuit, Métis and first nation communities as a way to distribute health care resources there. Now I see it as a way to respond to a need in our health care community, which is the freedom of mobility to allow doctors and nurses to do what they love to do best, which is treat patients no matter where they are.

It's safer for Canadians, it's better for doctors and 91% of physicians want it. More than half of them say that it would increase the likelihood of their working in remote communities.

If we don't take this step, virtual care is going to move into a private sphere and we're going to miss an opportunity to keep it affordable for the average Canadian. With President Biden moving to insure up to 40 million Americans, there's no reason to stop a doctor in Alberta from now treating Americans using virtual care. We have to get ahead of that, in my opinion, and a national licence is the way to do that.

Reciprocity for this licence and allowing greater training is one thing that would encourage it as well, particularly as these people are committed to working in remote and indigenous communities or with those populations that have been made vulnerable by systemic inequity.

● (1305)

I would suggest that the federal government consider immediately establishing a reciprocal arrangement, or encouraging a reciprocal arrangement, between provinces that allows freedom of mobility of health care professionals during the COVID-19 pandemic. Then it should look to develop a plan to extend this reciprocal licensing arrangement between provinces, territories, indigenous and federal governments, allowing these health care professionals licensed in one to work in other provinces and territories.

The requirements are all the same. The training is the same. The fact is there is this expanse in the hurdles to jump over. It is kind of redundant. It makes the system vulnerable, because if someone has malfeasance in their past, it's less easy to track because they can go to another provincial college. They are siloed organizations.

Luckily, as Canadians, we haven't endured the big crimes that we've seen in the U.K. and Australia that allowed doctors to operate truly unqualified and hurt people. We're just waiting for that. Maybe that will never happen, but having a national autonomy and licenser is one way to do it.

In conclusion, there are two ways I think it can be done. One would be to start to focus on health care as administered through federal bodies, like indigenous, Métis and first nations communities. That is something that could allow them certain types of autonomy with registration, regulating who comes in and certain types of accountability.

The second and more robust way to do it would be to have the provinces, which have mandated to the college the licensing authority, mandate that authority to a national body. It wouldn't change the machinery of the provinces necessarily, but it would allow national licensure to be possible. I think ultimately it would be a good step not only to buoy the spirits of the health care workers who

have been working very hard during this time, but also to encourage harmonization of health care in the country, improve accessibility to care and universality of care.

That is what I think is possible. It is what I imagine would be a positive step for the health care of Canadians.

**The Chair:** Thank you, Doctor.

I would just note that I have these cards. The yellow one I will display when there is roughly a minute left in your time, unless I become totally enthralled in the testimony. The red one is when your time roughly is up. If you see the red card, you don't have to stop instantly, but try to wrap up.

We will go now to Dr. Morris.

Doctor, please go ahead for six minutes.

● (1310)

**Dr. Andrew Morris (Professor and Physician, As an Individual):** Thanks so much. I have never paid attention when given any yellow card before, so I don't know why I should start now.

Mr. Chair and honourable committee members, thanks for allowing me to address you. Before I start, I want to acknowledge that I'm currently speaking on what I believe to be the unceded ancestral territory of the Haudenosaunee, where my family home currently rests.

I'm a professor of medicine and infectious diseases at the University of Toronto, and I'm also a consultant in infectious diseases at Sinai Health and University Health Network. Prior to this pandemic, most of my academic work was focused on antimicrobial resistance, that is, drug resistant infections.

I currently co-chair, with Dr. Gerry Wright, a project to conceive of a national network to tackle antimicrobial resistance, or AMR, and support the anticipated—and I'll say, massively overdue—pan-Canadian AMR action plan.

This is my fourth such appearance before your Standing Committee on Health related to infectious diseases over the past four years, and I'm really quite honoured to be able to have this privilege of presenting to you again.

I want to cover two things: pandemic strategy and antimicrobial resistance.

Pandemics require strategy. Strategy should be based on the best available information and should be adaptive to new information. The pace of new information that we have received has been rather incredible and unprecedented. In my first and second HESA appearances, I highlighted for this committee the potential cost involved in preparing properly for an antimicrobial resistance pandemic. I think I quoted \$100 million price tag at the time. Just imagine now only spending \$100 million in exchange for properly preparing for a costly pandemic. My guess is, by the way, that this government still won't commit \$100 million for an antimicrobial resistance pandemic.

If we consider Canada's performance to date regarding this pandemic, and with deference to my colleague who just spoke, I think my personal and, I would say, reasonable assessment is that it was not good, but it could have been worse. We've lost over 25,000 Canadians directly to COVID-19. The fact that we will see well over 10,000 COVID-19 deaths since January 1 will remain one of the most catastrophic and tragic failures of our nation.

However, the cost to Canadians in terms of quality of life, sickness and death from other illnesses, including mental illness, will be orders of magnitude greater than this for years to come, and it didn't have to be this way.

If you compare our response in outcomes with the U.S., most of Europe and, say, Brazil, we've done quite well. When I was a kid, when I came home with a grade that was below my parents' expectations, I always mentioned the classmates who did worse. I never made a comparison when I received an A, however.

Canada's first responsibility moving forward will have to be an honest assessment of our performance, and, indeed, the Auditor General is doing some of this work, but we need a more fulsome assessment of our performance. I would suggest that the time to start such a commission, perhaps titled "Why did Canada not get an A in COVID-19?", is now.

The U.K. and Brazil are both holding similar such commissions. Apart from the obviously gripping theatre both have provided, they've offered insight into the flawed mindset of two governments that dramatically failed their electorate. The question that should be on the minds of all of you and indeed all Canadians is: Why have you failed to seek a maximum suppression strategy?

In November, I used the term "COVID-zero" publicly, but "Zero COVID", "Canadian Shield Strategy" and "No More Waves" have all been monikers to a strategy I've affixed my name to. It's been abundantly clear that exponential growth has meant that living with COVID-19 was never an acceptable strategy, even though it was attempted. This would be true for any future pandemics.

Moving forward, Canadian governments should have a stated policy that says, "We will work to maximally contain and suppress any new infectious diseases throughout until the nature of that threat is fully understood." This would have meant clear and consistent pan-Canadian communication, closing our borders sooner, reducing interprovincial and regional travel, making no assumptions on the nature of its transmission, protecting the most vulnerable members of our society with a focus on obtaining the data to demonstrate this protection, rapidly and transparently sharing this

data, starting up clinical trials similar to what was done in the U.K., relying on the best available scientific evidence and stating, most importantly, that the primary goal of government and public health with infectious disease threats is not to protect the health care systems or the economies from the threat, but to protect the health of Canadians.

● (1315)

On May 28, 2021, we can start learning from this. Our government can make a commitment to maximum suppression of COVID-19. This does not mean locking down our society for the entire summer, but doing everything possible to continue to drive our cases down so that we'll be able to start the school year in full force, with an economy that can start working in full force.

Before I address AMR, I want to make one last point. It's very possible that in an upcoming school year we will be faced with an outbreak of a non-COVID infectious disease. It could be influenza or maybe another virus. In that situation, it would be important that we do not dismiss it. I have found myself at times dismissing other infectious diseases. Do we need a flu-zero approach? I doubt it. However, the famous and proudly Canadian overburdening of hospitals in winter is unquestionably due to respiratory viruses. We can and should do much to reimagine respiratory viruses.

That brings me, lastly, to antimicrobial resistance. I've spent most of my career tackling AMR. It has not gone away, and it won't go away. Moving forward, the AMR pandemic, which is a much slower moving one than COVID, will continue to require close and careful attention. It is not going to come and go like the COVID-19 virus. It will endure and grow in nature.

This very committee has a responsibility to Canadians. It has failed in the past to address and push government on properly addressing this. We need to address AMR in Canada and globally in the same manner that we've been addressing COVID-19. Thank you.

**The Chair:** Thank you, Doctor.

[*Translation*]

Professor Taillon, you have the floor for six minutes.

**Mr. Patrick Taillon (Professor, Faculty of Law, Université Laval, As an Individual):** Thank you, Mr. Chair.

My name is Patrick Taillon, and I am a professor in the faculty of law at the Université Laval.

I will summarize my main remarks briefly based on a very simple idea: one of the best decisions the federal government made in managing this unprecedented crisis was definitely its decision not to invoke the federal Emergencies Act, for the following reasons.

First, we can now see, particularly from a rights and freedoms perspective, that there was no need to invoke the act. We can also see how far the judiciary adapted its interpretation of rights and freedoms to our circumstances at the time. The government's decision not to use the act thus enabled it to maintain control and to let the judges do their work, while at the same time adapting that work.

Second, it is clear that, under our federalist regime, governments did not lack authority. The federal and provincial governments had all the necessary authorities in their toolbox to address the crisis. All they had to do was invent solutions that they could not yet know of at the time.

In short, we must not fall into the trap of thinking that each level of government inevitably did good and bad things and that uniform and centralized solutions would suddenly have solved all problems. On the contrary, the logic of subsidiarity, cooperation and autonomy that federalism presupposes runs somewhat contrary to this idea of uniformity. Federalism made a minimum level of experimentation possible during the crisis. No one had a magic solution, and federalism, under which the member states of a federation enjoy autonomy, enabled each state to exercise a degree of innovation.

British Columbia did some things right. Each province handled mask-wearing in its own way. The Atlantic bubble was an original idea suited to that part of the federation. As a member state of the federation, Quebec, where I come from, did good and bad things in its own way. Its curfew and the reopening of its schools in the spring of 2020 made it possible to gather data and to test a solution that was subsequently imitated by others. Quebec did the same when it decided to administer second doses of vaccine sooner than previously planned.

This degree of autonomy, experimentation and innovation in the spirit of cooperation was absolutely necessary in managing the crisis. With a combination of diversified measures, the two levels of government were able to imitate each other and adjust their game plans. Federalism, which fosters the autonomy of every member state in the federation, especially enabled each to play the role of countervailing power, which is essential in times of crisis.

At the lowest points, when nothing was working and the courts were virtually closed, newspapers were on the brink, incomes were clearly declining and parliamentary assemblies were closed, how else could we have exercised that countervailing power in Canada? What countervailing power could have protected citizens? The tensions and disputes that continued between the federal and provincial governments nevertheless bolstered citizens' trust in our institutions, to the extent that the sight of two leaders and two governments confronting and monitoring each other afforded a form of control, surveillance and countervailing power that were particularly necessary during those difficult times.

Obviously, the federal government could have done better. Its performance was partly shaped by circumstances. We can debate at length the state of necessary equipment reserves. We can say that borders should have been managed more quickly and efficiently. However, at some point, we have to accept that what was done is done. We must especially take note of mistakes that must not be repeated. On that point, the serious impact of underfunding for health

definitely suggests that we could have intervened more effectively in that field and that we will have to do better in future.

• (1320)

It is therefore important to establish stable health funding. To do so, the federal government should either make a lasting commitment, over years, so that the provinces can rely on its participation, or else disengage and allow the provinces to use the necessary fiscal room. Whatever it does, we cannot play at yoyos or Russian roulette with health funding. It cannot be subject to circumstantial fluctuations. It must be stable.

Lastly—and this will be my final comment—as for what was done well but could have been done even better, I would say that cooperative federalism, that necessary cooperation between levels of government, could have gone further. Considering the powers it has, the federal government could have made adaptation measures available to the provinces. Consider travellers, for example. When it had to make decisions on how to manage the borders, the federal government could have played the cooperative federalism card to a greater degree. In the "Atlantic bubble", for example, borders and flights could have been shut down at the request of the provinces concerned, whereas other provinces could have established mandatory quarantines, a measure that moreover was ultimately adopted.

Uniformity is not the most suitable solution. It is an instinctive reaction that is contrary to the spirit of federalism and should be avoided. Management of the crisis required cooperation between the federal government and the provinces. It also called for respect for the autonomy of each government instead of the instinctive impulse to claim that one level of government is, by definition, better than another and thus shielded from the necessary interplay of trial and error, good and bad ideas and the competition between levels of government. That competition enabled us to secure countervailing powers, innovate and imitate each other. In that respect, I want to emphasize the importance of the autonomy of the federal government and federated entities in managing such a crisis.

Thank you.

**The Chair:** Thank you, Professor Taillon.

[English]

We'll now go to Switch Health for six minutes.

**Mr. Jordan Paquet (Vice-President, Public Affairs, Switch Health):** Thanks, Mr. Chair. We're going to split our time very quickly, but we'll be under six minutes.

Thank you, and good afternoon, honourable members. Thank you so much for inviting us today to talk about Switch Health's innovative at-home testing solution that was developed in response to Canada's fight against COVID.

I am Jordan Paquet, the VP of public affairs, and I am pleased to be joined today by Dilian Stoyanov, our CEO, and Olga Jilani, our CFO.

We want to thank the members of this committee for the important work you are doing on this study.

This past year and a half has been very difficult for Canadians, especially frontline workers. We are pleased to be here to tell you a bit more about our company, our services, and to answer any questions you may have.

• (1325)

**Mr. Dilian Stoyanov (Chief Executive Officer, Switch Health):** In essence, we are a homegrown Canadian success story that met a daunting task during the pandemic, bringing critical health care services to an increasingly virtual world. Meeting this need for increased domestic testing capacity required a company that was forward thinking, flexible and patient-focused.

In a matter of months, we were able to hire hundreds of experienced health care professionals, meet the needs of Canadians and collaborate with Canada's leading laboratories. This is a service Canada needed. Canada needed a novel solution to collect specimens at home with the oversight of a telehealth employee through our proprietary privacy compliant telehealth and results reporting software.

Despite the logistical challenges and early hiccups, we're proud to say that our at-home collection kits met demand and, most importantly, minimized exposure to the virus.

It is about a 10-minute process, and the results are usually returned to patients within 24 hours of reaching one of our partner labs. Courier times may vary by location. With our partner, Purolator, and other third party logistics providers, we can reach 100% of Canada. Additionally, we are proud to work with Uber to ship kits in Toronto, Vancouver and Montreal.

Our instructional manual is available in 15 languages, including three indigenous languages.

In February 2021, Canada introduced new border measures to help prevent further introduction and transmission of COVID-19, including new variants. It needed help with PHAC-directed testing of international travellers, and we applied.

PHAC required an operation with supervised testing and self-collection, kit transportation, electronic results reporting, and laboratory partnerships supported by the latest technological operations. Prior to the federal program, Switch Health was providing testing services via our clinics and mobile units with other levels of government, public health units, major companies, individuals and families.

**Ms. Olga Jilani (Chief Financial Officer, Switch Health):** We scaled up efforts at an extremely rapid pace, with close to 1,200 telehealth staff now servicing travellers. Within this federal program alone, we have administered over 600,000 tests for travellers entering Canada. We have identified over 6,400 positive cases of COVID-19, including over 2,200 second-test positives and 1,500 variants of concern. Because most of these individuals were at home when they took their test, the risk of community spread was greatly reduced.

Of course, we have experienced some growing pains, with the volume of demand for testing rising exponentially and sometimes causing delays in service. We have been working diligently to improve our operations and processes and the speed with which we

deliver results, by adding more telehealth and customer service staff. For example, since introducing appointment times for telehealth sessions, the average wait time has been reduced to 10 to 15 minutes. Currently, over 99% of travellers, including those in rural and remote regions, receive their results on or before their 14th day of quarantine.

[Translation]

We are still adding new resources so we can better serve travellers in both official languages.

Although we've been hired to provide additional testing services for temporary foreign workers in Ontario only, we've been asked to intervene temporarily to assist in providing additional testing services for temporary foreign workers from Quebec.

Recognizing the importance of Canada's food security, we are honoured to provide assistance until a permanent solution is found. We are pleased to continue serving travellers from Quebec by supplying our Day-8 test kits.

[English]

Before I conclude, I want to take a moment to address last night's report on Global News. We're proud to employ over 1,100 nursing professionals. We also employ a small number of trained telehealth generalists, who are permitted to oversee this type of testing process. Any suggestion that Switch Health has ever instructed employees to identify themselves as a nurse when they are not is categorically false. We acknowledge the hard work of all medical professionals during this pandemic and have never instructed any of our staff to mislead the public.

Developing an innovative and accessible testing solution in Canada's fight against COVID-19 is helping transform how health care is delivered. And with the pandemic having a disproportionate effect on women, we're proud that we're not only offering a flexible work experience for the majority of our employees, who are women, but also that we're a company with women in positions of origin and leadership.

Earlier this week, we were proud to announce our new chief medical officer, Dr. Gregory Taylor, who served our country as Canada's chief public health officer. We are proud to be at the forefront of protecting the health and safety of Canadians in one of the most challenging times in global history. We very much appreciate your support in doing so. Thank you, again, for this opportunity.

• (1330)

[Translation]

Thank you, everyone.

[English]

**The Chair:** Thank you to Switch Health, all of you. Thanks to all of the witnesses for your statements. We will start our round of questions now with Ms. Rempel Garner.

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

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

Mr. Stoyanov, as it relates to services provided to the Government of Canada for at-home COVID-19 testing of international travellers, has Switch Health ever been legally obligated to ensure that samples collected via the online portal were collected under the supervision of a nurse?

**Mr. Dilian Stoyanov:** Thank you for the question. Can you just clarify the last part of the question, please?

**Hon. Michelle Rempel Garner:** Has Switch Health ever been legally obligated to ensure that samples collected via the online portal were collected under the supervision of a nurse?

**Mr. Dilian Stoyanov:** All specimens collected under the supervision of a telehealth professional, a nurse or a telehealth generalist, are done in compliance with laws in the respective provinces.

**Hon. Michelle Rempel Garner:** Were you ever contractually obligated to have the supervision observed by a nurse?

**Mr. Dilian Stoyanov:** I believe my colleague Olga Jilani will have more details about the contract, if I may, please.

**Ms. Olga Jilani:** The contract calls for any individual who is overseeing specimen collection over telehealth to comply with the regulations of the province in which they reside. As you can imagine, over—

**Hon. Michelle Rempel Garner:** Thank you. Has that ever changed?

**Ms. Olga Jilani:** Over the scope of the pandemic, in fact, at the time of the pandemic the scope of service—

**Hon. Michelle Rempel Garner:** Thank you. I don't have time. Have you ever been contractually obligated to have the samples collected overseen by a nurse, and has that ever changed?

**Ms. Olga Jilani:** The contract calls for a telehealth appointment to be overseen by a medical professional.

**Hon. Michelle Rempel Garner:** By a “medical professional”. What percentage of samples collected by Switch Health to date were collected by the online portal under the supervision of somebody other than a medical professional?

**Ms. Olga Jilani:** We employ 1,172 registered nurses and registered practical nurses and 17 medical generalists. For reference, those medical generalists are respiratory therapists—

**Hon. Michelle Rempel Garner:** Thank you. That's not what I asked.

Have any samples been collected while not under the supervision of a medical professional?

**Ms. Olga Jilani:** A medical professional, under the regulation of the individual provinces, can be someone who is trained to comply with oversight of a bilateral anterior swab.

**Hon. Michelle Rempel Garner:** Again, that's not what I asked.

Were any samples not collected under the supervision of a medical professional?

**Ms. Olga Jilani:** The medical professional who is overseeing collection of samples was trained to the standard of compliance with the regulatory—

**Hon. Michelle Rempel Garner:** Thank you.

Were any samples collected while not under the supervision of a medical professional?

**Ms. Olga Jilani:** Over telehealth, specimens were collected with the oversight of a medical professional—

**Hon. Michelle Rempel Garner:** Would it be safe to say that's a “yes”, that there were samples that weren't collected under the supervision of a medical professional?

**Ms. Olga Jilani:** Medical professionals were always overseeing sample collection over telehealth.

**Hon. Michelle Rempel Garner:** You do realize that obfuscating on this with talking points is not helping your case. Were any samples collected while not under the supervision of a medical professional?

**Ms. Olga Jilani:** All the telehealth professionals who observe specimen collection are overseen as well by an RN or RPN.

**Hon. Michelle Rempel Garner:** Does the Government of Canada conduct audits to ensure that samples are collected by medical professionals?

**Ms. Olga Jilani:** Absolutely, and it is within the scope of our contract to collect specimen—

**Hon. Michelle Rempel Garner:** Thank you.

To Mr. Stoyanov, has anyone acting on behalf of Switch Health or associated companies ever proactively communicated with any Government of Canada official at the associate deputy minister level or higher relating to matters on the provision of services to the Government of Canada for at-home COVID-19 testing for international travellers?

**Mr. Dilian Stoyanov:** I apologize to ask you to repeat the second part of that question: “Has any employee or person acting on behalf of Switch Health communicated to...?”

**Hon. Michelle Rempel Garner:** I realize that you guys might be trying to talk the clock out. I will ask one more time.

Has anyone acting on behalf of Switch Health or an associated company ever proactively communicated with any Government of Canada official at the associate deputy minister level or higher relating to matters regarding the provision of services to the Government of Canada for at-home COVID-19 testing for international travellers?

• (1335)

**Mr. Dilian Stoyanov:** I believe our VP of public affairs Jordan Paquet would be better suited to answer that question.

**Mr. Jordan Paquet:** Yes, thanks, honourable member.



Certainly, in relation to the contract we entered into through the RFP, a very competitive process, our dealings throughout the contract have been at the officials level, at a variety of different levels.

**Hon. Michelle Rempel Garner:** At what level? What was the most senior level?

**Mr. Jordan Paquet:** Is that for dealing operationally throughout the contract?

**Hon. Michelle Rempel Garner:** No, that is prior to the contract being signed.

**Mr. Jordan Paquet:** Prior to the contract being signed, it would have been officials at PSPC at a level—

**Hon. Michelle Rempel Garner:** At what level?

**Mr. Jordan Paquet:** I would say it was at management level. We entered through the normal process, applied, as per all of the rules, and followed the process accordingly.

**Hon. Michelle Rempel Garner:** Mr. Paquet, prior to the RFP for services being issued, had anyone acting on behalf of Switch Health or an associated company of Switch Health ever proactively communicated with any public office holder or deputy public office holder relating to the provision of services to the Government of Canada for at-home COVID-19 testing for international travellers?

**Mr. Jordan Paquet:** Prior to the RFP for services being issued, we entered into the contract competitively, followed the process accordingly and were awarded the contract on its merits.

**Hon. Michelle Rempel Garner:** Can you confirm on the record that all persons acting on behalf of Switch Health or associated companies have satisfied all legally required obligations as set out in the federal Lobbying Act?

**Mr. Jordan Paquet:** Yes.

**Hon. Michelle Rempel Garner:** Why is there no record of any official or associated company from Switch Health in the lobbying registry?

**Mr. Jordan Paquet:** That is because we wouldn't have been lobbying prior to the awarding of the contract.

**Hon. Michelle Rempel Garner:** You are confirming that the answer to my first question was “no”.

**Mr. Jordan Paquet:** That's correct. No lobbying took place.

**Hon. Michelle Rempel Garner:** Nobody has ever contacted a public office holder for any purpose that might be construed as lobbying. Are you sure you want to answer “yes” on the record for that?

**Mr. Jordan Paquet:** In the process of getting to award the contract for this particular instance, we followed the process completely—

**Hon. Michelle Rempel Garner:** I asked whether you proactively contacted any public office holder for any purpose.

**Mr. Jordan Paquet:** Is that with respect to awarding the contract or throughout the process?

**Hon. Michelle Rempel Garner:** No, it's throughout the process. Have you contacted any public office holder?

**Mr. Jordan Paquet:** Yes, throughout the process, we would have been in contact with people at the ADM and DM levels as well.

**Hon. Michelle Rempel Garner:** Were those contacts registered in compliance with the federal Lobbying Act?

**Mr. Jordan Paquet:** These were sessions on information—operational procedures and sharing of information, for the most part—so everything would have been above board with regard to the Lobbying Act. None of our employees would spend more than 20% of their time lobbying in any form.

**The Chair:** Thank you, Ms. Rempel Garner.

We'll go now to Dr. Powlowski for six minutes.

**Mr. Marcus Powlowski (Thunder Bay—Rainy River, Lib.):** I think you're going to find my questioning much slower and more labourious.

Dr. Morris, let me start off by complimenting you for speaking out on issues of public health. I know a lot of health care workers have been afraid to do so, and for good reason.

I was still on staff at the local hospital until January. My hospital, for example, specifically told doctors not to speak to the press or politicians like myself. There certainly have been health care people disciplined or threatened with discipline, especially when they speak up on public health measures and against government policy.

Therefore, I certainly commend you for it. I disagree with these kinds of tactics from the hospitals. I think you'll agree that an ounce of prevention is worth a pound of cure. Certainly when somebody has gotten to the stage that they're on a ventilator, there's not a whole heck of a lot you can do for them medically. It makes more sense to prevent their getting on ventilators, which means good public health.

For a good doctor, it's not just a good decision to speak out; I would suggest that doctors have a duty to speak out. You might want to comment on that.

However, before I get there, I have a second question. You probably saw this coming, because we've talked about it before. It's about the use of monoclonal antibodies. It gets to the same thing: keeping people off ventilators. As I suggested last time, I think there's a growing amount of robust evidence that use of monoclonal antibodies in high-risk people, when used early on, can reduce by somewhere between 60% to 80% the number of people who go on to hospitalization.

Now, I know when we previously spoke, you felt that there wasn't enough evidence for that. You wrote the guidelines. You sit on the science table. I would like to point out that, since then, the NIH guidelines panel, in interpreting the evidence, gave a class IIa recommendation for the use of monoclonal antibodies.

I talked about some of the evidence before. With Chen et al. in the New England Journal of Medicine, there were certainly good results; and BLAZE-1, Gottlieb et al., in JAMA, is another study with very positive results. I brought these examples up in the last meeting.

Since then, real-world experience from Kumar et al., from the clinical infectious disease group from Chicago, found the number needed to treat was eight, treating eight high-risk people with monoclonal bamlanivimab before they got really sick. If you treated eight, it would prevent one person being hospitalized.

Bariola et al., a Pittsburgh group, in Open Forum Infectious Diseases, found that treatment, again with bamlanivimab, resulted in a 60% lower risk of hospitalization or mortality.

Now, to pre-empt you, I know that the FDA revoked approval in the U.S. for bamlanivimab alone, but that was based on in vitro studies showing that it didn't look like it would be effective against the California or New York variants, which we don't have much of here. The estimates have been in Ontario that 90% to 92% of the variants we have here, including the wild type, are covered by that treatment.

Even if you don't like bamlanivimab, there are the other newer monoclonal antibodies. The Celltrion phase II and phase III clinical trial showed a 64% reduction in progression to disease. On the bamlanivimab and etesevimab, there have been further studies with that in chronic care homes; the BLAZE-1 phase 3 trial; and REGEN-COV by Regeneron, which showed that patients who got infused treatment within 10 days of developing symptoms had a 70% reduced risk of hospitalization or death. More recently, in the COMET-ICE study, with GlaxoSmithKline, the independent data monitoring committee recommended stopping the trial early because results were showing an 85% reduction in hospitalization or death, so it would be unethical to continue.

Given all that, do you continue to maintain that there is not enough evidence for the use of monoclonal antibodies, and will the science table re-examine this in the treatment guidelines?

Thank you.

• (1340)

**The Chair:** I'm sorry, Doctor, but for whom was that question?

**Dr. Andrew Morris:** Sorry, it's was for me. Thanks for the question. I was on mute.

I think I'll address the first question later on, if we have time, but to the second question about monoclonal antibodies, I'll say a few things in response.

I sit on and chair Ontario's scientific advisory table. Even though much of the country looks to our table for advice, it's Ontario's scientific advisory table. We mainly provide advice on therapies that are currently available to Canadians. The only monoclonal antibody that is available to Canadians at present is bamlanivimab. As you pointed out, there are problems with bamlanivimab monotherapy, and they continue. They're not just theoretical. They were demonstrated in the trials, especially in BLAZE-1, where there was an emergence of antibody-resistant variants while on therapy. Because of that, I would strongly suggest that we not use bamlanivimab.

I see that my time is up, Mr. Chair. I don't know if you want me to finish the rest of the question.

**Mr. Marcus Powlowski:** I know the previous speaker got a little extra time.

Would you consider combination therapy? If you had funding to set up infusion sites, would you consider using them if they're approved by Health Canada?

**Dr. Andrew Morris:** Yes, I think I would absolutely consider it. I think there is emerging evidence that it is of some benefit. There are some challenges with it, especially the practicalities, but definitely, as time has gone on, if you can get patients onto combination monoclonal antibodies early enough, there may be some benefit. Whether the trade-off between the cost and logistical challenges proves adequate for the benefit is something that needs to be decided.

**The Chair:** Thank you, Dr. Powlowski and Dr. Morris.

[Translation]

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

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

First of all, I'd like to thank all the witnesses for their testimony. We are looking for seeking solutions and will have to make recommendations once we have completed our study. So I thank them for being here today.

I will turn to you first, Professor Taillon. Your presentation was very clear and touched on a number of complex issues in a very short period of time, and you summarized them simply and clearly. Thank you for that.

Some people have told us that the crisis would have been managed more efficiently if we had invoked the Emergencies Act or centralized our operations. Others felt that, on the contrary, decentralized management of operations was the only solution to managing what we didn't know. I understand that you fall into the latter camp.

If the government had persisted in using such an act or centralized management, we might have had to manage both an urgent health crisis—we were told from the first wave that we were lagging two weeks behind the spreading virus—and a political crisis.

What do you think?

• (1345)

**Mr. Patrick Taillon:** With regard to a political crisis, I imagine you're alluding to the fact that the government is in the minority position in Parliament.

At any event, I don't think that provincial MLAs naturally have better or worse solutions than federal MPs. That's really not the case. It's just a question of subsidiarity. This crisis clearly called for management that was as close to the ground as possible. Even in the provinces, it would have been better at times to have management that was closer to the ground and provided primarily by physicians, healthcare staff, local governments and, obviously, the provinces.

On the whole, I would point out that federal authorities weren't powerless when they discovered that there was a financial need and that a measure like the Canada emergency response benefit, the CERB, would be useful. With their enormous spending power, they could have carried out their policy. They didn't need the Emergencies Act or the exorbitant regime under which we suspended normal federalism, rights and freedoms and so on in a quest for exceptional means. The means at the federal government's disposal were already equal to the task of carrying out that policy. I don't think we would have produced vaccines any sooner if we had used the Emergencies Act.

**Mr. Luc Thériault:** Nor do I believe that the federal government ever possessed all the expertise needed to manage the crisis without calling upon the expertise acquired over many decades by caregivers in the field.

There would probably have been resistance to the exercise of this act, which would have caused delays and a situation that could have been avoided; hence my comments on the crisis.

There were some gaffes in the government's management, for example with the country's supplies, just as the Global Public Health Intelligence Network was not really effective. We saw the reports about that.

Nevertheless, we'll be able to criticize all of that in due course.

How then to explain the government's stance on not immediately wanting to provide funding to the health systems or to transfer the money needed to rapidly restore the decentralized management and coordination required by the health systems?

Cancer specialists and cardiologists have come here and told us that the redirection of patients would have repercussions, and that patients who do not have COVID-19 will suffer the consequences for 10 years and that the mortality rate will rise by 10%.

Not to mention the dramatically higher health costs! Let's say that a colonoscopy costs \$1,000. Without an early diagnosis, a patient will begin to draw upon the health system and the cost of dealing with advanced cancer will be extremely high.

In view of all this, why was it decided to run everything unilaterally? On the one hand, the health transfers were deferred—that was the first mistake, from both the medical and economics standpoints—and on the other, standards and conditions were imposed. There are two sides to the way this pandemic was managed.

● (1350)

**Mr. Patrick Taillon:** I'll be brief, so as not to exceed the allotted time. Health is first and foremost a provincial jurisdiction, but there are exceptions, and certain aspects are clearly defined areas of federal jurisdiction.

However, there is the question of funding. When you have spending authority, it's as if the intent of the Fathers of Confederation no longer applied, because spending is not legislating. You are right to point out that through spending authority, the federal government plays a major role in health, whereas its legislative authority in health is somewhat, or even very, limited.

After this crisis is over, health will go into a new phase, in which it will have to deal with new types of problems, specifically for those who had their care postponed. In order to deal with these delays, additional costs will have to be paid and there will be many hours of overtime. These extra costs will create enormous financial pressure on the provinces in the short, medium and long term. The exercise of federal spending authority on health in a way that is not sufficiently stable, predictable and substantial, will definitely cause enormous problems.

It is therefore absolutely essential that this funding be stable, consistent and substantial; otherwise fiscal space will have to be created to allow the provinces to finance these areas on their own, because at the end of the line, the ability of citizens to pay taxes is limited. That will be the major issue in the years ahead.

Now that we are more knowledgeable about the virus, we need to take care of the other patients, and that will be very expensive.

**Mr. Luc Thériault:** Thank you.

**The Chair:** Thank you, Mr. Thériault.

[English]

We'll go now to Mr. Davies.

Mr. Davies, officially you have six minutes, but everyone else took at least seven, so go ahead for seven minutes.

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

Dr. Morris, you recently posted on your website the following: "I anticipate we will be hearing definitive word of a 'passport' from our political leaders in the coming weeks, in anticipation of a relaxation of quarantine restrictions. (I cannot imagine we can be seen as safe until the 3rd wave truly recedes in all provinces.)"

Now, some provinces, including my own in British Columbia, have just announced plans to open up and are starting to open up, while others, like Manitoba, are clearly in severe crisis.

In your view, is it prudent for us to be having some provinces reopen when others don't? Do we need national reopening guidelines?

**Dr. Andrew Morris:** I've always felt that we need to, first and foremost, consider this pandemic to be a global pandemic, so we need to appreciate that Canadians won't be fully safe until everyone around the world is going to be safe. If we think of Canada and its borders, and everything within its borders, you have really two choices.

One is that you allow provinces to make their own decisions, but you protect the provinces from the strengths and weaknesses of the adjacent provinces where people travel to and from. At the moment, if you're bordering Manitoba, which has a pretty high case rate at present, and you're allowing travel from your province to and from Manitoba, then you are adopting much of the risk of the other province. I think it's really important that we not only consider international travel, but we consider interprovincial and regional travel in how we open up our economies and, more importantly, how we move forward.

It is important that we move forward, especially as we become more successful within Canada with meeting vaccination targets, but we have to be very aware that the threat won't go away until the threat internationally goes away.

• (1355)

**Mr. Don Davies:** I'm going to turn to something you've written about AstraZeneca on our website. You wrote:

Some have argued—as the Ontario government just acceded—that patients can receive informed consent regarding the risk of VITT prior to getting a second dose of AZ. They are basing this on rather preliminary UK data; the same UK data that has consistently underestimated the 1st-dose VITT risk (starting off with 1:600K, then 1:250K, and is now down to 1:81K). They started off with a 1:1M 2nd-dose VITT risk, and now are quoting 1:600K risk after 15 cases. I am fairly certain the likelihood of risk is higher than this, but the magnitude is entirely uncertain.

What advice do you have, Dr. Morris, for Canadians who have received a first shot of the AstraZeneca vaccine and will reach the end of their four-month dose interval before trial data is available on vaccine mixing?

**Dr. Andrew Morris:** There are a few things.

I do think it's really important that we appreciate how incomplete and tenuous the U.K. data is on AstraZeneca safety. Their MHRA, which reports on their Yellow Card system for vaccine safety, reported again last night our time, or early this morning, and the risk is now for AstraZeneca and VITT is one in 76,000, so it's been progressively increasing in frequency for first doses.

They're really early in their rollout for second doses, and I don't have much confidence in really understanding the risk to Canadians of a second-dose VITT from the AstraZeneca vaccine. It may turn out to be very safe, but we really don't know. In Canada we are fortunate enough to have adequate vaccine of the combination of Pfizer and Moderna for the very near future.

I know what I've been telling my loved ones and I'd be encouraging vaccine task forces as well at the federal level that we should be moving as quickly as possible to getting the mRNA vaccines in arms. They've proven to be exceedingly safe, and we should be affording people who rolled up their sleeve to get the AstraZeneca early on the same if not accelerated benefit as those who have held out for the mRNA vaccines.

**Mr. Don Davies:** Thank you.

You recently co-signed an open letter in Maclean's, along with a group of leading Canadian physicians and researchers, calling for strict nationwide restrictions to control COVID-19. Your letter said, among other things, the following:

As much as we might wish otherwise, COVID-19 is not done with us yet. The consistent failure to learn from the experience of other jurisdictions and even worse, failure to learn from our own miscalculations, is a sad statement on Canada's political leadership.

Could you provide this committee with an overview of best practices from other jurisdictions that you think could and should be applied to Canada?

**Dr. Andrew Morris:** I think the simple answer to that, without going into too many details, is an intolerance of allowing cases to rise in any manner. As I kind of alluded to, if we're titrating our response to health care system capacity, what we're doing is allowing Canadians unnecessarily to become infected. We also have learned that pretty well everyone in society, especially government and the health care system, is not really good at titrating when there's exponential growth.

What we've seen in Manitoba, and to some degree in Alberta and Ontario, is that we've pulled the trigger on trying to control cases way too late. Everything's much easier when we try to keep cases as low as possible.

**Mr. Don Davies:** Thank you.

This is just a quick question for Mr. Taillon.

Mr. Taillon, I presume you've read the anti-inflation board reference at the Supreme Court of Canada. Do you agree with me, sir, that it's quite clear from the Supreme Court that the peace, order and good government power gives the federal government paramount jurisdiction to legislate in all measures, and even to usurp provincial powers in the case of an emergency? Do you agree with the Supreme Court when they say that?

• (1400)

[*Translation*]

**Mr. Patrick Taillon:** A distinction needs to be made between this power and the opportunity to exercise it. The main thrust of my comment was to congratulate the government on its decision not to have exercised it and to have demonstrated just how unproductive and inadequate it would have been to do so under the circumstances. There were also several benefits to refraining from exercising this power. The federal authorities were also not prevented from implementing any standards, regulations or actions by not exercising the Emergencies Act. That's the first part of my response

The second is that the Constitution clearly provides exorbitant powers that are inconsistent with what federalism in its ideal form ought to be, but that can be exercised in certain circumstances. These include the power to act in an emergency, which is time limited and has serious consequences because it can be exercised with impunity towards the principles that are central to our system, like rights and freedoms and federalism.

These powers need to be exercised when necessary and useful, and when there are good reasons to do so. I believe that it was very wise to have paused and taken some time to think before moving in that direction. The good news is that did not have to take this extraordinary and exorbitant action, which should only be used in very limited circumstances.

[*English*]

**Mr. Don Davies:** Such as a global pandemic?

**The Chair:** Thank you, Mr. Davies.

I'd like to thank all of the witnesses. We've burned up all of our time for this panel. Thank you for spending your time here today with us helping with our enquiries.

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

Thank you, everybody.

• (1400) \_\_\_\_\_ (Pause) \_\_\_\_\_

• (1405)

**The Chair:** I call this meeting back to order. We are resumed.

Welcome back to meeting number 39 of the House of Commons Standing Committee on Health. The committee is meeting today to study the emergency situation facing Canadians in light of the COVID-19 pandemic, specifically examining today Canada's national emergency response landscape.

I'd like to welcome the witnesses.

As an individual, we have Dr. Colleen Flood, university research chair in health law and policy at the University of Ottawa. We also have Dr. Dean Knight, associate professor, faculty of Law, Victoria University of Wellington. From World Animal Protection, we have Michèle Hamers, wildlife campaign manager; Melissa Matlow, campaign director; and Scott Weese, professor.

I should point out that I have these magic cards. A yellow one indicates that your time is almost up, and the red one that your time is up. If you see the red card, please do try to wrap up. You don't have to stop instantly, but try to wrap up.

We will now invite the witnesses to give their statements, and we'll start with Dr. Knight for six minutes.

• (1410)

**Dr. Dean Knight (Associate Professor, Faculty of Law, Victoria University of Wellington, As an Individual):** Greetings. It's a pleasure to join the committee to share some of the experience and insights from Aotearoa, New Zealand. I think there has been understandable interest in the efficacy of New Zealand's response. We've only encountered just over 2,600 cases of the virus and only 26

deaths during the pandemic. And one-third of those diagnosed cases have been caught at the border before entering the community.

The virus was, if I can say, first stamped out in the community nearly a year ago, five months after it first infiltrated. Since then, there's been a handful of flare-ups largely arising from what we describe as "border breaches", which have again been stamped out in what has become quite a sophisticated game of whack-a-mole. The last instance of community transmission was at the end of February this year.

In many respects, I think our current settings, the arc of the pandemic and thus the government response, have been quite different from Canada's and many other countries'.

However, to give you a sense of the nature of the regulation of the government response that has been deployed, I think that story is best told through a series of bubbles, which has been a very powerful metaphor in the New Zealand context. We started with what we described as our "household bubbles" from back in March 2020 nearly, where we had two months of aggressive and strict nationwide lockdown, stay-at-home directives and closure of premises other than those that were essential. That really broke the chain of transmission and allowed that shift from what was intended to be a mitigation or a suppression strategy to our current elimination strategy. That "go hard and go early" approach—which is how it was branded by the Prime Minister here—has probably been the main driver of New Zealand's success so far in combatting the virus. The achievement of that COVID-free community set the conditions for an ongoing elimination strategy where those re-emergent instances of the virus could continue to be stamped out, and that's been the focus.

After our household bubbles, where we were confined to our houses, we had a nationwide fortified bubble where ordinary day-to-day life largely resumed almost a year ago with most restrictions largely lifted. We have some ongoing restrictions, low-level measures such as a contact tracing system with QR codes, face coverings on some public transport and so forth.

Significantly, we had a fortified border fortress with a 14-day state-managed isolation and quarantine system, an escalating system of border testing, and management of incoming border flows through bookings, charges and pre-departure testing. It was very much trying to create an impenetrable border to protect the nation as a whole.

Within that, as I said, there were some flare-ups. I think of this in terms of resurgent localized bubbles where we had a handful of regional lockdowns, largely in Auckland, and other targeted measures to address the small number of flare-ups.

More recently, we've developed and moved to a transnational shared bubble where we've reopened our borders with Australia and a couple of other Pacific nations, allowing restriction-free travel. In order to do that, we've also harmonized our public health monitoring and measures across those countries.

Our hope is for a future popped bubble, if I can describe it like that, where there is a slow but steady vaccine rollout. We look forward to hopefully being able to fully open up our borders again and reintegrate with the world.

While we can see that success, the government regulatory response I don't think has always been smooth, stable and slick. The early days were characterized by a lack of preparedness for this type of virus, but a willingness to pragmatically innovate and respond.

Legally, the resort was to perhaps ill-fitting public health and civil defence tools, principally directive health orders issued by our senior medical officer of health, the director general of health, enforceable by the police. There was also heavy reliance on an extra-legal alert level framework as a communication tool, characteristic communication from our Prime Minister, ministers and director general in building a collective community trust in the government and the government's response.

• (1415)

I should note that there was one notable instance where the high court found that the government messaging overreached the underlying legal requirements, and I'm happy to talk about that some more if that's of interest.

After the lockdown was lifted, more COVID-specific, bespoke legislation was passed, which gave broad power to ministers to continue to issue directive health orders mandating public health measures and continuing police enforcement. The authority to do that was moved from the officials to the minister. I think of it in terms of belt and braces protections being overlaid on top of that.

Preservation of the right to contest any of the measures was, for example, inconsistent with the Bill of Rights Act's protections, such as freedom of movement and so forth, select committee scrutiny of orders and House confirmation of orders and other examples of checks and balances being grafted onto that power.

My final comment might be to say that the other notable feature has been a strong social licence in the community for these very aggressive measures. My analysis is that the legitimacy for that response has been catalyzed by the government maintaining and enhancing accountability through direct, face-to-face, reasoned explanation of the problem and the measures, openness and transparency—for example, all of the cabinet papers dealing with measures and so forth are publicly available—active scrutiny, continuing improvement and large doses of kindness.

Thank you.

**The Chair:** Thank you, Dr. Knight.

We will go now to World Animal Protection, and I believe Ms. Hamers will give the statement.

**Ms. Michèle Hamers (Wildlife Campaign Manager, World Animal Protection):** That will be Melissa Matlow. She will give the statement for us.

**The Chair:** Very well, Melissa, go ahead for six minutes.

**Ms. Melissa Matlow (Campaign Director, World Animal Protection):** Thank you, Mr. Chair and committee members, for this

opportunity to speak about a very important issue of pandemic prevention.

I am Melissa Matlow, the Canadian campaign director for World Animal Protection. We are an international animal welfare charity with offices in 14 countries and more than 300,000 supporters in Canada. We have general consultative status with the United Nations. We are members of the civil society 20 that is engaging the G20 and we have a formal working relationship with the World Organisation for Animal Health—the OIE.

Working together with environmental and infectious disease experts, we are encouraging the federal government to take a “one health, one welfare” approach to preventing pandemics through curbing the commercial trade in wild animals and products made from them, not only to prevent pandemics, but also to prevent animal suffering and biodiversity loss.

I should say that we are concerned about the growing legal commercial trade in wild animals that, in our opinion, is under regulated, unsustainable and presents disease risk. Our focus is on non-essential wildlife use such as exotic pets, entertainment and trinkets. It's not on subsistence community use.

It is widely acknowledged that wildlife markets, breeding farms and the trade supplying them played a significant role in the outbreaks of SARS and COVID-19.

In April, the one health tripartite—the World Health Organization, UNEP, and the OIE—issued emergency guidance that called on national authorities to suspend the trade in live-caught wild mammals for food or breeding. That guidance also stated that it was relevant for other wild animal uses.

Canada should adopt these recommendations immediately, but more transformative change is needed. Seventy-five percent of new or emerging infectious diseases originate in animals, mainly wildlife. These include MERS, avian flu, Ebola, SARS, HIV/AIDs, Nipah virus and monkeypox. I could go on, but I won't.

Recent reports by UNEP and the Intergovernmental Science-Policy Platform on Biodiversity and Ecosystem Services recognized the commercial wildlife trade as a key pandemic driver and animal welfare is at the root of it.

When a variety of different wild animals that wouldn't normally encounter each other in nature are kept in close proximity in crowded, unsanitary and stressful conditions, it is the ideal environment for the emergence and spread of infectious diseases that can then be transmitted to humans. These conditions exist throughout the wildlife trade and studies show that the risk of transmitting diseases can increase significantly as animals are traded up the supply chain.

This is a global problem that requires a comprehensive global solution. Canada has an important role to play.

Our research shows that more than 1.8 million wild animals were imported into Canada between 2014 and 2019 and it would seem that the vast majority—93%—were not subject to any permits or pathogen screening. Animals are coming in for a wide variety of purposes, but there's been a dramatic increase in the number imported to supply the exotic pet industry. We found that different federal government agencies regulate different aspects of the trade, with their own data collection systems and requirements. This is leaving gaps in important information like the names of species, the purpose of the trade, whether the animals were wild caught and the country that they come from. Once animals are brought into our country or if they are captive bred here, they are subject to a patchwork of inadequate domestic regulations. Nobody is tracking these animals.

Other countries are taking action on this issue. China has permanently banned the farming and consumption of many terrestrial wild animals and it is helping farmers transition to alternative livelihoods. In the U.S., the preventing future pandemics act, if passed, would prohibit the import and export of wildlife for human consumption and medicine. The Netherlands is fast-tracking their ban to end fur farming for good because COVID-19 is running like wildfire across mink farms. Germany has agreed to reduce the trade in wild animals for pets, ban the sale of wild-caught animals and set up a centralized trade register. Last month, Italy, which holds the G20 presidency, approved a ban on the trade of wild and exotic animals. Just a couple of days ago, Thailand announced its interest in being free of illegal wildlife trade.

We urge Canada to join these countries and do its part. Specifically, Canada should immediately adopt the guidance issued by the one health tripartite and prohibit the trade in live-caught wild mammals, promote a greater emphasis on pandemic prevention and address the key drivers of pandemics, particularly the commercial wildlife trade at the G20. It should urge the one health tripartite to present a list of wildlife species and conditions that present significant risks of transmitting zoonoses and guidelines for mitigating them. This was actually recommended at the G20 agriculture ministers meeting last year.

• (1420)

Here in Canada, to do our domestic part, we need to adopt a more preventative regulatory framework and improve our systems for collecting data and monitoring the trade. The federal government should work collaboratively with the provinces and territories to improve their regulations to significantly reduce the trade and improve enforcement through better coordination and resourcing across all agencies and jurisdictions.

Those are all my remarks, but I want to say that joining me today to help me answer your questions, I have two experts. Michèle Hamers is a professional biologist who works with our organization. She conducted our research on Canada's wildlife imports and is one of the leading experts in Canada on the exotic wildlife trade. Dr. Scott Weese has contributed his veterinary infectious disease expertise to our organization and this cause. He is the director of the University of Guelph's centre for public health and zoonosis,

and is chief of infection control at the Ontario Veterinary College teaching hospital.

Thank you.

**The Chair:** Thank you, Ms. Matlow.

I see that Dr. Flood has been able to rejoin us, I believe from New Zealand, where we've been having some communications connection issues.

Before we start your statement, Doctor, I will ask you to speak for 10 seconds so we can get a sense of whether the interpreters can hear you well. Maybe tell us where you are and what the weather is like.

**Dr. Colleen Flood (University Research Chair, Health Law and Policy, University of Ottawa, As an Individual):** Well, I'm here in the top of the South Island, which is not too far from a little city called Nelson. Normally the weather is glorious, but it's actually pouring rain, so bummer. It's my son's ninth birthday today, so bummer again, because we were meant to be going to Laser Tec.

**The Chair:** Let's try. I'll invite you now to present a statement of up to six minutes.

I don't know if you saw the caveat. When I wave my cards, this yellow card means your time is imminent and the red card that your time is up. Try to wrap up when that happens, okay?

Please go ahead, for six minutes.

• (1425)

**Dr. Colleen Flood:** Thanks very much. Six minutes is not really too much time to talk about how COVID has irrevocably changed our world.

I know you all are working so hard to try to unpack all of that, and I want to thank you for the work you're doing, first of all.

I want to make two points. The first is that the federal government needs to manage the border and coordinate with the provinces to restrict the potential for new variants of concern to enter Canada. The second point is that the federal government should launch a royal commission into the treatment of people in long-term care homes across Canada.

Those are the two things I want to talk about. I might not get to talk too much about the second claim, so perhaps I could pick that up in questions.

On managing the border, Canada's performance on COVID has been a very mixed bag overall. Smaller provinces, like New Brunswick, Nova Scotia, P.E.I. and Newfoundland, have aimed for zero COVID.

**The Chair:** I'm sorry, Doctor, we're getting popping noises. It's going to be hard for the interpreters.

Just maybe put the mike a little bit away from your mouth, but roughly above and kind of adjacent to it, if that's—

**Dr. Colleen Flood:** I'm sorry about that.

**The Chair:** It's not a worry. Let's go with that. Please go ahead.

**Dr. Colleen Flood:** Okay.

Smaller provinces have aimed for zero COVID and attempted to eliminate community transmission and quickly manage any new outbreaks. This has involved tightly managing their respective borders to prevent new infections entering their safe or green zones.

If we look cross-nationally, the countries that have aimed for zero COVID—New Zealand, Australia, Singapore, South Korea, Iceland, Vietnam and so on—have been able to live comparatively normal lives over most of the year. Since we arrived in New Zealand in January, our son, who's just turning nine today, has been in school constantly with no masks and no social distancing, but with lots of play and social interactions. We go to dinner parties, movies and volleyball matches. This has been the case, as you've heard from Dr. Dean Knight, for over a year, with some brief windows of very short lockdowns to stamp out possible community spread.

Most Canadian provinces have not aimed for zero COVID, but instead have stated that their goal has been to reduce cases to a level where hospitals are not overwhelmed. By having this as a goal rather than trying to eliminate transmission, most Canadian provinces have thus accepted a certain level of death and disease, mostly in the elderly in long-term care institutions and those living in racialized and poor communities. In Canada around 25,000 people have died. If New Zealand had adopted Canada's policy instead of what it did, then 3,600 New Zealanders would have died instead of the 26 who actually did.

Canada's goal of “bending the curve”, as they describe it, has not worked on its own terms. The problem has been that as soon as the curve has bent—that is, there's been some improvement in infection numbers—provinces have rushed to reopen without a serious mitigation strategy in place, causing a new cycle of lockdowns and reopenings, prolonging pandemic suffering for Canadians. The federal government and the big Canadian provinces have pinned their hopes instead on vaccines. Fortunately, science has delivered on this. Canadians from coast to coast, despite many barriers, are rolling up their sleeves to get vaccinated.

As the vaccines roll out, there is the inevitable clamour to open up again. Restaurants and shops, schools and camps, universities and faith-based organizations, opening up the U.S. border for travel—everyone has a good reason that their particular group or venue should be able to open up now. But great caution is required. Canada has already lost so much physically, emotionally and economically that I don't think Canadians can afford or tolerate yet further cycles of lockdowns and reopenings for short-term political gain or because of a short-sighted economic outlook.

In this regard, I make a plea to the federal government to do a much better job than is presently being done of ensuring that new variants of concern do not enter Canada and undermine all the gains we have made in recent months with vaccinations, at least not until we are certain that vaccinated individuals are protected against them. We know that in parts of the world, such as Brazil, India and Iran, COVID-19 is still on a rampage, with no vaccine path in sight.

We still do not have great science on the extent to which the vaccines will protect against the variants that are emerging.

Now, I realize that there's a lot of politics about border management and a lot of politics about fed-prov and who should be doing what, of course, but Canadians themselves are amazing. They are resilient. They are getting out there. They're getting vaccinated. Soon, widespread vaccinations will drive transmission rates low. But once we largely have the forest fire of COVID under control through the miracle of vaccinations, imagine that we allow variants of concern into the country with the potential to evade immunity. To me, this is akin to the federal government permitting more small fires around the perimeter of the forest and hoping the forest rangers are not too tired to put them out.

• (1430)

In managing its border, Canada will not abandon its humanitarian and other values—and we can speak about that during the questions—but Canada should not permit those crossing land borders to circumvent any requirements for management at the border. All Canadians coming from countries or regions of concern where there are variants emerging must be required to enter through a managed border. If the science emerges—and I hope it comes quickly—to show that our available vaccines prevent transmission of variants of concern, then some of these requirements could be softened for returning Canadians or other travellers, with the recognition of vaccine passports and rapid testing. However, we need the science first.

I've run out of time to speak to my second point, but I hope we have some time to come back to it in questions. Thank you for your time. I'm sorry about this stupid headset that died.

**The Chair:** Thank you, Dr. Flood.

In passing, Dr. Knight, are you also in New Zealand?

**Dr. Dean Knight:** Yes, I am. I'm in Wellington, at the bottom of the North Island, just across the way from Dr. Flood.

**The Chair:** I note that it's 6:30 a.m. there, so I really appreciate that you're here. I'm not a morning person, so I feel for you guys.

We will carry on now and start our round of questions, with Ms. Rempel Garner for six minutes.

**Hon. Michelle Rempel Garner:** Thank you. I'm sharing my time with Mr. Davies and I'll give the floor to him.

**The Chair:** Okay, as you please.



**Mr. Don Davies:** Dr. Flood, you recently co-authored a chapter entitled “The Federal Emergencies Act: A Hollow Promise in the Face of COVID-19?” in the book *Vulnerable: The Law, Policy and Ethics of COVID-19*. In it, you tested three case scenarios in the context of COVID-19 where, arguably, provincial steps have been insufficient, triggering the need for a national response.

Could you please provide the committee with an overview of those case scenarios and the conclusions you were able to draw from them with respect to the Emergencies Act?

**Dr. Colleen Flood:** Sure. We did look at the Emergencies Act very early on in COVID to understand how it works and whether or not it could be triggered, so let me give you an overview.

The Emergencies Act, unlike provincial emergency legislation, can only be triggered in relatively rare circumstances. The general emergency powers at the provincial level are much broader and provide many more powers. If the federal government were to trigger the Emergencies Act, there are very prescribed areas in which it can utilize it, and that makes things more tricky. It's not so obvious that the Emergencies Act can be used to respond to some of the problems that we've seen arise in COVID-19, such as a requirement to wear masks, for example. However, there are some particular powers that perhaps would allow contact tracing, for example, in a more generalized way, which would allow, perhaps, requirements for lockdowns. There are therefore very limited means there, Don, to permit the federal government to act, but it's fairly prescribed.

There is a question coming out of this, and I think you put it rightly to an earlier witness: What kind of emergency, if a global pandemic isn't a sufficient emergency, would you need to be able to declare a federal emergency, or is it just, as we've said, sort of a hollow promise? What more would you need than this, given 25,000 Canadians have died and the number is mounting? From a normative perspective, it's odd that Canada is one of the only developed countries in the world not to have declared a national emergency.

I think we have to come back to it. The Emergencies Act was written coming out of World War II and a concern about the internment of Japanese Canadians. It's written in a very prescribed way because of that. It's clearly not fit for the purpose of managing a pandemic or a public health emergency, as we've seen.

● (1435)

**Mr. Don Davies:** Dr. Knight, in a recent article you wrote:

My suspicion, too, is that this openness to responsibility was crucial in fortifying the social licence for the extreme measures the government took. In other words, the government bred legitimacy for its response through its open attitude to accountability. This speaks, I think, to an aspect of constitutional culture in New Zealand—a sense of civic virtue that predates the pandemic but one that has been rarefied throughout it.

In your view, what lessons can Canada and other nations draw from the constitutional culture of New Zealand and the way it approached accountability and openness in dealing with COVID?

**Dr. Dean Knight:** For me, the value of leaning into accountability is gold. Our Prime Minister, who is very much at her best in dealing with crises and emergency, and bringing people with her, and her government have leaned into responsibility, accountability, and building, as you see, a team of five million. That's the language

that's used to encourage that collective community spirit that is required to manage this pandemic.

It was done in a number of different ways. I mentioned the face-to-face explanation—just being straight up, clear, and open about the crisis that was being faced and what the government was doing, and so forth.

I mentioned the fact that the government has been proactively releasing cabinet papers and minutes, with very few redactions, that showed the sense of decision-making, the analysis, and so forth. During the height of the pandemic, we had the day-to-day press conferences with the Prime Minister, director general, and ministers speaking directly to the nation, where you're trying to encourage a collective sense of precaution and health measures.

The ability to get a very high sense of social licence has been crucial, and it's helped in enforcement. It has obviated the need for heavy-handed police enforcement, because people know that they have to do the right thing, and—

**Mr. Don Davies:** Thank you, Doctor. I'm sorry to interrupt you. I have to cede my time back to Ms. Rempel Garner, but thank you.

**Hon. Michelle Rempel Garner:** Thank you.

Mr. Chair, I move:

That, the following regularly scheduled meetings of the House of Commons Standing Committee on Health be programmed as follows:

On May 31, 2021 the Committee undertake one [or] more two hour meeting regarding Patented Medicine Prices Review Board's Guidelines, that each political party represented on the Committee be given leave to invite two witnesses of their choosing to provide testimony on the topic for this meeting, and that upon the completion of this meeting, the analysts of the Committee be directed to commence the development of a draft report based on witness testimony and written submissions received by the Committee on this subject to date;

On June 7, 2021 that the Law Clerk and Parliamentary Counsel, the Clerk of the Privy Council Office, and Canada's Privacy Commissioner and Canada's Information Commissioner be invited for the duration of a two hour meeting to discuss issues related to, but not limited to, the production of documents regarding the October 26th House of Commons motion, and that the total time allotted for opening statements be limited to 5 minutes for each witness up to a maximum of 20 minutes in total to ensure adequate time for questions to be posed by committee members;

For the first hour on the meetings scheduled for June 4, 11, 14, 18, and 21, 2021, each political party represented on the Committee be given leave to invite one witness of their choosing to discuss issues related to, but not limited to, the federal government's response to the COVID-19 pandemic, and that the total time allotted for opening statements be limited to 5 minutes by witnesses to ensure adequate time for questions to be posed by committee members;

For the second hour on the meetings scheduled for June 4, 11, 14, 18, and 21, 2021 Deputy Minister of Health Canada, the Deputy Minister of Public Safety and Emergency Preparedness, the Deputy Minister of Public Services and Procurement, the President of the Public Health Agency of Canada, the Chief Public Health Officer of Canada, the Vice President of Logistics and Operations for the Public Health Agency of Canada, and the head of the National Advisory Committee on Immunization, be invited to discuss issues related to, but not limited to, the federal government's response to the COVID-19 pandemic, that the Minister of Health be in attendance for at least one of these meetings, that the meeting that the Minister of Health is in attendance be held on a Friday, be three hours in length, that the Minister and officials be in attendance for two consecutive hours, and that the total time allotted for opening statements by officials (and the Minister) during this portion of these meetings be limited to 5 minutes by witnesses up to a maximum of 20 minutes in total to ensure adequate time for questions to be posed by committee members

To witnesses who are here today, I want to thank you so much, particularly the World Animal Protection folks.

This motion that I've just moved is just in recognition that we are almost at the end of the parliamentary session. We only have a few meetings left, and we haven't really discussed committee business in some time. Should we have to allocate another meeting to discuss business, and then adopt it in another meeting, we'd be losing two meetings in the middle of a pandemic, so the genesis of this motion was to ensure that the remaining meetings are maximized for activities related particularly to the government's response to the pandemic.

I also believe that the schedule that has been presented here will also allow the clerk enough time to give witnesses headsets. My understanding is that most political parties here have already identified their witnesses for the PMPRB study and that headsets have already been distributed. There should be no reason that we can't proceed as suggested.

This motion would also give officials a full week before they next appear in front of committee—and, again, this is designed for us to maximize our time.

The other thing I'll say is that I think this is very fairly written. It gives every political party here leave to determine their own witnesses. There's really no partisan language in this motion at all. It's just to ensure that, prior to the end of session, the committee is focusing its efforts on scrutiny of the government's response to the COVID-19 pandemic, particularly given that I understand that there will be a gap at the end of June in which the House of Commons IT staff will be undertaking regularly scheduled maintenance, and meetings may not be possible, so we want to make sure that we're getting as much work done as we can, Chair, before Parliament rises.

• (1440)

I hope there is agreement among parties that we can proceed in this fashion. It gives a lot of flexibility. I seek the support of all of my colleagues on this committee for proceeding as follows.

**The Chair:** Thank you, Ms. Rempel Garner. It is your purview to move this motion. We have notice of it. I'm wondering if you might consider moving it at the end of our witness testimony and our questions.

**Hon. Michelle Rempel Garner:** I think, just for the sake of time, I'd like to move it now, because I noticed that we didn't get a second round of questions for the first panel. I would like to proceed.

**The Chair:** I—

**Mr. Don Davies:** As a point of order, Mr. Chair, could I maybe ask, if we have the agreement of all committee members, that we not move any other motion so that we can deal with Ms. Rempel Garner's motion at this meeting? If we have that agreement, then we can finish at least one quick question round with the witnesses in respect of [*Technical difficulty—Editor*].

**Mr. Tony Van Bynen (Newmarket—Aurora, Lib.):** No, I don't agree.

**The Chair:** Sorry, I missed a little bit of your remarks, Mr. Davies. I think I have a power glitch here. You went dead for a while, figuratively speaking. I'm thinking the matter has been responded to by Mr. Van Bynen, so we have to either go ahead with this motion now or trust on faith that we will be able to deal with it after the witnesses.

**Mr. Don Davies:** I'm sorry, Mr. Chair. My screen froze right after I spoke, so I don't know what happened after I said my piece.

• (1445)

**The Chair:** Technology is so wonderful.

As you were speaking, my power glitched and I missed your whole speech. I believe Mr. Van Bynen has responded with a “no” to your request. I still think it would be appropriate, if we could, to deal with this matter after our witness panel.

**Mr. Don Davies:** I'm sorry to interrupt. What I missed was Mr. Van Bynen, on behalf of the Liberals, saying no to my request that we deal with this at the end and agree to hear from the witnesses.

**The Chair:** Sorry, just hang on.

What you're asking for, Mr. Davies, would require unanimous consent. Mr. Van Bynen said no, so we have no unanimous consent.

We go now to Ms. O'Connell. Is that...? I'm sorry, I didn't quite hear who interjected.

**Ms. Jennifer O'Connell (Pickering—Uxbridge, Lib.):** Yes. Just to clarify, Mr. Chair, I think it is incredibly unreasonable to have asked witnesses, in particular from New Zealand, to appear here and our not at least having the ability to hear their testimony. If we can deal with this motion at the end, that's fine. But, Mr. Chair, I can't commit, and I don't think it's reasonable for any member to commit, to tying their hands by our dealing with a motion procedurally. I think the intentions are that we can deal with this at the end, but I don't think we can make any commitment. Given the level of disrespect to these witnesses as well as our own members' question times, to interject like this is completely unreasonable.

**The Chair:** Very well. Are there any more comments on this particular point of order?

**Mr. Don Davies:** Yes, Mr. Chair, I have my hand up.

**The Chair:** Is that on the point of order?

**Mr. Don Davies:** It's just to provide clarification in answer to Ms. O'Connell's point. I'm asking that we have two more rounds of questions. We have the Liberals' round and then we have the Bloc's round and then my round. All I'm asking is that, if we can all agree, none of us will move another motion substantively to deal with business so that we can ensure that we deal with Ms. Rempel Garner's motion at the end. Then we can proceed to hear from the witnesses as Ms. O'Connell wants to do.

That's not tying anybody's hands. That's just making a commitment that we can get to that motion at the end of the meeting, because if Ms. Rempel Garner lets go of her motion now, and then the Liberals in five minutes move their own motion, and we lose the witnesses, then that's an unjust result. What I'm asking my colleagues to do is this. Let's listen to the witnesses, finish the question round, and agree to deal with Ms. Rempel Garner's motion at the end of this meeting so that we can do justice and respect the witnesses. It just means the Liberals, the Bloc and I, in the next 15 minutes, don't move another substantive motion. Why can't we agree to that?

**The Chair:** Thank you, Mr. Davies. I understand you're asking that no one will move a substantive motion during their question slot for witnesses. Is that correct? Yes.

Mr. Van Bynen, your hand is up.

**Mr. Tony Van Bynen:** Thank you, Mr. Chair.

I have a right to put forward a motion, and I don't want to compromise that. To agree to not putting forward a motion, I think, is unrealistic as an expectation, and I will do that at an appropriate time, as Ms. Garner has done at her appropriate time.

**The Chair:** Thank you, Mr. Van Bynen.

Ms. Rempel Garner, please go ahead.

**Hon. Michelle Rempel Garner:** Thank you, Chair.

I believe my motion is in order, and it's on the floor for debate. I know we've had issues when you've suspended at the end of meetings when we've moved motions before, and so I'd like to proceed with debate. It is in order. It's routine proceedings, two witnesses. We're just trying to make sure that we have the program set, because we've sort of run to the end of the universe of our program prior to the end of session.

Thank you.

**The Chair:** Yes, I've already said that it's in order, and you have the right to move it at this time. I was just asking if we could deal with this after our witness testimony, but I don't think we're going to get to that point.

We have Mr. Van Bynen again.

**Mr. Tony Van Bynen:** I'd like to hear from Mr. Powlowski. I'll speak after him.

**The Chair:** Okay.

Dr. Powlowski, go ahead.

**Mr. Marcus Powlowski:** Since this has moved into debate, I want to apologize to the witnesses, particularly the people from New Zealand who got up very early in the morning to be with us.

I would also like to wish Colleen Flood's son a happy birthday from Canada and from all of us here in Parliament.

I am sorry that we didn't manage this.

• (1450)

**The Chair:** May I have the consensus of the committee on whether we should release the witnesses at this time with our apologies and our thanks?

I'm seeing agreement on that.

To the witnesses, once again, I apologize. This is the way it works sometimes in Parliament. Motions get moved and motions have to be dealt with when they get moved.

On behalf of the committee, I really do appreciate your time today and your offering to help us with our inquiries. If you have any further communication you wish to convey to the committee, I would invite you to please direct it to the clerk of the committee, and the clerk will ensure that it gets properly translated and distributed to the committee.

Thank you, all, and with that I would invite you to leave if that is your will to do so.

Having said that, we will now continue with the debate on Ms. Rempel Garner's motion.

Mr. Van Bynen, your hand is up.

**Mr. Tony Van Bynen:** Thank you, Mr. Chair.

I'd like to take this opportunity to remind my colleagues of a couple of things that were said during our meeting of May 14, starting with Mr. Davies:

I think what I'm getting from this on all sides is that we need a better process for determining our agenda going forward. I think it does speak to the less than optimal functioning of our subcommittee. We do have a subcommittee on agenda, which I think, with great respect, falls under the authority of the chair to call. I'm going to put that bug in the chair's ear to maybe use that. All parties are represented on it, and I think that we should be meeting on some sort of regular basis to deal with issues.

Then, as our meeting was coming to a close, Mr. Chair said:

I would advise the committee that I am planning to do a subcommittee meeting following the end of Mr. Davies' portion of the study and just prior to the PM-PRB last two meetings, so that we can plan what we're doing following those meetings and so we'll be able to bring witnesses in, should that be our intent.

It seems to me that the crumb was indeed planted in the chair's ear, because it's my understanding that this subcommittee has been scheduled for next Monday, a little less than 75 hours from now, to discuss the committee's work plan moving forward.

Now, the first phase of this study is completed. The motion we are currently debating, introduced by Ms. Rempel Garner, 11 days after our chair advised the committee of this plan as quoted above, completely undermines our ability to collaborate and work together in a respectful manner.

While there haven't been many, I have been proud of the moments when we could collaborate and be respectful to one another, because that's when we are most productive. I am not proud, however—or thankful for that matter—of motions such as this one that undermine our ability to work collaboratively as a team while respecting each other.

Most importantly, I want to highlight how disrespectful we have been to our witnesses today, especially those joining us from New Zealand, and at a very early hour. I personally think that hearing from them would have been incredibly important, and I was looking forward to hearing what they had to say.

That being said, I move that debate be now adjourned.

**The Chair:** Thank you, Mr. Van Bynen.

A motion to adjourn the debate is on the floor. It is non-debatable so I will ask the clerk to call the vote.

(Motion negatived: nays 6; yeas 5)

**The Chair:** Very well. We will carry on with this debate.

Mr. Davies, I see your hand is up. Go ahead.

**Mr. Don Davies:** I'm going to speak in support of this motion.

I do want to say to Mr. Van Bynen, and I say this with great respect, on several occasions over the past year I have urged the committee chair to make use of the subcommittee to schedule business. Today is Friday, May 28, and as of my coming to this meeting, there was no subcommittee meeting called.

This is the last day of the first round of topics of our COVID study. This motion was submitted by Ms. Rempel Garner more than two days ago. Everybody on this committee has had an opportunity to look at the motion. What it does is it simply seeks to make productive use of the remaining seven or eight meetings that we have.

With great respect, I raised this issue of calling a subcommittee meeting two weeks ago and it was not called. For a subcommittee meeting to be called today for Monday means that were we to accede to that, we would lose a committee meeting on Monday and then we would lose another meeting on Friday, because the subcommittee would meet, come to a decision, hopefully, and then that proposal would have to be adopted by the full committee. We would lose approximately 25% of the meetings that we have left before the House rises on June 23.

That is not an effective way to deal with committee business. I'm going to be a little more strenuous in my objection at the lack of effective and efficient scheduling and the use of the subcommittee on this basis. If the committee chair is not going to call subcommittee meetings to plan the business of this committee, one can hardly fault the members of this committee for taking the bull by the horns and doing it themselves, which Ms. Rempel Garner has done.

This motion is written very objectively. For the record, I want to state what it does. It schedules our PMPRB meeting on Monday, as Mr. Thériault is entitled to. It proposes that we have eight witnesses instead of four so that we effectively have the final two of the four meetings, which Mr. Thériault proposed and this committee passed, completed on Monday. We finish the committee business on PMPRB.

Starting on Friday of next week, and on every successive meeting but the following Monday, for the first hour of each meeting each party is allowed to submit one witness as they see fit on any issue under COVID. You can't get more egalitarian than that. In the second hour of each of those meetings, the deputy ministers will come to answer questions. I think this is an excellent way to structure the meeting because we are allowed to hear the witnesses as each party wants to call them, whether it's on long-term care or mental health, which I know is a priority of Mr. Van Bynen's. I know long-term care is a priority that Ms. O'Connell has mentioned. On whatever issue anybody wants, we can have those witnesses appear in the first hour and then, if questions or issues

emerge, we can put them directly to the deputy ministers from health, from the Public Health Agency of Canada, from procurement, and the chief public health officer.

I think that's a very important way to proceed because were we not to come up with this process, we would have to then proceed with the next first priority of the Liberals. That's where we'd go back and we would never get to the next priorities of the other parties. We have the benefit right now of stopping at this point, having heard the number one priority from each of the four parties and having four meetings on each. You can't get more egalitarian than that and because we can't then go to the second choice of each party and hear from each of those in a fair way by the end of June, it's a very natural stopping point for us on how we are going to handle the final seven or eight meetings. This way allows every party to get the witnesses they want before each one of those meetings.

Finally, the other piece of it is that the meeting a week from Monday is the only other meeting that departs from the process I just described. This would be a meeting to hear from the law clerk and the Clerk of the Privy Council. I am going to make some pointed remarks about this.

• (1455)

Last October, the House of Commons—no less—passed a motion compelling—not asking—the government to produce documents in prescribed form on a number of subjects set forth in that motion. That was passed by the majority of the members of Parliament in the House of Commons. We live in a democracy. That is the democratic will of the House of Commons.

In that motion... at the time, my Liberal colleagues said they had resisted it because there would be over one million documents. By the way, I never understood how they got to that number. I think it was pulled out of thin air. Nevertheless, it was confirmed in writing by the Clerk of the Privy Council to this committee that they had in their possession over one million documents related to the motion that we called production for.

To date—seven months later—this committee has received just over 8,000 documents, while 992,000 documents remain in the possession of this government. Not only that, but this government refused to translate those documents, in my view, in direct violation of the law and of their obligation to provide documents in both official languages. This government dumped that responsibility onto the law clerk, who has no resources to do translation and had to use his budget to hire people specifically for the purpose of translating documents that this Liberal government refused to put in both official languages.

Not only that, but the first tranches passed over to the law clerk were a series of the most innocuous documents you could imagine—press releases and documents well in the public sphere.

I'll tell you my thesis. This government is deliberately stalling and withholding production of documents. There is no other conclusion any reasonable person can come to. In seven months, the law clerk has received 8,000 documents out of one million.

Moreover, I will say that this government, by the terms of the motion, does not have any right or responsibility to vet those documents, so they can't say they're doing any work on them. Their job is to identify the documents and fire them over to the law clerk.

We, specifically, in the House of Commons, said that the law clerk has the responsibility of doing the redacting and vetting according to the criteria we gave them. We did that specifically so that the government wouldn't hold up the process by redacting documents in advance. The government doesn't have to redact and they don't have to review. Their job is to find the documents and turn them over to the law clerk. The law clerk will then do the redacting according to the instructions.

I think it's entirely appropriate to have a meeting on Monday to hear directly from the law clerk and from the Clerk of the Privy Council about what the heck is going on. Parliament is supreme in our system—not the government, not the cabinet and not the Liberal caucus. Parliament is supreme, Parliament has demanded production of these documents, and we're not getting them.

To wrap up, this motion gives us the PMPRB study conclusion that this committee has already passed. It provides a fair structure for us to hear on a completely egalitarian basis from witnesses from each party on COVID, which is what Canadians want us to focus on. It calls the deputy ministers responsible to come and be answerable to this committee, as they should be. It provides one meeting so that we can deal with the issue of production of documents, which I believe is bordering on contempt of Parliament. Finally, it asks the Minister of Health to come to one meeting of her choosing on one of the Fridays between now and June 25.

How could anybody on any side of this committee object to that? To say, “Oh, no, we don't want to vote on this. We're going to filibuster or talk this out. I know, let's have a subcommittee meeting on Monday”, on Friday and then to waste two meetings the next week on it is, frankly, irresponsible.

Other committees might have their own business, but this is the health committee and we're in the middle of the biggest global health crisis that this country and this globe have seen in a century. We can't afford to miss meetings.

I think this motion is well structured, it's fair and it gives a very prescribed system for dealing with the last seven or eight meetings of this committee. I can't imagine anybody on this committee having a single valid objection to it. I will be supporting it.

• (1500)

**The Chair:** Thank you, Mr. Davies.

I should clarify that the notice for the subcommittee meeting went out Wednesday morning. It appeared in my inbox at 10:22 a.m. Pacific time. That was done by the clerk in response to a request earlier in the week, and also, to follow through on my commitment to do so in our previous meeting.

We'll go now to Ms. Sidhu.

Ms. Sidhu, go ahead.

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

First of all, I'm extremely disappointed with this motion. I have some important questions for the witnesses from New Zealand. I strongly believe it is important to have their perspective studied. I'm very disappointed that my turn was next and the opportunity has been taken away from me. Mr. Davies just said that questions should be offered equally, but this motion personally took my time away today.

We agreed to a subcommittee meeting, following the NDP topic in our work plan as agreed by all members. Letting the witnesses go despite the agreement on the scheduled subcommittee meeting has been disappointing. Is this what we are showing our friends in New Zealand? They woke up at 5 a.m. and have spent hours preparing their testimony, and we are doing this. It's unbelievable.

As I said, you had mentioned that a subcommittee meeting would be held next week after we completed Mr. Davies' study. We had also adopted an earlier subcommittee report in March that said we would have two more PMPRB meetings and proceed to report writing.

This motion is worded in a very confusing way. I'm very concerned about how much time the fourth section of the motion has asked for public officials, these high-ranking public servants, to be on standby for an hour on two different days every week, in the middle of the day, while they are in the middle of managing our response to a global pandemic. It is just asking for two hours. Like everyone, they need to prepare for these meetings. They need to defer other meetings. They're accountable to us, but it is not their job to be grilled with unnecessary questions for multiple hours a week so that an opposition member can get clips for social media.

More than any of that, I'm concerned at this point about the lack of respect that this motion shows for this committee. We have repeatedly said that we should be discussing these things as they grow. As Mr. Van Bynen said, we had the same discussion about the last Standing Order 106(4) meeting, and the quote from Mr. Davies pretty much sums up how this committee should be functioning.

This motion would be in complete contradiction to the spirit of co-operation that Mr. Davies spoke about. This motion by the Conservatives is designed to render the subcommittee meaningless. How is it respectful of this committee if its intention can force the cancellation of a subcommittee meeting where the parties could all work together, off the record, to plot a good way to move forward?

I'm reminded of when they claimed that Canadians were at the back of the lineup to receive vaccines and would not get doses until 2030, but just today NACI recommended the earliest administration of the second dose due to an increased availability of the vaccines. If I may remind, this plan had been made available to the entire country very early on, last year, in 2020. On a recent podcast, Mr. Davies spoke about how inconsistent the Conservatives had been in their criticism of the government. He said they remembered how critical they had been of the government for being too slow to close the borders, and now they criticize the government for hotel quarantine rules and border control measures. They think we should re-open the economy. I cannot really tell what their positions are.

We should not be rewarding this behaviour by wasting public servants' time and inviting them for no reason in particular. If the opposition members would like to take the weekend to think about the topics they would like to discuss with these officials and the most efficient schedule to do that, I'm sure the subcommittee could come to an agreement.

This motion should not pass. The subcommittee should meet on Monday as planned, at which point you and the co-chair, along with Mr. Davies and Mr. Kelloway, can settle the agenda for the remaining meetings.

Thank you.

• (1505)

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

We'll go now to Mr. Kelloway.

Mr. Kelloway, please go ahead.

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

Thank you, colleagues.

When I first received the notice of the motion, I was a little surprised as I was looking forward to meeting with my colleagues from the opposition at our upcoming subcommittee meeting.

I agree with Don's comments from the last meeting that we need to utilize the subcommittee as a tool to plan out our upcoming meetings and get a sense of what the committee will look like in the short term, and it would seem to me that putting a motion out like this defeats the purpose of that meeting entirely, but perhaps I'm wrong.

I've heard almost every member of this committee talk about the importance of working together. I've said it at the past couple of meetings, and I've gotten to know many of you. I believe that you do want that as well, but, Mr. Chair and colleagues, let's use the subcommittee on Monday to talk about what MP Rempel Garner proposed in her motion, to hear from the government side on what we'd like to see and to get our input.

For me, that would be truly a way of moving forward together. Frankly, Mr. Chair, it's a little frustrating that we're having this discussion again for the second Friday in a row. Last week MP Rempel Garner brought forward a Standing Order 106(4) meeting, as she can do, as anyone can do, to discuss a motion she wanted to see

passed at this committee, joined and signed by three other fellow Conservative members at this committee.

Here's the thing, Mr. Chair. All members of this committee voted in favour of that motion, because we all agreed on its contents, and I think it was maybe 30 minutes. However, Ms. O'Connell and I both took the time to make it clear that we were frustrated with the Conservative members of this committee using Standing Order 106(4) to call a meeting to discuss the motion rather than doing so collegially through a discussion of ideas on the committee's future business with other parties on this committee, namely the NDP, the Bloc Québécois and, of course, the Liberals.

Because of this procedural tactic to move a Standing Order 106(4) meeting last week, a very important meeting that had already been scheduled for last Friday ended up having to be moved to today. This meeting was originally scheduled at the request of our NDP colleague on this committee, who wanted to call witnesses to study his subject matter area of interest at this committee. As a reminder, Mr. Chair, to my Conservative members opposite, the entire committee, them included, agreed that the committee's area of study would alternate among the different officially recognized parties represented at this committee with four meetings to be held per each party's area of interest.

That aside, we pressed ahead with voting for the Conservative motion last week, because we wanted to give the Conservative MPs on this committee the benefit of the doubt that they would constructively, with all their colleagues on this committee, plan for areas of study in the future. In fact, we've all agreed that, in the spirit of working together in good faith, the subcommittee would need to discuss the committee's agenda going forward as a committee.

Mr. Chair, the subcommittee meeting is already scheduled for this upcoming Monday, May 31, and the plan was to work together on a road map going forward. My NDP colleague on this committee stated last week that we need a better process for determining our agenda going forward, and I agree with Don. He also reiterated that all parties are represented at the subcommittee, and that "We should be meeting on some sort of regular basis to deal with issues". As I previously said, I agree with the comments, these comments in particular. I have made that clear to my colleagues on this committee at many meetings.

When we deal with things in this hasty and unco-operative manner, it does lead to dysfunction and to this committee's never finishing the work it's already agreed to work on.

The member already knows that, because Don specifically pointed this out last week, in saying, "Luc has been waiting for the last two meetings of his PMPRB study for months". In fact, the member for Montcalm's PMPRB study was last before this committee on December 11, 2020. That was six months ago. We haven't had a chance to complete the two meetings still required for that study because of the continuous disregard by some members of this committee for any of their colleagues from other parties on this committee.

With this proposed motion, which only proposed to convene one of the two remaining meetings required to complete the PMPRB study, it means that Luc's study likely won't be tabled before the summer, and perhaps Luc is okay with that, I don't know.

While I'm discussing the specific contents of this motion in front of us, I would be remiss to not realize the obligations that this motion puts on some of the busiest public servants in Canada right now, who are working around the clock to guide Canada safely out of this pandemic. They have been working around the clock since early 2020.

• (1510)

Again, it seems as though there is little consideration given to the fact that, for officials appearing at this committee, there is a lot of time and effort in the preparation work to come here to answer questions from us here at committee. Just last week, officials appeared at this committee for three hours and some only received a couple of questions during the entire time they were here.

Officials have repeatedly appeared at this committee and various other committees to answer questions. I crunched some numbers. At HESA alone, officials have answered questions for almost 40 hours. When you consider their appearances at other committees as well, they have answered questions for over 70 hours, collectively.

Nothing in the Conservative motion, Mr. Chair, even indicated that there are any new topics that have not yet been comprehensively answered. As I said last week—and I think this is important—I will always welcome the opportunity to hear from these folks. After all, they are the ones leading the charge and, as the health committee, we should be able to ask them questions. We all know there is no shortage of questions to be answered.

Mr. Chair, let us think about this for a moment. The deputy ministers of Health Canada, Public Safety and Emergency Preparedness, and Public Services and Procurement; the president of the Public Health Agency of Canada; the chief public health officer of Canada; the vice president of logistics and operations for the Public Health Agency of Canada; and the head of the National Advisory Committee on Immunization are the very officials who are actively responding to the COVID-19 pandemic in real time. They are responding to surges and emergencies across this country. They are in constant contact and having ongoing negotiations with vaccine manufacturers to speed up and increase deliveries of vaccines coming into Canada. They are revealing data and science from around the world, carefully monitoring Canada's epidemiology and constantly updating Canadians on that. They are responsible and they are responsible for rolling out and delivering the procured vaccines to provinces and territories.

What do we think they are doing with their time? Do we think they are doing nothing?

Mr. Chair, the fact is that since the beginning of this pandemic, Liberal members on this committee have sought to put politics aside and do real work on behalf of Canadians. We worked with other parties to develop reasonable plans to study the pandemic and get answers for Canadians. That's what we all want on this committee. It seems like whenever we turn to do real work and try to convert that real work into results, things tend to not happen.

Take, Mr. Van Bynen, for example, who sought to table an interim report on the mental health impacts of COVID-19. The opposition said no. Now, think about that. Let that sink in. They said no.

We have heard countless times from hundreds of witnesses that this pandemic has been an unbearable strain on the mental health of Canadians. We've all heard it on this committee. Just earlier this month, we heard from one witness who said burnout is real for the people at home and especially those working on the front lines. Beyond that, I'm sure all members of this committee are hearing from their constituents about mental health. Colleagues, I know I am. That's why Liberal members proposed studying this. When we did, others immediately said no and sidelined the study with procedural games.

When we finally got back to the study, we heard substantive testimony from witnesses across our country. We heard directly how this impact is affecting the mental health of Canadians.

Mr. Chair, this testimony should have been turned into a report and tabled with recommendations for the government to respond to. That's exactly what my colleague, Tony Van Bynen, proposed. But, do you know what? The other party said no. They seem to prefer to focus on some of these games instead of allowing the committee to finish the interim report on mental health.

Let me be very clear. The very preparation and tabling of this interim report would have taken no time from the work of our committee. If the Conservatives had allowed the interim report to go through, the recommendations now would be tabled in Parliament and we would be waiting for a government response to the recommendations and expert testimony that we heard.

Let's get real here. I get that we're on different sides here. Some of us like the colours blue, red and orange, but we're all on team Canada. I'll say it again: We are. The opposition seems to be clearly working well together when it comes to voting down ideas we propose, so we know there is a desire to work together, but many times it appears that there is just a little lack of willingness to work together with the government side.

I make this point, Mr. Chair, because this isn't just any committee. This is the health committee and we're in the middle of a global pandemic. It's an existential crisis that impacts everything and everyone. I think that everyone recognizes that the opposition parties will sometimes use procedures or delay tactics to impede the government's work. That's fair enough, but that shouldn't be at the expense of the actual work that this committee should and can do.

• (1515)

Mr. Chair, we're here to work. We're all here to roll up our sleeves and work. We want to work with other members to study this pandemic, and yes, to hold the government to account. That's what I expect us to do, and, quite frankly, that is what Canadians expect us to do.

Thank you, Mr. Chair.

**The Chair:** Thank you, Mr. Kelloway.

We go now to Dr. Powlowski.

**Mr. Marcus Powlowski:** I'd like to begin by thanking my colleague from Cape Breton for his very succinct way getting to the point on this discussion. At least the first time around I, too, will try to be equally succinct in talking about this issue.

There are two sides to every story. We have our side, and I know those of you have your side. I'm amused by the fact that, on my computer, Michelle with her dog is right beside Jennifer with her cat, which I think is a very convenient metaphor for what happens in Parliament. The Conservatives and the Liberals are like dogs and cats. They just are not going to get along.

Do you know what? I'm not even going to take the position that the Liberals are right on everything and that the Conservatives, the NDP and the Bloc are wrong on everything, nor am I going to take the position that all the Liberals are better people than the Conservatives or the NDP or the Bloc. There are two sides to every story. We have our reasons for our position, as was stated by Tony Van Bynen. I thought the agreement was that after this initial round of each party getting four sessions to talk about their subject of interest, the subcommittee would meet, and then it would be decided where we would go after this.

Now, I know that with this motion something different is being proposed. Which is right? Which is wrong? Which is more right than the other? I'm not even going to say our position is more right than your position, but we have a reasoned position. We are firm in our position.

As a result of that, you know where this is going, which is unfortunate given the fact that it's such a beautiful day out here in Thunder Bay. I only got part of my garden planted last weekend. I do have to get the rest of the garden in. It's not going to plant itself.

There are a lot of things we can talk about with respect to what we're going to do in the next number of weeks before the end of Parliament. There are all kinds of issues, and directly related to this motion. What are we going to study in the upcoming four or five sessions? I guess we have more than that number of sessions. We have three and a half weeks, and so we're going to meet on a lot of things. There are a lot of issues we could talk about directly related to this motion. What are we going to study about COVID? I have all kinds of things I'd like to talk to about COVID. Heck, if I can get in Hansard as talking about these things already, that's not so bad.

I know you've heard today that a big interest of mine has been monoclonal antibodies, and the fact that, largely as a result of the policy made by the provinces, this could really be a second front in the battle against COVID. But for one reason or another, which I

haven't quite managed to fathom, we're not doing this, even though in the United States this practice is widespread.

On that subject alone, I could talk for quite a lengthy period of time. I brought fairly extensive notes, knowing that Dr. Morris was going to appear, and I wanted to have all my facts before me. Certainly that's related, because what are we going to talk about in these studies? Certainly the monoclonal antibodies are one of them.

Another thing I would like to see our talking about in the upcoming sessions—and maybe we'll end up talking about it here—is the proposed WTO waiver on intellectual property rights related to COVID therapeutics and vaccines. I wrote a letter on that with some of my colleagues on this committee, and I'm very proud of it. I'm very proud we all came together and came to a mutual agreement as to where the world ought to be going. Certainly we could talk about that in the coming weeks, or we could talk about some of it today. There are so many different variants from so many places. We could talk all about the risks of the variants as well.

There are other issues, though, and it's unfortunate we haven't been able to address these other issues because of COVID. But I think we have, in response to Mr. Thériault's questions, pointed out the fact that a lot of people are suffering, and will continue to suffer because they haven't received medical services because of COVID. People haven't had their colonoscopies done, and things like that. There are a few actual issues that I would like to deal with which are medical, which we haven't been able to deal with because of COVID.

• (1520)

Certainly the PMPRB is a great example, and something I didn't know a lot about. Since Mr. Thériault brought it to our attention, I've looked into it and spent a lot of time trying to figure this out. It is an extremely relevant topic that I would like to talk about. We can talk about it now or we could talk about it at the meeting. It depends—whatever the opposition wants. Here is another opportunity. We're going to talk probably for some considerable period of time about what we should do in the coming weeks, and that certainly is one issue that I have definite interest in.

Another one—again, I know this is something that some of my colleagues on this committee have also been interested in—is the concern of the dense breast people about the national guidelines on screening for breast cancer in women. There are allegations by some very high-up, well-placed specialists in breast imaging and breast cancer, who say that the current recommendations on screening are inadequate, that the studies they looked at and based their conclusions on were flawed. As a result, they're saying that up to 1,000 women a year may be dying of breast cancer because of these flawed guidelines. They would like that addressed. I would like this to be something that comes before the committee to be discussed nationally.

There are other issues, because, heck, here's an opportunity to talk about what we're going to talk about in the next number of weeks.



Another thing I would like to talk about is the difficulty of accessing generics. This affects a lot of people who find the prices suddenly going way up on their generic medications. I may have to talk about this for longer, because we obviously want to talk about what we're going to do in the future about some of the problems we face in accessing generic medications in the hospital.

I was certainly frustrated over the last number of years with the fact that, one by one, many of the medications we routinely used in treating patients in the emergency room were no longer available. These are cheap medications, for example, stemetil. I don't know if anybody out there has migraine medications, but the best medication, intravenously, for controlling migraines is Stemetil. You can probably buy stemetil internationally for 20 cents a shot. You can't get it in Canada. If you go into an emergency room, you have to get something lesser. You'll have to get something lesser, like [*Inaudible—Editor*]. I could talk for quite a long time about various treatment for migraines. I don't know if anybody wants me to, but I'm certainly willing to talk.

We've been unable to access drugs like this. It was certainly something I looked into when I was working in the hospital and tried to get support.... Why don't we address this issue? Having worked in many developing countries over the years, I certainly found that with some of these medications you couldn't get in Canada, you could get them freely all around the world, in all the different countries I worked in. There again, I could talk about that too. In Canada, why can't you get them?

This is something that's been very frustrating. You can go to Ethiopia or Vanuatu or Swaziland, and you can access stemetil, so why can't you get it in Canada? That's something that I think would be worth our committee looking into, because this is a real problem that certainly affects a lot of people. I have my own thinking. I think this is a thing of national jurisdiction under the Food and Drugs Act. It is federal jurisdiction, and it's probably overly regulated.

Anyhow, this is something I won't bore you with the long details of. However, if I'm not planting my garden this afternoon, I'm certain I could talk more about the subject, which I'm sure interests all of you.

Also, another thing came up today—and I talked to Dr. Morris about it—on the silencing of doctors. You won't silence a good doctor, because sometimes when some doctors start talking, they just keep talking and talking ad nauseam. I don't know who that would be, but I think it's the social duty of a good doctor to speak up when they see injustices in the world.

On the other hand, many doctors, under COVID, found that when they did speak up on public health policy, when they did oppose government policy—often the provincial government here in Ontario on what they were doing—they ended up being disciplined or threatened with discipline.

• (1525)

Is this in our best interest that the people who work on the front lines are unable to do the things that they think need to be done, because an ounce of prevention is worth a pound of cure? These people are all paid with the federal...out of tax money, our tax dollars.

Is it right that doctors and nurses are paid with taxpayers' money and people who work in the hospitals, in administration, who are paid with taxpayers' money, aren't letting the story come out because they don't want anybody criticising the government or the hospitals?

There are very many topics we could talk about. I think we all see where this is going. We have our position. We are firm on our position that we think this ought to be left to the subcommittee on Monday, and I would suggest that we all want to do something other than listen to Marcus Powlowski speak.

I know Mike Kelloway is a more eloquent speaker. I'd like to have him speak rather than me, because I enjoy that Cape Breton lilt. However, I think even that wonderful Cape Breton lilt, after five or six hours, will grow quite tiresome.

Mike, I'm sorry to say that to you.

Anyhow, I'm suggesting that there are better things to do on a Friday afternoon, and I apologize to the analysts, the translators and the clerks because I know you too have other things to do and might want to plant your gardens.

With those brief words to begin with, I'll pass it on to whomever is next in line.

Thank you.

• (1530)

**The Chair:** Thank you, Dr. Powlowski. Let us know when you have something to say.

We'll go now to Mr. Van Bynen.

**Mr. Tony Van Bynen:** Thank you, Mr. Chair.

What we're doing here is we're dragging a lot of people away from a very important mission and that is to get the better of COVID. To give you some perspective of what these individuals do, I'll read into the record the statement made by the chief public health officer of Canada yesterday, May 27:

The COVID-19 pandemic continues to create stress and anxiety for many Canadians, particularly those who do not have ready access to their regular support networks. Through the Wellness Together Canada online portal, people of all ages across the country can access immediate, free and confidential mental health and substance use supports, 24 hours a day, seven days a week.

Over the past weeks, we have seen Canada make huge strides in ramping up our COVID-19 vaccination rollout. As vaccine supplies have increased, provinces and territories have opened eligibility to many more people, and it has been heartening to see so many of you rolling up your sleeve as your turns have arrived. As of yesterday, over 21.9 million doses have been administered across Canada. These successes have required coordination with communities across the country to make vaccines available and accessible, and have benefited from community leadership and innovations like local pop-up clinics, multilingual clinics, and support from groups like Vaccine Hunters to help you find and book appointments. We have also seen efforts to support equitable access to vaccination by allocating vaccine clinics to the places where they are needed the most, such as clinics specifically for those experiencing homelessness or living in social housing, and prioritized vaccine access for those in hot spots.

Widespread immunization is an essential component towards allowing us to get back to many of the things we have been missing. We can all do our part by getting vaccinated and supporting COVID-19 vaccination within our communities. One way of helping with this is to learn more about COVID-19 vaccines and to share evidence-based information with those in your network. You can find evidence-based information about COVID-19 vaccines in 15 different languages on our COVID-19 portal to help you and your family make informed decisions.

As COVID-19 activity continues in Canada, we are tracking a range of epidemiological indicators to monitor where the disease is most active, where it is spreading and how it is impacting the health of Canadians and public health, laboratory and healthcare capacity. At the same time, the Public Health Agency of Canada is providing Canadians with regular updates on COVID-19 vaccines administered, vaccination coverage and ongoing monitoring of vaccine safety across the country. The following is the latest survey on the national numbers and trends, and the actions we all need to be taking to reduce infection rates, while vaccination programs expand for the protection of all Canadians.

Since the start of the pandemic, there have been 1,368,106 cases of COVID-19 and 25,361 deaths reported in Canada; these cumulative numbers tell us about the overall burden COVID-19 illness to date. They also tell us, together with the results of serological studies, that a large majority of Canadians remain susceptible to COVID-19. Multiple safe and effective COVID-19 vaccines, with unique advantages, are authorised for use in Canada. As vaccine delivery continues to ramp up at an accelerated pace, there is increasing optimism that widespread and lasting immunity can be achieved through COVID-19 vaccination. Benefits are being seen among groups targeted for priority vaccination and as vaccine coverage increases across Canada, we can expect further benefits to protect more Canadians over the coming weeks and months.

● (1535)

We're making steady progress, with 44,785 active cases, 50% fewer compared to the peak of the third wave in mid-April. However, as COVID-19 activity remains elevated in many jurisdictions, strong public health measures must be sustained where COVID-19 is circulating[,] and individual precautions are important everywhere to drive infection rates down to low and manageable levels, while getting our vaccination rates as high as possible.

While the latest national-level data show continued declines in disease activity with an average of 3,674 cases reported daily during the latest 7 day period (May 20-26), a decrease of 30% compared to the week prior, infection rates remain high in some areas of the country. Until vaccine coverage is sufficiently high to impact disease transmission more broadly in the community, we must maintain a high degree of caution with public health and individual measures and not ease restrictions too soon or too quickly where infection rates are high.

Elevated infection rates continue to impact lagging COVID-19 severity indicators, particularly in areas with sustained levels of high disease activity. Although we are seeing some decline in these trends, persistent high numbers are severe and critical illnesses are placing a prolonged and heavy strain on the health system and [the] healthcare work force. Provincial and territorial data indicate that an average of 2,934 people with COVID-19 were being treated in Canadian hospitals each day during the most recent 7-day period... [again from May 20-26. This] is 17% fewer than last week. This includes, on average 1,178 people who were being treated in intensive care units..., 11% fewer than last week. Although the mortality trend has levelled off, with a 7-day average of 42 deaths reported daily (May 20-26)... continued high rates of infection and high numbers of hospitalisations and critical care admissions could continue to impact this trend.

We are continuing to monitor and assess genetic variants of the virus and their impacts in the Canadian context. Overall, variants of concern...represent the majority of recently reported COVID-19 cases across the country. While all four [variants of concern]...have been detected in most provinces and territories, the B.1.1.7 variant continues to account for the majority of genetically sequenced variants of concern in Canada. The most recently designated VOC, B.1.617, has been identified across all provinces and one territory, as of May 26.... There are three sub-lineages that are being studied, which may have different properties. Early data from the United Kingdom indicate[s] that the protection offered by two doses of Pfizer-BioNTech or AstraZeneca vaccines were generally similar for the B.1.617.2 sub-lineage and for the B.1.1.7 variant. In addition, data from the United Kingdom suggests that the B.1.617.2 variant may be more transmissible than the B.1.1.7 variant. B.1.617.1 and B.1.617.3 sub-lineages are less well understood but carry mutations that are similar to mutations observed [in]... P.1 and B.1.351. These mutations occur in an area of the virus genome that may have an impact on vaccine effectiveness but there is limited data available to the extent of the impact, if any. While the impact of all VOCs continues to be moni-

tored in Canada, we know that vaccination, in combination with public health and individual measures, are working to reduce [the] spread of SARS-CoV-2.

● (1540)

As vaccine eligibility expands, Canadians are urged to get vaccinated and support others to get vaccinated as vaccines become available to them. However, regardless of our vaccination status, Canadians are urged to remain vigilant, continue following public health advice, and consistently maintain individual practices that keep us and our families safer, even as we're beginning to see the positive impacts of COVID-19 vaccines: stay home/self-isolate [and] if you have any symptoms, think about the risks and reduce non-essential activities and outings to a minimum, avoid all non-essential travel and maintain individual protective practice, avoid all non-essential travel, and maintain individual protective practices of physical distancing, hand, cough and surface hygiene—

**Mr. Don Davies:** Mr. Chair, on a point of order, I'm well aware of the confines of filibustering, but there is a rule of relevance and I would ask my honourable colleague to tie his comments to the motion under consideration.

**Mr. Tony Van Bynen:** Mr. Chair, I'm happy to do that.

First, I want to put my position into context and I think this is the appropriate document with which to do so. If you'll permit me, with the last few parts of this document I will make that connection as we go.

Now, where did I leave off?

She said:

...even as we're beginning to see the positive impacts of...vaccines: stay home/self-isolate if you have any symptoms, think about the risks and reduce non-essential activities and outings to a minimum, avoid all non-essential travel, and maintain individual protective practices—

**Mr. Don Davies:** Mr. Chair, on a point of order, I'm sorry, but the member is just continuing to read instructions on COVID without tying it in. I'm asking him to demonstrate how this is relevant to the motion under consideration, which is a motion that deals with the committee business. Unless he can tie what he's talking about, in some at least remote way, to the matter under consideration, he's not allowed just to simply talk at length about issues that have absolutely nothing to do with the motion under consideration. I'm asking him to tell the committee how what he's talking about now relates to the motion under consideration.

Thank you.

**Mr. Tony Van Bynen:** Mr. Chair, this hardly seems egalitarian.

**The Chair:** Thank you, Mr. Davies.

Mr. Van Bynen has indicated that this is for context and he will tie it in. I need to give him latitude, as for any member, to do so.

Thank you.

**Mr. Tony Van Bynen:** Thank you, Mr. Chair.

Now where did I leave off?

Canada's chief medical officers of health and other health professionals across the country are closely monitoring vaccine safety, effectiveness and optimal use, as they adapt their approaches. As science and situations evolve, we're committed to providing clear evidence and informed guidance to keep everyone in Canada safe.

That, Mr. Chair, is the basis of this discussion. We are taking away from their jobs the individuals who have responsibility for this, and it's important for everyone who's listening, or anyone's who's reading these comments, to understand how important those roles are and how important it is for us to work with them collaboratively.

My second point, Mr. Chair, is that I was a mayor for 12 years, and when I decided to get involved in federal politics, I did so on the basis of how everybody on council took the time to work together and to provide positive solutions or add value, as opposed to finding fault in everything that was being put forward.

A great example of the way that things have turned out is contained in.... Here I would like to share with you some observations with respect to collaboration, confrontation and partisanship, which, in my view, are counter-productive.

Today, what we're discussing is an excellent example of what is happening. We should be working together to find solutions, but no, we are finding the government the victim of uber-partisanship.

Dave Meslin wrote a book called *Teardown: Rebuilding Democracy from the Ground Up*, which I think is what we need to do. We need to work on finding a way that we can work together collaboratively as opposed to the healthy uber-partisanship that we've always seen in this committee.

It doesn't happen at every committee. Mr. Chair, I've sat in on a number of other committees, and the tone and the tenor of those committees certainly is far different from some of these. However, as Mr. Meslin says, "imagine landing your dream job, showing up for your first day of work and being completely ignored by your colleagues."

That's what happened to Graham Steele, the former finance minister of Nova Scotia after winning a four-way race to secure the NDP nomination in the riding of Halifax Fairview and then winning the seat itself by 58% of the vote. Steele took his seat in the legislature, but when he rose to speak for the first time, representing the 10,000 residents of his riding, he found that no one in the room, absolutely no one, was listening.

Although Steele thought that the actions of his fellow politicians in any other gatherings of grown-ups would be shockingly bad manners, he soon discovered that the silent treatment was actually relatively good behaviour for his colleagues. His tell-all exposé *What I Learned About Politics* describes a parody of democracy in the provincial legislature where the most common type of interaction between politicians is to heckle, interrupt and insult. He observed that the last thing on their minds is a mature consideration of someone's argument and sadly confessed that the visitors to the gallery often go away shaking their heads in bewilderment.

Steele's experience is not an anomaly. After interviewing 80 former members of Canada's legislature, the authors of *Tragedy in the Commons* labelled our Parliament as "kindergarten on the Rideau". This wasn't just their opinion but the unanimous opinion of politicians themselves. One former MP compared the legislature to a zoo, while another described the partisan drivel and poisonous atmosphere of the chamber.

According to the Green Party leader, Elizabeth May, in her book *Losing Confidence*, question period has sunk to the lowest levels of rudeness and incivility in living memory. There is no co-operation. There is no effort at consensus. The House has become toxic through excessive partisanship. Collective amnesia has wiped away the sure knowledge that it does not have to be like this. She describes in detail infantile questions, egregious behaviour, cruel tone, and disrespectful heckling that have come to dominate the Parliamentary debate, and we treat this as if its normal. With hundreds of adults being paid to act like angry toddlers, the House of Commons is essentially the largest and most expensive daycare in the country.

● (1545)

The chances are, none of this is shocking you. You've simply become accustomed to verbal warfare as a substitute for thoughtful conversation, and not just as a parliamentarian but in our provincial legislatures and our local city councils. Our militaristic approach to politics takes complex issues and recklessly transforms them into simplistic, polarized teams: right versus left, urban versus suburban, drivers versus cyclists, environment versus business.

This team-sport mentality has four results. First, the legislation is often ideologically driven rather than evidence based. Second, they have fish-tail policies that flip back and forth between binary views, depending on who is in power. Third, actual dialogue is replaced with political theatre that reduces all of our politicians to the intellectual equivalent of hockey goons. Fourth, voters increasingly turn their backs on the whole circus, not out of apathy but in disgust.

Is it too idealistic to imagine another approach rather than the battlegrounds populated by players with inflexible opinions? Could our councils and our legislative bodies serve as arenas of conversation? I confess, I sometimes have doubts.

I watch my young son playing his video games passionately, immersing himself in medieval battles, modern warfare and futuristic laser fights, and it makes me wonder if perhaps our militaristic approach to politics is an unavoidable consequence of human nature. Maybe we're just attracted to the thrill of fighting.

Again, there's Minecraft, an odd video game that's simply about building things. When you play Minecraft, you're not trying to win, and you don't have to kill anyone. Rather, it's an infinite and complex virtual sandbox. Most importantly, you can collaborate. My son and I have built castles, underground subway systems, gardens and bridges. The most interesting part is that Minecraft is the second best-selling video game of all time, and although it was only introduced in 2009, it has already surpassed the net sales of long-time favourites like *Grand Theft Auto*, launched in 1977, and *Super Mario* in 1985.

We probably shouldn't make sweeping conclusions about human nature by comparing video game sales. I can tell you that, when my kids play Minecraft, they'll occasionally go on a rampage, killing as many zombies, creepers and skeletons as possible, but the success of both war games and building games serves as a reminder that, while we like to fight, we also have the capacity to energize by acts of creative collaboration. We can be drawn in either direction and can thrive in either environment.

I should also point out that the best-selling video game of all time is Tetris, a puzzle. If political compromise is the art of seeing how people's perceptions and needs differ and then finding a way to arrange all those needs and ideas into one coherent shape, then Tetris lovers should be easy recruits to this new kind of politics.

We are hard-wired to enjoy problem solving, building and collaboration. The question is: Can we take these traits that lie within us and somehow allow them to come alive in our democratic spaces? That shouldn't be too much to ask.

The first step towards moving beyond team sport partisanship that gets in the way of good policy-making is to stop blaming politicians. While we often hear cheap slogans like "kicking the bums out", or "draining the swamp", evidence suggests that the problem is much more complex.

Steele writes in *What I Learned about Politics*, "the fact is our politicians are us. There isn't a better, more perfect, more angelic version of us. The people who are elected to office used to be us, and once they're in office, they respond in human ways to the pressures of the job. You'd do the same if you were elected. Yes, yes, you would, and if you think you wouldn't, you'd be one of those bright-eyed politicians who didn't know what they were getting into."

Steele tells a story about sitting in the legislature and watching the leader of his party, Premier Darrell Dexter, be asked questions by the leader of the opposition, Stephen McNeil, and suddenly Steele realized that he'd heard the exact same back and forth discussion before when his party was in opposition. "Stephen was using the same words, the same tactics and the same arguments that Darrell had used", he writes, "and Darrell was giving the same replies that the Conservatives had given to him when he was the one posing the questions."

• (1550)

He continued: "It struck me then, forcibly, that there was hardly any point to who sat in my chair on which side of the house. None of us were dealing with the real issues."

MPs interviewed for the *Tragedy in the Commons* held a similar view. Our exit interviews suggest that politicians seem to deplore their own public behaviour. Loat and MacMillan write, "They fear turning people away from politics". So why not change? If they regret it so much, why didn't they stop? In *Losing Confidence*, Elizabeth May explains that politicians seem to act out of character, and their surroundings somehow transform them into juvenile thugs. People who would not ordinarily be crude become the worst version of themselves.

It seems that ruthless, adversarial opposition is built into our system by design. In that sense, thinking you can fix the problem by electing better politicians is like trying to fix your smartphone's shattered screen by replacing the batteries. Our elected representatives are just one part of the system, and depending on their environment, they can be pulled towards creativity or battle, towards Minecraft or Call of Duty.

In his memoirs, Steele notes that in the Nova Scotia legislature, 51 grown-ups act in ways that, if repeated in their private lives, would end their personal relationships, and, if repeated in other workplaces, would get them fired.

True, but if the entire workforce were behaving badly, a smart employer wouldn't fire everyone; she'd try to figure out why her workplace was bringing out the worst in her employees, and then make whatever changes are necessary in the political workplace. Our terminology, our procedures, and even the physical spaces used to debate are more structured to maximize conflict. Rather than trying to kick the bums out, we should be looking for what we can change about our political processes—our spaces.

Mr. Chair, I think this captures the tone and the nature of the dialogue that's been concerning me for some time. My biggest concern is that had we tried some collaboration, had we tried to find a plan—and I believe that we agreed to a plan—we would have been able to not be faced with this change and not be caught up in the doldrums that we are facing now.

Mr. Chair, we need to work collaboratively and we need to find ways of building consensus. It's really disappointing that we have to go back and reference a book that was written only a few years ago, but it does capture exactly what we should be trying to overcome. What's going on here is counterproductive. My grandchildren watch from time to time. Frankly, there are things that happen during question period, there are things that happen during discussion and debate here that I'm embarrassed to have them see.

I'm offering an opportunity to find a solution. If we've agreed to do something, our word is our word. We did agree to going into the subcommittee meeting. Frankly, that's what we agreed to do, and no amount of rationalization is going to change that. I believe it's in the record. I think we should go forward with that. We should not be having to reinvent things as we go along.

Thank you, Mr. Chair.

• (1555)

**The Chair:** Thank you, Mr. Van Bynen.

We'll go now to Mr. Davies.

**Mr. Don Davies:** Thank you. I have just a few things to say.

One is that I want to offer a half apology to you, Mr. Chair, but only a half, for my remarks that I only learned about the subcommittee meeting today. I take your word for it that you sent it on Wednesday. I didn't receive it and I am going to lay it a little bit at the hands of the clerk. The clerk should be sending notices of motions to our P9 accounts. I did not see that. It did not come to my P9 account. I have now checked with my staff and it did go to one of my staff members. What my staff member was told was that the meeting on Monday would not go ahead if we passed this motion today, so my staff member didn't schedule the meeting on Monday, pending the outcome of the meeting today.

All of this is to say that I think it would be very helpful if the clerk sent notices of meetings to every individual MP themselves at their P9 account. That would be a lot clearer and more direct.

I am a little disappointed in my Liberal colleagues. After spending a fair bit of time reading a passage on proper behaviour in politics and ethics, Mr. Van Bynen is actually embarking on a filibuster at a health committee in the middle of a global health pandemic. If there is anything I would be embarrassed to do in front of my grandchildren, or my granddaughter, it would be that. It would be filibustering at health committee because I didn't get my way on a schedule when I don't sit with the majority, and Liberals know they don't. They know that the majority on this health committee wants to proceed with an order of business for the next eight meetings, which has been drafted in an entirely fair manner.

Dr. Powlowski, whom I have great respect for, spoke about how he wished he could hear from witnesses—and he went into great detail—on medicine and pharmaceuticals, which I think had nothing to do with the motion, but of course fit his goal of performing his role in the filibuster. Of course the answer to that is, call that witness. If you want to, call the witness. There are five meetings that this motion before you allows each party to call whatever witness they want, on any issue they want. If Dr. Powlowski wants there to be a witness to talk about pharmaceuticals, call them. This motion doesn't prevent that.

Quite honestly, it's obvious that the Liberals came to this committee with no intention of having an honest debate about the business before this committee, because they came prepared to filibuster before the meeting even started.

Of course, for anybody watching this, they should know that every single member of this committee was given notice of this mo-

tion two days ago. Every single person on this committee knew that this motion would be moved.

I also want to set the record straight. The Liberals complain that we didn't have a chance to ask questions of the witnesses on the second panel but that is entirely because of the Liberals' decision not to do so. I put forth a very rational proposal to the Liberals that if they wanted a chance to go to the Liberals' question and then the Bloc's question and then finish up with my question, we could do that. All we had to do was agree not to put a substantive motion forward in that spot which would derail the questioning. Mr. Van Bynen refused. Then I asked them if they had such a motion, and they said, "No, we don't have such a motion." Well, if you don't have such a motion, why wouldn't you agree? There is only one reason we didn't have a chance to question the witnesses in the second round.

By the way, it absolutely disrespected those witnesses, two of whom are from New Zealand, one of whom was my witness, who had to get up and prepare for this at 4:30 in the morning. It was because the Liberals would not agree not to abuse their question position by putting forth a deleterious motion.

I have one thing to say to that. Clearly, if they wouldn't agree to it, it's because that was clearly their intention, because if it wasn't there intention, it would have been easy to agree. There is only one reason the witnesses were not questioned in the second round and that's because the Liberals would not agree to not play a procedural trick or game. On that also, I think I would be embarrassed, Mr. Van Bynen, if my granddaughter saw me do that. That's what I just witnessed you do.

• (1600)

I'm going right back to this as well so that everybody understands what we're dealing with.

This motion deals with the remaining—perhaps seven—meetings. Were we to accede to the Liberals' request, this is what would happen. They don't want to pass this motion today. If it did pass today, we would have a PMPRB meeting on Monday, we would be hearing from witnesses and responsible deputy ministers on Friday, and we'd be hearing from the law clerk and the Clerk of the Privy Council on the following Monday. Then we'd be hearing from any witness that any party wants to put forward and the responsible deputy ministers for each meeting thereafter until the House adjourns on June 25.

That's what this motion, if we just say yes to it today, would do.

What do the Liberals want to do? They would filibuster this meeting and then have a subcommittee meeting on Monday, where I guess we'd come up with some different proposal, which by the way, I haven't heard a word of. I haven't heard a single Liberal propose a single alternative to how this committee should structure its business. They haven't said one thing about how they would like the remaining seven meetings to go.

Then, assuming we can come up with a new proposal on Monday to deal with the remaining seven meetings, that motion has to come back to the full committee on Friday. The clerk cannot act on a motion passed by the subcommittee because there are only four of us. The clerk has to wait until Friday of next week before that motion of the subcommittee comes before the full committee, at which point it's debated. If it passes, we lose that meeting, as well.

Think of this. Our meeting ends late on Friday afternoon. Our following meeting is on Monday morning at 8 a.m. my time, I guess that's 11 a.m. That means the clerk won't know until next Friday at 4 or 5 p.m. what the order of business will be for the following Monday. They can't organize witnesses over the weekend nor comply with headset or any other requirements. In fact, we won't even know who the witnesses would be on that Monday. We would pass the motion on the Friday and learn what subject the Liberals might want to deal with on the Monday.

What the Liberals are proposing right now is that this health committee, with seven meetings remaining, lose the meeting on Monday and not hear from any witnesses, lose the meeting next Friday and not hear from any witnesses, and lose the meeting the following Monday and not hear from witnesses.

The Liberals talk about ethics. They talk about responsible parliamentary behaviour. They talk about engaging in conduct that they would be proud to show their grandchildren. Is that what they want to do with the remaining seven meetings of the health committee, to burn virtually 50% of them?

Before this meeting, it would have been open to any one of my colleagues on the Liberal side—who lecture us so deceptively on ethics—to put in a motion as to how you wanted to handle the last seven meetings. Not one lifted a finger to do that. How is that responsible political behaviour?

My colleague Ms. Rempel Garner had the initiative, in light of there being no subcommittee meeting.... By the way, even if the committee chair called a subcommittee meeting on Wednesday, we had a break week the week before that. Why wasn't a subcommittee called the week before to give the clerk and this committee time to actually structure our remaining meetings? That would have enabled us to properly debate what's going to happen, decide what subject we want to talk about and have an opportunity to submit witnesses.

For anybody watching or listening to this debate, they have to know the way this committee works. Each party has to know the subject and needs to research and propose appropriate witnesses to come before this committee. They have to give adequate time to witnesses to prepare their testimony and to us to prepare questions.

We need weeks to do that yet the Liberals don't want to pass this motion today. They want to wait until next Friday to maybe come up with a plan. That will mean we won't hear from witnesses until two weeks from today.

That's the Liberal plan, all because they're in a snit over not getting their way. They don't have the majority on this committee, and pardon me for saying this, they were too lazy to put forth a motion of their own that would actually structure the last seven meetings.

• (1605)

I come back to this: We've known for some time that today is the last day of my motion that we put forward, which allowed every single party to identify one priority to have four meetings on.

By the way, we generously gave the Liberals the first shot at that. They chose mental health. The very first four meetings on COVID were on mental health. Then we went to the Conservatives, who studied vaccines. Then it went to the Bloc Québécois, who proposed studying ancillary impacts. Then we went to my last subject, which was to deal with federal-provincial roles in dealing with COVID. We just finished that today.

Obviously, we're not going to go to the second round of this because we can't get every party in equally before the House rises. Anybody could have foreseen that coming. Frankly, like I said, to watch Mr. Kelloway, Mr. Van Bynen and Ms. Sidhu read from prepared notes—reading arcane, completely irrelevant material that doesn't speak one bit to the motion before this committee—tells me everything I have to know about the spirit they brought to this meeting today. They had no intention of seriously debating the matter before us or dealing responsibly with the health committee in our remaining seven meetings.

I'm going to conclude with this: We are no ordinary committee right now because we are not in ordinary times. These kinds of parliamentary games may work at the ethics committee or some other committees that are doing things. We're dealing with the most serious health crisis that has affected Canadians in a century. We don't have time to waste, yet Mr. Van Bynen wants to waste our time by prattling on for 20 minutes about a book on political ethics. Is that what the Liberals think is the best use of this committee's time?

Frankly, I'm disgusted by this. I never thought I would see a political party, in a time of national crisis, come to a health committee and filibuster. I leave it to the Liberal members of this committee to explain to their grandchildren why they filibustered while Canadians were getting sick and dying. That is disgraceful.

• (1610)

**The Chair:** Thank you, Mr. Davies.

[*Translation*]

You have the floor now, Mr. Thériault.

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

I'll try to be brief, because I wouldn't want to contribute to the kind of systematic obstruction being used by the government representatives on this committee.

To lighten things up a bit, I'd like to quote my late grandmother. I'm not sure whether her joke will survive being translated into English.

I listened to Mr. Van Bynen's conclusion, in which expressions like "if this" or "if that" were often used. My grandmother used to say that "if dogs had saws, there would be no more posts." [If pigs had wings...] Let me know if this joke works in English.

At our very first meeting, as soon in the internal economy motions had been introduced, those who had been there previously with a different group of parliamentarians felt that the work to be done during the second wave would not go as smoothly as during the first wave, when it was done collaboratively.

The opposition parties wanted to address the specifics of the subject immediately. The Liberals tried to fend them off, so much so that we had to submit our work plan on an opposition day in the House. This hardly ever happens when people want to work together.

So we had to lose an opposition day in the House of Commons to have a discussion that should have taken place collaboratively in committee. The committee got off on the wrong foot and the House, in a majority vote, decided which topics we were to discuss.

We were also good sports. I remember clearly that after this motion was adopted, Mr. Davies introduced another motion to establish a way for us to work together on the organization of the work, an arrangement that came to an end today. This motion provided for each of the parties to choose a topic for four meetings.

I played fair too because this motion had been preceded by the wish to conduct two studies in parallel. One was to be about the Patented Medicine Prices Review Board, the PMPRB. This study was postponed several times when we had to deal with other important problems that came up.

Yet again, I'd like to quote my late maternal grandmother, who often said "A bird in the hand is worth two in the bush."

That meant there were two meetings of two hours each remaining to study the PMPRB, during which each party could invite one witness. This motion allows two witnesses to be invited for a two-hour meeting, which is an improvement. I would have liked to extend this meeting to three hours, but I can see that people are not being particularly co-operative today. Before the systematic obstruction began, I thought it would be more efficient to spend a single three-hour meeting on this study than hold two meetings of two hours each.

Now I don't remember having received a telephone call to tell me that this subcommittee meeting was to be held on Monday and that it would interfere with my meeting on the PMPRB. And yet we had already established the working schedule for this study at a previous meeting. It was decided to go ahead with this subcommittee meeting and the people I had told some time ago that the study would begin on Monday were treated in a rather offhand fashion.

• (1615)

I realize that if we want this to amount to anything, we need to be able to make recommendations to the analysts. I recall very clearly that in the work plan we had previously adopted, it had been agreed that we would finish the four topical meetings for each of the parties, and that the PMPRB studies would enable the analysts

to begin work on a preliminary report so that we wouldn't be doing it at the last minute.

I had no indications from the government that on July 1, it was going to postpone the reform being condemned by everyone involved, whether patients, organizations, people doing basic research or pharmaceutical companies. Everyone agrees that there is a problem with the way the reform is working.<sup>x</sup>

As the adage says, a bird in the hand is worth two in the bush. I therefore think that it would be worthwhile for us to hold this meeting with two witnesses as soon as possible so that we will be in a position to give some information to the researchers, in view of the small number of witnesses we've heard on this matter. That would enable us to have something with at least some substance to pass on, in the hope that the government will listen to reason and not open the floodgates to all and sundry for a reform that is going to create a number of significant problems.

I had decided that I was going to propose an amendment, but I won't, because it would be used as an excuse for obstruction until the end of the period provided for the resources. I would imagine that at 6:30 p.m. we will be told to close up shop. That, unfortunately, is perhaps the objective of my colleagues.

I do not intend to lecture anyone on how things are done in committee when things are not going well, and representatives of the people become transformed into representatives of the government in an assembly that is supposed to represent the people.

I will stop there, because I do not want to contribute to the obstruction. I would add, however, that no one is being fooled. It's been going on for seven months and it's very unfortunate. I hope that we we'll be able to vote on this motion, which would at least provide some clarification on how to proceed until the end.

**The Chair:** Thank you, Mr. Thériault.

[English]

We'll go now to Ms. Sidhu.

Ms. Sidhu, go ahead, please.

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

As a committee member, I'm always in favour of listening to experts. We're here to do the real work for Canadians. We need to go about that in an organized way.

I would like to speak to the information about our work plan proposed in this motion. I also want to respond to the measure of the pandemic response and the role of our committee.

First, we did work collaboratively in the beginning, and Mr. Davies's plan to study one topic per party set the tone for the entire study. The subcommittee meeting would have been the right place to discuss the next steps.

Mr. Chair, for a year we have been listening to expert testimony, and we are always willing to do that. It is important for us to help the government serve Canadians. That means amplifying the voices of doctors and other researchers and experts who can help us through this, and inform future pandemics, or inform us of any other relevant information. That includes outside experts, people who are both supportive and critical of the government's response; government officials who have been working day and night to protect Canadians; and decision-makers within cabinet. That is where the committee could add the most value.

A report reflects the best advice on how to handle a situation like this when it happens again. Even if it is not for another hundred years, we need to get around to writing a report at some point. This is why we need to have a subcommittee meeting, so that members can discuss how all of the testimony can best serve the country, and we can take the next steps. If that report were to be written today, it would reflect how well the government has handled this pandemic.

My community of Brampton was hit very hard by the pandemic. Members of this committee know this. We also received the first doses of the vaccine before September. Now, more than half of the residents of Peel, almost 70% of adults, have received their first dose. At the peak of the third wave we reported over 11,000 new cases. On a single day yesterday it was 271. Things are improving.

The federal government was able to do this by securing a larger portfolio of vaccine candidates per capita than any other country. We now rank number three in the G20 on doses administered per capita. To date, we have delivered more than 26 million vaccines to provinces and territories, with many more on the way across the country. Over 60% of Canadian adults are vaccinated.

The vaccines are also working very effectively, better than expected since we started these meetings. It was reported that only 0.15% of vaccinated Canadians have become infected by the virus 14 days or more after their first dose. Dr. Tam adds that "Compared to unvaccinated cases in these jurisdictions, these people were more likely to report no symptoms and less likely to experience severe illness requiring hospitalization."

When provinces ask for help, we are there for them. We gave over \$284 billion to the provinces to help them increase their vaccine rollout capacity. In Peel, the federal government provided many additional supports, including on-the-ground support from the armed forces in long-term care facilities in the tragic first wave, the public health outbreak response from the Public Health Agency of Canada, and a volunteer isolation site for the region.

Across Ontario, there are over 300 federal contact tracers performing 2,500 to 3,000 calls a day. The government has provided 11 million rapid tests, support to deploy tests to workplaces, additional voluntary isolation sites across the province and, of course, the \$5 billion to Ontario through the safe restart agreement.

We also know that virtual care is more important than ever. That is why \$46 million has been provided to the province to help expand these services, allowing Ontarians to still access care while hospitals are dealing with the crisis.

Everything we have heard, Mr. Chair, needs to be properly documented—the highs and the lows. We, in committee, need to be

working towards a report, at the very least an interim one, that can better inform future leaders. The motion under discussion continues to delay this important work.

• (1620)

The government has had to make difficult but necessary decisions, such as how to manage the border. Canada has some of the strictest travel and border measures in the world. We have restricted non-essential entry into the country. We have banned flights from countries experiencing surges of the variants. We have required all air travellers to quarantine under PHAC supervision and have implemented rigorous quarantine and testing protocols for all travellers.

Earlier this afternoon, Dr. Tam said, "Things have taken a great turn for the better". She also said, "Our efforts have got us well and truly over the peak of the third wave nationally and heading for a much better summer, if we can stay the course."

While the situation may be improving in Brampton and across Ontario, other provinces, such as Manitoba, are still experiencing outbreaks, so we must be cautious and responsible. She said, "While this forecast is very encouraging, it reaffirms that now is not the time to relax our measures. If measures are relaxed, increasing the number of community-wide in-persons contacts, resurgence is likely". As she said, we must "stay the course", one that our government has charted.

Mr. Chair, we need to work collaboratively. These are my thoughts.

Thank you, Mr. Chair.

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

We will go now to Dr. Powlowski, please.

Dr. Powlowski, you're muted.

• (1625)

**Mr. Marcus Powlowski:** Have I been muted right from the beginning?

**The Chair:** Yes, I think so.

**Mr. Marcus Powlowski:** Sorry. Let me start again, because I do want to be succinct.



One of the unfortunate things about this motion is the fact that we interrupted this committee meeting today. I think it was a very interesting committee. My friend Don Davies has said, well, it's partly the Liberals' fault. I think there's equal blame for everyone in this and the fact that our panel members today weren't able to fully speak. It was too bad, because I found the people from New Zealand extremely interesting.

I know that the NDP witness, Colleen Flood, is a very well-known professor at the University of Ottawa, perhaps one of the biggest names in Canadian health law. She wrote a book that I know I have on my shelf, on public health law. It would have been nice to have heard from her, particularly her perspective in terms of comparative law and what they did in New Zealand versus what we did in Canada.

Dr. Knight spoke on that. I thought what he had to say, too, was very interesting. I think the problem with New Zealand is how much of their fantastic results were a result of their different or better policies than ours and how much was just the result of the fact that New Zealand is an island so it's a lot easier to control their borders than ours.

That said, I know that New Zealand is good for something other than rugby, and they do have some excellent rugby teams. One thing is that it seemed they were a little stricter in implementing social distancing. We heard the same from Australia, which did a more short, sharp lockdown. I think he said it was "hard and fast". Hard and fast was the New Zealand approach to the lockdown. This seemed to have been more successful than Canada's, where he's right in the fact that our goal, or not our goal but the provinces' goal, was to basically ensure that the hospitals and ICUs weren't overflowing. That was perhaps not the right approach, because it basically allowed the disease to continue to simmer in the population. On that, too, it would have been nice to have heard something more from the New Zealand people as to how they managed to do that.

Another interesting thing is that, in my understanding, in New Zealand some of their success was due to the fact that police seemed to have more powers to enforce public health measures, including social distancing measures. This has certainly been a frustration, at least for me in Ontario, and I'm not sure about those of you in other provinces, but when we look at...

That's what we're here for. We're the health committee. It seems one way or the other we'll get to talk about these issues, even if it's only from me.

However, one issue, and I think one failure in dealing with the pandemic, has been some lack of will on the part of the provinces to enforce public health measures and public health distancing, at least here in Ontario. I know Luc seems to be one of the only people listening. Maybe in Quebec this wasn't the case, but in Ontario there was seemingly quite a reluctance to enforce public health measures under the Health Protection and Promotion Act.

I was particularly interested in this subject because I have worked for the World Health Organization, writing public health laws, including one for Vanuatu and another for Laos—although I think neither of those laws were actually passed. However, I did

spend a lot of time reading public health legislation and what's included in public health legislation.

I do know, in fact, that almost all public health acts in the Commonwealth basically correspond or have followed the template set out by the 1936 British Public Health Act, which is the grandfather of all other public health acts. Within that act, there are measures to control spread of disease, because in the old days, public health was mostly about controlling the spread of infectious disease.

• (1630)

Part of our problem in response to the COVID pandemic is that public health has long since drifted away from the control of infectious disease. In the past, that was the core of what public health did. I don't know about the rest of you, but I remember as a kid having the public health nurse coming out to the our school and being very strict. I don't know if she actually physically disciplined us, but those were very serious people. I don't think they ever smiled. It was all about keeping your hands clean, taking your shoes off, etc. It was about control of infectious disease.

Over the last 30 or 40 years, as infectious diseases become much rarer, we've undergone what's called a "demographic transition" in public health. Many poor countries haven't, so they still have a disproportionately lot more deaths from infectious disease, malnutrition and things like that. As you get more prosperous, noncommunicable diseases become a greater problem. Some countries, like India, Mexico or Brazil, for example, have undergone the economic transition where more and more, instead of infectious disease being problem, problems are in terms of noncommunicable diseases like obesity, heart disease, diabetes, strokes and cancer related to smoking and diet.

However, I want to keep referencing the topic of today. The topic of today and the topic of this discussion is this motion. Part of the problem with the motion is that it interrupted the discussion about what New Zealand did better than we did here. Certainly one of the things that New Zealand seemed to do was enforce those coercive measures under their public health legislation.

I would point out that those same measures are in our public health legislation. At least in Ontario, under the Health Protection and Promotion Act, section 22 gives the public health officer the ability to basically make any sort of order for the purpose of protecting public health. The way it's written, and having written it, I realize the laws are written quite broadly to give powers to public health officers to make rules. Under section 22 of the Health Protection and Promotion Act there is this power given to the health officers to issue orders, with a maximum fine of \$5,000 for not following the orders.

In Ontario, a lot of public health officers were unwilling to use those provisions. It's been a little difficult to figure out why. Apparently, some were worried about the constitutionality of the broad powers of such orders. In fact, there have been a number of cases that tested the powers given to health officers under public health legislation for COVID. In fact, the courts upheld them.

Why was Ontario so unwilling to enforce its provisions? The problem with section 22 is that it only allows you to fine. For some people who really don't care about a fine because they have no job, etc.... This was happening in Thunder Bay. People with known COVID or who were at a high risk of COVID were basically ignoring public health orders, getting on the bus and driving around on the bus. It didn't really bother them that there was often a fine.

Under section 35, however, there is the power of the health officer to order somebody to stay in hospital and basically be looked after. If they ran out and they tried to get on the bus, the police could go and get them, pick them up and bring them back to their facility where they would continue until they were no longer infectious.

However, Ontario didn't use this. Why didn't they use it? Actually, it's because Ontario did not classify COVID as being an infectious—I'm not totally sure of the term; I think it's "infectious"—disease under section 35, so they couldn't use section 35. Under section 35, they do list gonorrhoea and syphilis. I don't think if you get on the bus and someone next to you has one of those diseases you have much of a risk. However, if they have COVID, that's a totally different thing. Why the Ontario government was reluctant to use section 35 is a little beyond me.

• (1635)

Getting back to the topic of this discussion and the motion, unfortunately the motion interrupted our discussions with our New Zealand witnesses. The New Zealand health law witness I think was willing to talk to us about the fact that in New Zealand, they seem to have enforced some of those social distancing measures. They were willing to take that coercive action.

I thought the other interesting thing about New Zealand in the testimony of the two witnesses today, or at least Dr. Knight, was the fact that they felt that the population bought into what the government was doing because the government was so open and transparent in publicizing minutes of cabinet meetings and things. They thought this resulted in greater buy-in from the population. I thought that was interesting.

I go back again to maybe my original thing with New Zealand. I'm not sure how much though, because I think a lot of people—the majority of people, but not everybody—in Canada also buy in to the social distancing measures. They buy in to what the government has been trying to do and what the provinces have been trying to do in terms of social distancing. It might just be a matter of numbers. When you're a small country like New Zealand and you have limited borders, you can control who comes into the country, and then you have a certain amount of buy-in. That may have been enough. Even if we had the same buy-in in Canada, given the larger numbers, given the open borders, could we have gotten to the same point? I'm not sure if really this is the case.

It was unfortunate that we didn't have more time to deal with the people from New Zealand and the comparative law aspect of the pandemic, because I think this is something really important. We ought to look at what other countries have done. It was unfortunate in that panel we didn't have people from Australia, although Dr. Flood did speak a little bit about Australia. I think they went hard

and fast too, like New Zealand, in their social distancing measures, but they too are an island.

When you look at the proposal and this motion as to what we're going to do in the next number of weeks, I think it certainly warrants considering looking more at what other countries have done. In this country like all countries, too often we're a little myopic and only can see ourselves, but obviously everyone in the world, every country in the world has had to deal with the pandemic.

In fact, maybe that's part of our objection to the motion. I fully accept that there are two sides to every story. The opposition is going to say they tried to do this beforehand, that they tried to get a schedule. Like them, I fully agree that we are the health committee and what we do is important and we shouldn't be wasting our time with procedural wrangling, which I think is basically what's happening here. I agree it would have been nice had we all been part of deciding what we're going to do for the next number of weeks, because another thing that I think we ought to deal with which we haven't dealt with a lot here is the issue of the global response to the pandemic.

I go back to the fact that I'm very happy that many colleagues, people on this committee from all parties, signed that letter asking for the WHO waiver on intellectual property. That's fantastic. It's fantastic we had that co-operation. Is that the panacea though with regard to the intellectual property waiver, such that we're suddenly going to be able to produce billions and billions of doses of vaccine globally? Unfortunately, I don't think so.

However, I believe it is totally necessary. I think my friend Don Davies—if he wanted to talk about it, although I'm sure he's not going to want to help us out by talking about it—would probably agree with me that one of the important things about the waiver is that it is a statement by our government that we as a society do not put intellectual property rights above the interests of humanity. Certainly, the overwhelming interest of humanity at the moment is to deal with this pandemic.

• (1640)

I go back to what others have said today. I absolutely totally agree with them, and I think from the beginning on this committee, that a very serious job of this committee has been trying to shine a light on various aspects of the pandemic.

In terms of the pandemic, I certainly would like to shine a light on the global response, and the fact that I think, unfortunately, with this pandemic we've seen every country basically fighting their own battle individually against COVID when we were all basically facing the same enemy. And this isn't totally unique, if you look at the history of infectious disease in the world. There have been numerous, numerous epidemics and even pandemics in the past. So I can't say it's unique, but what is unique and what is different is that this has been the.... I would say that HIV/AIDS has been a pandemic, a much slower-moving pandemic, but nonetheless a pandemic, but because it's slower-moving, it hasn't required the kind of global co-operation that has been required with this pandemic.

Yes, this pandemic is like the 1917 Spanish influenza in terms of its being highly contagious—not as contagious as influenza but a contagious respiratory illness that has gone around the world. The difference between now and the time of the Spanish flu is that communications are so much better between countries. That was at a time back then when, I'm not sure, I think maybe they had telegrams, but obviously communications were a lot slower and so global co-operation was much more difficult.

Certainly with this pandemic I think we could and should have seen a lot more of a harmonious global effort to deal with the pandemic, which has been affecting all of us. Certainly this is something that I would like to see come out of this pandemic. When we look at perhaps the last great world tragedy, the Second World War, I think that out of the suffering of that war people from around the world came together and decided, no more; we don't want this to ever happen again. As a result the UN Charter was written in something like 30 days in San Francisco. Thirty days, whereas nowadays we can't even get an agreement on something.... I was going to compare it with this, though we're not that slow. I know that institutions move tremendously slowly. Our hospital in Thunder Bay took, I think, a year or six months to come out with some sort of model for the hospital.

Nonetheless, in response to World War II, we certainly came up with something to improve the world. We came up with the United Nations and the international legal order. Similarly, I would hope, under COVID, that the world comes together in response to this real disaster that has affected almost everybody in the whole world, and I think out of this hopefully will come better institutions to deal with global governance and particularly with a global pandemic.

Getting back to this motion—because I don't want anyone to raise a point of order that I'm not speaking to this motion—this is the kind of thing, had we been able to discuss this amongst us all.... And I'm not even laying all the blame on the opposition parties for this, because I know this is the structure of politics and that we have these committees and subcommittees. It would be nice if we could just talk together and decide, because I know and I've heard a lot of people say that what we ought to be doing is collectively dealing with the pandemic and be working co-operatively together and not wasting time on procedural wrangling, which is certainly what we're doing here. That would be nice. I think it's something this motion ignores and that we get chastised for—that it's all the Liberals' fault for doing this....

We're part of the team too and nobody discussed with us beforehand, at least not with me, what the proposal was for the coming weeks, and maybe we too would like some input into it and we weren't really given the opportunity. It was set down on us as a *fait accompli*: “Here it is: take it or leave it. We're in the majority, and you're not, blah blah blah, rah rah rah, you can't get us, we're going to pass it whether you like it or not”. That is what leads to this kind of thing, which is unfortunate.

• (1645)

It would be nicer in the future, should we get some sort of more harmonious way of dealing with issues like this.... Hopefully, what will happen when we get back to Ottawa is we'll start to all go out. It's too bad we weren't in Ottawa now on a nice sunny day and we

could drink a few beers and reach a more harmonious conclusion as to what we're going to do for the rest of our time in Parliament, rather than sitting here seeing my garden slowly dry up because there's no one there to water it on a Friday afternoon.

I think I've spoken enough. I will pass it on to my next colleague in line. Thanks.

**The Chair:** Thank you, Dr. Powlowski.

We go now to Ms. Rempel Garner, please.

**Hon. Michelle Rempel Garner:** Thanks, Chair.

I guess I don't understand the reason for this filibuster today by my Liberal colleagues.

I'm just going to put this out here. When I was parliamentary secretary.... I'm dating myself, but back in the day, my opposition critic was Megan Leslie. She was a formidable parliamentarian. Seriously, if you guys ever want to blame somebody for why I'm as good as I am, it's because of Megan Leslie. She really forced me to up my game. We had a majority in the committee at that point in time. I was parliamentary secretary and she was my critic. We met once a week. I knew she was going to push her issues. I was going to push mine. We met regularly on programming. I would go back to my team—my members on the committee—and I'd say that the NDP want to do this, but we want to do this and then I'd ask them what they thought. I'd go back to her and we'd have things negotiated ahead of time.

I just don't understand what the filibustering is. If there's something in this motion my colleagues on the Liberal Party don't like, they should propose an amendment. Mr. Powlowski just talked about how no one discussed this with him. That's the purpose of giving notice of a motion. I gave proper notice on this, so Mr. Powlowski would have gotten this. The standard procedure at that point for a member on a committee is to call the parliamentary secretary. I don't know who the quarterback on the Liberal side is. I've never really had anyone say, “I'm the quarterback; can we work together? We might get frustrated, but can we work together?” No one has actually done that with me.

Through you, Chair, Mr. Powlowski could have phoned the parliamentary secretary, asked what the plan is or asked what the MI-NO is saying. He could have asked if they wanted an amendment or suggested that he was thinking that they could do this. He could have asked them to talk to me about it.

Actually, when I was parliamentary secretary, I saw it as my job to phone my colleagues on the committee and be like, “I think we should do this. What do you guys think?” If there was a filibuster.... I don't think there was on health. I think the NDP might have done it once when I was on the environment committee. We didn't filibuster on programming because it was all pre-negotiated.

I have been frustrated that there haven't been more people taking the lead or reaching out on this. We don't have time to waste.

I would say this: If there's something in this motion that the Liberals don't like and they want to change it, there's this thing called a phone. You guys can email me. You guys all know the parliamentary email account. You guys could be emailing me right now. I know other colleagues are. We could have sorted this out.

I think what happened here—and I would just like somebody to tell me not—is that the meeting on the Liberal side didn't happen. That's what I think happened here. It's that the meeting to discuss whether they can negotiate with the opposition on this, what they want to do, what the direction from the government is and how they can marry that with their role as committee members didn't happen.

What's happening here, I think—and I hope I'm wrong—is that members are being directed to filibuster so that we have another meeting on Monday, which is a subcommittee meeting. That actually takes up another meeting, as our colleague Mr. Davies pointed out, because we have to approve that. Then we've wasted two meetings.

The goal of this motion and giving appropriate notice of it was that I just assumed that my Liberal colleagues would come prepared or at least would phone and say, “Okay, can we do this? Can we do that?” Then we would have passed something today. I've heard a lot about Minecraft from somebody, but I haven't heard any amendments or... Nobody has emailed me from the Liberal side. Nobody has said, “Hey, you know, I kind of need this”.

I guess I would ask respectfully for my Liberal colleagues to think about that.

Clearly, somebody prepared remarks for Liberal members coming in on a filibuster. Why didn't you guys prepare amendments? Why didn't somebody phone?

Chair, that's my concern here. I did try to draft this motion—and draft it with colleagues from other parties who talk to me—to be fair. It gives the government a lot of latitude on the witnesses that they want. If the opposition wanted to ram a motion through that was unfair, we could have done that, too. We didn't because we're in the middle of a global pandemic.

Departmental officials need to be here because we need to be holding the government to account. There are hundreds of billions of dollars going through our department that need to be scrutinized. The efficacy of funding needs to be scrutinized. If it's too much, too little or if it's effective—that's our job here. That's what this motion is for.

● (1650)

Colleagues, please don't continue to read prepared notes. I don't know who's preparing them, but ask your parliamentary secretary what the game plan is. They're good, and this is not that bad of a motion. If there are proposed amendments, we should be considering that and debating the merits of moving forward.

I don't think any Canadian would want to see a continued filibuster on a programming motion in the health committee in the middle of a pandemic. I certainly would be raising this issue on every platform I had at my disposal and within the media.

If there's an amendment, if there's something that the Liberals don't like about this, they should be doing that. Also, do your job. To the Liberal members on the committee, what happens is that when you get a notice of motion, you should read it. You should phone your parliamentary secretary. I don't know who the quarterback is; I'm assuming it's the PS, but it might not be. Just ask, what are we doing on this? You guys might vote your own way, too. I don't know; maybe there is no quarterback.

Every individual member has a responsibility to come here, be prepared, read motions and be prepared to vote or put forward substantive amendments. That's how it works. I hope we can come to a resolution on this today, because I'd really like to get going with further work next week.

Yes, we will have moments in this committee where we disagree on partisan principles or policy positions, and do you know what? I am good at my job. I put a lot of time into it and I don't apologize for that. However, this is how collaboration works on a committee. It works both ways.

I will give a shout-out to Mike Kelloway. He did reach out to me once and we had one conversation.

On this motion, no Liberal has reached out to me. Guys, the phones and emails work both ways. I hope that if anybody has any more comments they are substantive and that we can proceed with programming out the business of this committee.

Thank you.

**The Chair:** Thank you, Ms. Rempel Garner.

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

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

Let me start by saying how honoured I am that the Conservative critic thinks that I just tell all members what to do. She clearly doesn't know us very well. As the newest member of this committee, I can tell you that our HESA members need absolutely no assistance, as they've already demonstrated here today. In fact, I think it demonstrates the complete level of desperation the Conservative member is grasping at.

At the end of the day, they talk about wanting to get down to business. On her threats about using the social media channel she has to highlight that: Go for it. Do you know what we're fighting for on this side? We're fighting to hear from witnesses, from Canadians.

The member opposite tables a motion that says that, in the middle of the pandemic, every party gets one witness. Then, she has the audacity to move a motion when we're in the middle of questioning witnesses, of hearing their testimony about their experiences around the world dealing with COVID, very real evidence that might help Canadians get through this pandemic just a little bit easier. The member said, "I don't want to wait until the end. I don't care that these witnesses have put in time and energy to come here to help us, to help all of us get through this pandemic." She throws, as usual, a temper tantrum, and says, "I want to deal with my motion now. I don't want to hear from other people."

That is what is so classic in what I have seen from this member. I've only been in this role for a couple of months now. I can tell you that I really appreciate the testimony and the commitment to this file from all members, but what I will never stand for is the absolute disrespect to witnesses who have taken the time to come to be with us today, and the disrespect to our members. Ms. Rempel Garner talks about putting in a lot of work, and she's not going to apologize for it. Well, so do we. We put in a lot of work to question witnesses to get testimony that might help Canadians. That's what we're here for.

I don't want to hear her faux outrage about the amount of work she puts in and how great it is. Our members do, too. That's what we're all here for. We may disagree on policy, but we're all here to fight for Canadians. She has the gumption to think that her work is somehow more valuable, that her point of view is somehow more relevant to Canadians than everybody else's.

Well, Mr. Chair, as the newest member of this committee, I'm here to say it's not. I will fight to make sure, with my Liberal colleagues on this committee, that the perspectives of Canadians across this country are heard. I will not apologize for that.

She can sit here and hurl insults at me. I've heard them all before. I don't care, because I'm doing the work that Canadians sent us here to do. My constituents sent me here. Our other members of this committee were sent here. For her to somehow talk about her perspective as meaning more—her ideas for a motion on a work plan meaning more than the Canadians who sent us here—I don't think so.

We have opinions on that, too. We want to talk about how we are going to move forward to ensure that the vast voices regarding COVID are being addressed, and she shuts her ears and says that her mind is made up. She doesn't want to be confused by the truth.

Go right ahead. Go on every social media channel and say that you don't want to hear from a vast and diverse group of Canadians, because that's outrageous. That's not how Parliament works. That's not how committees work. I, for one, will not be held hostage in a work plan that limits our ability to hear from Canadians. If she thinks that is something that her constituents and her social media channels find acceptable....

• (1655)

In my view, I think there are many witnesses who would like to come in our remaining time in this session. Frankly, we could have heard from the witnesses who were here, who she cut off—but no, because if it's not her way, it's no way.

I'm sorry, but that is not how Parliament works. We may not always agree on the policies, we may not always agree on the politics, but there has to be a level of commitment to working together for the greater good. If you can't, we're going to stand up and fight for it.

Mr. Chair, I want to talk about some of the other comments, too, that were made while I was listening to this debate. It was argued that this motion is just so fair and how could we not want to support it? Did anybody bother to ask if we wanted to support it? No. The members opposite talk about, "Oh, no one reached out." Well, no one reached out to me either. Frankly, I was about to use unparliamentary language. But it's not a very bright argument to use, because the levels and the channels of communication go both ways. What's good for the goose is good for the gander. If you don't want to compromise with us, then you have no idea what we'd like to see in the work plan, because you never bothered to ask.

What we'd like to see are witnesses. We'd like to hear testimony from Canadians across the country—provinces and territories—who have been battling COVID. We heard incredible testimony from Nova Scotia about the rapid testing program they have in place and the training of volunteers. We have heard some incredible testimony. Why would I want to limit the ability to hear from and learn from them? If your only motivation at this committee is to engage political hit jobs, then of course you don't care about hearing witnesses. Of course, all you want are your social media clips.

Mr. Chair, people who genuinely want to hear ideas, genuinely want to make life better for Canadians, want to hear from people who have that experience. We're lucky that we have a doctor on this committee who speaks often, with great knowledge, about his experience and the technical details that, in fairness, I don't have. I appreciate hearing from him. I also appreciate that when we bring witnesses in with various backgrounds, we all stand to benefit, because we're not all experts in all areas of the field of COVID and what we're dealing with.

Shutting ourselves down to limit hearing from these experts in the middle of a pandemic is, I think, irresponsible as a health committee. I've heard us being criticized: "How could Liberal members want to possibly filibuster in the middle of a health pandemic?" It's because the Conservatives and the NDP—I don't know about the Bloc, because Mr. Thériault raised his concerns with this as well—have decided they want to shut down Canadians' ability to come before this committee and share their experiences.

Yes, I'm willing to fight for that. I'm willing to stand up against that. I don't want to shut off my ability to learn from others' experiences, to hear ideas of how we're going to get through COVID, and then post-COVID, of what we need to do better, what we need to do to make sure Canadians never have to go through again. Why would I ever want to limit that?

Conservatives and whoever else is jumping on that band wagon say, "Why would Liberals...? Canadians will be so upset that they're filibustering." No. Canadians are going to remember who was on the side of history that thought they knew best versus who wanted to learn from other people's experiences and take that knowledge and deliver real change.

• (1700)

That's on you. Sorry, not you, Mr. Chair, but that's on those members.

There were also questions about procedure and having a subcommittee meeting or not. Come on, we all know what this is about. This is about structuring a motion. You want to deal with it now. Fine. But the subcommittee was scheduled, and to Mr. Davies' credit, he acknowledged that he hadn't received that email, but it was scheduled.

We've heard complaints from members before that more subcommittee meetings should be scheduled. In fairness to the chair, there were motions on the books about the structure of the study. Again, I wasn't around when those motions passed, but you all came to an agreement. You all said this is how our work plan is going to move forward.

Subcommittees, in my experience, are used for when you need to determine what your work plan is going to be. You all did that work. You had motions on the books. The chair and the clerk were following that directive. I don't know now which meeting it was, but I remember the chair specifically saying that once we reached the end of that work plan, essentially he'd be calling a subcommittee meeting to determine the next one.

However, that's not good enough for the Conservative members, because that wouldn't have probably produced this type of motion which limits the number of witnesses that we can call, limits the number of voices that we can hear at the table, limits the amount of knowledge that we can share with Canadians.

Of course, they didn't want to take that approach, even though they'd been asking for subcommittee meetings. The chair says yes, and yet that's still not good enough. As my family from Newfoundland and my family's MP, the member from Avalon, would say, "There's just no pleasin' 'em." That's what this is. There's just no pleasing them.

This isn't about COVID. This isn't about doing the committee's work. This is about certain members constructing meetings in ways that they think will create the best political hits versus doing the work Canadians sent us here to do.

That's what we're fighting for. I want to see more witnesses at this committee in the remaining weeks that we have. The members proved today, by not letting us deal with this motion at the end of the meeting, which was our every intention to do, that they don't

actually care about hearing testimony. They don't actually care about any other members, and the work that goes into it. They just care about the work they've done. That's fine. But we care about hearing those witnesses, so we're going to keep fighting for that.

I've heard comments, Mr. Chair, about, oh, they came prepared with notes. I find that so insulting. Every member prepares for committee in different ways. Every party deals with procedure in different ways. As for this notion to act, this feigned indifference, as if there's some big, grand conspiracy, there's absolutely not. Every single one of us comes prepared at meetings to talk passionately about issues we care about.

We couldn't possibly have known that the Conservatives and NDP were going to split their time and move a motion in the middle of testimony.

Mr. Chair, nobody ever told us that was what they were going to do, so if you want to talk about collusion, if you want to talk about committees and ethics and being prepared.... We have members who are passionate to talk about health issues. We're always ready to talk about that. It's not our fault that we are that passionate and have the ability to talk about these things.

• (1705)

We couldn't have possibly known the stunt that was going to be pulled here today, but lucky for us, we're prepared to always stand up and fight for Canadians and fight to hear testimony at these committees and fight for the parliamentary process.

It's unfortunate. We all could be spending our time in different ways, getting back to constituents and just dealing with the business of this committee, but the Conservatives and NDP shared their time, moved a motion, cut off other members from being able to talk to the witnesses who appeared, cut off their ability to ask the questions that they had put in work to come up with, and there's no way we could have known that was the procedure, the collusion that they were going to do.

I'm not going to be lectured on ethics just because we're prepared to speak about health issues that we care deeply about, and we won't apologize for that. Every single member of this Liberal team who has spoken has spoken passionately and informed on areas that they care about, and that's what we're going to keep doing. We're going to keep fighting to make sure that Canadians' voices are heard, that there is a diverse group of Canadian voices that are heard. We're not going to be limited to Conservative parameters about who should speak on issues of importance.

We still have an opportunity to work together. We have a subcommittee meeting coming up. We can raise our issues of concern about the number of witnesses the Conservatives have proposed and we can debate it out. We can hash it out, but to come in here with the arrogance of just going to move this motion in the middle of witness testimony and questioning, they didn't really care about the implications of that. They didn't care how embarrassing and disrespectful that is to those witnesses or to all our members.

They don't care that we have genuine issues and concerns about witnesses. We want to have that conversation. We could have done that. We can still do that at subcommittee, but again, it's the Conservatives' way or no way.

That's not what Canadians voted for. We are in a minority government, but that means Canadians sent us to work together. It means not one party controls the committee business, controls and constructs how we will hear from Canadians.

Feel free to put it on your social media channels, because I'll be doing the same to make sure that Canadians know that it's the Liberal members who are standing up for them, who want to hear science and evidence, who want to hear best practices, who want to get through this pandemic together stronger and want us to be better prepared on the other side.

It is Conservative members and whoever else is joining them. I'll let you all rethink it, but it's Conservatives who don't want to hear from scientists. It's Conservatives who don't want to hear from Canadians. It's Conservatives who want to play politics in the middle of a pandemic, who want their social media channels to get some hits and get some likes. That's the Conservatives' use of this committee.

We don't stand for that. No, Canadians sent us here to do better and that's precisely what we're going to go. We want to hear from them. We want that science-based evidence. We want that knowledge. Even if sometimes it's a criticism of the government, we sit here and we learn from it, but that's not what the Conservative motion is.

Their motion limits our ability to hear from Canadians. They can spin it however they want. They can say it's so awful, but at the end of the day, Canadians can see through who is actually wanting and willing to do that work.

We want to hear from people. We want to hear from witnesses. We wanted to hear from witnesses today. We've done that work. We're going to continue to fight passionately and speak passionately on the issues that matter to us.

• (1710)

If the other members want to work with us on how we can hear more people at our committee in the limited time we have left, then work with us. We're happy to do so, but I will tell them what we don't want. We don't want the Conservatives controlling the agenda, so that they shut down our ability to hear from Canadians. That's how they operated for 10 years in government. They muzzled scientists and muzzled the public service. That's not what we want. We actually want to hear from people. We don't want the Conservatives to construct this committee in the way they governed for 10 years under Stephen Harper, which was to control, not wanting to listen to facts, not wanting to listen to a difference of opinion, not wanting to learn and, frankly, not wanting to hear from regions across this country. They always want to take the "Ottawa knows best" approach. We don't believe in doing that. We want to hear from people from right across this country.

Mr. Chair, I'll leave it there for now. I think it's important that we continue talking about this, because we are so passionately commit-

ted to making sure that the voices across this country are not muzzled. That's what we are going to keep fighting for.

• (1715)

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

Next on the list is Mr. Van Bynen and then Mr. Davies, but the chair has been sitting here for four hours and needs a bio break, so I am going to propose a 15-minute bio break. We will resume at half past the hour.

The meeting is suspended.

• (1715)

(Pause)

• (1730)

**The Chair:** The meeting is now resumed.

Thank you all for the indulgence in that break. It was a good opportunity for us to take a breather and maybe think our positions through, and so forth.

I would also advise the committee that we have a hard stop at 6:30 Ottawa time, due to resources.

That said, we will continue with the debate.

We have Mr. Davies and Mr. Van Bynen.

Before we go to the next speaker, I have a question for Mr. Davies.

The clerk suggested that he inadvertently put your hand down earlier. If that was a mistake, if you feel that your precedence is earlier than Mr. Van Bynen, I would invite you to go ahead now, otherwise I'll get you to speak after Mr. Van Bynen.

**Mr. Don Davies:** I think actually I spoke before Mr. Van Bynen, so it's probably Mr. Van Bynen's turn. I'll defer to him.

**The Chair:** That's fair enough.

That being the case, Mr. Van Bynen, we'll go over to you.

**Mr. Tony Van Bynen:** Thank you, Mr. Chair.

It's probably appropriate that Mr. Davies has an opportunity to follow me.

First, I think I'm entitled to an apology with respect to his personal attack and his referencing my grandchildren. I think that is totally inappropriate. It's unacceptable. I don't think I need to quote a rule. I just think that the bitterness and the mean-spirited tone of that is something that is.... I certainly wouldn't allow myself to get that way, and I would expect to be admonished if I did. I am hoping that Mr. Davies will take the opportunity to do so.

Second, I want to say that Ms. O'Connell is a great addition to this team. Although she adds a lot of additional thoughts and great ideas, certainly we are not subjected to directives. The discussions within our group are interactive. We listen; we hear what we have to say. Frankly, a lot of great ideas come forward, and we're able to build on each other's ideas.

I wish—I really wish—I could say that for the entire HESA team, but what I'm seeing and hearing is a small group of people cordoning themselves off, as you would see in a schoolyard, and planning how to isolate and disenfranchise others. That, to me, Mr. Chair, is a huge disappointment. It's not the way that I did business in 15 years as a regional councillor or in 12 years as a mayor. We reached out; we had a great exchange and dialogue, but we certainly didn't disenfranchise and isolate others. That's the component of the über-partisanship that I find so disappointing.

I have another half chapter that talks about that, but I'm not going to do that. I just want to say that we were off to a good start in the first half of HESA. I enjoyed that. I thought the dialogue was good; I thought it was collaborative. In the second session, frankly, the tone changed significantly. To me that was a disappointment. It would be great if we could get back to that, but people will have to ask themselves what they are going to do to contribute to a positive atmosphere and a positive environment.

Mr. Chair, I also want to compliment Mr. Davies on the way he put forward a work plan. I thought that was constructive and put together a framework that would be helpful for us so that we could plan our discussions and our witnesses. Sadly, it's more than just this time that those well-thought-out plans, commitments and agreements seem to change at the last minute. That's really a disappointment.

I make a reference to organizational charts and how organizations change. In some cases, with some organizations, it would be simpler for them to put their organizational charts on an Etch A Sketch. Sometimes I feel that way with what we agree to when we're going forward.

There's a discussion on what's appropriate, and the next discussion was the discussion that the Liberals were going to bring forward their next witnesses on an important topic, long-term care. Is there anybody in this group who doesn't think that long-term care is an important topic? We agreed on that. Now, all of a sudden—and I don't know what has made those changes—we're finding other things are more important and more pressing.

I think we all understand how urgent the situation is. I think we understand that we have a ministry that is capable and competent and has the ability to respond to the issues, but what value is an agreement if it only lasts until the next notion comes across? That's a huge disappointment for me.

What we are talking about here is the importance of setting out a plan and sticking to the plan. If you fail to plan, you plan to fail. I thought we had a good plan. Again, I want to compliment Mr. Davies on that, in bringing that forward, and we were going to have the subcommittee meeting on Monday.

I'm surprised to see this motion in front of me, and it's disappointing.

The way that we seem to be able to rationalize the change is, to me, something that really wouldn't work in any business or in any boardroom. I think we need to hold people to their commitments on what the work plan is. We need to talk about progress against those work plans. I thought we were moving ahead, except for the times

when we find ourselves being diverted by notional ideas. For me, it's something that I'm simply not accustomed to.

• (1735)

We always need to come back to the idea that this committee is not just the Conservatives, not just the Bloc and not just the NDP. This committee has other members, and if people genuinely want to be engaged, then that discussion should take place. Guess what? We created a subcommittee that was intended to do that. Everybody would have that representation, but no, this cannot happen. We were going to have this discussion. Now we're less than 70 hours away. We were going to talk about the next important steps forward.

Someone seems to be intent on rallying a way for us not to go forward with what we agreed on. We agreed on and accepted recommendations from the other side. It was a good idea. We adopted it. The major strength there was the weakness of the convictions. You just can't operate that way. You need to be able to work towards fulfilling our mandate.

Our mandate is to have a good understanding of what the issues are, but also to respect each other and make sure that the discussions are going forward and that the studies are going forward, for example, mental health, and that they serve the purpose that this committee was structured for.

Now, let me remind you, I think my motion for a study on mental health probably did not last much more than 15 minutes until it was summarily dismissed. To me, that was a real disappointment. We have dutifully and honourably waited for the long-term care study, which is up next, after we have this discussion. Now, all of a sudden, we're looking at having that set aside. Frankly, it's unjust, unfair, not collaborative, and it's frustrating.

Having said that, I'm looking forward to hearing what Mr. Davies has to say. Certainly, I wouldn't want to offend his grandchildren.

Thank you, Mr. Chair.

• (1740)

**The Chair:** Thank you, Mr. Van Bynen.

We'll go now to Mr. Davies.

Go ahead, sir.

**Mr. Don Davies:** Thank you. I really appreciate the opportunity to have heard from Mr. Van Bynen prior to my speaking.

I think any fair reading of the remarks that I made would make it clear that there was absolutely no personal animosity or insult intended whatsoever towards Mr. Van Bynen or his grandchildren. In fact, it was Mr. Van Bynen who brought up how important it was that the behaviour of politicians be of such a quality and character that it would be something that we would be proud to have our family members or grandchildren see.



What I was bringing up, of course, was how our grandchildren in general would view their politicians filibustering at the health committee during a health pandemic. That's what I said. That's what my remarks are. If those remarks were taken as an insult by anyone in this committee, least of all by Mr. Van Bynen, it certainly was never my intention and I regret that the perception was given at all.

I'm sorry that I can't directly apologize, because there was no insult given. There was no insult intended.

I do think, though, there's a hard-hitting message there, which is that we have to very carefully scrutinize our own behaviour, as Mr. Van Bynen spent a good 15 or 20 minutes of this committee pointing out, in terms of how we act as politicians. I will stand by my comments that the behaviour that saw us unceremoniously disregard witnesses who had been scheduled....

By the way, I will point out again that it was Mr. Van Bynen who refused that.

I'm going to say for the record—and this is the third and final time I will point this out, because it doesn't matter how many times a falsehood is repeated, it doesn't make it true—that Ms. Rempel wanted to move her motion. We had four questioners: the Conservatives, the Liberals, the Bloc, and the New Democrats. Ms. Rempel was concerned that if after her questioning it went to the Liberal, the Liberals might move a motion and therefore she would not be able to get to her motion. That's why she ceded her time to me so I could get my questions in.

When the Liberals quite properly pointed out that by moving that motion they would be deprived of their ability to ask questions of the witnesses, as would the Bloc—and as would the Conservatives, by the way—I put forth the very reasonable suggestion that if everybody agrees, including the Liberals and the Bloc, not to move a substantive motion that would supplant Ms. Rempel's and deprive her of her right as the first questioner to move the motion, we could hear from all the witnesses.

Who disagreed? It was Mr. Van Bynen. The Liberals disagreed.

Then, in the most Orwellian manner possible, to hear them speak after about how the committee has now been deprived of hearing from those witnesses and how they were deprived of their ability to ask questions of the very witnesses because of their very own action in preventing that is something that I think is as disingenuous and as absurd as it looks to anybody who is fair-minded watching.

I want to say a few things. There was a comment by one of my colleagues about coming prepared to committee. I come prepared to committee. Do you know what I don't come prepared to do? Filibuster.

There's not a thing in my office that I have prepared, no prepared notes that I can refer to that go to filibuster. I've seen three Liberals do that today. That's not preparing for committee. That's not preparing to come to do the honest, important work that Canadians expect. That's coming to do the work of obstruction. I draw a distinction between preparing for committee and preparing to obstruct the committee, which leads me to my next point, that we are a democracy.

If the Liberals believe they have strong, compelling arguments that this motion should not be passed, let it go to a vote. Let's vote on it.

I can tell you, I've been in opposition as a New Democrat for 12 years and I've lost a heck of a lot of votes in my time, but do you know what? That's the price of democracy. I have my say, and I live by the results and I respect it.

Everybody is a democrat when they win. Do you know how you tell if someone is a true democrat? It's by how they act when they don't win and whether they respect the will of the majority. That's what we're being prevented from getting at here.

● (1745)

The Liberals are preventing this committee from getting to a vote on whether this committee and these committee members believe that this is an acceptable plan of action for the remaining seven meetings of this committee. They know in their heart of hearts that the majority of this committee feels that. Instead of losing a vote graciously, they want to talk out the clock and defer the vote. To me, that's not democratic, and it's not doing what Canadians, I think, expect us to do at this committee.

That gets me to something else. If there are problems with this motion.... By the way, I want to stop and say that this was no stunt. This was no motion that was put forward by trickery. Notice of it was served on Wednesday. This motion has been sitting on the books and was sent to every member of this committee, each of whom has had two full days to consider this motion and plan for it.

Here we are today. I'm asking my Liberal colleagues, who keep saying that we can't pass this, that we have to deal with it on Monday.... I haven't yet heard a single substantive problem with the motion. I haven't heard a single one of my Liberal colleagues propose a concrete, positive proposal to improve the motion. If there's a problem with the motion as it stands, which they don't like, tell us what it is and propose an amendment so that we can consider it.

I don't see how they can continue to object to a motion and talk in general terms about how objectionable it is without ever once taking the responsibility to identify specifically what the problem is and propose a resolution to it.

Incidentally, concerning this new-found exuberance for a subcommittee meeting, we've had, by my memory, precisely one subcommittee meeting since 2019—maybe two. I'm only saying two because I could be wrong; I think it's one, but it's been a maximum of two subcommittee meetings.

I'm seeing my colleague Mr. d'Entremont say it was one. I believe there has been one, since 2019. Now, the principal objection of the Liberals to this motion before us today is, "Damn it, no way. It doesn't matter how good this motion is, we're not going to tell you what's wrong with it. It has to be dealt with at the subcommittee on Monday." Is this the issue of principle that the Liberals are holding up this meeting for?

Now, I'm going to go through this again. I keep trying to raise practical, concrete, bona fide concerns about this course of action. I don't particularly care whether it's dealt with today or on Monday; I don't have any skin in that game. What I'm saying is that if we deal with it on Monday, then we lose the Monday meeting.

I haven't heard a single Liberal explain that for people who want to hear from witnesses—and this motion would hear from eight witnesses on Monday—the Liberal position is that we'll hear from none on Monday. It was the Liberal action that meant we didn't have questions of the witnesses today, so that's strike two. Then we have to have the subcommittee report come back and be endorsed by the full committee on Friday, so we lose that meeting. That's strike three.

Then, even if it passes on Friday, again it doesn't give the clerk enough time or the parties enough time to be prepared for a meeting on Monday. This must be Canadian baseball: that's strike four. For a party that has been waxing eloquent all afternoon about how important it is to hear from witnesses, that surely is hard to square with the behaviour, when the result of everything they're doing today means that we lose four. We lost witnesses today and for the next three meetings.

If I'm missing something here, I'm open-minded; I'd love to hear a Liberal correct me and tell me how anything I've said is incorrect. The motion here today would have this committee meeting Monday, next Friday, the following Monday, every Monday and Friday from now until the House rises, with witnesses every time.

If, as Ms. O'Connell says, she doesn't like the fact that there's only one witness called per party per meeting, how about making an amendment to call two or three, or whatever the number is that she and others feel would be more appropriate? I'm certainly open to entertaining that. I'm not slavishly adhering to one witness.

I can't, however, deal with a generalized objection to a motion when the objectors refuse to specify what their objection is, other than that for some reason they want this dealt with on a Monday not a Friday, and they want it dealt with at a subcommittee, when we're here right now.

• (1750)

Even if we have the subcommittee on Monday, all the people who are at this meeting right now looking at each other are going to have to endorse that plan next Friday. It's going to have to happen one way or the other. Why don't we do it right now when we're here?

I think it's a little late in the game now. We've spent the last three hours as the Liberals have embarked on a filibuster, when they could have been proposing concrete amendments to this motion. We could have been discussing, debating and improving the motion. I'm very willing to entertain improvements to this motion.

I do want to say once more—this is important because I think it was slightly misleading—that this committee isn't necessarily going to go to long-term care as the next issue. I want to repeat that. We were at a very natural break. All the four parties' first priorities on COVID have now concluded today. Were we to just go with the extant motion, the Liberals would proceed with their second priority. I

want to repeat, the reason that's not appropriate, in my view, is it doesn't give the Conservatives, the Bloc and the NDP the equal time, because we're not going to get to each party's second priority.

What I think Mr. Van Bynen is saying—the net result of it—is that he's happy if the Liberal Party can get two of their priorities done and it doesn't matter if the other parties can't get their two. If we're talking collegiality and fairness, I don't think that's fair. I don't think it's fair that we adjourn on June 23 with Mr. Thériault and me and probably the Conservatives not having had a chance to get to our second choice, but the Liberals got theirs. That's the reason this is a very natural point for this motion to have come forward on Wednesday in order for us to plan the next seven meetings.

I am very much concerned that the clock is going to run out at 6:30. We're going to end up losing this meeting today. We will have a subcommittee meeting on Monday. If we don't get agreement because of the behaviour of the Liberals today, we do run the risk of losing a significant number of health committee meetings in the next days ahead. I think it ought to be made clear to Canadians that this is on the Liberals. It is not on the Conservatives, not on the Bloc and not on the NDP because we're here right now ready to pass a motion that would schedule every single meeting and have witnesses before the committee every single time.

I can speak for myself. I am absolutely ready and willing to entertain amendments from the Liberals which they think would improve the motion, but again, I can't deal with a phantom. I can't deal with objections that aren't specified and I fear that we're just going to have this discussion on Monday morning.

With that, I think I'll conclude my remarks.

I do want to conclude by saying this. I do value very much the contributions and the good faith and the skills and talents of all of my colleagues. I will say to Mr. van Bynen, if you took offence at what I said, Mr. Van Bynen, I would apologize to you, because that was not my intention. It's more important to me that we maintain decorum and respect at this committee than to stand on formality, but I do want to make clear that there was never any intention to offend you.

Where I'll finish is that I have this image in my mind—and I've read recently that this may not be historically accurate—of Nero fiddling while Rome burned. That's what I think is happening today. That's what got my emotions up, the concept of anybody filibustering. If it's not over a very serious matter of principle, then I do think that what's happened today is that this committee has fiddled while many communities across this country are burning.

• (1755)

**The Chair:** Thank you, Mr. Davies. I

We go now to Ms. Rempel Garner.

Please, go ahead.

**Hon. Michelle Rempel Garner:** Thank you, Chair.

What's happened here today?

We're in the parliamentary committee, the Standing Committee on Health. I'm the vice-chair of that, and, as a member of Parliament, I sit on this committee. There are other members on this committee, some Liberal members and then there are also members from the NDP, the Bloc and the Conservatives. Because we're in a minority Parliament, the parties that aren't in government—the NDP, the Bloc and the Conservatives—have the majority of votes on this committee. That means that, when we work together as opposition parties, we can pass things, even though the Liberals are in government.

When the Liberals know that the opposition parties have worked together, and they don't want to work with us to do something, what happens is that they do something called a filibuster. That means that, rather than letting a motion come to a vote, they just put up speakers and talk the clock out.

Now, I have to explain something that's really important. Anybody watching this right now is watching me in my headset in my living room here. That's because Parliament isn't meeting in the actual House of Commons because of COVID. We're meeting in something called “hybrid sittings”. How this impacts and benefits the Liberals when they filibuster is that, as opposed to when we regularly meet in the House of Commons, we could continually meet and, in these filibusters, eventually somebody tires out. The Liberals have the benefit of knowing that we need to have translation and IT services online for the meeting to continue. All the Liberals have to do to stop a motion from passing is talk the clock to a certain point when these resources aren't available. And today—

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

**The Chair:** Ms. O'Connell on a point of order, please go ahead.

**Ms. Jennifer O'Connell:** Sorry, Mr. Chair, this is a technical point. The member opposite pointed out that she is also speaking in reference to a livestream that she's running right now. However, it's my understanding that procedurally comments should be going through the chair.

In terms of relevance, she's not speaking about the motion at hand. Her motion would have limited the PMPRB study to one day instead of two, which is what we agreed to. We really want to get to that study next week. Unfortunately, the member opposite isn't speaking to the motion—

**Hon. Michelle Rempel Garner:** I have point of order, Chair.

**Ms. Jennifer O'Connell:** —that she moved. The motion on the table was taking a meeting away from the study of PMPRB, which is what we've been fighting for.

I just want the comments to go through the chair on that.

Thank you.

**Hon. Michelle Rempel Garner:** I have a point of order, Chair.

**The Chair:** Thank you, Ms. O'Connell. We are getting into debate.

Ms. Rempel Garner, go ahead on the same point of order.

**Hon. Michelle Rempel Garner:** I'm good, Chair. I'll just continue.

Again, Chair, what just happened there was an example of the Liberals filibustering us. What they're hoping is that the clock will get to 6:30, and we can't vote on this motion. I'll get to the motion in a second. I think anybody who is watching would see what's happening here.

There are a bunch of Liberals that are lined up to speak on this motion. I'm about to do something that is going to let me make sure that we get the motion passed. The motion that I'm speaking to today is in order for the standing committee to proceed. We have to have something called programming. Anybody who's watching this would understand that, if you're scheduling meetings out, you have to have a schedule of orders. In the House of Commons standing committees, there are rules on how that happens. You have to pass a motion to get that done.

The opposition parties work together to get meetings on the schedule on a bunch of topics really important to Canadians, first of all, the government's response to COVID. There are so many things that we need to be talking about like vaccine delivery schedules, second dosing schedules, this big report that came out yesterday with regard to border measures and the quarantine hotels. There are a lot of things. We want meetings on them.

There's also another issue that is really important to Canadians that my colleague from the Bloc Québécois has been supporting and pushing, as well as my colleague from the NDP. It's called the PMPRB. People will be watching this and be going, “Well, what's that?” It relates to drug prices. My colleague from the Bloc Québécois had a study on this. We haven't had meetings scheduled on this in quite some time.

• (1800)

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

Mr. Chair, can you clarify with the clerk if the member can livestream when the committee meeting is happening?

**Hon. Michelle Rempel Garner:** You're on mute, Chair.

**The Chair:** I'm sorry.

I will in fact ask the clerk, is it appropriate to livestream proceedings from the House on Facebook?

**The Clerk of the Committee (Mr. Jean-François Pagé):** That's a good question. Let me check.

It's webcast.

**Hon. Michelle Rempel Garner:** Yes, it's webcast.

It's through the regular webkey.

**The Clerk:** Let me get back to you on that in two minutes. I'm not sure of the answer.

**The Chair:** Thank you.

I would suggest that Ms. Rempel Garner speak to the committee and not to the audience.

**Hon. Michelle Rempel Garner:** I'm speaking to you, Chair; I'm speaking through you.

What's happening here is that the Liberals now are trying to shut down—

**Ms. Jennifer O'Connell:** Mr. Chair, on a point of order—

**Hon. Michelle Rempel Garner:** —getting democracy sent out. They're trying to shut down what I'm doing right now.

**The Chair:** Ms. O'Connell has a point of order.

**Hon. Michelle Rempel Garner:** They don't want anybody in Canada to see this.

**The Chair:** Ms. O'Connell is on a point of order.

**Hon. Michelle Rempel Garner:** They don't want you to see their dirty little secrets behind—

**The Chair:** Ms. O'Connell has the floor on a point of order.

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

There are no secrets here. The member opposite frankly is lying. Her own motion actually would reduce the PMPRB study that we already agreed to.

My point of order, though, Mr. Chair, is that we should suspend until we get the answer to Ms. Sidhu's question.

**The Chair:** Mr. Clerk, do we have any kind of timeline for when you might get an answer on this.

**The Clerk:** In two or three minutes, I'll have an answer for you. I'm calling right now.

**The Chair:** Thank you.

Very well, we will suspend for three minutes.

We are suspended.

**Hon. Michelle Rempel Garner:** I challenge your ruling, I challenge your ruling.

**The Chair:** We are suspended.

• (1800) \_\_\_\_\_ (Pause) \_\_\_\_\_

• (1800)

**The Chair:** The meeting has now resumed.

Go ahead, Ms. Rempel Garner.

**Hon. Michelle Rempel Garner:** Thank you.

The motion that I moved today, Chair, was really important, because it would set the direction of the health committee for the next several weeks, and I don't think the Liberals want Canadians to see this.

The motion would bring departmental officials, the minister, people in front of committee to look at these really important issues—

on drug prices, on COVID-19. What they did today, instead of letting this motion pass, was put up speakers so that resources will run out.

Can you believe that? It's just not right. I thought this motion was really.... It was built in a collaborative way; it allows the various parties to invite the witnesses that they want; there's no partisan language in it. In fact, I can post it later so that people can look at it.

At the end of the day, if this motion had passed today, what it would mean is that we would have a meeting on Monday on this drug price issue. Because they are filibustering this meeting, however, that meeting is lost.

What the Liberals want to have happen, Chair, is to have the subcommittee meet on Monday. They're trying to use procedure to block this motion. They want to have a subcommittee meeting, which takes a meeting off the table. Then the subcommittee would have to approve this motion, and then it would have to go to another meeting of the full committee, and then these meetings would be scheduled.

We are thus losing weeks and meetings, rather than just dealing with it today. That's why the filibuster is happening.

This is all really technical procedure, but at the end of the day, by passing this motion today we could have had meetings on the drug price issue and the COVID-19 stuff next week. It would have been done right away, but now we don't know when it is going to happen.

What we need to do, then, is force the Liberals to have a meeting on Monday so that this gets passed.

This sort of thing is so frustrating for us, because we could have passed this motion today. The Liberals so far haven't raised any substantive objections to the motion and haven't proposed amendments to the motion. That's typically what happens in debate on a motion. They would say, "Well, I don't like this part of it. Could we do that?"

We've had no debate on that today, if anybody wants to look back, Chair, and see the debate on this motion. There have been no amendments raised by the Liberals on this issue.

I think they talked about Minecraft for awhile, actually. They read something about Minecraft. It's really interesting.

I need, then, to look at other options, because we're going to run out of resources.

There's a bunch of Liberal hands up. Can you believe that Parliament is shut down because we don't have IT resources or translation resources?

Thank you to the translators, by the way.

Usually, in regular times—you can see how COVID affects Parliament—these filibuster things get out.

I need, then, to look at other options. In order to do these other options so as not lose all these meetings that we have, I have to do something procedurally here right now so that I can use another tactic to get a meeting on Monday.

Mr. Chair, all this said, I want to thank my colleagues, particularly from the Bloc and the NDP. Mr. Thériault has been fighting really hard on the drug price issues; so has my colleague, Mr. Don Davies from the NDP. Particularly on COVID, though, I think this committee has been a really good example of how opposition parties can work together in a minority parliament to hold the government to account.

With that, Mr. Chair, with the intent of making sure that we can get a meeting on Monday and make sure that the Liberals can't use procedure to make sure that it doesn't happen, I move to adjourn the meeting.

• (1805)

**The Chair:** The motion to adjourn is in order.

Let me first ask, do we have agreement to adjourn the meeting?

**Ms. Jennifer O'Connell:** No.

**The Chair:** I'll ask the clerk to conduct a vote.

(Motion agreed to: yeas 6; nays 5)

**The Chair:** Thank you, Mr. Clerk.

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

**Mr. Larry Maguire (Brandon—Souris, CPC):** The meeting is over.

**Hon. Michelle Rempel Garner:** Thank you.

**Ms. Jennifer O'Connell:** It's shameful that the member opposite just shut down Parliament.

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

**Hon. Michelle Rempel Garner:** High five on my feed for what we're doing next.

**The Chair:** Excuse me. The meeting is still under way.

Thank you to the clerk, to all of the staff and to the interpreters, who have borne with us through all of this. To all the members, thank you for the passionate debate that we've had here today.

With that, we are, in fact, adjourned.





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