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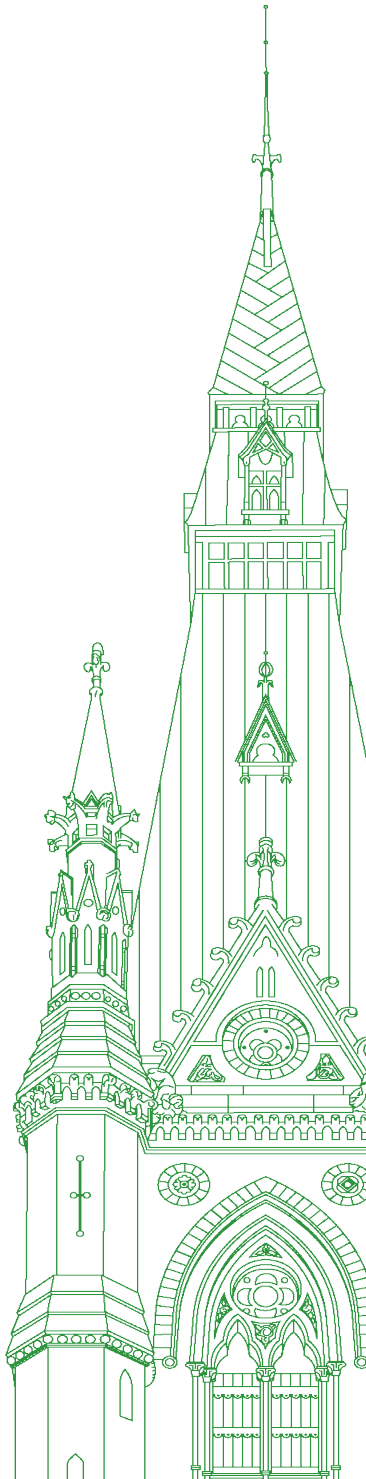

Chair: Mr. Ron McKinnon

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● (1530)

[*English*]

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

This is the eighth meeting of the House of Commons Standing Committee on Health. Today, pursuant to Standing Order 108(2) and the motion adopted by the committee on Monday, February 24, 2020, the committee begins its study on the subject matter of supplementary estimates (B), 2019-20, and of the mandate of the Minister of Health.

I am pleased to welcome our panel. We have the Honourable Patty Hajdu, Minister of Health. We have Ms. Catherine MacLeod, executive vice-president of the Canadian Institutes of Health Research. We have Dr. Siddika Mithani, president of the Canadian Food Inspection Agency. We are also expecting Dr. Tam and others, who are delayed. We will introduce them in due course.

I understand the minister has an opening statement.

Normally we have 10 minutes, but I understand from the clerk that you will be a bit longer than that, and I think that will be fine. Please go ahead, Minister, and thank you for being here.

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

Hello to all my colleagues from all side of the House. It's great to be here.

I will try to keep my remarks within the 10-minute allotment so that we have ample time for conversation, and I want to thank everybody for your thoughtfulness.

First of all, I am excited to talk about my mandate and to be here with my incredibly hard-working officials: Dr. Stephen Lucas, who just joined us as the deputy minister of health; and Tina Namiesniowski, who is the president of the Public Health Agency of Canada.

Also, arriving just as I am announcing her is Dr. Tam, who most of you should know and if not—

Voices: Hear, hear!

Hon. Patty Hajdu: Yes, go ahead and give these officials a round of applause because they have been working full out for Canadians for several months—well, obviously longer than that, but most intensively on the coronavirus for several months.

Catherine MacLeod, who the chair has already introduced, is the executive vice-president of the Canadian Institutes of Health Research, and Dr. Siddika Mithani is the president of the Canadian Food Inspection Agency.

Of course, as you all know, I will turn to them for more technical answers as necessary, but I think first it would be appropriate if we start our conversation with the coronavirus or the COVID-19 outbreak.

As you know, and as I have been saying for two and a half months, this is a situation that is very fluid. It has been evolving across the globe, and we see it is evolving very rapidly here in Canada as well. The number of cases in Canada and around the world continues to increase, and globally now there are more than 100 countries affected. I am sure you all saw that the World Health Organization has declared that this is a pandemic. However, that is not shocking to us because we have been acting as if it had this potential in the early days, and certainly over the last several weeks and months we've been working to prepare Canada for a worst-case scenario.

We obviously see rapid change globally and indeed as we see this week, in terms of new cases and the kinds of stories you're all reading in the newspaper, Canada is clearly not immune in the case of a global pandemic. In full disclosure, I spent nine years in public health, and pandemic and epidemic are always part of the conversation no matter what you do in a public health agency, but I think it's at times like these that we see how important it is to have a strong, coordinated approach to health care and public health in a country.

[*Translation*]

Public servants at all levels of government have been working extremely long hours to protect Canadians. I want to recognize them for their dedication and professionalism in the face of this international health threat.

[*English*]

I'll say it again in English because I think it's super important to repeat. This is the face of the leadership team that has been managing the coronavirus crisis, but behind them are hundreds, if not thousands, of health professionals who are working incredibly long hours with them. I am enormously grateful for the amount of work that people have been putting in on this issue to protect Canadians.

The Public Health Agency of Canada is working closely with provinces and territories to ensure there's a consistent, evidence-based approach to addressing this crisis. At the federal level, we're conducting national disease surveillance and providing guidance on public health measures.

I have weekly meetings with my provincial and territorial health counterparts. I have worked closely with health ministers of the most severely affected provinces on an as-needed basis. We have each other's phone numbers and we talk to each other as situations arise.

Our National Microbiology Laboratory is helping to confirm new cases of COVID-19 and conducting research to advance our understanding of the virus.

Last week I announced that the Canadian Institutes of Health Research is investing nearly $27 million over two years in coronavirus research. This investment will support research and diagnostic tools and candidate vaccines, as well as strategies to tackle misinformation, stigma and fear and to understand how this experience that we're all going through as a world, and particularly in Canada, will change our population's thoughts and behaviours.

That announcement has obviously now been surpassed by the announcement today of the additional $1 billion towards COVID-19 that will include a substantial commitment to additional research. It won't take us long to dispense that money to the incredible researchers we have across the country. One thing that I've been extremely proud of in being part of the Liberal government is investing in science, research and the capacity of researchers to rapidly begin trials and studies. In fact, the announcement today will ensure that the other great applications that we received will be able to move forward. I look forward to hearing more about that as those announcements come forward.

Ensuring access to vaccines and antivirals is a top priority. While there are currently no drugs specifically authorized to treat COVID-19, there are a variety of authorized treatment options that include general antiviral drugs that are being used to treat patients infected with COVID-19. Health Canada encourages companies and researchers with drugs that could be effective in the treatment to contact the department. Clinical trials can be authorized and established very quickly, particularly in urgent situations like this.

Health Canada is also leading federal workplace health initiatives to ensure regulatory preparedness and to provide occupational health and safety guidance to federal employees.

● (1535)

[*Translation*]

As Minister of Health, I'm focused on how this virus is affecting the health of Canadians and our health care system. However, there's more to it than that. The coronavirus 2019, or COVID-19, has already had a negative effect on the global economy. We must prepare for the possibility of a wide range of effects.

[*English*]

Last week the Prime Minister announced a new cabinet committee to oversee the federal response to COVID-19. This committee, chaired by Deputy Prime Minister Freeland, will ensure government-wide planning and proactive response to protect the health and safety of Canadians, to respond to impacts on workers and businesses, and to ensure that the government can continue to deliver its services to Canadians across a range of scenarios.

You can see by today's announcement that this committee is working incredibly hard and very quickly to ensure that we have those responses ready and available.

COVID-19 is a serious public health challenge, but we are working diligently to be ready. The government is working on all fronts to protect the health, safety and well-being of Canadians. We will continue to work with the provinces and territories, indigenous communities and leaders, businesses and community-level groups to minimize the health, economic and social impacts of this rapidly evolving public health issue. Of course, I will keep this committee informed of any new developments as they arise, as I have been doing with Canadians since the appearance of the virus.

Our response to COVID-19 illustrates the government's commitment to protecting the health and well-being of Canadians, one that I share deeply. While my mandate as Minister of Health is far-reaching and touches many important issues, obviously the coronavirus is taking an enormous amount of energy and time. I will reassure you that the other work is proceeding under the wise leadership of Deputy Lucas, and I appreciate the hard work of Health Canada to make sure that the items that are in my mandate continue to have a path forward.

As minister, I am leading the government's work to strengthen public health care for all Canadians. We're working towards a national universal pharmacare program so that Canadians can access the prescription drugs that they need without worrying about the cost. We've already strengthened our regulatory approach to pharmaceutical pricing, and this will help lower the prices Canadians pay for patented medicines and will make pharmacare more affordable. Budget 2019 provided support for Canadians who need access to high-cost drugs for rare diseases, as well as funding to create a Canadian drug agency, which will lower drug costs even further.

While access to medication is an essential element of health, Canadians must also have access to a doctor or a primary care physician when they need one. This is especially important when faced with an emerging crisis, as we are facing now. Our goal is to ensure that each and every Canadian has timely access to a family doctor or a primary health care team.

Because there can be no true physical health without mental health, we're working to set national standards for access to mental health services. It is incredibly important that Canadians have access to mental health services when they need them.

Canadians should also have better access to home care and palliative care. I'm pleased to say that we've made progress through the framework on palliative care in Canada and our supporting action plan, which aim to make home care and palliative care more accessible all across the country.

For some, having access to medical assistance in dying, MAID, is an important aspect of end-of-life care. As you know, a few weeks ago the Minister of Justice and I introduced amendments to the existing MAID legislation, and the proposed amendments are designed to make MAID more accessible to those who qualify for it, while ensuring that vulnerable individuals continue to be protected.

● (1540)

As Minister of Health, I'm also focused on addressing problematic substance use. As you know, Canada remains in the grip of a deadly opioid overdose crisis, one that has claimed the lives of nearly 14,000 Canadians since 2016. This crisis requires a comprehensive, compassionate and evidence-based response.

[*Translation*]

We must protect Canadians from lethally potent and illegally produced synthetic drugs, such as fentanyl. These psychoactive substances are now found in communities across the country and are the main cause of overdoses.

[*English*]

We must also tackle the root causes of substance use and addiction, such as mental illness, trauma and pain. This includes the experience of stigma, which unfairly marginalizes people and prevents them from getting help. Through our public education and awareness efforts, we are working to end the discrimination experienced by people who use substances to make it easier for them to get the care they need and deserve.

Managing the health risks that Canadians face doesn't stop at opioids. We continue to be concerned by the number of young Canadians who vape, and we've taken action to restrict the promotion of vaping products where it can be seen or heard by youth.

We continue to play an active role in mitigating the impact of drug shortages on Canadians, working closely with provinces and territories, manufacturers and others in the supply chain so that Canadians have access to the drugs they need.

We are taking action, both domestically and abroad, to address the growing public health threat of antimicrobial resistance. This year we will release the pan-Canadian action plan on antimicrobial resistance, which is being developed in collaboration with provincial, territorial and non-governmental partners.

My mandate also includes health promotion. This is an area I know quite a lot about as a former health-promotion planner. As part of this work, I'm collaborating with the Minister of Canadian Heritage to implement a pan-Canadian concussion strategy and to raise awareness for parents, coaches and athletes on concussion treatment. This includes the concussion protocol harmonization project, a comprehensive evidence-based approach to addressing concussions wherever they occur.

Canadians living with autism spectrum disorder have diverse and often complex needs. To address these needs effectively, we need to have everyone involved, from all levels of government to service providers on the front lines, to families. That's why we're working collaboratively with all of these stakeholders towards the creation of a national autism strategy.

[*Translation*]

Research is essential to the work in the health portfolio and is the foundation of our evidence-based approach.

Earlier, I mentioned our recent investment in coronavirus research. This is just one example of our commitment to understanding the health challenges that we face.

[*English*]

For example, budget 2019 provided $2.4 million over three years for research on plasma donation by men who have sex with men. This builds on ongoing efforts to reduce barriers to blood and plasma donation. We're also working to ensure that sex, gender and diversity factors are included in research initiatives and providing additional funding for grants to study issues that intersect with race, diversity and gender.

I'd now like to speak to the expenditure authorities of my portfolio.

If approved by Parliament, these supplementary estimates (B) will provide the health portfolio with an increase of $34.1 million in spending authorities. This represents an increase of 0.6%.

Let me begin with Health Canada, which has a budget of just under $2.7 billion. This will increase only slightly with the supplementary estimates (B), and we're not requesting any new funding at this time. However, some funds are being transferred from the department to better support government health priorities.

Next, the Public Health Agency of Canada is seeking voted authorities of $13 million and transfers of $1.8 million. This new funding will go towards initiatives that address a number of key priorities, including dementia, health challenges faced by black Canadians, the drug-overdose crisis, and health data collection for the Métis nation.

I will turn now to the Canadian Food Inspection Agency.

In 2019-20, this agency is expecting to receive an increase of $3.8 million. The funding will be used in part to lead a cluster of science-based departments and agencies in renewing the Government of Canada's science infrastructure. Funding will also go towards the planning and design of the new Centre for Plant Health in Sidney, British Columbia. This centre will conduct research into diseases affecting fruit plants and trees.

Finally, I'd like to talk about the Canadian Institutes of Health Research, or CIHR, which is proposing an increase of $15.1 million. Of this, $2 million in new funding will go towards the B.C. Women's Hospital and Health Centre, as part of a recently announced $10-million investment in research to eradicate cervical cancer in Canada. In addition, $12.4 million is being transferred to CIHR from the Natural Sciences and Engineering Research Council for the Canada research chairs program. This is a tri-agency initiative to attract and retain a diverse community of researchers.

Everything we do within the health portfolio is aimed at protecting the health and well-being of Canadians. We are committed to doing our job efficiently and effectively.

● (1545)

[*Translation*]

This includes working with the provinces and territories to strengthen the publicly funded health care system so that Canadians can access high-quality services. I look forward to working with this committee and with all my colleagues in the House of Commons to ensure that we keep meeting needs.

[*English*]

Thank you for the opportunity to speak to you today, and I'm very pleased to take your questions.

The Chair: Thank you, Minister.

With that, we will go to our first round of questions, starting with Mr. Jeneroux, for six minutes, please.

Mr. Matt Jeneroux (Edmonton Riverbend, CPC): Thank you, Mr. Chair.

Thank you, Minister, and everyone here at the committee today.

I want to start first with you, Minister. We will continue to ask the tough questions in the House and here at committee, but you can absolutely continue to count on our support on this side of the table. You and I have had many personal conversations, and I certainly appreciate the opportunity to connect with you.

There are tough questions, though, Minister.

Right now, we're seeing a number of sports organizations—the NBA, the NHL—that are considering stopping events that have massive crowds. There are massive gatherings around the world where we're seeing that they are cancelling those events or crowd participation.

I was hoping that you could perhaps weigh in on when it gets to the point where the government, and essentially you and your team, stop these events, if that were the case here in Canada.

Hon. Patty Hajdu: In a federation like ours, obviously we have a shared responsibility for those kinds of decisions with provinces, territories and local governments.

There are guidance documents for all planners, which are available on the Health Canada coronavirus website, with a link to the risk assessment tool. Those planners can work very closely with local public health units. Depending on the size.... Obviously provincial public health units are providing guidance. The federal government provides guidance, either as asked, to support those decision-making processes, or if there is a federal intersection, for example, if we funded the event, it's a federal event or those kinds of things.

The tool is quite comprehensive. It asks a number of questions around the kinds of participants and the set-up of the organization, and—

● (1550)

Mr. Matt Jeneroux: Sorry, Minister. I don't mean to interrupt or to be rude. It's just that we're short on time.

As of today, the WHO has said, “we are deeply concerned both by the alarming levels of spread and severity, and by the alarming levels of inaction.” It has called for countries to take “urgent and aggressive” measures.

Has there been a discussion since the WHO's indication of the pandemic, in terms of large gatherings and events?

Hon. Patty Hajdu: I will remind the members that we have been acting as if we were in a pandemic since the beginning. When we noticed the small cluster of illnesses in Wuhan, we knew that this was an issue of significant concern. Dr. Tam is an expert adviser on the World Health Organization committee that continually reviews the evidence. We have been having these conversations daily. In fact, we have a daily call to connect about the situation in Canada and what kinds of decisions we may be asked to make. I will also let you know that the decision around events is a shared one. It is a shared one with local.... You can imagine that local communities would be quite concerned if the federal government were to take those steps.

The decisions that we make are commensurate with the risk. That is why the risk assessment tool is so important. It provides a guidance to understand whether, for example, there is anybody with coronavirus in the community and whether or not the decision to cancel that event is commensurate with risk.

Dr. Tam, would you like to say a few words?

Mr. Matt Jeneroux: Yes. Please, go ahead, Dr. Tam.

Dr. Theresa Tam (Chief Public Health Officer, Public Health Agency of Canada): The WHO did call this a pandemic today, but the key message is that all countries can still change the course of this pandemic by doing a number of things. I will go through them very quickly, but I believe we're already doing them.

First of all, they are asking countries to be prepared and ready, and we have been preparing since the beginning of this.

Second is to detect and then to protect the population, and to treat if necessary. I think the detection is very important. We have been setting up surveillance systems and laboratory testing since the start.

Third is to reduce transmission—maybe I will pause on that for a minute to talk about the mass gatherings—to innovate and to learn.

With regard to reducing the transmission, there's now this hashtag, which is #FlattenTheCurve. You don't want a pandemic to look like this, where it's inundating your health system. You want to flatten it and reduce transmission so that it goes down to a level where your health system can actually cope. This is where the individual case identifications that our provinces are doing right now are very important. They're identifying the cases, their contacts, putting them into isolation—

Mr. Matt Jeneroux: Dr. Tam, I'm sorry to interrupt. I want to get back to that because that's certainly important, but knowing that I have only one minute left, I want to ask one more question, if I may.

We saw that the Prime Minister sent a letter to the premiers asking for a state of readiness. Obviously, we thought that would have happened earlier. Regardless, do we now have an accurate accounting of masks, beds, tests and ventilators that you, as head of the Public Health Agency, are comfortable with?

Dr. Theresa Tam: I co-chair the special advisory committee with the provinces and territories, and underneath is a logistics advisory committee. That committee has been gathering information from all jurisdictions, but it is up to each of the provinces and territories to define what they have and what their gaps and needs are.

Our role right now is to coordinate addressing those gaps, such as through bulk purchasing programs and so on, but they retain the actual numbers of what they have and tell us what they need further. I think that with some of the announcements this morning, there will be some support to go ahead with some of those purchases as well.

We account for everything, including PPE, lab supplies, ventilators and other equipment that jurisdictions might need.

Mr. Matt Jeneroux: You're confident, though, that we have everything we need.

Dr. Theresa Tam: That's an ongoing assessment. This type of purchasing is not just one time. I think that with the evolution of the needs, some of the jurisdictions might say that they need some more of another thing. We're there to prepare, to be ready and to help with that purchase.

The Chair: Thank you, Mr. Jeneroux.

We go now to Mr. Kelloway for six minutes.

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

Hello, Minister. Hello, witnesses.

Thank you again for all the work you're doing on the coronavirus, but also for the other pressing work that you do on a daily basis.

Minister, a study of Nova Scotia health care reported that as of January 1, 2020, 40,000 Nova Scotians were in need of a primary health care team. Your mandate letter includes a commitment to Canadians that they'll have access to a primary health care team, something that will impact the communities I represent.

Can you update us on the progress of that commitment?

● (1555)

Hon. Patty Hajdu: Thank you very much.

Coming from northern Ontario, I can tell you that.... I look at my colleague, MP Powlowski, who is a physician in northern Ontario and probably has more expertise than I do on what the demand is in northern Ontario, but it is certainly something that I hear at the door all the time. The struggle to access primary care is real, and it is more real in some parts of the country where there is a shortage of physicians or a shortage of primary care people.

It is at the front of everybody's mind. Obviously, we believe that every Canadian should have access to a primary care physician. I think a time like a coronavirus crisis or other kinds of public health crises drive home the importance of a public health care system that is accessible. The primary health care teams that we know are doing such a great job all across the country, obviously, feel very strongly as well that they need extra capacity to deal with the demand that people are saying they have.

This will require a partnership with the provinces and territories. As we have spoken about in responding to the coronavirus, everything we do in the health portfolio is in partnership with the provinces and territories. There's a jurisdictional responsibility for them to provide the care and for the federal government to be a partner in providing that care.

We have made significant investments, with close to $42 billion provided to provinces and territories this year through the Canada health transfer. That is a significant increase. It's nearly $10 billion more than what was provided in the last year of the Conservative government. They left office in 2015.

This is about stability, predictability and long-term funding that acknowledges the rising costs. We have an aging population, as you know. Things are more expensive. Salaries go up. We have to be reflective of the fact that costs rise, and we have to keep pace with those rising costs.

We're going to continue to work with the provinces and territories to reach that goal so that everybody has access to primary care. I'm looking forward to the innovation that's happening in this space all across the country. Many provinces are trying really neat things to deal with remote communities that have very poor access. As that develops, I will definitely come back and report more.

Mr. Mike Kelloway: I'd like to change gears a little.

The wait times for mental health services in Cape Breton and mainland Nova Scotia—northeastern Nova Scotia to be exact—are around 300 to 424 days. That number grows each year, as mental health services become overburdened, while fewer doctors are available and even fewer services are offered.

Your mandate letter includes a commitment to standardize access across Canada for people to access these services, services that can take up to three years to access in communities in Nova Scotia. Again, this is something that is pressing on Cape Breton Island and in northeastern Nova Scotia. In the same vein as the first question, I'm just looking to get an update on where we are, particularly with mental health services, in relation to your mandate letter.

Hon. Patty Hajdu: First of all, thank you for the very important question.

As far as we've come in terms of talking about mental illness, there's still such a huge stigma involved in talking about the fact that you, personally, might have struggled, or struggle, with mental illness or that a family member does, yet so many of us have a very personal story around mental illness, whether it's in our own family or someone else we love.

I want to acknowledge, first of all, how brave people are when they come forward and talk about that publicly and they share their story, because it actually empowers other people who are living with mental illness to share their stories as well.

It's important to remember that we've made the largest investment in mental health services in Canadian history, an unprecedented $5 billion over 10 years to the provinces and territories. It specifically targets improving the mental health services that the provinces and territories provide.

As you said, we're going to keep working on setting national standards, because what we know is that where you live oftentimes determines the quality of care you get or the variety of services you receive. As someone who has worked extensively in this area, I can tell you that it's incredibly important to me that people have access to services that meet their specific needs.

We know that oftentimes we can get acute services or maybe not preventative services, or vice versa, depending on the community. Those standards are going to be very important because it will give Canadians reassurances that, no matter where they live in the country, they will have access to services that are equivalent to the access of people who live in another part of the country.

I will come back and report to you on how we proceed. I'm looking forward to the meeting shortly with my provincial and territorial counterparts, where we'll get an update from them on the work they're doing on those standards.

Thank you.

● (1600)

Mr. Mike Kelloway: Thank you so much. We look forward to that update.

The Chair: We go now to Monsieur Thériault.

[*Translation*]

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

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

I want to welcome everyone. Thank you for being here.

Minister Hajdu, you spoke of medical assistance in dying and the coronavirus.

During a study that we started on palliative care, experts came to tell us that palliative care—which falls under the jurisdiction of the provinces, including Quebec—should be provided in a somewhat more integrated fashion than what we call “curative” care. Furthermore, if we act proactively, we could implement palliative care quickly, so that people would have more access to it. Providing this care in the home would also create significant economies of scale.

This implies that health care providers must have the necessary funding to do their job.

You also announced funding today for the fight against the coronavirus. The Council of the Federation and Quebec have been asking the federal government for some time to restore the percentage of health transfers to 25% over ten years—it's really no big deal—but we aren't headed in that direction.

If the federal government had progressively increased health transfers starting in 2015, we would have already had $4 billion to deal with the coronavirus and to provide better home care, including palliative care.

Do you plan to increase health transfers?

Hon. Patty Hajdu: I want to thank my colleague for the question.

[*English*]

It's a very good question, and I think it's comprehensive in that it, first of all, addresses the need to invest in health care on a regular basis. That addresses the rising cost of care, and I mentioned in my last response that this is exactly our intention. It's $49 billion this year, a significant increase, and that was specifically to help public health care start to adjust to the increasing costs all provinces and territories are facing.

I had an opportunity to meet with Minister McCann on Friday, and she is pleased with the work we're doing and looks forward to further conversations about how we could ensure that health care is strong and robust in Quebec as well as all across the country. As part of that, I think you're absolutely right. I think we take for granted, sometimes, the public health care system we have. Then, when there is a crisis like coronavirus, we realize that we should not be attacking, for example, local public health, which has been the case in Ontario, and things that are extremely useful in protecting the health of Canadians.

We will continue to make those investments and we will continue to work with the provinces and territories on escalators that are responsible and that meet the needs of Canadians. I'm looking forward to the meeting with my colleagues about transfers very shortly, in early May.

I will also say, in terms of home and palliative care, that there was an additional $11 billion directly funded to provinces and territories over 10 years for home and community care, and that includes palliative care. We know there's always more to do, and we know that better palliative care is something we hear about all the time. I certainly think this is an important step forward in that work.

[*Translation*]

Mr. Luc Thériault: You're aware that the system costs amount to 5.2%. The funding must be increased over a number of years if we want to reach that 5.2%. This would help us provide that care.

I'll now speak of the coronavirus in more detail.

You said earlier that, from the start, you've managed this crisis as if it were a pandemic. With all due respect, I doubt this very much.

Money can always be provided to help Quebec and the provinces manage the situation. However, the federal government must—and this falls under its jurisdiction—protect the public, properly identify cases and determine any restriction measures, particularly at the borders.

In that respect, the news isn't necessarily good, based on what we're hearing from the customs workers. Will you tighten up these measures?

Your current approach is to inform people and let them decide what they must do in terms of good practices to protect themselves.

When will the Public Health Agency of Canada take responsibility for tightening up screening measures and send clear guidelines to the Canada Border Services Agency officers working at the border?

● (1605)

[*English*]

Hon. Patty Hajdu: I'll start, then I'll turn to Dr. Tam.

I'll first of all say that we've been using science and evidence to make the decisions around borders. I'll point you to Italy, who had some of the strongest border measures in the G7, who closed their borders in fact to China, and who then, all of a sudden, had an incredible outbreak. That's because.... Of course, the science will settle this as well, but there is some speculation that it's because people came in from a whole bunch of other routes that were not as direct.

Instead, we chose to use World Health Organization recommendations that said it is much better to have targeted measures at the border. That helps you identify the people who are coming from severely affected areas, which can help ensure that you know who is coming in, that they have the information about what to do and that we can monitor them as they self-isolate.

The first location that was added to the screening kiosk was Hubei. When people came from an affected region, they were met by CBSA and public health officials. CBSA would pull them aside and ask them some questions about their health. Public health would work with them, if in fact they were symptomatic, and would transfer them to the local health facility. If they were not symptomatic, then they were asked to self-isolate at home with a mandatory requirement to check in with public health within 24 hours. We have evidence that there was a very high compliance rate. We added Iran as a country of concern as well, because Iran, obviously, had cases that in fact weren't detected until we had identified a case from Iran.

I would also remind you that a virus does not know borders. Over 100 countries now have coronavirus in their country. No country will be left unaffected by the time this is over. We are certain that the right approach is to use our health services appropriately, with the goal of protecting Canadian wellness and health. We have to take decisions that are about protecting the health and safety of Canadians. We can't take them because it feels right. We can't take them despite the evidence. We have to use science and evidence. That is the primary responsibility, I feel, as the Minister of Health—that I will use the evidence that is provided to me from international organizations, from our leadership team, to make the right decision with the goal of ensuring that Canadians stay healthy.

I'll turn to you, Dr. Tam, if you want to say a little more about the science behind borders.

Dr. Theresa Tam: I think that in the public health domain we certainly have to remember that our borders are not a solid wall, as was just said. They're but one layer of protection, and it is never a perfect layer. The greater the number of countries affected, you can imagine that trying to screen people at the borders becomes a much more ineffective means of addressing the coronavirus outbreak.

Nonetheless, we do use a very rigorous risk assessment. We've also put several countries on our level three travel health notice, those being China, Iran and, now, all of Italy and some areas of Korea. You have to focus your efforts. Otherwise, you're screening every single traveller.

What we have chosen to do, which I think is really important, is to tell every international traveller that when they come back into Canada or come into Canada they must watch for symptoms, immediately go home if they're sick and then call ahead to their health system. It is not manageable with over a hundred countries having coronavirus. You need to shore up your health system, protect the vulnerable, such as those in long-term care facilities and hospitals, and protect your health workers.

It is a massive societal effort. Every aspect of the public health system is already turned on and fully alert, but you cannot flatten this curve without every member of the public working with you. That's why, while borders are one layer, the other layers are more important if you're going to actually do something about breaking any chains of transmission in Canada.

I do know that we have really stepped up our presence at the border. I think the border is the moment for education and telling people what to do when they come in. Maybe our president of the agency would like to comment on that.

● (1610)

Ms. Tina Namiesniowski (President, Public Health Agency of Canada): Thank you.

I think what is very true is that we've worked very closely with our colleagues at the Canada Border Services Agency. In fact, as I was running in here, I had just gotten off the phone with the president of that agency, just to check in to make sure that we are indeed very focused at our borders, at our airports as well as our land borders. We have to remember that we're focused on all ports of entry into Canada and that we're applying the measures articulated by Dr. Tam at all ports of entry.

We constantly remain in touch and ensure that we're supporting all of our officials who are working on the front line, so that they have access to the information that they need to be successful in the execution of their duties, pursuant to what we're trying to accomplish by way of public health.

[*Translation*]

The Chair: Thank you, Ms. Namiesniowski.

Thank you, Mr. Thériault.

[*English*]

Mr. Davies, you have six minutes, please.

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

I want to start by stating that I think there's a very strong message from Canadians that they understand the COVID-19 public health issue to be one that is completely non-partisan. I think they want to see all politicians working together. In my province of British Columbia, I think Dr. Bonnie Henry and health minister Adrian Dix have done an outstanding job in working across party lines, delivering information to the public and striking exactly the right tone of being calm yet conveying accurate information.

It needs to be said that the same thing could be said about you, Dr. Tam, and you, Minister Hajdu. Maybe we don't say this in politics enough, but I want to thank you for the leadership you've shown. I know that this has been a very trying time, and I think all Canadians are very proud of the way that our health care system has responded.

You may not have been as quick to pick up on the sage advice of the New Democrats as we would like, but we're going to continue to offer you the best information that we can. I want to say thank you. We appreciate your work.

Minister, what are your projections for mild, moderate and severe outbreak in Canada?

Hon. Patty Hajdu: I actually think this is a better question for Dr. Tam as it's a medical one, but as you know, research is evolving as we understand the experiences of other countries that have gone through their wave earlier than ours.

I will turn to Dr. Tam because it is a more medical question. Thank you.

Mr. Don Davies: Do you have a quick answer to that, Dr. Tam?

Dr. Theresa Tam: I think this virus is a very interesting virus. It's a bit unusual in that it can spread better than SARS and the MERS coronavirus. It is the first coronavirus to cause a pandemic. It is probably a virus that has hit the sweet spot. It is not completely lethal, so there are people with mild illnesses and a range of clinical symptoms who can transmit the virus, for instance. The severe end of the spectrum is with people who are older in age and have underlying medical conditions, but there's a bulk of the illness in working-age adults. We're not seeing it much in kids.

If you looked at the full range of mild, moderate and severe and were looking at the likelihood of exposure versus the severity of the disease, this is hitting at about a moderate or medium scenario. However, viruses always have surprises, which is why we have to keep monitoring it. It may change the trajectory.

Mr. Don Davies: I'll tell you the reason I asked, Dr. Tam. Today, in fact an hour ago, I think, the Danish Prime Minister announced that a widespread COVID-19 outbreak could overwhelm Denmark's health system. I think we're seeing that in Italy. The are reports coming out of their ICU system being severely overloaded.

There have been alarms raised by the hospital system and by doctors about whether we have enough masks, whether we have enough ventilators, whether we have enough negative pressure rooms, whether we have the diagnostic capacity and whether we have enough critical care beds. I'm just wondering how you can properly plan for that, for the resources necessary, if you don't have an accurate assessment of the kinds of numbers, or at least the range of numbers, you're expecting.

Are we looking at 5,000 cases, 10,000, 20,000 or 100,000? Do you have that kind of assessment you can share with us?

● (1615)

Dr. Theresa Tam: We plan for a range of scenarios. Planning for a worse case than you might see is probably a prudent measure. Some of the scenarios look at the facts as we know them, which is the proportion of people who are mildly ill, which is 80%, followed by a 14% or 15% group who's going to be ill enough to go into the hospital, followed by a smaller group, like 6%, who demand ICU care.

Right now it's very difficult to determine the proportion of people who may die from this illness, unfortunately, because the global numbers will change day by day, and we don't know for certain. I think we can assume that this is an outbreak that's very serious.

If you looked at influenza mortalities, it is at a 0.1% case fatality. Right now the best estimate is that it could be just under 1%, depending on which country you're in, whereas a pandemic influenza, the worst one, is going to be 1% to 2%. If this is close enough to a 1% case fatality, it is a very serious situation.

Having said that, we can change the course. We are changing the course by doing all these massive pieces of work that the public health system is—

Mr. Don Davies: Dr. Tam, I have to interrupt because that's really not my question, and I have other questions I want answered. I'm still not getting an answer, really, from this government. I want to know numbers. I want to know, are we talking...?

You have to plan for this. Surely you have numbers that you're expecting. A mild outbreak is 1,000 to 5,000 infections. I think we're at about 80 or something today, ballpark. Can we expect 1,000 or 5,000? Do you have those numbers or not? I've asked this question repeatedly, and for some reason, I'm never getting an answer from the government. Why is that and how can we plan our resources if we don't have a general idea of what the transmission or infection rate is going to be?

Hon. Patty Hajdu: Thank you for the question.

Through the chair, I think what Dr. Tam is trying to say is that we have no certainty of what the numbers are, but we are planning, as she indicated, for the worst-case scenario. I think it's irresponsible to give you a number because we don't know, because the science is not clear and because there are a range of numbers that have happened in various countries. There are a range of estimates, but I would say that it's safe to assume that it could be between 30% of the population that acquires COVID-19 and 70% of the population. That seems to be an acceptable range.

I realize it's a large range, but that is our best guess from a science and evidence perspective.

Mr. Don Davies: You've anticipated where I was going, because that's exactly what the U of T researchers have just predicted their modelling would show. We know that Canada has 4,982 mechanical ventilators. If we hit infection rates like that and there's a 5% requirement for ventilators, then that means we don't have enough ventilators in Canada.

Hon. Patty Hajdu: If I can just answer this, I think it's an important clarification. That might mean that we don't have enough ventilators in Canada at that range, if we didn't acquire any more, and if everyone were to get sick all at once. That's why part two of Dr. Tam's answer is so important. The intent of flattening the curve is so that everyone doesn't get sick all at once, so that we don't see a severe peak and we can support our health care system to manage severe illness at that higher level in a way that's much more predictable, and we'll have the time and the ability to ensure we can procure the additional materials we would need as that illness continues.

Part two of her answer is very important. We all have a role to play in reducing the curve. The curve, the extreme peak of illness, all at once, is what puts your health care system into crisis, and the goal that we have had all along is to ensure that, as we deal with the coronavirus, we reduce and flatten that peak so that not everyone gets sick at once and we don't end up in a surge capacity in hospitals—

Mr. Don Davies: Let's hope not.

Hon. Patty Hajdu: Obviously, let's hope not. I think all of us around this table would agree that this is a national emergency and crisis, and we need to make every effort as Canadians and as leaders to be informing the people who are listening to us.

The Chair: Thank you, Mr. Davies.

Mr. Webber, you have five minutes.

● (1620)

Mr. Len Webber (Calgary Confederation, CPC): Thank you, Mr. Chair.

Thank you, Honourable Minister, as well as the panel, for being here today, and Minister, thank you for being here for two hours. I've been on this health committee for four and a half years, and to have a minister here for two hours is unprecedented. Kudos to you for being here for the whole time.

I have some questions on blood donation. Canada relies on voluntary blood donation for critical surgeries and life-saving transfusions, and many of the donors are seniors. In fact, 37% of Canada's active blood donors are seniors. What impact from COVID-19 do we foresee or are we experiencing now regarding blood donation rates?

As of today, our national blood inventory has only two days of O negative blood in supply, so it is a concern. How will the government ensure Canada has its needed blood supply?

Hon. Patty Hajdu: I'm glad you've identified that as an issue that could be affected by a large number of people who are ill. We continue to work on ensuring that we have an adequate supply of blood.

I'll turn it over to Deputy Lucas to give you some more details.

Dr. Stephen Lucas (Deputy Minister, Department of Health): This is an area Health Canada is actively monitoring through our regulatory function to ensure the safety of the blood supply through work with Canadian Blood Services and Héma-Québec. If we need to turn to other donors to increase that, those efforts will be taken, but it is an area of active monitoring to ensure that Canadians have access to the blood they need for—

Mr. Len Webber: Would it not be something you'd want to take an active role in right now, increasing the blood supply right now before a possible pandemic occurs here?

Dr. Stephen Lucas: Again, we rely on the operators of the blood system. We are in communication with them in terms of their monitoring, and they will take the actions and will ensure the safety of the blood supply.

Mr. Len Webber: Thank you. I appreciate that.

I'm looking through the supplementary estimates. I know that this particular number is under the Canada Revenue Agency. There is close to $5 million on funding for the advisory committee on the charitable sector, the Canada workers benefit, and the organ and tissue donor registry. I find that interesting, the $5 million there.

I see under the Department of Health in the supplementary estimates that there is $500,000 for creating a pan-Canadian database for organ donation and transplantation.

Can you, Minister, let us know if the federal government has now reached an agreement with the provinces and territories to create a national organ donor registry? If not, what is this money for, and what is a pan-Canadian database if it is not a national registry?

Hon. Patty Hajdu: Clearly, you are well immersed in this area. Thank you for being so. It's a really important part of our medical system that we have organ and tissue donations and that we have an adequate blood supply, and I'm glad someone has their attention turned to that.

It's why we're developing a pan-Canadian system that will help more Canadians get transplants, supported by over $36 million from budget 2019. We are working right now with all levels of government and stakeholders to ensure we have a pan-Canadian system that meets the needs of Canadians, and it's building on these significant investments—$70 million to support the Canadian Blood Services donation and transplantation efforts and an additional $100 million towards research.

Have we arrived there? Not yet, but that work is ongoing, and I share your passion for it. Thank you.

Mr. Len Webber: Thank you. It's not at that base, it's—

Dr. Stephen Lucas: I will contribute as well that we are working specifically with the Canadian Institute for Health Information to help strengthen that information, which will support the initiatives the minister spoke to.

Mr. Len Webber: Excellent.

I do want to switch my questions over to the issue of Lyme disease.

Dr. Tam, I think every time you come to this committee I've asked you questions on Lyme disease because it is another passion of mine.

In the past you have always talked about the three pillars for Lyme disease: the surveillance, the education and awareness, and the guidelines and best practices, but—and I've often brought this up, Dr. Tam—there is no fourth pillar, the pillar I suggest there be, and that is support for those already suffering from Lyme disease. Lyme disease sufferers face many employment, financial, medical and mental health issues, and they feel abandoned, Dr. Tam.

What specifically will the minister be doing to ensure those suffering with Lyme disease are better taken care of?

● (1625)

Hon. Patty Hajdu: I'll start, and I'll see if Dr. Tam wants to add anything else.

As someone from northern Ontario—and I look to Dr. Powlowski again just because he was our ER doc at Thunder Bay Regional Health Sciences Centre—I will say, again, that Lyme disease is something that we are acutely aware of in many parts of the country, and it's obviously related to climate change, as we see ticks climb up into even more northern parts of our country, where they were not very common, if at all present, years before.

The investment of $20 million is for health-related climate change programs, most dedicated to Lyme disease, funding research on diagnosis and treatment. The treatment component is important—

Mr. Len Webber: The treatment part of it is my concern, because many who feel abandoned—

Hon. Patty Hajdu: —as is the research on treatment, because, of course, it is an area where there is still lots to learn about how to treat people who are struggling with Lyme disease. Educating Canadians about prevention is, obviously the best dollar you'll ever spend in health care. Then there's supporting the training of health professionals, screening and then of course monitoring the tick spread. In terms of care for people who are living with Lyme disease, obviously this is an ongoing challenge because it is such a lengthy illness for some.

Certainly I think we can all do more to ensure that our provincial and territorial counterparts are well aware of the kinds of supports people could have. Obviously the work that we're doing to try to ensure that people have better supports in terms of EI, and better supports in terms of other income measures, can go a long way in terms of the disease and how long people are off work when they are ill.

Mr. Len Webber: Thank you, Minister.

The Chair: Thank you, Mr. Webber.

We go now to Dr. Powlowski, for five minutes.

Mr. Marcus Powlowski (Thunder Bay—Rainy River, Lib.): Madam Minister, your mandate letter says one of the things you're supposed to do is to raise the bar on openness and transparency. In light of this, I want to ask you some very specific questions about preparedness for COVID-19, and it's open to anyone on the panel to answer the question.

I want to get back to Don Davies' point about ventilators. That's one of my major concerns as well, but let me just set up the scenario.

Dr. Tam has already told us the numbers are 6%, but let's say 5% of people get a very serious disease, perhaps needing an ICU. If we had an epidemic of 1,000 cases in a place like Thunder Bay, that's well less than 1% of our population. It's not that many really, but still with 1,000 cases that equals 50 people who might need ICU or a ventilator.

Thunder Bay hospital has 22 ventilators, which are always full. If we intubate someone in the emergency room, there's always an issue of whether there is an open ventilator in ICU to look after them. Apparently, because of the Critical Care Services Ontario program, which was put into place under H1N1, there are some backup ventilators, but that's four ventilators. We have 50 new cases that we want to put on a ventilator, so what are we going to do to ensure that people who need a ventilator have a ventilator?

To Don Davies' point, there are something like 5,000 ventilators in Canada, but the thing you have to remember is that those are probably 5,000 fully occupied ventilators. What's going to happen when we need more ventilators? Are there provisions, and what provisions are in place to potentially rapidly respond to a requirement for more ventilators?

Hon. Patty Hajdu: Thank you very much, MP Powlowski.

The $500 million for provinces and territories that can be rapidly accessed is a big part of today's announcement. This isn't going to be an apply and wait for the results of your application. This is about a rapid cash infusion into provinces and territories so that they can have what they need immediately.

We're also working on a joint procurement of ventilators with provinces and territories, and we'll have more to say about that as that unfolds. I know my colleague Mr. Jeneroux mentioned the letter from the Prime Minister to the premiers, but I've been communicating with the ministers of health for a very long time. They have been indicating to us, on an evolving basis, what they might need.

Of course, we are prepared to do more. If there is an additional need for more supports and more measures we will do that. Of course, it will be up to the provinces and territories to tell us exactly what those measures are. We have a federal jurisdictional responsibility to ensure provinces and territories have what they need, but they also have to determine for themselves how they will deal with any surge.

Again, I think it's a good time to remind everyone that what we're hoping to do together collectively as a Canadian society is to flatten the curve and to make sure that we don't see a surge of activity. Having said that, should we see that surge, this is the primary importance of today's announcement.

● (1630)

Mr. Marcus Powlowski: Has any consideration been given to creating a rapid response unit or perhaps using the military DART program, if required? Maybe you get another 50 ventilators for Thunder Bay, but you need the personnel, space and backup for those ventilators.

Have we considered using DART or creating something similar to DART so that, if necessary, we could rapidly respond should there be an outbreak in one specific municipality or area?

Hon. Patty Hajdu: Again, it will be important to understand from the provinces and territories in live time as well as in planning what they specifically need.

Yes, I've had conversations with Minister Sajjan about the ability to tap into the capacity of the Canadian military should we need expertise, human resources or specific measures. They've already been very active in the repatriation process without hesitation. These are incredible professionals who work for us at CAF who have a variety of expertise and levels of engagement in health care, but we can rapidly deploy other allied professionals should we need to, and those conversations are ongoing.

Mr. Marcus Powlowski: My understanding is that about 15% to 20% of the cases are more serious. Again, a scenario in Thunder Bay, of 1,000 people, that's 150 to 200 people possibly requiring hospitalization. Thunder Bay Regional, like almost all hospitals in Ontario, is full to capacity. People who are admitted are waiting in the emergency room without beds. What are we going to do when we have to find beds for another 150 to 200 people?

Are we actively looking at finding alternative beds, alternative institutions, using hotels as they did in Washington, or in Thunder Bay, our former psychiatric hospital, if required to meet that surge capacity?

Hon. Patty Hajdu: The short answer is yes. Those conversations are ongoing with provinces and territories right now to determine what facilities they might anticipate needing in a worst-case scenario, in a severe surge, and how we can be of assistance in ensuring that we procure those spaces and support them as they set them up.

The Chair: Thank you, Dr. Powlowski.

Dr. Kitchen, you have five minutes.

Mr. Robert Kitchen (Souris—Moose Mountain, CPC): Thank you, Mr. Chair.

Thank you, Minister, for being here today, as well as your supporting people with you. I appreciate them. Thank you for everything you've done.

Science as you mentioned is very important. The good thing about science is making sure the people who are providing that science have the proper qualifications to provide that science. They also often give us numbers. I'm a numbers person, and I like to see numbers. Minister, you talked about numbers of 30% to 70%.

How many tests for test kits do we have in Canada today?

Hon. Patty Hajdu: I will turn to our chief public health officer to answer questions around testing.

Dr. Theresa Tam: We have a federal-provincial-territorial network called the Canadian Public Health Laboratory Network. I always say that the capacity changes rapidly on an ongoing basis as we begin to ramp up that capacity. Obviously when we first started, it was an entirely new test. You had to test those few cases in the Winnipeg National Microbiology Lab. Now some jurisdictions don't have to send anything for validation. Ontario, Quebec, Alberta and British Columbia can all do their own testing.

Mr. Robert Kitchen: I'm sorry for interrupting. The bottom line is the test, as we should know, is basically a swab deep down into the back of the nasal cavity. That test is being done, so that kit has to be there. How many of those kits do we have in Canada today?

Dr. Theresa Tam: That's also in the area of jurisdiction of the provinces and territories. What I have been able to gather is that right now—

Mr. Robert Kitchen: What I'm hearing is that you don't know the number of tests we have today. Is that correct?

Dr. Theresa Tam: We have the capacity to do at least 2,400 a day. Ramping up, the estimate is that we can go to 16,000 a day.

● (1635)

Mr. Robert Kitchen: Okay, perfect. Thank you for that.

If we have 16,000 tests that we could go to today, where are those tests made?

Dr. Theresa Tam: There are different components. Obviously, you have to take a swab, so there's a kit.

Mr. Robert Kitchen: Right, but where is that kit made? Is it made in Canada, or is it made overseas?

Dr. Theresa Tam: There are different options, which is why creating that logistics group allows us to explore all options. Of course, the whole world wants all these things.

Mr. Robert Kitchen: Correct. We're challenged.

Dr. Theresa Tam: There are needs globally and some of these are global supply chains. We're looking at all of those, but we're also looking at the possibility of some domestic capacity as well.

We've pulled a few departments together to see if there's someone else in Canada who isn't really making it now—

Mr. Robert Kitchen: We have people in Canada who are producing these tests for us. Is that correct?

Dr. Theresa Tam: It is for some components of this.

Mr. Robert Kitchen: We're not dependent on another country like China to produce these tests and bring them to Canada.

Dr. Theresa Tam: Where we can, of course, we'll continue to purchase it, but where we're looking at an additional surge, we are looking at some domestic capacity.

Mr. Robert Kitchen: Thank you.

Minister, in an answer to one of the questions you received earlier on the demand for access to primary care, you talked about the billions of dollars we're giving. The question was about wait times. Again, you talked about the money being given to that. That's great we're seeing this money, but you didn't answer the question, which was what steps are you taking to improve our primary care services and what steps are we doing to decrease the wait time.

Can you give us at least one answer—not the financial one—on what steps the government is taking to answer these questions?

Hon. Patty Hajdu: What's important to remember is that, historically, there haven't been any outcome measurements with health transfers, as you know. There have been very few kinds of accounting for where exactly the transfers go and how they actually result in better care.

Mr. Robert Kitchen: There's no accountability for where that money goes.

Hon. Patty Hajdu: I'm saying, “historically”. Those are the kinds of things we've been working on with provinces and territories. There's a shared sense of outcome measurements.

You can imagine that provinces and territories—given that they have the jurisdiction to deliver services—obviously have a desire to continue to do that in a way that's appropriate to their populations. We continue to work with the provinces and territories on setting standards that we can all agree on, such as the mental health standards that I spoke about earlier, so we can ensure we have better accountability.

Mr. Robert Kitchen: Can you tell us here today where we can find one of the steps that has been taken on the mental health issue?

Hon. Patty Hajdu: As I said, this is an ongoing piece of work. The provinces and territories have agreed that mental health standards are important, but now it's the process of creating a shared set of standards, which as you know will require negotiations with the provinces and territories.

I profoundly respect the work that the provinces and territories are doing and I profoundly respect that they have jurisdiction over delivery of services. That's why it's important that we work together as a federal partner and that we don't impose standards they may feel are unrealistic or don't meet the needs of their population, so that we arrive at a set of standards that Canadians can count on and can measure themselves.

Mr. Robert Kitchen: Minister, in the last government, the health committee—

The Chair: Dr. Kitchen, that's time.

Ms. Sidhu, you have five minutes.

Ms. Sonia Sidhu (Brampton South, Lib.): Thank you, Minister for your leadership.

Panel, you're doing an awesome job. I thank you very much for being here today.

Minister, my riding is Brampton South. It is known as a hot spot for diabetes, especially polyuria. Too many in my community are feeling the affects of diabetes. I have put forward a private member's bill to establish a national diabetes framework.

Can you tell us what the government is doing to decrease the number—which is rising each year—of Canadians with diabetes?

Hon. Patty Hajdu: Thank you, Ms. Sidhu, for your work on diabetes. I know it's been a passion of yours for a very long time. I look forward to reviewing your private member's bill with you, and working with you on reducing the incidence of diabetes and supporting the treatment of diabetes across Canada.

About three million Canadians are living with diabetes, and 200,000 new cases are diagnosed each year. We've been making investments in research, prevention and early detection of diabetes, so that fewer Canadians develop this condition and that better treatments are available when diabetes occurs.

Over the last five years, we've invested approximately $229 million toward diabetes research, with over $48 million funded in 2018-19 alone. We've recently launched an initiative to celebrate 100 years of insulin, accelerating Canadian discoveries to defeat diabetes. To date, it represents a total commitment of approximately $47 million over seven years, $29 million from CIHR and $18 million from a range of provincial, national and international partners.

The work will continue, and some of the work that we do as federal politicians around improving people's quality of life—increasing the Canada child benefit so people have access to fresh fruits and vegetables, ensuring we have a Canada food guide that's based on evidence so that it helps inform better eating, the work I will be doing on the Canada healthy eating strategy, including nutrition for children—these are all measures we can be proud of that will reduce the incidence of diabetes in Canada.

● (1640)

Ms. Sonia Sidhu: In your mandate letter, there is a commitment to lead work, with the support of the Deputy Prime Minister and with other ministers, to strengthen medicare and renew our health agreement with the provinces and territories.

I'm from Brampton. It has one hospital, Brampton Civic Hospital. It's chronically underfunded and faces overcrowding with hallway medical care on a daily basis. The City of Brampton declared a health emergency. What work are you doing with the Province of Ontario to ensure that the people of Brampton can access the services they need to stay healthy?

Hon. Patty Hajdu: We've met with the City of Brampton, you and other Brampton area MPs, to talk about the challenges that the Brampton hospital faces. It is profound. It is not unlike other communities that are serviced by one hospital. I understand the struggle for Brampton residents in terms of getting the care they need.

The significant investments we're making, the $42 billion, for example, that I mentioned that will happen this year through the Canada health transfer is an important step toward improving health care access for all. The work we'll be doing ensuring that everybody has access to primary care services will reduce the load on places like hospitals.

I refer to my colleague, who very recently has practised at the Thunder Bay Regional Health Sciences Centre. Sometimes people end up in hospital or in emergency rooms, because they don't have access to primary care. They can't actually get a different level of care. The work that we'll do on improving access to primary care will also help decrease the burden on hospitals all across the country. I'm looking forward to doing that work with my colleagues.

Ms. Sonia Sidhu: Canadians pay too much for prescription drugs. In the last Parliament, in the health committee, we conducted a study on national pharmacare. What are you doing to move us forward on national pharmacare, so that no Canadian has to make a choice between medication and paying their bills?

Hon. Patty Hajdu: You're absolutely right to indicate that too many Canadians have to make choices that lead to poorer health outcomes, or make them unavailable to actually continue living in a healthy way. That's why we've taken such important steps on the national pharmacare program.

In budget 2019, we significantly invested so that we can move forward with the Canadian drug agency. I'm working with the provinces and territories right now to assess their capacity and their desire to move forward. Of course, we will continue this work. It's very important we all work together to ensure people can afford their medications to treat their illnesses, to prevent further illnesses and to keep them healthy and active in their communities.

The Chair: Thank you, Ms. Sidhu.

[*Translation*]

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

Mr. Luc Thériault: Minister Hajdu, you very skilfully answered my question earlier regarding the structural investments needed by the health care networks when it comes to health and providing care. They even agreed—and consensus is quite rare—that at least 5.2% would be required. Quebec has always said that it needs at least 6%.

You've invested $500 million today to support health preparedness efforts in particular. That's quite significant. A figure of 5.2% amounts to about $700 million.

However, we need recurrent funding. Your response didn't include a commitment in this area to ensure that people who have the expertise can benefit from structural investments to provide the necessary care.

If you create programs where you label the money, you then inevitably need an administrative body to manage the investment or program from coast to coast. Health care systems and networks need money, directly, on the front lines, on the ground.

Will you increase health transfers, as requested by Quebec and the different provinces, to 5.2% for all the reasons given earlier?

This concerns better public health management, medical assistance in dying, palliative care, and so on.

● (1645)

[*English*]

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

We know there is incredible pressure on health care systems and that's why we've been working so hard with provinces and territories to increase the escalator so that we can actually address the growing cost of health care across the country.

As you know, all provinces and territories now have a commitment from the federal government for 3% growth each year, or nominal growth tied to the GDP growth, which obviously is the greater of those two. We're tracking the level of provincial spending. We're making sure that we are getting good value for the dollar, and we will continue to work with provinces and territories to understand their needs and to make sure that the transfers result in better care for all Canadians.

[*Translation*]

The Chair: Thank you, Ms. Hajdu.

Thank you, Mr. Thériault.

[*English*]

Mr. Davies, you have two and a half minutes. Go ahead, please.

Mr. Don Davies: Minister, it's been almost a year since the final report of the Hoskins advisory council on the implementation of national pharmacare was released. As you know, it recommended that Canada implement universal single-payer public pharmacare.

We know your cabinet colleague Finance Minister Morneau has been very clear that he would prefer a private patchwork approach rather than the universal single-payer plan that Dr. Hoskins recommends.

Minister, as the Minister of Health, and given that you have now had six months to assess Dr. Hoskins' report, what is your position? Do you agree with Dr. Hoskins or with Minister Morneau?

Hon. Patty Hajdu: Thank you very much, MP Davies.

Listen, as I've said repeatedly and as our government has said repeatedly, no Canadian should have to choose between drugs and food on the table.

I have met with both. Obviously I have met with Minister Morneau many times but I have also met with Dr. Hoskins and I want to thank him, first of all, for the volume of work that he led, with the committee, to ensure that we have such a comprehensive report.

In budget 2019 we announced those critical next steps for the implementation of national pharmacare. We have been working with provinces and territories and stakeholders to get a better sense of how we create this Canada drug agency together. We have taken steps forward in terms of creating a national formulary and creating a national strategy for high-cost drugs for rare diseases.

I have had conversations with all of my provincial and territorial partners. I will continue to push them to work with the federal government to ensure that they agree that we need national pharmacare for all.

Mr. Don Davies: Thanks, Minister.

I'd like to turn now to the Canada Health Act.

Minister, your mandate letter instructs you "to ensure compliance with the Canada Health Act on matters of private delivery and extra billing", yet the Liberal government has allowed the Province of Saskatchewan to violate the Canada Health Act for four years by permitting access to private MRIs. Now we know that wait-lists for public MRIs in that province have doubled over the last four years while wealthier Canadians are allowed to pay their way to get to the front of the line.

Why haven't you shut this down in Saskatchewan or penalized the Government of Saskatchewan as you are obligated to under the Canada Health Act and as your mandate letter requires?

Hon. Patty Hajdu: In fact, my deputy is just writing to me about the date, because I knew we had just recently done something.

The diagnostics policy takes effect on April 1, 2020. We will enforce the Canada Health Act, we have enforced the Canada Health Act and we've been the first government in a long time to enforce the Canada Health Act. It's a priority for the Prime Minister that we uphold the principles of the act so that we protect this public health system that, as we all can see, is so valuable to all Canadians.

Mr. Don Davies: On April 1, then, will you be withholding money from Saskatchewan on a dollar-per-dollar basis?

Dr. Stephen Lucas: It will follow the process we have in terms of the Canada Health Act, where provinces provide reports that we assess and, on that basis, make deductions and, if they change their policies, reimburse them. That approach is codified.

● (1650)

Mr. Don Davies: Are you going to ask for a report, or are you going to start deducting on April 1?

Dr. Stephen Lucas: No. We'll follow the process that has been followed for decades in terms of assessing on provincial user fees, making deductions and then working with them to bring them into compliance and, under the reimbursement policy, if they do achieve that, reimburse their deductions.

The Chair: Thank you, Mr. Davies.

We now start a new round with Ms. Jansen for five minutes.

Mrs. Tamara Jansen (Cloverdale—Langley City, CPC): Ms. Hajdu, since the coronavirus first began, I've been day and night trying to help constituents who have been affected, whether they have been quarantined in Wuhan or on the Diamond Princess or on the Grand Princess. As you say, I've been taking emails and texts in the middle of the night, doing my very best to give them as many good answers as I can, helping to ensure they can get on a plane or find out whether or not there's a plane coming.

I was surprised yesterday when you mentioned that you were talking weekly with your provincial and territorial counterparts. I come from a farming background, and when there's something going wrong with the living crop, weekly checks on the crop are never enough. You have to really get in there and do it more often.

I'm just wondering. I saw you after question period yesterday and went to ask you how I could get a bit more information in a more timely fashion. You mentioned to me that I should phone Global Affairs. It's very difficult. I really feel for these people who are in great distress trying to figure out how to get onto planes, and all these sorts of things.

You talked about openness and transparency, and I've really struggled getting any openness and transparency. I even sent a message to the Minister of Foreign Affairs, and it took me days to get a response. I'm just wondering how I can better give information to my constituents as this continues to go on.

Hon. Patty Hajdu: I'll address the meetings first. I will say that I obviously have a daily meeting with my officials every morning. By the way, I don't even want to guess but I bet you that my officials have been working 14- to 18-hour days since early January.

Dr. Tam has daily meetings with her counterparts. The technical group meets daily. There are a number of other working groups that are meeting daily. This is an “all hands on deck” issue and crisis.

I will say that I find it slightly offensive that you would think that this is the only work we're doing. I meet with my ministerial counterparts once a week because, of course, just like me, they have committees and all kinds of other obligations, but a once-a-week meeting with provincial health ministers is actually very rare.

Mrs. Tamara Jansen: What I'm actually wondering is—

Hon. Patty Hajdu: Normally we meet together about once a year. We may have one other call a year.

Mrs. Tamara Jansen: Is it possible, though, that we could somehow get some of the information that is being worked on by the other members of your team in a more timely fashion? It's very difficult for the constituents when I can't give them a more timely answer.

Hon. Patty Hajdu: I will also remind the committee that we have made offers every day for a situational update, and you are always welcome to come to the situational update briefing, and I would encourage you to do so. You will definitely get the information you need at those situational updates that are provided by my department every day. You have been invited.

I will also say, in terms of Global Affairs, that consular services are in the best position to help people who are in another country and that have a difficulty in terms of their own particular situation. Health Canada cannot assist those people. That is not our ability.

Mrs. Tamara Jansen: Yesterday you didn't mention the meetings. You told me to phone Global Affairs, which of course I have done a lot of. They have been helpful, but I was hoping to have a little bit more timely information.

I will move on to another question. We're looking at the estimates. We're being asked to sign off on over $30 billion, I think, and I'm struggling to figure out.... You mentioned numerous times the idea of $11 billion for palliative and home care. I was looking to see how much is being utilized in each of the different provinces, which is, as it turns out, very difficult to figure out. I managed to find out, through the Library of Parliament, that $60 million is being used by B.C. for palliative care. Then I looked at a CIHI study, which said we had about 16,000 palliative care patients. If I take that number and divide it by what's being given, it's about $3,700 per palliative care patient. We know that it's about $1,200 for one palliative care patient in hospital per day, which gives them about three days in hospital, or, if you go to somewhere like the Delta Hospice, you could get 10 days, because they are about $350 a night.

Do we feel that's enough? In general, we know that we need palliative care to ensure that people are not having to request MAID in order to get out of suffering, but if we don't have enough palliative care, how can we do that?

● (1655)

Hon. Patty Hajdu: I want to correct myself. We have offered the critics every day an opportunity to have the update, but we do send sitreps every single day. I would encourage you to read those every day, because it will give you an update on the situation in Canada.

In terms of the palliative care funding, obviously—

Mr. Matt Jeneroux: On a point of order, Mr. Chair, I'd just like to correct the record.

I'm sorry to do this to you, Minister, but we have not received invites to the situational briefings. If the situational reports, which just began on Sunday, after requesting them for seven weeks, is what you're referring to, then, yes, we have been receiving those, but just as of Sunday. Again, we have yet to be invited to the situational briefing that you're having daily.

I just wanted to correct the record.

Mr. Don Davies: If I may too, Mr. Chair, since I was referred to as a critic, I would absolutely endorse what was just said by my Conservative colleague. It's a misrepresentation to say that every single day we have received an offer to have a briefing. That is just simply not the case. We have gotten situational briefings by email starting on Sunday after a month. I think the record should reflect that.

Hon. Patty Hajdu: If I may, Mr. Chair, there is obviously some confusion, because my officials feel quite strongly that the critics have been offered technical briefings every day.

We will sort that out. If that is not happening and you are not getting the information, let's make sure you are getting the information correctly so that you are able to attend those technical briefings. We will continue to send the situational updates.

The Chair: Thank you, Ms. Jansen.

We go now to Mr. Van Bynen.

Mr. Tony Van Bynen (Newmarket—Aurora, Lib.): Thank you very much, Madam Minister. I appreciate your taking the time to be here.

After hearing the dialogue and the conversations and the discussions throughout the last few weeks, I'm convinced that we're in good hands. I appreciate the dedication and the commitment this team has towards the delivery of a clinical response to a very critical issue or an important issue. I for one would much rather have you focus on the delivery of the clinical response to the issues we're facing as opposed to dispersing information, but for the benefit of people who are watching, could you tell us about the websites and the information that's available on the websites so that people can go to those sites for an appropriate response to their questions?

Hon. Patty Hajdu: Thank you very much, MP Van Bynen. Obviously, as a former mayor of Newmarket, you would know that the local level of public health is so critically important in the response to crises like this.

There is information on the website at canada.ca\coronavirus. It's added to every day and has information about the current status in Canada. It has a number of different pieces of information for a variety of different kinds of purposes. We continue to augment that website as we discover more and as we have more to offer.

In addition, we have advertising going out through social media that is teaching people how to wash their hands and what to do about covering their cough. That will ramp up now with the additional $1 billion that was announced today. A component of that is actually to boost our ability to do public advertising to Canadians about all of the ways they can help contribute to reducing the peak and flattening the curve. I think that will be very important information for Canadians so that they can participate and feel they have a role to play, which they critically do.

Mr. Tony Van Bynen: All of the solutions are local. All of the MPs at York Region now are receiving a weekly update from York Region that talks about what's going on, on the ground, and I think that's critically important. Any MPs who want to inform their constituents should reach out to the local medical officer of health. I'm sure that most of them are providing updates on a very regular basis. I think that's critically important.

Madam Minister, I recently met with Infection Prevention and Control, or IPAC, regarding their concerns about antimicrobial resistance, or AMR. Further to our earlier discussions, it's my understanding that AMR is becoming more a global threat in the face of climate change. Can you inform the committee what the government is doing to address the issue of antimicrobial resistance?

Hon. Patty Hajdu: Thank you very much. It's such an important conversation, and one that few Canadians are aware of, that the growing threat of antimicrobial resistance is truly a threat to Canadians' health. That's why we've been committing to using antimicrobials responsibly.

As you know, though, right now there is a surge on hand sanitizer, which is not helpful in terms of the work that we're doing to reduce the use of things that contribute to the growth of antimicrobials. Of course, during certain situations we see an increase in the use of these products, but it's more than that. It's also working to improve data. It's strengthening the stewardship of antibiotics. It's using research and innovation to address the gaps and challenges. We look forward to launching a pan-Canadian action plan, which will give more detail about how we can work together with provinces and territories at local levels and with Canadians on what we can do to combat this growing threat in the coming months.

We continue to have those conversations because it is a complex issue, but it will require significant practice changes on behalf of all of us.

● (1700)

Mr. Tony Van Bynen: My community, Newmarket, is 14 square miles. It has 80,000 residents. I think it's the third most densely populated community in Ontario. Just outside of Newmarket there are lots of rural areas. One area that this committee has agreed to study is an analysis to compare and contrast urban health care and rural health care. The urban-rural divide that we see in parts of the mandate letter commits to promoting and standardizing access to health care for all Canadians.

What work is your department doing to improve health outcomes for Canadians in rural areas?

Hon. Patty Hajdu: Thank you very much. It is a challenging problem, as you know, and obviously you do, given that you're from an area that has rural communities. I too represent a riding that has half of a large city, or I guess a smaller city, and many rural communities. I hear first-hand about the struggles people have to accessing primary care, especially the farther they get away from a centre.

Part of this is working with provinces and territories to make sure that we set some standards around care. The investment that we'll be making, that we've made through the Canada health transfer by almost $10 billion, the increase, can help and go a long way. It can stimulate innovation as well, in terms of how we reach those people in a farther, more remote area. I think that stable, predictable, long-term funding does represent a major step forward toward better health care and health outcomes for Canadians.

I will say that the item in my mandate letter that is very exciting to me is actually around access to primary care. As I meet with various different health ministers from across the country, I see there is a lot of work being conducted in this area, and there are some very interesting and innovative ideas that I will be happy to share with you when I come back to talk about that item specifically.

The Chair: Thank you, Mr. Van Bynen.

We go now to Mr. Jeneroux, for five minutes, please.

Mr. Matt Jeneroux: Thank you, Mr. Chair.

Further to my point of order, Minister, recently the Prime Minister convened a cabinet committee on COVID-19. Just this week your office started sending opposition critics daily briefings. Unfortunately, this doesn't give us much of an opportunity to have the discussion with you or the officials. I simply ask this question. Why have you decided not to include the opposition at the table so all parliamentarians can ensure Canadians have accurate and the most up-to-date information?

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

We'll continue to provide information through the variety of methods that we use, in addition to technical briefings, as we did yesterday, I believe, to all parliamentarians; I think it was yesterday. I think it's very important that we make sure we democratize the information amongst us, so we'll continue to do that work.

Listen, this is an “all hands on deck” moment for Canada. It is important that we have access to information.

Mr. Matt Jeneroux: I understand that, Minister.

Hon. Patty Hajdu: I could tell you that I also provide daily briefings to the media, and through them to Canadians. I will continue to do that, and so will Dr. Tam.

Mr. Matt Jeneroux: Why have you made the decision, though, to not allow us to sit at the committee?

Hon. Patty Hajdu: The committee is a cabinet committee that is looking at a whole-of-government response that is not just about the health response to COVID-19, but also the other areas of Canadian society that will be impacted by disruption, including economic disruption.

Today's announcement is an example of how fast we can make decisions through the special committee, which has a very focused and targeted mandate to address those emerging issues as we see coronavirus in our communities.

Mr. Matt Jeneroux: You've just outlined the committee, which I understand. However, why aren't the opposition allowed to sit at that committee?

Hon. Patty Hajdu: Opposition do not typically take part in cabinet committees. As you know, these are cabinet committees of cabinet ministers who have the jurisdiction and the capacity to make decisions about how to respond, using the considerable weight of their departments and their bureaucracies to propose ideas that we can action very quickly.

● (1705)

Mr. Matt Jeneroux: If Canadians truly want to believe that this is open and transparent, I think there would be an invite to us—the NDP, the Bloc Québécois and the Conservative Party—to sit at this committee, to be able to hear the discussion and to be able to weigh in on what we're hearing, so that we can then share in the decisions that are essentially being made. Ultimately, this was a decision that you made not to include us. I'm just trying to get to bottom of why.

Hon. Patty Hajdu: Let's be clear. The Prime Minister appoints cabinet committees. I, as the health minister, of course, am a member of the cabinet committee to provide health advice, but the other members of the committee are there to provide advice from their various portfolios.

I will say what would be helpful is if the request from some members of this committee for volumes and volumes and volumes of information—the 1,200 pages, I believe, over four departments, that have been compelled—would actually cease, because, in fact, what we see here are hard-working officials who have to take their eyes off actually responding to the coronavirus crisis so that opposition members can play games with Canadians' health and safety.

Mr. Matt Jeneroux: I don't think we're playing games, Minister. I think, quite simply, that Canadians are asking a lot of questions, and there have been quite a few points I can point to where there's just been some miscommunication.

I point to the example of using the word “stockpile” or not. I think that's fair. Canadians are asking the question of whether or not they should do these sorts of things. Not having us at the committee is.... I think you'd mitigate a lot of this if you just allowed us to sit at the committee with you.

Hon. Patty Hajdu: I'm not sure, MP Jeneroux, if your request is for you to sit at the committee or for more information for Canadians. I will say that this is a cabinet committee of cabinet ministers that the Prime Minister has appointed. Of course, there is no precedent that opposition members would be included in a cabinet committee.

I will say, in terms of a response to Canadians, that I have been in front of the cameras almost every single day. Dr. Tam provides daily briefings to the media. We have an updated web page. We have a 1-800 number. We have additional advertisements that direct people to the Government of Canada web page. We will continue to do everything in our power to make sure Canadians have the information as we receive it. I've committed to Canadians every step of the way to be transparent and, in fact, that's what I've been.

Mr. Matt Jeneroux: Minister, we're looking here to support you. We're looking here to support the committee. Without our being at the table, certainly, I don't think it sends the right message that you're being transparent. Doing media interviews is one thing, but to work in a collaborative way, which you say you intend to do, quite simply isn't happening. You admitted that you didn't even realize if we were getting daily briefings or not up until this point.

Again, I implore you to impress upon the Prime Minister to allow us as part of this committee. Simply saying it's a cabinet committee doesn't answer the questions that I think Canadians are looking for answers to. Again, I would implore you to request of the Prime Minister that we be a part of this. I do believe that you want to work collaboratively, and unfortunately it just doesn't appear to Canadians that you are.

The Chair: Thank you, Mr. Jeneroux.

Mr. Kelloway, you have five minutes.

Mr. Mike Kelloway: Thank you.

Hello, again, Minister, for my second round of questioning.

In my riding, I've had the privilege of working with community groups in Glace Bay, and in Port Hawkesbury and Canso with community groups and local doctors, who are focusing on new ways to recruit new physicians to come to Cape Breton and northeastern Nova Scotia. One of the common things that comes up among local physicians, and even in the community groups that are part of the community health initiatives that I'm a part of, focuses on foreign credential recognition.

I know that in your mandate letter there is reference to looking at bridging the gap with respect to foreign credentialing when it comes to physicians. I know, once again, that it is a partnership and collaboration with the province, but I'm just looking for an update as to where we are on that specific item within your mandate letter.

Hon. Patty Hajdu: Thank you very much.

Obviously, we've all met people from other parts of the world who have incredible skills and talents and who are not utilizing them to their full potential. In my previous role as the minister of employment, there were a number of programs that could help new Canadians and others to improve their foreign credential recognition, including the provision of low-interest or almost zero-interest loans, to help facilitate access to courses, for example.

This is something that we have to do with provinces and territories, as you know. It's not something that we can compel provinces and territories in terms of adjusting their own particular recognition program, nor is it something that we would advise. We want to make sure that the professionals who come to our country who are professionals in health care have the right suite of credentials that Canadians have come to expect.

We'll continue to work with the college of medicine, regulatory bodies, provinces and territories to see if there are ways that we can accelerate that process. The other piece is making sure that people have access to resources, so they can take care of their daily lives while they're pursuing sometimes time-consuming courses that take away from their capacity to earn.

I was always impressed by that particular fund. It was used extremely well by the Government of Canada to support the education of newcomers. Many of them were health care professionals who could then go on and fill some of the gaps in our communities.

● (1710)

Mr. Mike Kelloway: Thank you.

I'm switching gears to go back to COVID-19 for a second. This could be an answer that could be supplied by witnesses as well.

We talked about the need for an awareness and education campaign when it comes to COVID-19. We talked about the importance of focusing on social media. When I look at my riding, it's predominantly rural and older. We're working on rural broadband. Will part of the awareness campaign be a non-social media means to reach seniors and those who may not have access to high-speed Internet?

Hon. Patty Hajdu: Thank you very much for the question. I think it's a very timely one.

Of course, the announcement today is very timely as well because we know that other forms of advertising—print, TV and radio in particular—can be very expensive. The $50 million that's part of the $1 billion will be utilized in a way so that we can actually reach audiences that are not reachable by social media.

I will caution you about making an assumption that older people are not using social media, because many older people are on Facebook. Nonetheless, we know that there are others who don't and it's important that we have an approach to sharing information in a way that will be accessible to all Canadians.

Mr. Mike Kelloway: Now I'll redeem myself on the original question when it comes to seniors. I'm very happy and very proud to represent my riding. It has an older population. A couple of themes that come up in my riding in particular are around home care and palliative care. My riding is very well educated on the division of powers. I received an education from them at the doorstep, from Canso to Glace Bay.

What are we doing at the federal level to ensure that home care is available to seniors?

Hon. Patty Hajdu: The $6 billion that we have committed that's very targeted at home care and palliative care is part of our effort to boost the capacity at the provincial and territorial levels. We know that provinces and territories have been struggling with home care. We know that we have an aging population in Canada, and we know that it's better for people to stay at home if they can and stay out of any kind of long-term care facility if possible for as long as possible. It's good for them and it's good for our resources as a country. This investment will go a long way.

I'm looking forward to hearing from the provinces and territories in May about how that investment has resulted in the ability to provide additional home care. We still have a long way to go and it is incumbent on all of us to think about how we can better support the seniors in our communities and in our lives.

Thank you.

Mr. Mike Kelloway: Thank you, Minister.

The Chair: Thank you, Mr. Kelloway.

[*Translation*]

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

Mr. Luc Thériault: Mr. Chair, I want to appeal to your generosity to make a timely comment.

Three days ago was International Women's Day. Since the committee began its work, I've been looking at the committee membership. I find it refreshing and reassuring to see the skills and representation of women here. I'm pleased, because this wouldn't have been possible a few decades ago. I wanted to point this out.

[*English*]

Hon. Patty Hajdu: You're right...and I didn't even notice.

Voices: Oh, oh!

[*Translation*]

Mr. Luc Thériault: I have a question for Dr. Mithani.

Guy Saint-Jacques, Canada's former ambassador to China, said this week that he was concerned that the Canadian government wasn't adequately inspecting products imported from China, even though 23% of farmland in China is allegedly contaminated with heavy metals.

China has implemented, and is implementing, retaliatory measures against some of our products. Mr. Saint-Jacques said that Canada should respond by conducting more rigorous inspections of Chinese products that enter the country. The farming community often considers reciprocity of standards.

Mr. Saint-Jacques believes that Canada has been too timid and that there could be more benefits if the health and safety of Canadians were better ensured through inspections. In his opinion, China should be told, “If you want to play hardball, it's a two-player game.”

Do you recommend this tough approach? How could you prioritize the agency's resources to ensure that you have staff to monitor both the borders and the products in supermarkets?

● (1715)

Dr. Siddika Mithani (President, Canadian Food Inspection Agency): Thank you for the question.

You must know that our agency enforces the regulations.

[*English*]

From our perspective in terms of the agency, it is about the science-based, regulatory decisions that we make. When we look at agriculture and when we look at market access for products, to China or to any other country, those are really based on the requirements that we would want for our domestic products as well as exports and for our imports. There are no differences in terms of what we expect with respect to our agricultural products coming in or going out.

I would say that from a regulatory perspective, the focus is really on having science-based requirements, whether you're looking at domestic or imports.

[*Translation*]

The Chair: Thank you, Ms. Mithani.

Thank you, Mr. Thériault.

Mr. Luc Thériault: Is my time already up?

[*English*]

The Chair: Yes.

[*Translation*]

Mr. Luc Thériault: You weren't very generous.

[*English*]

The Chair: Mr. Davies, go ahead for two and half minutes.

Mr. Don Davies: I've had the privilege of being the health critic for the New Democrats since 2015. I remember this vividly, but I went and pulled it anyway. It's the mandate letter that Prime Minister Trudeau gave to Health Minister Jane Philpott. It says, from 2015, “I will expect you to work with your colleagues...to deliver on your top priorities:...improve access to necessary prescription medicines. This will include...reducing the cost Canadian governments pay for these drugs, making them more affordable for Canadians”.

Anecdotally, it's been my experience that there's been no appreciable increase in access to prescriptions nor have prices come down, but I didn't rely on that. I went to CIHI and I asked them about a month ago to tell me what happened with drug prices in Canada from 2015 to 2019. What I found was that they've gone up every single year, both in a global way and on a per capita basis. In fact, drugs were 8.6% more expensive in 2019 than they were in 2015.

What's puzzling to me is that in 2016 the Liberal government first announced its intention to reform Canada's patented medicines regulations in order to lower the price of prescription drugs for Canadians. We know that your government estimated this would lower drug prices by $13 billion over 10 years, and your government announced that they were meant to come into force by January 1, 2019. That still hasn't happened.

Minister, given that prescription drug costs have gone up every single year since the Liberals took office in 2015, why is your government delaying these necessary reforms?

Hon. Patty Hajdu: Far from delaying the necessary reforms, we're taking the necessary steps to lay down the track for a national pharmacare program. As you know, this is not easy work nor is it fast work. It's work that has to be done in partnership with provinces and territories and those conversations have been ongoing. As you know, in budget 2019 we took important next steps in terms of committing to the Canadian drug agency, ensuring that we could work on a formulary together, and that work is ongoing.

I will also say that PRB regulations were released in the summer of 2019. Those will mean $13.2 billion in savings, and we're working on the guidelines now. They will come into force in July 2020. I think it's important that we understand that this is a longer-term project.

Mr. Don Davies: That's good if they come into force in 2020. That's what I needed to know, when they're coming in.

I have very little time, Minister, so I want to quickly move to vaping. We know tens of thousands of young Canadians are becoming addicted to nicotine at an alarming rate from vaping products. Recent data revealed a 74% spike in youth vaping in Canada over a single year, and we know why. Big tobacco companies are using attractive flavours, high nicotine content and aggressive advertising to hook a new generation of Canadians on this highly addictive product. When are you going to act to ban flavours, reduce high nicotine content and restrict advertising of these products? If you are going to do that, when can we see those?

● (1720)

Hon. Patty Hajdu: First, as you know, on December 19, 2019, we proposed new regulations to prohibit the promotion and advertising of vaping products to youth anywhere they can be seen or heard. Those proposed regulations were published in the Canada Gazette, part 1, on December 21 for a public commentary of 30 days. The department is reviewing the feedback right now, and we'll be moving to finalize the regulations as soon as possible.

Building on the feedback that we heard through consultations we held in 2019, we also know we need to develop additional regulations that further reduce the appeal. Also, nicotine concentration and flavours are two of the areas where we believe we need to take stronger and quicker action. Those are two areas of deep concern for me as well.

The Chair: Thank you, Mr. Davies.

We have 10 minutes left. We don't really have time for a full round again. I'm going to suggest to the committee that each party take two and a half minutes and we go around once more. Is that okay?

Some hon. members: Agreed.

The Chair: With that, we'll go now to Mr. Jeneroux.

Mr. Matt Jeneroux: Thank you, Mr. Chair.

Since October 2019, 25 new medicines have been launched in the United States and none of them have been submitted to Health Canada. The PMPRB regulatory changes require reductions of up to 90% for some new therapies, especially for rare disorders. There is some concern that these changes are keeping innovative drugs from applying here in Canada. I have two questions for you, Minister. Why are you rushing to implement these regulations, which seem to be blocking new life-saving medicines from coming to Canada, and can you tell Canadians with 100% confidence that these regulatory changes will not affect Canada's drug supply?

Hon. Patty Hajdu: Of course, having access to medication that people need is of utmost importance to us all, especially new medications that many of us hear about, sometimes for the first time, through constituents who may have rare diseases.

We're working with the pharmaceutical agencies on guidelines. We're engaging with them. We're receiving their feedback, and we're benchmarking with other countries.

It's important that we get the balance right and that we work with drug companies, but also that we have a focus on keeping medication affordable in Canada. We'll continue to do that work.

Mr. Matt Jeneroux: Are you open to changing the date? July 1 is the proposed date. Are you open to altering that and hearing, perhaps, from more patients who would like to give their feedback on this?

Hon. Patty Hajdu: I'll let my deputy answer. He has some details on this.

Dr. Stephen Lucas: The Patented Medicine Prices Review Board launched consultations on the guidelines in the late fall. They did extend the period until mid-February. They are working with that feedback and have been engaging with industry, patient groups and others to ensure the guidelines reflect the regulations, the government's intent, and the concerns and interests of different stakeholder groups, including industry.

Mr. Matt Jeneroux: Would you be open to delaying the implementation, though, and continuing to hear from more patients? I've certainly heard that not a lot of patients have been heard from.

Dr. Stephen Lucas: The Patented Medicine Prices Review Board is reviewing the input they've received and are committed to continuing to engage to ensure the guidelines can move forward to enable the regulations to come in.

Mr. Matt Jeneroux: It's a hard July.

Dr. Stephen Lucas: That is the coming into force the government had set, and the engagement process on the regulations has been open and transparent and will continue with the feedback received.

Mr. Matt Jeneroux: I'll just leave it that there are a lot of patients who would still like to have their voices heard when it comes to any potential changes. Thanks.

Hon. Patty Hajdu: I'll just say that it's important that we balance it and that we hear from all voices moving forward, so we'll continue to get that balance as well as we can.

The Chair: Thank you, Mr. Jeneroux.

We'll now go to Dr. Powlowski for two and a half minutes.

Mr. Marcus Powlowski: Let's stick with COVID-19, my favourite topic for a while. As of our announcement today, we have $500 million that we are giving to the provinces to help their medical systems deal with the COVID-19 outbreak. Five hundred million for 10 provinces and the territories doesn't seem like a lot of money. It depends on what happens with the epidemic and if it gets better, but is there any extra money available? Do we have the fiscal firepower to respond, should we need more money, and are we willing to do that?

● (1725)

Hon. Patty Hajdu: The short answer is yes. This is the down payment for provinces and territories to make sure that they are equipped for any potential surge that they may see. Of course, we work with them on a daily basis to assess their needs. Should there need to be more, we will not hesitate to ensure that the money is there to protect the health and safety of Canadians, the wellness of Canadians.

Obviously, we want to hear from provinces and territories as they move forward with this amount and about what they anticipate their need will be. As I said, this is an "all hands on deck" time for Canada. We will need to be there for each other, and we'll need to be there for the provinces and territories at the federal level to make sure that they have the resources they need to keep people well.

Mr. Marcus Powlowski: I don't have time for much of a longer question, but I do have a bit of a response to the Conservatives' question about being on the committee.

I just want to point out that there are backbench members of Parliament on the Liberal side with an interest in this issue who aren't on the committee as well, so don't take it personally.

Mr. Matt Jeneroux: Let's all do it.

Voices: Oh, oh!

Hon. Patty Hajdu: I think it's an excellent point: that there is no need for a committee if we are all talking. I'm very glad to have been here with you today to talk openly about COVID-19 and many other health issues. I make a commitment to you that I will come back on a regular basis.

Ms. Sonia Sidhu: I would like to remind Mr. Jeneroux, too, that this committee came back early. It has had multiple meetings with experts and now has the benefit of an unprecedented two hours with the minister. Let's take benefit from that. We got a lot of information today.

Thank you, Minister.

Mr. Matt Jeneroux: It's not unprecedented. It's happened before.

Hon. Patty Hajdu: It's unprecedented this term.

The Chair: Thank you all.

We will go now to Monsieur Thériault.

You have two and a half minutes.

[*Translation*]

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

The top priority in the mandate letter that you received reads as follows: "lead work...to strengthen medicare and renew our health agreements with the provinces and territories..." and, in particular "continue to implement national universal pharmacare..."

Some constitutional experts are currently looking at the fact that implementing this type of program without giving Quebec the right to opt out with full compensation would be totally unconstitutional.

If you ever implement this type of program, do you plan to give Quebec the right to opt out with full compensation?

[*English*]

Hon. Patty Hajdu: Obviously, we have a lot of work to do in terms of conversations with provinces and territories.

One of the principles of Canada's public health care system is that it is equitable, that people have access to services under the Canada Health Act no matter where they live and no matter where they go. We'll be working with that goal in mind: that there is equity of access.

I'll be looking forward to my conversation with Minister McCann in May. I had a lovely conversation with her late last week. Although we very quickly talked about medicare, much of it, of course, was around the coronavirus response. We'll continue those conversations to make sure that Quebeckers have the same level of care and the same level of access to medication that the rest of Canada does. I look forward to those conversations.

Thank you.

[*Translation*]

The Chair: Thank you, Ms. Hajdu.

Thank you, Mr. Thériault.

[*English*]

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

Mr. Don Davies: I have three short snappers.

In the last Parliament, former senator Nancy Greene Raine's bill to ban the advertising of unhealthy food to children was allowed to die on the Order Paper, even though it had passed third reading in both the House and the Senate. You spoke, I think, very wisely, Minister, of the need for prevention. I can't think of anything more important for prevention than to have our children grow up eating healthy.

Would you be open to reintroducing this legislation as a government bill?

Hon. Patty Hajdu: I don't control, as you know, the priority of legislation. That is, obviously, something that's worked out with the House leader and the government.

I will say that I am open to taking any measures that actually reduce advertising to children. I'm looking forward to exploring those with former senator Greene Raine, and there is also the work that we're doing on our healthy eating strategy, including front-of-pack labelling and potentially banning the advertising of unhealthy foods to children. This is all important work, and I think it's work that's overdue.

Mr. Don Davies: You have our support if you do that, and I think it's an important step.

Second, in the last election, the Liberal Party pledged to create a national institute for women's health research—I think the first of its kind in Canada—that would bring together experts in women's health from across the country to tackle persistent gaps in research and care, and take an intersectional approach.

When do you anticipate that this institute will be operational?

● (1730)

Hon. Patty Hajdu: I will turn it over to my deputy to give you some dates on when it will be operational.

Mr. Don Davies: Thanks.

While he's looking I'll give you my third snapper.

Hon. Patty Hajdu: Okay, give us the third snapper and we'll work on the second one.

Mr. Don Davies: It's about your government's decisions to apply an excise tax to medicinal cannabis.

We know that many Canadians legitimately rely on cannabis for a variety of medicinal purposes and we know it's already subject to a sales tax and it's not covered by many insurance plans. That's of course contrary to the policy on prescription drugs in Canada, which don't attract those taxes.

Will your government consider making medical cannabis tax-exempt in line with other prescription medicines?

Hon. Patty Hajdu: Obviously, this is a complex question, partly because excise taxes, as you know, are in the realm of the finance minister. Also, the evidence is growing and evolving around medical use of cannabis. This is one of the benefits of having a framework of legalization: You can actually do more robust research about the benefits of cannabis, medical cannabis, what strengths of cannabis can be used for which particular illnesses, how best to distill cannabis and the various ways it could be used. We continue to invest in that research and obviously to support the medical cannabis regime. We'll continue to work on that, and I think that will give us some clarity around excise tax.

Mr. Don Davies: Dr. Lucas or Ms. MacLeod...?

Ms. Catherine MacLeod (Executive Vice-President, Canadian Institutes of Health Research): CIHR recognizes the importance of dedicated research investments in women's health to address the historical research gaps that focus mostly on men. Through the leadership of our institute of gender and health, CIHR fosters research excellence on the influence of sex and gender on health, and supports important research in directly addressing pressing health challenges facing women.

For example, Dr. Peter Leung, at the University of British Columbia, studies the role of hormones in women's reproductive health. Knowledge gained from Dr. Leung's research will improve the treatment of reproductive disorders, pregnancy complications and gynecological cancers.

It should be noted that CIHR has expertise in the creation of national health research institutes to address pressing health concerns and we will be pleased to support the minister in delivering on this important commitment.

Mr. Don Davies: Do we know when? That was the question.

Dr. Stephen Lucas: Obviously, a lot of attention is being paid now on addressing coronavirus, but the government is intent on moving forward with that in the coming weeks and months.

Mr. Don Davies: Thank you.

The Chair: Thank you, Mr. Davies.

Thanks to our great panel for your endurance. Whether or not it's unprecedented, it is nevertheless appreciated.

Thank you, Minister Hajdu and all the officials, for being here and giving us of your time so generously.

The meeting is adjourned.