

# Emergency Debate

[S. O. 52]

\* \* \*

[English]

H1N1 Vaccines 

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**The Deputy Speaker:**  

The House will now proceed to the consideration of a motion to adjourn the House for the purpose of discussing a specific and important matter requiring urgent consideration, namely the supply of H1N1 vaccines.

  (1905)

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That this House do now adjourn.

She said: Mr. Speaker, I will be splitting my time with the member for Etobicoke—Lakeshore, and I want to thank all of the Speakers for granting this important debate.

This past weekend I was inundated with calls and emails from MPs, asking questions and describing the situation on the ground in their ridings. I think it is important that tonight we get to tell those stories and call on the government to respond to this crisis.

Peter Newman has said that politics in Canada is the art of making the necessary possible. Determining what is necessary and fighting for it is political. In public health there is a role for politicians of all political stripes to fight for the necessary resources to protect the health and safety of Canadians, and ensure that the priorities of the government of the day are in line with the needs of Canadians. This is not partisan, but it is political.

When the minister stated that there was no pandemic plan before the Conservative government took office, that is partisan. Canada has had a pandemic preparedness plan since 1988. In 2003 we learned the lessons of SARS, and quickly put in place a response to David Naylor's report: collaboration, cooperation, communication and clarity of who does what, when. We put in place the Public Health Agency of Canada, appointed Dr. David Butler-Jones as the first Chief Public Health Officer for Canada, and established the public health network for Canada where all 13 jurisdictions would be able to plan together with the federal government for the public health of all Canadians.

Canada's pandemic plan was one of the best in the world. The plan ensured a supply of vaccines for all Canadians and adequate stockpiles of Tamiflu. These were good planning decisions. Our criticism is not with the plan, but with the failure to adapt the plan quickly to this new, novel virus, and the execution of the response to the pandemic itself.

In the 2004 budget we put in place a trust fund of \$100 million for the provinces to build the capacity for front line public health. In 2007 the Conservative government

cancelled that fund. The 2006 budget booked \$400 million for pandemic response. We now find out that the government put the reserve fund into five annual packages of \$80 million, and each year without a pandemic, the money has disappeared.

The Minister of Health has continued to state that she is working with the provinces and territories, yet she unilaterally decided that the provinces and territories would pay for 40% of the costs of the vaccine and for all of the costs of the administration of the vaccination program.

The provinces and territories have been asking for help. The government has refused to listen. All summer we have been seeking assurance that there were in place the resources and the capacity on the ground to get the 50.4 million doses of vaccines that had been ordered into the arms of Canadians.

There seems to be some confusion between the role of the Minister of Health and the role of the Chief Public Health Officer for Canada. The Chief Public Health Officer for Canada has the responsibility to find a consensus with his counterparts on the science and then give the best possible advice to Canadians. Canadians needed clear and unambiguous messages. Instead, there were too many opinions and conflicting guidelines, and the resulting dangerous confusion. His job is also to give the best possible advice to the Minister of Health, including his assessment of the need for additional resources for communication and/or improving front line public health capacity.

The Minister of Health has the responsibility to act on his advice, listen to her provincial and territorial counterparts, and then go to cabinet and make her case to be able to deliver what is needed to protect the health and safety of Canadians. Wrapping itself in some constitutional cocoon is a dangerous approach for the federal government.

There is a difference between health and health care delivery. In 2003 David Naylor's report on the lessons learned from SARS quoted Disraeli: "the care of public health is the first duty of the statesman". It is time for the minister to do her job and help her minister of health colleagues across the country. so that their public health authorities can deal with this health emergency now. It is time for statesmanship, not time for an ideologically-based mantra of "not a federal responsibility". She is Canada's Minister of Health.

The lack of an effective national communication plan has meant that doctors and nurses administering the vaccines are spending time answering questions that could and should have been answered all summer.

 (1910)

As information changes, the federal government has a responsibility to spend the dollars necessary to ensure that Canadians truly understand the facts and what is expected of them. The public education campaigns from the NHS in the U.K. or the CDC in the U.S. demonstrate what a proper public education campaign should look like, especially the effectiveness of the campaign targeted to children, which is totally missing in Canada.

Last weekend it was the father of a child who had died from H1N1 who explained that shortness of breath was not a normal symptom of influenza. He said he wished he had known that earlier.

Since June, the doctors in Manitoba have been recommending a public awareness campaign to make sure that every Canadian with influenza who is experiencing shortness of breath would immediately seek medical attention. They were worried that the morbidity and mortality of patients they had seen in Winnipeg could have been dramatically reduced if they had presented to hospital earlier.

Two weeks ago, we asked a number of local medical officers of health across the country if they felt ready for the vaccine rollout. They had been given no certainty of the quantity or the starting date of the supply.

They described a total absence of sensitivity of the operational realities, the logistics of storage and security, let alone setting up clinics with so little notice. They described a

total absence of central leadership, a lack of clarity and no commitment to the additional resources that would be necessary.

They insisted that the front lines had to know what to expect and what not to expect. They had no idea of the costs and no idea of what would be reimbursed. They were worried that the demonstration projects had not been built and that no money had arrived on the front lines. Medical officers of health were being asked to go to their local boards of health or regional health authorities and municipal councils handcuffed by the lack of information.

This summer when we drew attention to the lack of planning and resources for aboriginal communities, the minister was telling us that 90% of the communities were prepared while the grand chiefs and our personal experience were telling us something quite different. The unfortunate body bag incident followed a lack of response to the ongoing criticisms by the first nations community of the local regional office of Health Canada. The government responded well by appointing the respected Dr. Paul Gully to First Nations and Inuit Health and things have improved.

There are many questions that will have to be answered later. Having only one production line in one company available for all the vaccines needed for Canadians has clearly caused delays. Priority must be to have the shortest possible gap between the arrival of a pandemic and the time when a significant percentage of the population has been immunized.

I cannot believe that any MP on any side of the House could look at the lineups in his or her riding and be able to say that this response to the pandemic is being executed properly or blame some other jurisdiction. We need to redouble our efforts as politicians to immediately secure the resources necessary to help local public health units get on with the vaccination campaign, additional funds for school-based campaigns, and hire back retired nurses.

We need to ensure, as soon as we have the promised three million vaccines, that we get them into the arms of Canadians as quickly as possible. We also need to ensure that hospitals and family doctors in our areas are confident that they have the resources necessary to look after Canadians who do get sick.

In a visit to B.C. Women's Hospital on Friday, I was truly impressed. Its patients are all immunized and it certainly seems ready.

It is indeed a fine line between our due diligence in holding the government to account and partisan grandstanding. We believe that the government has a huge role to play in the response to this pandemic. We will do our job and we want the government to do its job.

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**Mr. Mike Lake (Parliamentary Secretary to the Minister of Industry, CPC):** 

Madam Speaker, I will start by saying that all of us in the House are very concerned for those affected by the H1N1 virus. As a parent of a 13-year-old son and a 10-year-old daughter, I was particularly impacted by the stories last week and what those families went through.

I want to talk about the facts. The facts are that six million doses of the H1N1 vaccine have been delivered to the provinces and territories. There is enough vaccine for all priority groups. Canada currently has more H1N1 vaccine per capita than any other country in the world. That is a fact.

We have heard many very tough-minded questions from the Liberal Party over the last few days. I am wondering if the Liberal Party has done any research on how many lives will be saved because of the actions of this government.

  (1915)

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**Hon. Carolyn Bennett:**  

Madam Speaker, as I explained, the critical point in any pandemic is the time between when it arrives and when 60% to 70% of the population is immunized. With every week, the longer it takes, there is a risk of increased mortality and morbidity. This rollout has not happened properly. I am too concerned that lives will be lost.

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**Hon. Jack Layton (Toronto—Danforth, NDP):**  

Madam Speaker, as we have looked at the lineups in our communities, I think all of us have concluded that something has gone wrong.

People should not have to head to clinics that have been hastily put together at 4:00 in the morning, hoping to be able to have the administration of a vaccine. That simply should not be happening.

The fact of the matter is that the government has not taken care of the crisis the way it needs to do. In fact what we see here is a tendency of the government to point fingers at the provinces or drug companies and others instead of taking responsibility.

I would ask the member to comment on whether or not she agrees with me that the government should be stepping up and saying that the administration of the medication, the financing of the programs to get the vaccine to people when they need it should be financed on the same basis as the vaccine itself.

Right now the federal government is not sharing in that responsibility. That is one of the reasons we are not seeing the vaccine delivered the way it should be.

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**Hon. Carolyn Bennett:**  

Madam Speaker, I believe that there were to be negotiations in terms of additional resources for rolling out the vaccination program.

As the member for Vancouver Quadra said today in question period, there is a problem in the actual rollout in Vancouver as we await the Olympics. The medical officer of health for Vancouver has received not one penny from the federal government to help roll out this plan. She also has not received money for mass immunization clinics.

Across this country there is a patchwork quilt of worry. We could do better if the government would break open the piggy bank with "pandemic response" written on its side.

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**Hon. Marlene Jennings (Notre-Dame-de-Grâce—Lachine, Lib.):** 

Madam Speaker, I would like to know what my colleague thinks of the quote, "The facts are that the federal government was responsible for making sure that there was enough vaccine for Canadians...[Prime Minister's] Chief of Staff Guy Giorno was sitting in for the planning meetings for the rollout of the vaccine". That is from Rob Russo of CBC News Now on November 1, 2009

We have spent—

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**The Acting Speaker (Ms. Denise Savoie):** 

I will have to interrupt the hon. member to give the member for St. Paul's the opportunity to respond. There are 40 seconds for a response.

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**Hon. Carolyn Bennett:**  

Madam Speaker, I will let the member finish. It is questions and comments.

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**The Acting Speaker (Ms. Denise Savoie):**  

If the hon. member does not wish to respond, then we will resume debate.

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**Hon. Carolyn Bennett:**

Madam Speaker, I do believe that the comments of the advisers to the Conservative government are quite shocking. What the Conservatives said in the summer was that they would be prepared. They need to fix what has happened on the ground now.

[*Translation*]

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**Mr. Michael Ignatieff (Leader of the Opposition, Lib.):**

Madam Speaker, I want to thank the Chair for allowing this debate, because it reflects the national urgency of this issue. I also thank the hon. member for St. Paul's for her remarkable work on these issues.

(1920)

[*English*]

This debate is not simply about an epidemic; it is a debate about the proper role and function of government. The role of government is to prepare citizens, to lead citizens and to inform them. In all three dimensions, the government has failed in its duties. I will begin with the government's failure to prepare.

[*Translation*]

The H1N1 flu first appeared on April 23, in Mexico. On April 27, I asked the first question in the House, namely: where was the government's plan to meet this challenge? But there has not been any plan since then.

The Conservatives waited before ordering vaccines. The United States ordered vaccines on May 25. France did so on July 16. But the Conservative government waited until August 6. That delay is critical. It shows a lack of leadership and a blatant lack of preparation. Thirty-five countries ordered their vaccines before Canada did.

[*English*]

The Conservatives began vaccination later than other countries. China, Australia, the United States, Sweden, Japan, the United Kingdom, all began vaccinations before our country did. Canada did not begin vaccinations until October 26. The U.S. began administering the vaccine on October 5, before Canadian trials had even begun.

Two weeks ago, the Minister of Health said the vaccine would be available to all Canadians in early November, and now she says it will not be available until Christmas. We have discovered that there is not an adequate supply for next week.

The Conservatives did not order non-adjuvanted vaccine for pregnant women until it was too late, and they provided extremely confusing advice at all times.

This failure to properly inform the public has become a source of enormous anxiety to Canadian families. They do not know what public information to believe. This is producing anguish in families that is the direct responsibility of the government.

[*Translation*]

Earlier, I referred to a lack of preparation, but there was also a lack of leadership. The provinces and territories asked the federal government for additional resources. Four hundred million dollars were allocated in the 2006 budget—which amounts to \$80 million

annually—to help the provinces and municipalities face this challenge. So far, there has been no reply and no cooperation on the part of the government.

Finally, I want to mention a simple reality: epidemics do not care about jurisdictions, about territories. The municipal, provincial and federal levels of government must work in a spirit of consultation and consensus building, and it is the federal government's responsibility to develop a national plan so that all stakeholders can be interconnected. This is what is lacking in the government's approach.

[English]

Instead of taking responsibility, the government blames everybody else. The government blames the drug company because there is not enough supply for next week. The government blames the provinces and territories. "We do not deliver health care," the government says. We understand that, but the role of a national government is to provide the planning framework in which everybody does his or her job, because as I said, epidemics do not care about jurisdictions. What the national government is there to do is to bring people together. The government has failed to do that consistently since the beginning of the crisis.

The question now is when will the government own up and take responsibility? When will the Prime Minister begin to exercise the leadership that is his responsibility here? Why does he refuse to lead? Why does the entire government shift responsibility to the drug companies, to the provinces, to the municipalities, anybody it can instead of standing up and doing what the Government of Canada ought to be doing?

Finally, there is the failure to inform, the failure to prepare, the failure to lead. This is a government that has spent something like 10 times more on its own publicity, publicizing its own highly partisan infrastructure program than it has spent on public health information. This is the most astonishing failure of all of the government's failures. Clean, clear public information that everybody can understand is the right of every Canadian citizen. We could have avoided the anguish in all the Canadian households had the government done its job. It failed to do so.

Ultimately, this is not just about an epidemic; this is about the proper role of government in our society, the proper role of a federal government. The government has failed to do its job, which is why we are having this debate tonight.

  (1925)

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**Mr. Dean Del Mastro (Parliamentary Secretary to the Minister of Canadian Heritage, CPC):** 

Madam Speaker, I am sure it will come as no surprise to you that I find the comments of the hon. member distasteful, outrageous and irresponsible.

The Liberal Party of Canada has sought from the outset to politicize this, to confuse and to confound Canadians, to work against the coordination that has existed among this government, the provinces and people who deliver health care in our country. They should be ashamed of themselves, that member in particular.

The member has pointed out that other countries ordered the vaccine in advance. Could he name a single country that has more vaccine per capita than Canada? If he cannot, he is wrong. He should name the country.

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**Mr. Michael Ignatieff:**  

Madam Speaker, the member opposite has attempted to say that we are politicizing a public health problem. It should be perfectly clear that we are doing our job.

For months, my hon. colleague, based on her experience of many years in family medicine, has been patiently taking the government to task, asking it to do its job. It is our party that has pointed out that the government has failed to launch a public information campaign. It is our party that has raised the question of when it will have a plan to deal with this crisis. It is our party that has been asking consistently when it is going to work in co-operation with the provinces. It is our party that has been asking where the plan is.

We have no apologies to make about the work we have done in the House of Commons.

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**Hon. Jack Layton (Toronto—Danforth, NDP):**  

Madam Speaker, would the member agree with me that one of the failures here has been that the federal government does not seem to understand the role that a national government needs to play in a crisis?

If this were a weather disaster, if we were dealing with a storm or flood that had done enormous damage, the federal government would immediately step in with 90% of the funding for the work that would need to be done. It takes off of the shoulders of the local folks, who are trying to respond to the crisis, the sense of how they are going to cover the costs and they can simply get down to doing the work that needs to be done.

This has not happened in this instance. Only 60% of the funding for the vaccine itself is being provided by Ottawa. The local governments and provinces are having to provide 40% and that does not cover any of the delivery.

Would the member agree with me that this fundamental failure has resulted in the disastrous situation we saw this past weekend, where families were lined up from four in the morning trying to get help? When will the government take the action that needs to be taken by a national government?

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**Mr. Michael Ignatieff:**  

Madam Speaker, I am delighted to see the hon. member has sided with the Liberal position, which is this is fundamentally a question about the role of a national government in a time of crisis.

However, I cannot help observe that last Friday in the House he seemed to be saying something very different, which was that everything was going pretty well. He must have had an awakening weekend, as he has discovered the full extent of the problems that have begun to transpire in the way the government has handled this crisis.

I would simply repeat what I said earlier. This is a test of the function and role of a national government and on the basis of that test, the government has failed it.

  (1930)

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**Hon. Leona Aglukkaq (Minister of Health, CPC):**  

Madam Speaker, I am always pleased to provide the House with an update on the efforts of health portfolios to respond to the H1N1 flu virus outbreak. The reason for that is I am very proud of and stand behind all of our efforts to date, especially considering H1N1 is a novel virus. It is not something we have encountered before.

This new form of influenza is causing sickness and death in demographic groups that are usually most resistant to seasonal viruses and other disease outbreaks. For the first time in a long time, we are seeing school-aged children, youth and working-age adults hit hardest by this virus. More often it is the very young and very old who are most at risk of severe cases of the flu. With seasonal flu, over 90% of deaths and about 60% of hospitalizations occur in people older than 65. I would like to focus today on the facts about our response.

In April we received a report of these illnesses from Mexico. Our international reputation is such that when Mexican officials realized they had a problem, they called Canada first. We indicated that we would be happy to assist and immediately began doing so. We also began working immediately with the World Health Organization and our international and Canadian partners to respond quickly to this developing situation.

Since that day, the Government of Canada's actions have been unprecedented and we continue to demonstrate the leadership that Canadians, governments, health professionals and organizations are looking for during an outbreak. Let me provide just a few examples.

This is a very unique, new virus that could not be identified by a traditional method. However, the Public Health Agency's National Microbiology Laboratory in Winnipeg is an international leader in infectious disease diagnostics and research. Our lab had processes in place to identify emerging pathogens along with cutting edge technology that not all labs have.

Once we received specimens from Mexico, we got to work right away. Our National Microbiology Laboratory had test results within 24 hours. We mapped the genetic code of the Canadian and Mexican flu viruses, the first time that was done in the world.

The scientific excellence and leadership has been the hallmark of our response to the H1N1 influenza virus outbreak.

On the epidemiological side, we implemented heightened surveillance through FluWatch and began providing support to affected areas, including first nations and Inuit communities.

We began holding regular media briefings. In fact, since the spring, I have held over 41 media briefings. This is unprecedented and it is consistent with our commitment to keep Canadians informed as part of the pandemic plan. In addition, the Chief Public Health Officer of Canada and myself have conducted hundreds of media interviews.

The 1 800 O Canada information line has received calls requesting over 300,000 copies of the government's H1N1 preparedness guide and almost 50,000 of the guides have been downloaded from the Public Health Agency website. Radio and television ads are airing nationally, focusing on personal preparedness and vaccine information in the weeks to come. We will continue to roll out our multimedia, multi-phased citizen readiness marketing campaign.

In order to ensure that my colleagues on the other side of the House are kept up to date, we have provided over 40 briefings for opposition members of Parliament.

Last summer, after consultation with the provinces, territories and international partners and suppliers, we purchased enough doses of the H1N1 vaccine for every Canadian who needed and wanted it. In addition, we have ensured that pregnant women have access to unadjuvanted vaccine, following the advice of the World Health Organization.

The rollout was planned for early November, however, because of the hard work of many people in my department, who have been working 24/7, we were able to announce, on October 21, the authorization of the adjuvanted H1N1 vaccine. This means that provinces and territories were able to begin last week, on October 26, the largest vaccination campaign in our country's history. To date, six million doses of adjuvanted H1N1 vaccine have been delivered to the provinces and territories. That is currently more H1N1 vaccine per capita than any other country in the world.

 (1935)

We have sufficient vaccines for high-risk populations that need it. Many more Canadians will continue to get their shots over the coming weeks as more vaccine becomes available. Let me make one point very clear. There is not a shortage of vaccine. Every Canadian will be able to have the vaccine by Christmas.

There has been a tremendous uptake since the campaign began. We are encouraged by the fact that Canadians see the importance of being vaccinated against this pandemic

flu. Provinces and territories are reporting many thousands of Canadians getting their shots. Right now, jurisdictions are giving more vaccine per day than they have ever given in history. There will be enough H1N1 vaccine available in Canada for everyone who needs and wants to be immunized. Not a single person will be left out.

Because we know that it would be impossible to vaccinate everyone in the country at one time, the Government of Canada, in co-operation with the provinces and territories, jointly determined sequencing guidelines for the distribution of the H1N1 flu vaccine. It is important for these guidelines to be implemented and respected. That is why we have started distributing the vaccine ahead of schedule so health care workers and Canadians at high risk of severe complications could be first in line to receive the vaccine.

In addition, I would like to remind colleagues that the northern isolated communities of Nunavut and the Northwest Territories have received their entire allotment of adjuvanted vaccine and will be able to have their populations vaccinated within two weeks.

Our goal is to have vaccinated every Canadian who needs and wants it by Christmas. This will be an incredible help to us in the fight against the spread of H1N1.

However, in broad terms, all of this is just the beginning. The flu season in Canada traditionally lasts until April. I know my colleagues, the parliamentary secretary to myself and members of Parliament will provide more details on our response so far, but I will also say that all of these efforts are a testament to the planning and to the strengthened systems we have nurtured over the past few years. Our response to the H1N1 flu virus began as soon as we were informed.

As the House knows, the World Health Organization officially declared an H1N1 pandemic in June. What is different this time around relative to previous pandemics is that we are better prepared than we have ever been before.

The reason is the Government of Canada is working from a strong framework, the Canadian pandemic influenza plan. It is a plan built on years of collaboration with provinces, territories and the medical community. Its goals are to minimize serious illness and overall deaths and to minimize social disruption among Canadians as a result of an influenza pandemic. That plan is constantly being fine-tuned. We are continuing to work on all the recommended preparedness activities and outstanding issues it outlines.

To help in rolling out pandemic plans and response, we continue to develop and update guidance documents for such concerns as clinical care for pregnant women. In fact, just last week, we released three new sets of guidelines. We released guidelines on how Canadians can reduce the spread of H1N1 flu virus while they are traveling. These guidelines help clarify how passengers, crews, travel agencies and operators can help reduce the spread of infection on planes, trains, ferries and buses.

We also issued guidance to assist those in remote and isolated communities, homes to some of our most vulnerable population. Our guidance on clinical management of patients with influenza-like illnesses will help doctors, nurses and other health care providers provide the care that residents in remote and isolated communities need.

The third guidance document will assist remote and isolated communities across Canada develop a plan for mass immunization. This is critical because health care services in many remote and isolated communities are carried out in small to medium-sized nursing stations and health centres by a small number of staff.

Because of the unique health challenges that remote and isolated communities face, we will be issuing several more guidance documents over the coming weeks to ensure that those who live far from the large urban centres in southern Canada receive the health care services they need to stay healthy.

 (1940)

Other supporting documents are being updated based on more recent data and experience we have seen during the influenza outbreak. This has laid the foundation for us. It is the strongest example possible of the spirit of collaboration.

Since the outset I have stressed the importance of collaboration in every action taken to manage the outbreak on behalf of Canadians. Our response has been supported by systematic ongoing contact with the World Health Organization and other international partners.

Within our borders we have made a concerted, coordinated effort to share information and lessons learned with our provincial and territorial counterparts. Experts and decision-makers from all jurisdictions from the entire spectrum of public health management have come together to ensure an appropriate and timely response to the outbreak.

From day one we have been working with first nations leaders and provinces. We are working to ensure that communities have everything they need in a timely manner based on the best public health advice, and of course we are committed to making sure first nations have the support they need to protect their communities.

As we move forward we are increasing efforts to make sure H1N1 and seasonal flu vaccines get to those Canadians who need and want them the most. I am confident that the actions taken so far along with our continued efforts this fall and winter will continue to serve Canadians well. While the course of this pandemic may have been unexpected, we have demonstrated our ability to adapt quickly and effectively to rapidly changing events.



On October 29, we learned from our supplier GSK that the quantity of vaccine to be shipped to the provinces and territories would be, for the short term, much lower than expected. While we had known before that there might be less vaccine available, we had no idea until then the extent of the shortfall. When I found out and when we found out, we advised the provinces and territories immediately.

The temporary reduction in supply was caused by the fact that GSK can produce only one type of vaccine, adjuvanted or non-adjuvanted, at a time. It needed to shut down production of adjuvanted vaccine in order to comply with its commitment to producing non-adjuvanted vaccine for pregnant women.

This temporary shutdown combined with the earlier-than-expected authorization and roll-out of the vaccine caused the reduction we are now seeing. However, GSK assures us that it will be back up to providing the provinces and territories with millions of doses over the coming weeks. We are in constant contact with GSK on its production schedule. We have begun posting information on the expected supply on our website and sharing this information with the provinces and territories.

We are dealing with a very new disease and we have been working and will continue to work as quickly as possible given these circumstances. This government's planning efforts have paid off. No matter what else comes our way, we are well prepared. We plan to continue regular media briefings and get information out to Canadians quickly and effectively through advertising and otherwise.

We are committed to ongoing collaboration, transparency and communication. These are the tools that will help us prevent the spread of H1N1 and manage the outbreak and get us through this pandemic.

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**Mr. Michael Ignatieff (Leader of the Opposition, Lib.):**  

Madam Speaker, may I ask the hon. member three very specific questions? First, if the influenza was first detected in Mexico on April 23, decoded in early May and declared a pandemic in June, why did Canada not order vaccine until August 6?

Second, given the unexpected, by her own admission, interruption of supply by GSK this coming week, what guarantee can she offer Canadians that supply will be adequate in subsequent weeks?

Third, given the fact that every Canadian can see these lines, the long waits, the confusion, the uncertainty and the anguish, can the minister begin to accept any responsibility for this situation? It appears she is pretending she has no responsibility for the evident distress that Canadians are facing.

  (1945)

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**Hon. Leona Aglukkaq:**  

Madam Speaker, since April, I have been working with the provinces and territories in the rollout of the pandemic plan.

I was a territorial health minister for five years and know full well, intimately, the plan that was developed back in 2006 and agreed to by provinces and territories. There were lots of lessons learned at that time, and during the SARS outbreak, to develop a plan for Canada. When it was time to implement the plan, provinces and territories became aware of the presence of H1N1, over a weekend, from the confirmed lab results in Mexico.

In terms of why August was the date chosen, the chief public health officers and medical officers across the country through their ministries advised us at the time that it was very important for us in Canada to complete the production of the regular flu vaccine.

We know full well that in Canada about 4,000 Canadians die of the regular flu. The medical experts recommended that it was important to complete the vaccine against that. So that was completed over the summer months. As soon as that was done, the production of the H1N1 vaccine started, again based on the medical advice of the provinces and territories.

Something else that was developed, which my good friend from the NDP took part in, was a gathering in Winnipeg of a group of medical experts and chief medical officers to look at the cases we were seeing in Canada, the more serious cases, and what some of the underlying conditions were. They brought together a number of experts across the country and international community to develop the sequencing guidelines.

We recognized at the time that we could not immunize 33 million Canadians at one time, and it was important to target the most vulnerable. That guideline was established for the provinces and territories to use in the rollout of the first six million doses of vaccine distributed to the provinces.

I will continue to work with the provinces to roll out the vaccine to them as soon as it comes through from GSK.

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**Ms. Niki Ashton (Churchill, NDP):** 

Madam Speaker, I take encouragement in the minister's specific reference to dealing with H1N1 in first nations.

As the proud representative of northern Manitoba, one of the regions that has been hit the hardest by H1N1, I am encouraged to see that direction being taken. However, the way H1N1 has been dealt with, specifically with regard to with these first nations, since we have seen the first signs, makes me wonder about the commitment behind the direction that has been proposed.

I saw chiefs put out call after call for meetings with the minister. I saw chiefs and leaders from our region frustrated that they were being denied on the basis of facts coming out of their communities, about people on respirators, about the needs on the ground. Certainly we all know about the debacle that took place around the body bags.

As we move forward, beyond the work around the vaccine, because I see we are quite focused on that, my concern is what confidence we can give to first nations in the area of funding. When it comes to giving out the vaccine, when it comes to getting extra staff, and when it comes to the fundamental issue—

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**The Acting Speaker (Ms. Denise Savoie):**  

The hon. Minister of Health.

  (1950)

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**Hon. Leona Aglukkaq:**  

Madam Speaker, as I have said before in this House, I know some of the challenges of living in small, remote communities, because I come from a small, remote community and the nearest hospital is about 500 or 600 miles away. We have a nursing station. There are always challenges in delivering health care.

What I can say to the member, and I said this in a question period in response to her, with regard to funding, is that as Health Minister I increased funding for first nations health. Our government increased housing for first nations. The member voted against that.

I will continue to work with first nations communities to address their issues. In fact, I had to cancel a very important meeting with 400 chiefs in British Columbia to stay for this H1N1 emergency debate. I will continue to work with them.

I have had numerous meetings with the chiefs in Manitoba. In fact I was there just a few weeks ago and met again with the chiefs. I delivered a radio show to 65 first nations communities. I was in Regina. I went to a reserve to meet with first nations chiefs.

We will continue to work with the first nations chiefs, not only in the area of pandemic preparedness but also to address some of the health challenges they have in their communities.

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**Mr. Rob Clarke (Desnethé--Mississippi--Churchill River, CPC):** 

Madam Speaker, my question is for my colleague, the minister.

Seeing us in the House today, politicizing and not being partisan--

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**Hon. Maria Minna:**

Look in the mirror, for God's sake. Look in the mirror.

  [Table of Contents]

**Hon. Mauril Bélanger:**

Look at your nose.

  [Table of Contents]

**Mr. Rob Clarke:**  

Madam Speaker, I am being harassed about being partisan.

I would like to know how the minister feels about this. When the Leader of the Opposition uses a first nations child, an action that is racially motivated for political gain, I find that unacceptable. I see the member for St. Paul's doing the same thing with an aboriginal youth with a thermometer in her mouth. That is hurtful. To hear in committee that she is just trying to help is unacceptable. That is how I feel. I would like to see the Leader of the Opposition and the member for St. Paul's stand and apologize to the House tonight.

I want to know how the minister feels about this very issue, being aboriginal herself.

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**Hon. Leona Aglukkaq:**  

Madam Speaker, I have said from the beginning that it is very important when dealing with a health care crisis, like a pandemic, to keep party politics away because Canadians would want us to do that.

One of the first things I did when we started dealing with this situation was to call the opposition critics to get them onside and explain to them what we were dealing with. My number one concern was the health and safety of Canadians.

In terms of managing a pandemic, it is also very important to communicate facts based on science and not to be fearmongering in any population, particularly the most vulnerable in first nations communities.

[*Translation*]

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**The Acting Speaker (Ms. Denise Savoie):** 

The hon. member for Verchères—Les Patriotes has only one minute and a half for a very brief question.

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**Mr. Luc Malo (Verchères—Les Patriotes, BQ):** 

Madam Speaker, I will be brief.

In her speech, the minister spoke about discussions she had had with GSK, the supplier of the vaccines, regarding the availability of unadjuvanted vaccines, without being specific about when things would get back to normal. She simply told us that more will be available in the coming weeks or in the near future.

Can the minister be more specific about when the unadjuvanted vaccines will be available?

[*English*]

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**Hon. Leona Aglukkaq:** 

Madam Speaker, when we approved the authorization of the adjuvanted vaccine, we also started looking immediately for non-adjuvanted because GSK had not yet produced them. We have 225,000 doses that are currently being distributed across the country for pregnant women and more vaccine will be produced through GSK in the coming weeks.

[*Translation*]

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**Mr. Luc Malo (Verchères—Les Patriotes, BQ):** 

Madam Speaker, like my colleagues, I am pleased to participate in this emergency debate on the second wave of the H1N1 pandemic.

It goes without saying that there is an urgent need for this debate, since in Quebec and in all the provinces of Canada, we are seeing lines of people waiting to be vaccinated but unable to get the vaccine.

I heard the minister and the government members accusing the opposition of playing politics with this debate. I can understand some of the government's criticisms of the Liberal Party, because, unfortunately, the Liberals used a 10 percenter to send a document to aboriginal communities, resurrecting the body bag issue, when the communities had already accepted the government's apologies. However, I do not appreciate having the minister associate me and my party with this or having her accuse us of simply trying to take advantage of the situation.

Throughout consideration of this issue, ever since the WHO declared the pandemic a level six on June 11, we have been trying in every way possible to cooperate with the government and the Public Health Agency in order to ensure that the people of Quebec and people across Canada receive the best services, the best information and the best care.

That has always been our motivation. However, we see the confusion surrounding this vaccination. It is important to get answers from this government since it is up to us to

relay accurate information to our constituents. We want to ensure, through our interventions, that our constituents have access to the vaccine, the antivirals and the information.

In August, the members of the Standing Committee on Health held a meeting to get an update from the government on the status of its plan. At the time, I already mentioned to the minister that I felt this plan was being disclosed bit by bit. It is hard to work with a piecemeal plan because we end up reacting to situations instead of providing the public with clear guidelines. The public was entitled to the facts because when it comes to H1N1, it is their health that is at stake.

We know that some patients with this disease have had very serious respiratory problems and that a number of deaths have been associated with this flu pandemic, hence the need for a clear plan.

However, it seems that the government does not want to give us a clear indication of the availability of doses of vaccine that will be distributed to Quebec and the provinces. We know that in Quebec and in the provinces structures are already in place or are being implemented in order to optimize the doses received at the mass vaccination centres.

The fact that the Chief Public Health Officer and the minister only found out last Thursday that Quebec would receive approximately 300,000 fewer doses of vaccine indicates a lack of foresight.



To inform people at the last minute, while they are waiting in line to get a vaccination, that they will not be able to get it the next week or in coming weeks shows a lack of preparedness. It simply makes no sense that they did not know beforehand. The Chief Public Health Officer seemed to even say that vaccination clinics will have to close. That just does not make sense.

In my opinion, the confusion began when the government delayed approval of the vaccine. Other countries had approved the vaccine before Canada. The United States, Australia and France approved a vaccine on September 13, 18 and 25 respectively. At that point, Canadians began saying that the government must have delayed approval because there was something not right with the vaccine. Conspiracy theories surfaced on the Internet about how components of the vaccine or the adjuvant were harmful to health. People began to have doubts.

But when people understood, they all wanted the vaccine. We did educate people, and I do not accept the government's suggestion that we did not do our jobs. My Bloc Québécois and I did everything we could using scientific evidence to reassure our fellow citizens that the vaccine is safe. Once we did that, a huge number of our people wanted to get the vaccine. Once again, the government should not have based its action plan on the assumption that a certain percentage of the population would get the vaccine. It should have acted on the assumption that the vast majority of people would want it.

Earlier, the minister said that the vaccine supplier—the sole supplier, I should point out—completed its production of seasonal flu vaccine before starting to produce H1N1 flu vaccine because seasonal flu can be fatal and we need the right tools to deal with it properly. I agree with that. However, a government with a clear and precise plan would have sought out other avenues or even other suppliers to ensure that all of our fellow citizens receive the vaccine while it mattered.

At the moment, we are right in the middle of the second wave of the H1N1 pandemic, and many of our fellow citizens are not yet vaccinated. We know that those at low risk of complications will not be vaccinated until December. Earlier, the minister said that everyone would be vaccinated by Christmas. However, people are coming to see us and they are saying that by Christmas, it will all be over. They are wondering if they will even need it by then. They are wondering whether they will already have come down with this flu by Christmas. These are legitimate questions. The government has to give people the answers they need.

  (2000)

The minister also said again in her speech that production of adjuvanted vaccines for the general public had to be stopped so that GSK could produce unadjuvanted vaccines for pregnant women. But I believe I heard that the World Health Organization and government representatives have said that the adjuvanted vaccine could also be suitable for pregnant women. This message will have to be clarified.

Last Monday, the government announced that it was purchasing 200,000 doses of unadjuvanted vaccine from an Australian company. When the government announces that it is buying unadjuvanted vaccine for pregnant women, people can easily think that the government has found an alternative way to distribute unadjuvanted vaccine to Quebec and the provinces for pregnant women. But now, a week later, we are finding out that that was not the real reason the government was buying unadjuvanted vaccine from Australia. Here again, the way in which the government is going about procuring vaccine is not clear.

All these questions are relevant because, as I said earlier, people expect to be vaccinated quickly because we are right in the middle of the second wave of the H1N1 pandemic.

We know that the federal government has a \$400 million special fund created by the previous government for use in the event of a pandemic. We have watched the Conservative government whittle away at this money, withdrawing \$80 million a year because the fund had not been used to respond to a pandemic in the previous 12 months. But this money could be made available to Quebec and the provinces to improve information sharing about the vaccination campaign, for example. Or it could be transferred to Quebec and the provinces to help them hire more nurses to administer the vaccine when it arrives. Of course, all that needs to be part of a clear, coherent plan.

Earlier, I heard my colleagues talking about the situation on native reserves and in first nations communities, and rightly so. When the health committee examined this issue in August, first nations representatives, including grand chiefs, came to tell us about a disturbing situation, one that this government should be ashamed of. It is also disgraceful for the Liberals, who formed the previous government, since one of the reasons this virus, the flu virus, has been able to spread so quickly in those communities is due to overcrowding, in addition to the fact that certain isolated communities do not have access to potable water.

  (2005)

When, in 2009, our citizens do not have access to potable water in a country that former Prime Minister Chrétien called "the most best country in the world", that makes no sense. One might wonder about the government's real desire to tackle this problem, which has been an issue for many years.

I remember asking government officials if they had only recently realized that certain areas within Canada did not have safe drinking water. Of course, we were told that measures would be put in place, but they had to be introduced gradually, over time, and so on. As we can see with the first wave of the flu, the fact that this aspect was neglected is making that population even more vulnerable.

The Speaker is signaling that I have only three minutes left. My colleague across the floor wishes to give me 15 minutes, Madam Speaker. Is he right? Do I really have 15 minutes left? Of course not.

In conclusion, I would simply like to come back to the fact that the minister talked about the schedule for ordering the vaccine. How is it possible that we have known since June 11 that there was a level 6 pandemic, but that the 50 million doses were not ordered until August? How is it possible that the government waited until September to order the adjuvanted vaccine, when we could have easily ordered the unadjuvanted

vaccines earlier, while we were waiting to hear whether the adjuvanted vaccine was approved or safe?

That would have surely put us in a better position to help those who simply want to be vaccinated. It would be completely irresponsible on our part not to question the minister and the government about this. It is unfortunate; I know. The minister does not like it, but it is clear that deep down, we have some questions, as we all sit here in this House, and we hear from the agency and from experts. I can only imagine what Canadians are thinking, as they receive sometimes contradictory information and wonder when they will be able to get vaccinated.

I would like to thank my colleagues for their attention, and I encourage everyone in this House to participate in this important emergency debate on the H1N1 pandemic.

 (2010)

[English]

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**Mrs. Joy Smith (Kildonan—St. Paul, CPC):** 

Madam Speaker, I listened very carefully to my colleague, and again, I want to wish my colleague a happy birthday. For all the world to know, he is 36 years old today.

In actual fact, at the health committee, as the member is very well aware, we have had aboriginal people come and testify, including Grand Chief Ron Evans, from Manitoba, from my province, who is a great leader in Manitoba.

There was an issue, right at the beginning, about body bags. The minister was very careful to make sure that it was examined and reported. It was found out that the nurses themselves had ordered the body bags because they wanted to ensure they had a lot of all sorts of pandemic supplies, and the body bags were there as part of those pandemic supplies.

When Grand Chief Ron Evans came to the health committee last time, he applauded the minister and said that indeed things were coming along very well, that things were much better.

However, the saddest day on which I have ever been on a committee was when the grand chief held up a 10 percenter, and on the front page was a picture of a morgue. On the back of that ten percenter was a picture of a little girl, holding her head, with a thermometer in her mouth. And this came from the Liberal Party.

I would ask the member how he felt when this kind of thing happened. Did he think that opposition parties had politicized this pandemic, right in front of all the aboriginal people, to try to make points?

 (2015)

[Translation]

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**Mr. Luc Malo:** 

Madam Speaker, if I may, because my colleague the chair of the Standing Committee on Health pointed it out, I would like to officially thank her for her birthday wishes. She may boast of celebrating my 36th birthday with me in the House, if she likes, on the night of this emergency debate.

In fact, when Grand Chief Evans came to meet with us at the committee, all of his comments dealt with the support he had received from his province and private agencies to put together a kit so it could be distributed. That was the gratifying aspect of his

comments: in a nutshell, preparation plans in the event of a major problem were ready. In fact, we have heard this on several occasions from officials of this House and from government employees. I was completely bowled over to see the Grand Chief hold up that ten percenter, because to me it did not belong there. As parliamentarians, we prefer to offer accurate information and make sure that our fellow citizens have access to a vaccine or appropriate kits, for example.

[English]

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**Ms. Kirsty Duncan (Etobicoke North, Lib.):** 

Madam Speaker, I would like to thank my colleague for his speech, and I would like to ask his opinion.

As early as 2004-05, the World Health Organization said we must prepare for a pandemic flu. In 2006, then UN Secretary-General Kofi Annan said we must come together and prepare. In 2007, the World Health Organization warned against complacency.

It was the job of the government to maintain a current pandemic plan and resources to respond. In the 2006 budget, \$400 million dollars were set aside, and \$80 million has disappeared since.

My question, though, is that the second wave of the pandemic was announced on a Friday, in Ontario and in British Columbia. The vaccine rollout began last week. There has been confusion, frustration and lineups. The people who were vaccinated this past week will not be protected for 10 to 14 days. There is a slowdown this week. Modelling studies show that the peak hits around five weeks.

Does the hon. member think Christmas is early enough?

[Translation]

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**Mr. Luc Malo:**  

Madam Speaker, my colleague is somewhat correct. The question is a good one. Is Christmas early enough, when we are currently in the second wave of the pandemic? That is what the debate this evening is about.

The government realized that the supplier might not be able to supply the hoped-for doses because it had only one production line. The government denies it, but on the other hand, it seemed like it wanted to blame the company because the company had overestimated its production. That really does not make sense when distribution has to be planned during the period when the pandemic is in full swing. We cannot play with words like this when ultimately it is the public's health at stake.

Has the government failed in this regard?

  (2020)

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**Ms. Niki Ashton (Churchill, NDP):**  

Madam Speaker, I would like to begin by wishing my hon. colleague a happy birthday as well. Since he is also one of my youngest colleagues in this House, I think this is a good opportunity for us to work together, given that there are so few members here to represent our generation.

Regarding the question, I would also like to hear his opinion as a member from Quebec. Quebec has really shown a great deal of initiative in the fight against the H1N1

pandemic. My province, Manitoba, has also taken some initiatives. I could give several examples of provincial governments that have really shown us what must be done.

In the meantime, however, we have a federal government that points at the provinces. This government has not shown any leadership. It still does not really understand what needs to be done, not only to support the provinces, but also to provide some direction, show some initiative and really support Canadians.

I would like to hear my hon. colleague's thoughts on this.

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**Mr. Luc Malo:** 

Madam Speaker, if I may, before I begin, I would like to once again thank my colleague from Churchill for her birthday wishes.

Yes, Quebec's health and social service centres had their action plans in place, but they could not vaccinate people without vaccine. There is no question that the federal government is responsible for providing vaccine to the provinces. It cannot hide from that. It cannot wash its hands of the whole affair and give all kinds of excuses for why the vaccines are not available. The government should have had a detailed timeline from the very beginning.

Once again just now, I asked the minister about this. I asked her if she could provide clearer answers about when previous levels—400,000 doses per week in Quebec—would be reached again. She could not even give me an answer. I asked her a straightforward question during this debate and she could not give me an answer. That inability to answer is what makes people wonder when they are going to get the vaccine. My question is absolutely pertinent.

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**Hon. Jack Layton (Toronto—Danforth, NDP):** 

Madam Speaker, I will be sharing my time with the member for Winnipeg North.

We are facing a very serious situation. I very much appreciate that the Liberal member put forward the motion for this emergency debate. This is obviously an urgent matter for those people, those families waiting in line that we see on television.

I imagine that these people hope that, in this House, we will have a respectful discussion where we will share ideas, present the issues and encourage the government to take action. We could also highlight various facets of the problem so that we will come to a better understanding of what needs to be done.

As part of this serious debate, I wish to make some suggestions. I remember my conversation with the mayor of Kitimat, Mrs. Monahan. She had just learned that all the schools in Kitimat were to be closed.

 (2025)

[English]

I was speaking with the mayor of Kitimat on the phone who had just learned about the closing of a mill and the loss of 500 jobs, which is pretty much an economic disaster. She told me she had just heard 10 minutes before that schools were having to be closed in Kitimat because of high absenteeism. I was thinking of the families who are now having to look after their kids at home in the midst of that situation.

I am thinking of the nurses who work with the homeless people in our communities, people like Cathy Crowe in Toronto underlines how many homeless people are likely to be very severely affected by this virus as it spreads through the shelters.

I was thinking of the chief from northern Manitoba who met with me and the member for Churchill and only hours after that conversation received a phone call that one of the family members had passed away and had to return immediately home.

These are immensely personal situations that we are dealing with. I think at this particular time we all have to work together. One of things that we have to do together is to ensure that the vaccines that are available are distributed as quickly as possible.

I had the opportunity to chair the Toronto board of health for many years and so I have a little familiarity with what is involved. I am hearing from the people in the public health sector that one of the problems they are facing is that they really do not have the resources to deliver the vaccinations on the ground and they are having to reallocate from other parts of their budget and other parts of their activity.

I remember thinking about what happens when we have a weather disaster, a flood or an ice storm. We actually have a system in place where 90% of the funding is going to be provided by the federal government. In other words, if one is a local decision maker, one can say, "We don't have to worry about the money. It's going to be taken care of. Let's get this plan going and move as quickly as we can to try to prevent as many problems as possible".

This would be my key proposition to advance. It is time for the federal government to step forward and say, "We're ready to backstop the financial requirements of the delivery of the vaccine so that people can get the help as quickly as possible". I sincerely request the government to accept that suggestion in good faith.

I believe that if the government were to talk to some of the provincial officials, and I know they are having these conversations because so have I. And I can say they are worried about the costs and they are not able to do as much as they might be able to do if they knew the federal government would stand behind them.

If we can prevent tens of thousands of people from becoming sick, I know I will be able to sleep better at night knowing we did everything that we could.

[*Translation*]

Therefore, we propose that the government inform the provinces and territories that the funds will be available to deliver the vaccine to families, clinics and doctors. My second suggestion is that more advertising is needed. That is definitely true.

[*English*]

We have too many people who just do not have the information they need. They walk up to me on the street and ask me questions. I am not a medical expert, so I am not really in a position to answer some of the questions they are asking me. I am not going to try to lay them all out here in the time I have available. I think the members in the chamber know what I am talking about.

Therefore, I would hope that a very significant increase in the investment that we are making on informing people could be done as quickly as possible. That may mean adjusting some of the priorities. We have ad buys from the government out there. Perhaps we can make some switches and put some of this important public health material into the advertisements right away.

I am not trying to be critical because decisions are made about ad buys months ahead of time, but perhaps something could be done so that more of the questions could be answered, so that people will know what to do because they are at a high level of anxiety right now.

[*Translation*]

I would also suggest to the government that it is essential for MPs to be engaged with the government, as a Parliament, on a daily basis on this issue.

[English]

I think we have to put this particular crisis into the top priority in our work around here in the days and weeks to come. I would hope that we can find a way to do this that produces results for Canadians.

If we see what we normally see in the midst of this health crisis, as people are going to funerals, as young lives are being lost, people are going to become very disappointed in all of us. I would ask the government and I would ask all the parties to accept the propositions that we are bringing forward in good faith. I think it is a time for a level of engagement and commitment from Parliament, the likes of which we do not often require and we do not often see.

[Translation]

I undertake to ensure that the NDP will provide concrete ideas and suggestions. At times, we may have some constructive criticism. If we see that something is not working as it should, we will point it out in a non-partisan way.

[English]

Madam Speaker, thank you very much for giving me the opportunity to participate in this emergency debate.

I can only think about this really as a family member, as a grandfather. The best call I had today was that my daughter, who has a four-month-old baby, was able, finally, to get her vaccine this morning. That made me feel good for a whole lot of reasons and we have millions of Canadians out there who are looking to feel that same security.

Let us get on the job and make that happen. Let us ensure that it is not something that we have to pay \$2,000 or \$3,000 in order to get that protection for our families. Let us ensure everybody gets the protection they need.



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**Mr. Francis Valeriote (Guelph, Lib.):**

Madam Speaker, I would like to thank the member for Toronto—Danforth for his comments. I want to address, if I could, the latter part of his comments with respect to the adequacy of the educational program that the government has frankly failed to engage in during the last number of months, knowing at least in June of this year that the pandemic was forthcoming .

Particularly, with respect to his comments about the people stopping him in the streets, without exception I am being stopped in the market, in the bank, and in the grocery store and asked the same questions.

I appreciate that the member's comments tonight are much more tempered than they have been during his comments in question period, but I am wondering if he could comment on the adequacy of the government's education program in informing the public about the preparedness that they ought to have undertaken by--



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**The Acting Speaker (Ms. Denise Savoie):**

The hon. member for Toronto--Danforth.



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**Hon. Jack Layton:**

Madam Speaker, hindsight is a wonderful thing; however, I do think that there was some evidence last spring that there was something pretty serious coming at us, and I would like to have seen more information of a preventative and informative nature being available to the public.

I do not think it is too late for us to move on this now. The fact that we have agreed to an emergency debate sets the tone that we would like to see a real change in direction. Certainly, I called for that in my comments and I hope that the government would see fit to respond.

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**Mr. Dean Del Mastro (Parliamentary Secretary to the Minister of Canadian Heritage, CPC):**  

Madam Speaker, I listened to the hon. member's comments with great interest.

The first thing I wanted to do was commend the hon. member for putting the interests of Canadians first. He made a very thoughtful, rational and reasonable intervention here this evening, where he clearly demonstrated that what matters most is the people in our ridings. I think that is the way each and every one of us feel.

I would simply state that I believe that this type of effort and this type of intervention is what Canadians expect of this Parliament and what they are hoping that this Parliament is able to achieve when we face challenges like this one.

I guess I have nothing further to say to the member other than to commend him for his intervention this evening.

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**Hon. Jack Layton:**  

Madam Speaker, I appreciate the comments and thank him very much.

  (2035)

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**Mr. David Christopherson (Hamilton Centre, NDP):** 

Madam Speaker, I too appreciate the tone and the reflective nature of the member for Toronto—Danforth's comments. There is always a temptation to rush to over-the-top comments that give us headlines, but on an issue like this, it really is incumbent upon all of us, especially in a minority government, to work together collectively.

Bear in mind the hon. member did say that where criticism is due, or where there are constructive criticisms to be made, that will happen, but to work together collectively, all of us, really is what Canadians expect from us.

My question is this, very briefly. The hon. member mentioned he was chair of the Toronto board of health for six years. In my background, I chaired the Hamilton public health services and social services. I wonder if he could give us a perspective on the pressures they face because the minister was suggesting that somehow they have let people down.

Could he let us know what pressures are facing the local health boards?


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**Hon. Jack Layton:**  

There are many pressures, Madam Speaker, but the key one that they face in this sort of situation is how they are going to finance the work that needs to be done and how they have to cut back on what should really be happening because the resources are just not there.

The purpose of one of my key propositions here tonight was for the federal government to step forward and bring that 90:10 kind of sharing that we bring in during a weather disaster when it comes to financing, so that those will not be obstacles in the next few weeks.

I hope the government--

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**The Acting Speaker (Ms. Denise Savoie):** 

Resuming debate. The hon. member for Winnipeg North.

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**Ms. Judy Wasylycia-Leis (Winnipeg North, NDP):**  

Madam Speaker, I am pleased to follow my leader in this very important debate.

I want to begin by acknowledging the significance of this evening's discussion and thank the Speaker for recognizing the importance of having this debate.

This is our first opportunity to question the government about some of the unfortunate developments that happened this week that caused grief and anguish among Canadians everywhere.

We are not here tonight to throw stones or to cast blame. We are here tonight to get answers so that we do not repeat the same mistakes, so that we can fix the issues that have emerged, and Canadians will not have to worry and live with such fear and concern and anxiety day in and day out.

I remind members in the House that we are dealing with a most virulent, serious virus that can cause deep lung problems in people, leading to death. I remind everyone in the House that there have been 5,700 deaths in the world since the H1N1 virus first made its ugly appearance in our society.

I remind everyone in the House that we have just hit our 100th death in this country. This week alone we saw 11 deaths, young girls and boys from all parts of this country, whether we are talking about Timmins or Ottawa or Bloomingdale. Kids that were in good health and at the height of their activity were struck down. Manitoba also experienced something similar last spring when a 40-year-old man with no preconditions suddenly dropped dead from this virus.

We know how serious it is, and that is why we are raising questions tonight. We are prepared to give credit where credit is due, and we have done that over the many months we have been dealing with this issue.

I want to remind members that last April when the virus first emerged, we were quick to acknowledge the work of the minister in terms of briefing the opposition, in terms of having regular briefings, and in terms of keeping us informed. We will always acknowledge the government when it does something right.

We also, along with the government, celebrate the achievements of Dr. Frank Plummer with the National Microbiology Laboratory, who was the first scientist to decode the virus of Canadian and Mexican sources. We have much to give thanks for and we are quick to give praise where praise is due.

But this week something happened. The wheels fell off the bus. Something went terribly wrong. The commitments made by the government did not prove to be worth the paper they were written on.

I want to remind members how often we stood in our places and asked questions about how we were prepared as a nation for a national pandemic. Each and every time we received the same line: "We are on track. Don't worry, we have enough vaccine for everybody in this country. We don't need to prioritize people. We don't need to sequence people. We don't need to single out at risk people. We don't need to worry about setting up clinics. We don't need to do any of that because, in fact, we have the vaccine and we are going to get it out as promised". The government did not do that. Something went wrong.

The government can blame GlaxoSmithKline or it can blame the provinces or whoever, but we need to hear the government say tonight that something did go wrong.

The government needs to say it is prepared to assess the situation and fix the problem, so that we can deal with people's anxieties and actually ensure that the vaccine will be forthcoming in the next week and the week after that, leading up to full coverage well before Christmas we would hope, because as everyone in the House has said, there is not much point in getting a vaccine out in December if the flu season is already over.

We want the government to act as quickly as possible with a secure supply of safe vaccine. We thought that was what it was doing on October 21 when it announced that,

lo and behold, it was ahead of every nation around the world and would be bringing forward 50 million doses to cover the country and no one would need to worry.

The government promised three million doses a week. It turned out that was a bit of an exaggeration. In fact, it was two million in the first week, maybe two million the next week, and then suddenly almost nothing.

On Friday, when the provinces were already busy setting up mass immunization clinics, spending millions of dollars in terms of hiring staff, getting the facilities in place, getting the equipment, and doing everything necessary, the government picked up the phone and said the vaccine will not be forthcoming. Sorry, no can do.

 (2040)

I want to know, as does the rest of the House, when did the government know there was going to be such a short supply? Why did it not tell the provinces sooner? Why was it not more forthcoming about the actual situation?

Interestingly, on October 26, one week ago today, an official from GlaxoSmithKline said at committee said, "We are on track. We are on schedule in terms of producing the vaccine". That was Monday. By Thursday, word started getting out that that was not the case. The provinces started preparing. Manitoba certainly started alerting people, much to the chagrin of the minister, whose office promptly scolded anyone for citing this as a problem. The provinces were not officially notified until Friday morning. How does one plan for something as serious and significant as a national pandemic, ensuring vaccinations of the at-risk groups and then the rest of the population, if the federal government cannot be forthcoming or even keep its word in terms of the vaccinations that are available?

If there was a problem, the government should have said so. It should have told us what the problem was. Maybe it was quality control. Maybe it stopped the production in order to do the non-adjuvanted vaccine. Maybe something else happened. We do not know. Maybe the government exaggerated what it was intending to do on October 21, when it told the whole world that it was ahead of the game and that it was going to solve the problems of this national pandemic in one fell swoop.

All we need from the government is for it to be honest, up front and transparent with what has happened. We know that we have to deal with this in real time. We know that we have never experienced it before. We also know that people are dying. Children are dying. Middle-aged men are dying. Pregnant women are scared out of their minds about what to do. They are getting all kinds of conflicting advice.

One can imagine with all of those fears going on, seeing this kind of inaction from the government and at the same time reading in the papers about private clinics getting access to the vaccine so that they can hand it out to their high-paid clients. People are buying their way to the front of the line.

We raised it in the House, but the government did not have the decency to address that. It did not have the decency to stand up and say that it is also offended by that and that it will see to it that the Canada Health Act is enforced every step of the way. It did not say that it would not allow our precious H1N1 vaccine to go out to the highest bidders.

This is about ensuring that the people who need it get it first and that it is distributed and dealt with on a public, not-for-profit basis. There is no room anywhere in our health care system for that kind of privatization. There is certainly no room in a time of crisis for a government to allow this to happen and then to say nothing about it. There is no room for it to not come clean and at least say that it should have set out guidelines, that there should be national standards and that it failed on that front.

Today, all we are asking is that the government look at the problems that happened and sort them out so that over the next few weeks, the provinces and the people of this country can be guaranteed the vaccine as they line up and wait for it. We ask that it follow the advice of my leader and start to look at cost sharing some of the expenses

around this and not just 60% of the vaccine, where it ended up not keeping its end of the bargain.

We ask that it start to pay for some of the additional costs that every province has to bear and first nations communities have to undertake, anywhere extra costs come with the pandemic. We ask that it come to the table and be prepared to cooperate and show that we can solve this problem together.

We are not here to create fear or to scare people. We are here to say that there is concern and anxiety out there which the government has a responsibility to address. That is exactly what we expect from the government tonight during this emergency debate.

  (2045)

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**Mr. Harold Albrecht (Kitchener—Conestoga, CPC):** 

Madam Speaker, I listened intently to some of the comments the member opposite made. At one point she said that our government promised to solve this problem in one fell swoop.

I have been in the chamber many times during question period when our Minister of Health has been very clear that Canadians could expect the rollout of this vaccine in the first week of November. In fact, we were earlier than that. The other thing that I think Canadians need to be reminded of is that Canada has more vaccine available per capita than any other country in the world.

Granted, there are many more to be vaccinated, but does the member honestly feel that it would be possible to vaccinate 33 million Canadians in the first week of the rollout of this campaign?

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**Ms. Judy Wasylycia-Leis:**  

Madam Speaker, that is a very good question, because when we asked the minister in the House way back in the middle of September when we came back from the summer recess what was the plan in terms of setting priorities for at-risk groups, the minister and the Public Health Agency officials said, "Do not worry. We do not have to have a priority list. We do not have to sequence, because we have 50 million doses ready to cover this country". We knew it would take time to roll out, and that is why we asked for leadership from the government to identify those groups, just as President Obama did in the dead of summer, just as the Manitoba government and other provincial governments did early in September. They did not wait for the federal government to finally come forward on September 16 with its list of priorities, leaving the provinces to sort it out themselves and resulting in no national strategy.

When the problem hit and people were coming in droves to get vaccinated because of fear, worry and anxiety, the government could not produce what it had promised. We are not talking about 50 million doses. We are talking about three million doses a week, as it promised, and the government could not keep its word. That is where the problem lies. The government cannot set up demand and expectations and then fall down on its end of the bargain. The government has to be faithful and true in terms of its commitment and keep its word.

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**Ms. Kirsty Duncan (Etobicoke North, Lib.):**  

Madam Speaker, my hon. colleague raised many important questions.

Could the member comment on why the government ordered the vaccine so late in the year? It ordered the pandemic vaccine in August. That was after other countries had ordered it. Then the government gambled on the date of when the second wave might hit. It was preparing for November.

What if this had happened earlier, as in the past? What if it had hit in September and October? What would the government have done to protect the health of Canadians in that gap period?

The importance of having a pandemic plan is to update it as required. Why did the government choose to use only one company and only one production line?

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**Ms. Judy Wasylycia-Leis:**  

Madam Speaker, those are excellent questions.

With respect to the tardiness of the government in placing its order, that is one of the questions of the hour. We know that Treasury Board's decision was not made until the end of July. An order was placed on August 6. That was weeks and weeks after the problem had been identified, and after the health committee had held emergency meetings in the summer, and of course the Conservatives suggested that we were just playing politics, to push them in terms of getting prepared, and that was the result. That is a question that has to be addressed.

Also, a big problem has emerged by the government not following its own advice to ensure there are at least two suppliers of a flu vaccine. That is the policy in place for every other flu vaccine. When it comes to H1N1 vaccine, the government decided that it could go to one company. An expert witness at the health committee showed just how much of a problem that is. Dr. Rob Van Exan from Sanofi Pasteur came to our committee and said that in a normal regular flu season, which predates GSK's involvement in this, there were always at least two companies that were given the contract. Producing a vaccine is difficult. There could be quality control problems, and there is a need for a backup supply.

For some reason the government decided to go with one supplier only. On top of that, the government gave the supplier an additional contract beyond whatever the company signed eight years ago to allow it to switch production in order to make the non-adjuvanted vaccine.

  (2050)

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**Mr. Colin Carrie (Parliamentary Secretary to the Minister of Health, CPC):** 

Madam Speaker, I rise in the House tonight to address Canada's overall plan for preparedness with respect to the H1N1 virus.

Canadians remember all too well the 2003 outbreak of SARS, severe acute respiratory syndrome. It killed 44 Canadians, made hundreds more sick and paralyzed a major segment of our health care system for weeks. More than 25,000 residents of the Toronto area were placed in quarantine, myself included. The economic effects reverberated across the entire country. The SARS experience brought to a head growing concerns about the capacity of Canada's public health system to anticipate and respond effectively to public health threats.

In May 2003, the former minister of health appointed Dr. David Naylor, then dean of the University of Toronto's school of medicine, to chair a national advisory committee on SARS and public health to look at ways to improve Canada's public health system.

The committee on SARS and public health was established in early May 2003. The committee's mandate was to provide a third party assessment of current public health efforts and lessons learned for ongoing and future infectious disease control. Committee members represented disciplines and perspectives from across Canada. Several were directly involved in responding to SARS in different capacities.

The committee reviewed source documents, conducted interviews and engaged consultants to undertake surveys, additional interviews and analyses to illuminate aspects of the SARS experience. Advice was also sought from a constitutional legal

expert. Over 30 non-governmental and voluntary sector stakeholders submitted helpful briefs and letters.

The Naylor report said that dealing successfully with future public health crises would require a truly collaborative framework involving different levels of government with a shared commitment to protecting and promoting the health of all Canadians.

As Dr. Naylor said, Canada's ability to contain an outbreak is only as strong as the weakest judicial jurisdiction in the chain of provincial and territorial public health systems. He said that infectious diseases cannot be addressed in isolation by any one public health entity. All levels of the public health system needed to be reinforced and their components more fully integrated with each other.

Pre-SARS there were no federal transfers earmarked for local and PT public health activities. Public health competed against personal health services for health dollars in provincial budgets, even as the federal government increasingly earmarked its health transfers for personal health services priorities.

The SARS story, as it unfolded in Canada, had both tragic and heroic elements. Although the toll of the epidemic was substantial, thousands in the health field rose to the occasion and ultimately contained the SARS outbreak in this country. It was no small feat. For that, their efforts should be applauded.

Following Dr. Naylor's report, a new federal approach to Canada's public health system took shape based on three pillars: first, creating a chief public health officer, CPHO, for Canada; second, building a pan-Canadian public health network; and third, building a federal public health agency.

In 2004, the Public Health Agency of Canada, PHAC, was created and the Public Health Agency of Canada Act was passed in April 2006.

As the main federal agency responsible for public health, PHAC supports about 2,400 researchers and staff, as well as a wide variety of programs and services offered by both the federal government and non-governmental agencies, NGOs, across Canada.

Long before the conception of PHAC, the federal government was working closely with the World Health Organization and other public health bodies to focus on initiatives to strengthen pandemic influenza preparedness, consisting of five program components. The position of the World Health Organization, WHO, with regard to a pandemic has always been that it is a question of when, not if.

The WHO worked with member countries to produce a global agenda for influenza surveillance and control to prepare for the next influenza pandemic and to coordinate international action in influenza surveillance and control.

 (2055)

The WHO urged all countries to develop or update their own plans for dealing with influenza. In keeping with the WHO global agenda, the federal-provincial-territorial governments in Canada established a pandemic influenza committee that produced the Canadian pandemic influenza plan, CPIP. Among other things, the plan provided a framework to guide the actions of all levels of government for prevention, preparedness and response implementation activities. Provinces and territories used the plan as a framework for developing their own plans.

In addition, in keeping with the plan, we took a number of important steps to strengthen its pandemic readiness. We increased surveillance and monitoring of influenza outbreaks to detect cases and clusters of severe or emerging respiratory infections and to effectively prevent and contain their spread.

Also, national case definitions and standardized laboratory tests and protocols were developed to ensure consistent approaches to diagnosing, managing and reporting cases of severe respiratory infection. An influenza pandemic vaccine contract was put in place to enhance capacity to produce enough doses to meet domestic supply needs based on one dose per person in the event of a pandemic.

A pandemic influenza preparedness strategy aimed at further strengthening Canada's pandemic influenza readiness was recommended. Building on activities identified in the CPIP and outstanding issues, the proposed strategy included: first, development and testing of a mock, for example a prototype vaccine, using the H5N1 virus to test domestic production capacity and enhance regulatory readiness to reduce the time later required to prove a pandemic vaccine; second, federal contribution toward the initial establishment of a national stockpile of antiviral medications; third, new research and development measures to improve Canada's influenza research capacity and to develop rapid vaccine technology for emerging influenza viruses; fourth, emergency preparedness and response measures to improve federal-provincial-territorial capacity to respond to an influenza pandemic through health and social service planning, testing of the CPIP and development of national standards for emergency social service, psychological, social service delivery; and fifth, communications and collaboration activities to engage stakeholders in the development of a national risk communications approach and to strengthen international collaboration.

Budget 2006 provided \$1 billion over five years, years 2006 to 2011, to implement this preparedness strategy to respond to the threat of pandemic influenza, including a pandemic contingency fund. This money sought to strengthen federal capacity in seven major areas: vaccines and antivirals, surge capacity, prevention and early warning, emergency preparedness, critical science and regulation, risk communications and federal-provincial-territorial and international collaboration.

PHAC received \$384 million over five years to strengthen federal human health capacity to prepare and respond to the threat of avian and pandemic influenza in several areas including: rapid vaccine development capacity and the purchase of antiviral drugs; support to on-reserve first nations communities in the development, testing and revisions of community level influenza pandemic plans; risk communications strategies, including social marketing campaigns; field surge capacity such as the deployment of field epidemiologists and laboratory experts to affected countries and quarantine officers to points of entry; establishment of the national veterinary reserve and Canadian avian influenza vaccine bank; and early warning surveillance in collaboration with the WHO.

In addition, Health Canada received \$15.5 million to address the needs of first nations communities with respect to public health emergency planning and for regulatory work, including review readiness and safety monitoring for vaccines and resources for review and approval of antiviral drug submissions for the treatment of pandemic influenza.

 (2100)

The Canadian Institutes of Health Research, the CIHR, also received funding of \$21.5 million. This continues to support over 140 pandemic and influenza-related projects that contribute to managing the current influenza outbreak. CIHR continues to examine this research in contribution to the understanding of the H1N1 flu virus and better management of this outbreak.

This funding was a significant investment that showed foresight, leadership and commitment to the health and well-being of all Canadians. It is because of this investment that Canada has been on the leading edge of the global response.

In fact, other countries have commented on how well Canada has been responding, including Dr. Margaret Chan, head of the WHO, who specifically commended Canada for all its efforts. I think Canadians would agree that we are well prepared on each and every level.

In May of this year the health portfolio accessed the 2009-10 contingency fund to support first and second wave activities. The health portfolio used the 2009-10 contingency funding to respond to urgent H1N1 pressures on PHAC, Health Canada and the CFIA and to initiate second wave planning. Thanks to these efforts, Canada is a global leader in pandemic planning and we are implementing the Canadian pandemic influenza plan to reduce the effects of a possible pandemic.

The pandemic plan is the product of an extensive dialogue and collaboration with provincial and territorial public health authorities, health care workers, scientific experts and academics. It is only through this foresight and advanced planning that the health portfolio has been in a position to respond as quickly and effectively as it has to the H1N1 virus.

I want to give the House an update. At the end of the first week of the largest mass immunization campaign in Canadian history, the Government of Canada supplied the following amounts of H1N1 adjuvanted vaccine doses to the provinces: in Ontario, 2,229,000 doses; in Quebec, 1,331,000 doses; in British Columbia, 818,000 doses; in Alberta, 622,000 doses; in Manitoba, 206,000 doses; in Saskatchewan, 173,000 doses; in New Brunswick, 129,000 doses; in Newfoundland and Labrador, 86,000 doses; in Nova Scotia, 160,000 doses—

**Hon. Wayne Easter:** Why don't you tell us how many you're short.

**Mr. Colin Carrie:** —in Prince Edward Island, 29,000 doses; in the Northwest Territories, 34,000 doses—

**Hon. Wayne Easter:** You're short 110,000.

**Mr. Colin Carrie:** I hear some heckling from the other side. I had hoped we would not make little of this subject. It is very important for the provinces and the people of Canada to know. I am really disappointed with the continued heckling and politicizing of this.

In the Yukon Territory, we have provided 24,000 doses and in Nunavut, 22,000 doses. Today and tomorrow GlaxoSmithKline, the H1N1 vaccine supplier, will be shipping 486,000 more doses of vaccine to the provinces and territories.

I want to talk about H1N1 and pregnant women. Extraordinary efforts went into procuring unadjuvanted vaccine for pregnant women. The Government of Canada secured 225,000 doses of unadjuvanted H1N1 vaccine for pregnant women and the distribution is as follows: in Ontario, 86,800 doses; in Quebec, 52,000 doses; in Alberta, 28,600 doses; in British Columbia, 25,000 doses; in Manitoba, 9,200 doses; in Saskatchewan, 8,100 doses; in Nova Scotia, 5,400 doses; in New Brunswick, 4,400 doses; in Newfoundland, 2,900 doses; in Prince Edward Island, 900 doses; in Nunavut, 600 doses; in the Northwest Territories, 600 doses; and in the Yukon, 400 doses.

I hope this will show Canadians who are watching tonight and the opposition that we are rolling out our plan. We are ahead of schedule in our plan and we are committed to putting the safety of Canadians first.

  (2105)

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**Hon. Maurizio Bevilacqua (Vaughan, Lib.):**

Mr. Speaker, as we know, this issue is a non-partisan issue. When we are dealing with human lives, we should stick with issues that matter to Canadians. Therefore, it is for this reason that I react poorly to the government blaming the provinces and the vaccine manufacturers for the issue Canadians are facing.

The hon. member ought to address some facts, which I will state right now.

The health authorities around the world saw this pandemic coming when it first hit in April. While many countries ordered their vaccine in May, the Conservatives waited until early August. The World Health Organization recommended production of H1N1 vaccine on July 7, but the Conservative government waited until after August 6 to place its vaccine order with GlaxoSmithKline, delaying vaccinations for Canadians.

When we look at other countries, other countries placed their vaccine orders much earlier than Canada. China began mass vaccination by administering the first H1N1 flu shots on September, Australia on September 30, the United States on October 3, Sweden on October 12, Japan on October 19 and Britain on October 21. Canada did not start administering the H1N1 vaccine until October 26.

Canadians deserve an answer.

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**Mr. Colin Carrie:**

Mr. Speaker, Canadians have been getting a consistent answer. I am very proud to be part of a government that has responded quite quickly to this pandemic.

I was in Washington a couple of weeks ago, attending a convention. Some of the top doctors from Tunisia, France, the United States, Australia, New Zealand and all over the world were there. Two things they complimented us on were the handling of the H1N1 pandemic issue in Canada and our economic action plan.

The member stood and said some things that he claimed to be facts, but he is simply wrong. I do not know how to explain it any better than that. We have not blamed anyone.

In fact, he talked about us ordering in August. Back in 2001, under his government, an agreement was made with GlaxoSmithKline to provide vaccines in an event of a pandemic. When we ordered, we ensured that we would have enough vaccine for each and every Canadian who wanted it.

To be specific, as of today, six million doses of the H1N1 vaccine have been delivered to the provinces and the territories. There is enough vaccine for all the priority groups. That is the number one in the world per capita amount of vaccine for our population.

Therefore, the member across the way, unfortunately again, is absolutely wrong.

  (2110)

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**Mr. Jim Maloway (Elmwood—Transcona, NDP):**  

Mr. Speaker, the member talked about a very impressive strategy and gave us a history lesson as to how the situation has developed. However, the fact is, and my colleague, our health critic, mentioned this as well in her speech, we are not trying to blame people here. However, the government, if it has made a mistake, should simply admit that it has made one and promise to do better.

The public was of the understanding that there were 50 million doses. Liberal members have indicated when the orders were made and indicated when the process started.

We should have been screening the most at-risk people from the very beginning. Instead, the government simply started to roll out the program and vaccinated whomever showed up in the lineups. Then after only one week, it announced that it did not have enough to continue the next day. Alberta has closed its clinics for a week. That is not very good long-range planning.

There is nothing wrong in admitting a mistake has been made. If the government has made a mistake, just say that it has and that it will improve.

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**Mr. Colin Carrie:**  

Mr. Speaker, one of the things that I am very impressed with, being part of this as the Parliamentary Secretary to the Minister of Health, is how well our minister, our Prime Minister, and our government have taken a lead with this very important health issue.

Not only have we taken a lead, but we have worked collaboratively. As members heard in the speech by the minister earlier, we were one of the first when Mexico found out that it had this issue in its country. The Mexicans came to us. They came to Canada. They came to the Canadian officials.

I am really a little sick and tired of the opposition running down Canada's public health system and running down the Canadian health officials, who I know personally have been working 24 hours a day, 7 days a week, to implement our rollout.

In 2006, we were the government that put in the pandemic plan, not like the previous government under SARS in which we know there was no plan and it handled it horribly.

Our minister and our officials are the envy of the world. As I said earlier, I was in Washington and they praised Canada. It is unfortunate that sometimes we have to go outside our country to get kudos when they are deserved. Unfortunately, all the opposition can do is run down our health care system and our good officials who are doing good work.

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**Mr. Ben Lobb (Huron—Bruce, CPC):** 

Mr. Speaker, we have heard a lot of heckling on the opposition side, most of it without much merit.

I would like to read a statement from the local news in the riding north of mine, although part of the health unit covers it also. I wonder if this is a good enough result for the opposition. This is from CKNX AM 920 in Wingham, Ontario, in regard to the Grey-Bruce health unit. It states:

After wait times of up to 90 minutes at the first clinic last week, today people are leaving with their shot after 20 to 30 minutes according to spokesperson Drew Ferguson.

We have heard a lot of cackling here that the opposition wants to see better. Is five minutes better? Twenty to 30 minutes seems quite reasonable to me. Perhaps the hon. member would like to give his thoughts on the work of Grey-Bruce health unit and its support staff.

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**Mr. Colin Carrie:** 

Mr. Speaker, first of all, I want to thank the member for Huron—Bruce for all his good work. Of course, I would like to commend all the health officials in his community and right across the country. I know these people who are working around the clock to do what is best for Canadians.

To put it into perspective, this is unprecedented. This is new. This has never happened before, and Canada has taken a lead in the world.

We have been working collaboratively from day one with our provincial and territorial partners. That is why we can stand here today and say Canada is doing the job, Canada is the envy of the world, and we are very proud of our health care professionals in the community.

 (2115)

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**Hon. Wayne Easter (Malpeque, Lib.):** 

Mr. Speaker, we can talk about headlines.

The headline in today's *Guardian*, in P.E.I., is "H1N1 flu vaccine shortage to impact island clinics". It says:

A nationwide shortage of vaccines will delay P.E.I.'s H1N1 vaccination plan for the coming weeks

In Prince Edward Island today we have four schools with over 35% absenteeism, and 35 schools with an outbreak of 10%.

The parliamentary secretary went through quite a series of numbers, but he did not talk about what we are short. Where is the plan on the shortage of vaccines that would deal with the problems we are having in Prince Edward Island and across the country?

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**Mr. Colin Carrie:** 

Mr. Speaker, first of all, the misinformation from the other side is unbelievable.

These rollouts have been discussed with all the provinces and territories in advance. We have enough out there, as I said earlier: six million doses. In the member's own

province of Prince Edward Island, as I mentioned, we had 29,000 doses of the adjuvanted vaccine and 900 of the non-adjuvanted. This rollout was supposed to be for the high-risk people in the communities.

I am very happy to say that we have worked hard with the provinces and we will continue to work hard with the provinces on this rollout. This is a complicated thing, but again I would like to take this opportunity to thank all the health professionals especially in Prince Edward Island who are doing a good job of getting this done.

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**Ms. Kirsty Duncan (Etobicoke North, Lib.):**  

Mr. Speaker, I will be splitting my time with the member for Pierrefonds—Dollard.

Throughout May and June of this year, 21 remote and isolated communities in northern Manitoba were significantly affected by the H1N1 virus. When and where did these cases start and spread? An investigation needs to be undertaken as to why aboriginal cases were not picked up, or if they were, why they were not reported and acted upon.

What federal officials went to northern Manitoba as Canadian scientists went to Mexico? Where was the compassion and the urgency to see first-hand the devastation, the lack of supplies and infrastructure, and most important, what was needed to perhaps slow down the spread of the virus and guarantee prompt treatment of very sick individuals?

Why was there a lack of federal action during the spring wave in aboriginal communities? Why were aggressive containment measures not attempted? The WHO has since said these measures can slow the spread.

What was done to ensure the administration of antiviral drugs such as Tamiflu in a timely manner? Antiviral drugs, when used for treatment, can make someone feel better or shorten the time a person is sick by one or two days. They can also prevent serious flu complications. Dr. Anand Kumar, an emergency doctor from Winnipeg, explained to our parliamentary health committee that some people had to wait seven or eight days for treatment and that this likely impacted patient outcome.

Aboriginal people account for only 4% of the Canadian population. Why were 17.5% of those who were hospitalized aboriginal, 15% who stayed in ICU aboriginal, and 12% of deaths aboriginal? As of October 7, why were 38% of confirmed H1N1 cases first nations or Métis persons living off-reserve? A real investigation is needed so that these sad and sobering statistics are not repeated.

Every effort should have been taken to protect the health of aboriginal Canadians, as we had historical hindsight wherein the native population of Okak, Labrador, was hard hit. Only 59 or 266 people survived.

There are underlying health issues today, breathing difficulties, diabetes, underlying socio-economic conditions such as four and five families living in a household, environmental issues, and lack of clean running water. As such, my colleague from the riding of St. Paul's and I travelled to aboriginal communities to see first-hand the state of pandemic preparedness and we wrote a letter to the minister asking for answers to our questions. My colleague asked that the health committee be called back in August, because the House had recessed June 18 and would not sit again until September 14.

One chief reported that, of 30 communities in northern Manitoba, two had a pandemic plan and none had been tested. Pandemic preparedness and response should not be a test in patience and humility for aboriginal peoples, and we recognize the government's action in bringing back Dr. Paul Gully.

Going forward in the second wave, we want to ensure that each community has an H1N1 plan that has been tested, with the necessary supplies, funding and human resources so that people receive treatment in a timely manner and suitable infection-control measures.

The summer provided an unprecedented opportunity, namely to remain vigilant and prepare for a possible second wave in order to reduce hospitalizations, deaths and socio-economic impacts. However, members of the parliamentary health committee learned

that the government would stay the course regarding H1N1. Canadians did not need platitudes, but rather, planning, answers and action during the critical summer period.

While no one could have predicted what the fall might have brought, preparedness was our insurance policy. The more we prepared for a pandemic, the greater the probability that we would be able to mitigate impacts. During the summer, where was the Prime Minister, the health minister and the government in engaging decision-makers and citizenry regarding H1N1 influenza?

 (2120)

The summer was the time to inform the public about a potential second wave of H1N1 and the means by which individual citizens could lessen the impact on their families. The summer was also the time to encourage communities and ensure that vulnerable populations were prepared.

While underlying medical conditions such as autoimmune diseases and breathing challenges make individuals more at risk of complications or more likely to experience severe or lethal infections, how should information have been communicated to at-risk groups? This is key.

The summer was the time to plan for a possible gap between the onset of a pandemic, the second wave, and the time when vaccines might be ready.

Why did the government choose one vaccine manufacturer with one production line, particularly when influenza vaccine supply has a greater degree of unpredictability than the supply of any other vaccine? The United States contracted with five companies.

Why did the government order late and allow for a late delivery date? What was the contingency plan to ensure backup product and timely delivery of initial vaccine doses?

The government gambled on a possible November or December start date for a second wave of H1N1 and it estimated wrong. The second wave hit parts of Canada in October, as it did in the past, and before the vaccine was available.

The rollout began this past week, sadly, with confusion, frustration and lineups. Those vaccinated this past week will not be protected for 10 to 14 days. This week, there is a drop in vaccine doses.

How many Canadians have been vaccinated? What percentage of the population do they represent? What is the government's contingency plan for the gap period? That is the time between the second wave hitting and when people can get vaccinated.

Communication is vital in responding to any crisis, and clear, consistent messages are required. Our offices have been inundated by health care workers and the public who want real answers.

Perhaps the greatest confusion has surrounded vaccine for pregnant women. The World Health Organization advisory panel on vaccines recommended in June that non-adjuvanted vaccine be used for pregnant women if it were available. However, the Conservative government ordered adjuvanted vaccine in early August and later ordered non-adjuvanted vaccine. Why were pregnant women an afterthought?

When the WHO made its recommendation in June, there was no safety data for the adjuvanted vaccine in pregnant women, and expectant women fared poorly during past pandemics.

The government then recommended that pregnant women wait for the non-adjuvanted vaccine unless the cases of H1N1 were rising in their area. If the woman was over 20 weeks, she should take the adjuvanted vaccine.

To add to the confusion, the government then ordered 200,000 doses from Australia. We recognize that the position has now been made clear.

Regarding the adjuvanted and non-adjuvanted vaccines, we must ask: Who made the decision to halt the production of the adjuvanted vaccine? On what date was the decision made and the provinces and territories told? On what date did the minister know the delivery date would be delayed, and when did the minister inform the provinces and territories and the Canadian people?

Since the spring we have asked over 200 questions of the government regarding pandemic preparedness. We wanted to ensure that the government was prepared for a possible second wave. We are now in full response mode and we need bold action.

We need the \$400 million from the 2006 budget redeployed to pandemic response. We need additional resources for the provinces and territories. We need clear, consistent messages for public health and Canadians.

  (2125)

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**Mrs. Joy Smith (Kildonan—St. Paul, CPC):**  

Mr. Speaker, the member for Etobicoke North is on my health committee and is someone who has a science background. She knows full well that the reason our vaccines were rolled out when they were was to ensure, number one, that the vaccines are very safe for Canadians. Also, every single Canadian has the opportunity, if he or she wants it, to have that vaccination.

As far as having one supplier goes, it was their government that signed the contract for the one supplier which will last until 2011. The other thing is that when we talk about this pandemic, we are talking not about politics but about people. We have to be very careful that people are taken into consideration.

The Liberal Party was the one that put out that dreadful ten percenter that has hurt a lot of people. Can I ask the member opposite if she knew about that ten percenter? Did she agree that ten percenter should have been sent out?

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**Ms. Kirsty Duncan:**  

Mr. Speaker, the hon. member has raised many issues.

Regarding safety, we must have a safe vaccine. China began mass vaccination in September, Australia on September 30, the United States on October 5, Sweden on October 12, and Japan on October 19. I do not think any of these countries were going to give their people an unsafe vaccine.

It is important that we ask why only one supplier was used, and the member mentions this was a decision made in 2001. The job of the government is to update the pandemic plan so it is current, so we are best able to respond, to have the resources.

I believe the last comment was regarding the ten percenter. I had no knowledge of that ten percenter, but along with my colleagues that day in the health committee, I apologized.

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**Mr. Jim Maloway (Elmwood—Transcona, NDP):** 

Mr. Speaker, I guess the question we want answered most is why we did not start off on a national basis inoculating or vaccinating the most-at-risk people first.

The government pretended to have a handle on this whole issue. It kept saying it was going to start the vaccination program on November 1 and it had 50 million doses. Then all of a sudden, very quickly, we see the government accelerated the program. It started a week ahead.

After only five days of pandemonium across the country, it has decided it does not have any more vaccine. It has to wait.

In terms of the most at risk, I understand, for example, that in Manitoba tomorrow the military personnel are being vaccinated. I do not know that they are in the most-at-risk category.

I would just ask the government to pull back a little bit here and quit being so defensive, and maybe admit that it does have a problem. I do not think the Liberals are imagining things here. I think they have been laying out some pretty good facts here, through speaker after speaker.

The government is just basically reading its notes from the Prime Minister's Office, just pretending that there is no problem here. Just wake up—

 (2130)

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**The Acting Speaker (Mr. Barry Devolin):** 

The hon. member for Etobicoke North.

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**Ms. Kirsty Duncan:** 

Mr. Speaker, the hon. member has brought up two important issues. One is priority. The government created new vocabulary. In the summer, in July, the United States was told who would be on their priority list. In September we were given a sequencing list.

It is important to realize that the second wave of the pandemic hit in October, as it has in the past. The vaccine rollout started the week after. We have had one week of rollout. While the government is promoting the idea that six million doses have been given out, it is not the number of doses that have been distributed that matters; it is the number of doses of vaccine that have gotten into the arms of Canadians.

I think we would all like to know how many vaccines have been administered to Canadians. What percentage of Canadians will now be protected in 10 to 14 days, remembering that this week there will be a drop in the number of those doses?

[Translation]

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**Mr. Bernard Patry (Pierrefonds—Dollard, Lib.):** 

Mr. Speaker, I am very pleased to take part in this emergency debate on the A (H1N1) virus. I asked to take part in it because I have spent my whole life, whether as a general practitioner or as a politician—mayor or member of Parliament—trying to understand people and disease, but particularly listening, diagnosing and then supporting my patients through their ordeals, whatever these may have been.

Health is the single most important thing for each and every one of our fellow citizens, and we must, to the extent possible, try to maintain our health, including through prevention. Prevention can be a very personal matter such as eating a healthy diet or being a non-smoker. However, prevention is also a government's responsibility, as is the case with the current A (H1N1) pandemic, regarding which the Conservative government has failed miserably in its prevention approach.

Let us not forget that we are now going through the second phase of this pandemic, with the first phase having begun in Mexico, last spring. So, the Conservative government was aware of the issue and had plenty of time to prepare for it, but showed no leadership in this regard. The other countries have been preparing for a long time to fight this pandemic, but what has the Conservative government done?

Health authorities all over the world saw this pandemic coming when the virus hit, back in April. And while many countries were busy ordering vaccines in May, the Conservatives waited until early August.

The World Health Organization, the WHO, recommended the production of H1N1 flu vaccines on July 7, but the Conservative government waited until August 6, a month later, to order vaccines from GlaxoSmithKline. That unbelievable delay is largely responsible for the current shortage of vaccines. The WHO also recommended non-adjuvanted vaccines for pregnant women on July 7, but again the Conservatives waited and did not order those vaccines until September 4. Why did it wait for close to two months before making a decision?

The federal government's slowness in following up on the WHO recommendations resulted in the production of adjuvanted vaccines being slowed down this week, because of new priorities in the production. This is why fewer vaccines have been delivered to Canadians.

A number of other countries placed their orders for vaccine much earlier than Canada. The United States and the United Kingdom placed their first orders in May. Yes, I said in May. By July 24, Novartis International had already received orders for the H1N1 vaccine and was holding discussions with more than 35 governments. It had even signed contracts with the United States, France, the Netherlands and Switzerland. The Americans alone ordered more than \$1 billion worth of H1N1 vaccine and it was delivered well before the vaccine was made available in Canada.

Take China for example. It started its mass vaccination campaign by administering its first H1N1 vaccines on September 21. Australia did so on September 30, the United States on October 5, Sweden on October 12, Japan on October 19, and Great Britain on October 21. Canada, on the other hand, did not start vaccinations until October 26.

A government that felt responsible for the health and safety of its citizens would have acted back in May. A responsible government would have taken the lead on this by conducting a public education campaign at all levels. Did this Conservative government promote the vaccine, explain the gravity of the illness to Canadians, and tell them as well that in order for the vaccine to be really effective and substantially reduce the number of people who fall sick, as many people as possible have to be vaccinated? The answer is no.

The harmful effects of this virus should be explained to Canadians through the electronic media, newspapers, schools, the universities and even religious institutions. People have a right to know. Five medical doctors in the Liberal caucus issued a press release on this and have been constantly asking the government questions about it, but are still without an answer.

South of the border, the Obama administration has proclaimed a national health emergency and given U.S. health authorities additional powers to deal with the pandemic and contain it. Instead of informing Canadians about the possibly very serious effects of the virus, the Conservative government preferred to spend \$60 million announcing infrastructure projects and providing tax information. It puts concrete before health.

 (2135)

Things have been in total chaos for weeks, if not months. It has been left to the media to invite experts to give the public information. There has been complete silence from this government, other than meaningless and unworthy answers to questions asked by opposition members. A sample answer: "Canada has the best per capita vaccination rate." I am sorry, but that is the lowest common denominator. We are not talking about "per capita", we are talking about men, women and children who are all worried.

It is because of the inaction of this government, which has not been able to explain what this flu strain is. Why get vaccinated? Is the vaccine safe? Should pregnant women be vaccinated? Should children be vaccinated? Because of their inaction in the face of this crisis, panic started to emerge after the unfortunate death of a young boy in Ontario and the proportion of people wanting to get vaccinated rose from 30% to 80% in a few days.

The Liberal Party of Canada implores the Conservative government to use part of the \$400 million set aside in the 2006 budget for intervention in the case of a pandemic. Yes, we are in a pandemic situation now.

The entire population should be vaccinated, but while we wait we have to tell the Canadian public, over and over, that one of the best ways to protect yourself against this illness is always a simple thing to do: whenever possible, wash your hands as often as possible with soap and water or a substitute product.

I could continue, but in conclusion, I implore this government to give health priority over concrete.

[English]

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**Mr. Dean Del Mastro (Parliamentary Secretary to the Minister of Canadian Heritage, CPC):** 

Mr. Speaker, I listened intently to the member's comments.

The member has indicated he is a health professional and he would be aware of Canada's stocks of Tamiflu and Relenza, antivirals that we have invested in to make sure Canada is in fact prepared. We have made key investments in groups such as ICAV, located at Trent University in Peterborough, which is working on research on truly human monoclonal antibodies for people who are sick, so we can, in a much more aggressive way, deal with viruses like H1N1.

The Chief Public Health Officer, Dr. David Butler-Jones, has spoken with our health minister on numerous occasions and told Canadians how to be prepared for this virus.

In August I sent out a mailing to my entire riding telling constituents how to be prepared for a flu virus. I undertook that because I think all 308 of us in the House are elected into a position of leadership in our communities.

I would ask the member if he has sent out a full distribution mailing to constituents in his entire riding to tell them how to be prepared to combat the H1N1 virus.

  (2140)

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**Mr. Bernard Patry:**  

Mr. Speaker, there is a little difference between an MP doing his job and the government doing its job. I really think it is the job of the current government to do what the member just mentioned.

For sure MPs could do some mailings in their own ridings. They could reach their people, but it is not as important as the government doing so. It was the responsibility of the Minister of Health to do so and also the responsibility of the Prime Minister to do so.

You failed to do it, and right now there are men, women and children who are scared. They do not know what is going to happen and they do not know because you are not present. You did not care soon enough about this. By soon enough I mean in May. When there was *la première vague* of this, you were not there.

Where were you at that time? Why were you waiting? There is no reason to wait and I repeat that I really feel there is nothing more important than health. It is more important than any cement, any infrastructure you can build in this country. You need to build health in this country.

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**The Acting Speaker (Mr. Barry Devolin):**  

I would like to remind all members in the chamber to address their questions and comments to the chair.

Questions and comments, the hon. member for Halifax West.

[Translation]

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**Hon. Geoff Regan (Halifax West, Lib.):**

Mr. Speaker, I thank my hon. colleague for his remarks. Obviously, I know he is a doctor. So I would like to ask him a question that one of my constituents sent me. Many people have told me they are confused because they have not really received good information from the government. Someone asked me this in English.

[English]

If pregnant women are urged to get the non-adjuvanted vaccine, why then should an infant over six months receive the adjuvanted form of vaccine?

[Translation]

Can my hon. colleague comment on that for my fellow Canadians?

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**Mr. Bernard Patry:** 

Mr. Speaker, I would like to thank my colleague for his question.

Certainly what is important is that all Canadians be able to get vaccinated. The provinces are responsible for vaccinating all Canadians, from one end of the country to the other. It is also up to the provinces to take the lead and vaccinate pregnant women and children with an unadjuvanted vaccine. If public health officials in the provinces and the Canadian official agree, I think we should follow their advice. Those people are in an excellent position.

I think everyone should receive the vaccine. Getting vaccinated has to be a priority for the public because it is the one and only way to reduce the number of cases and avoid a Canadian pandemic.

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**Mrs. Sylvie Boucher (Parliamentary Secretary for Status of Women, CPC):** 

Mr. Speaker, I will be sharing my time with the hon. member for Kamloops—Thompson—Cariboo.

This is the first time in Canadian history that we have had such a huge vaccination campaign. One of our primary responsibilities is to ensure that Canadians have reliable, up-to-date and complete information on the H1N1 influenza and on how to protect themselves during the epidemic.

I would like to focus on the methods we have used to inform Canadians during the pandemic and on how we foresee pursuing the information campaign.

The number of activities we have undertaken over the past six months is quite simply phenomenal. Communications have been shared at a breakneck pace from day one. Take for example the number of people who have consulted the Public Health Agency's Web site: more than 3.1 million hits since April.

I should also mention the great interest in the Government of Canada's *H1N1 Preparedness Guide*. Nearly 300,000 guides have been ordered or downloaded. We will have to reprint the guide again after distributing more than 650,000 copies to 6,500 Canadian post offices in two weeks alone. We will not have enough guides and we released them just two weeks ago.

We have also launched massive media campaigns. The Public Health Agency of Canada is broadcasting a message to all Canadians. This week, that message was heard on 238 radio stations. Health Canada is broadcasting messages to first nations and Inuit people through 80 radio stations in addition to public service announcements on northern community stations. The department has also published messages targeted to these people in 43 community newspapers and placed advertising banners on first nations and Inuit websites. Between October 19 and October 30, we mailed a brochure to more than 10 million Canadian households, to tell families how to identify the H1N1 virus and where to find additional information.

There is a great deal of interest in the H1N1 flu. The Government of Canada is responding to that demand by providing timely, factual and relevant information on the virus. The degree of awareness about H1N1 in Canada is now extremely high, particularly considering that six months ago no one had heard of the H1N1 virus or the pandemic.

We are finding out that people are making decisions regarding their health and are assessing the choices available to them.

The information campaigns, the public announcements, the numerous interviews given by the Minister of Health and by Dr. Butler-Jones, and the press conferences we are holding several times a week are all initiatives which show clearly that we are providing Canadians with a great deal of quality information.

Here is another example. On Tuesday, after vaccination centres opened across the country, we noticed a threefold increase in the number of people visiting the Public Health Agency of Canada's FightFlu.ca website. Until then, the all-time record was 60,000 hits. On that Tuesday, 196,000 people visited the site, or 22,000 people per hour. Canadians know about the FightFlu.ca website, and they visit it in large numbers.

They look at an average of three pages each time, which is very good. They spend more time on these pages, which means that they are actually reading the content and that they go further to get information.

It is also easy to see that they are showing up at vaccination centres. They want to get vaccinated. Three weeks ago, few people wanted to get the vaccine. We are working with all our partners to ensure that Canadians will indeed get vaccinated.

 (2145)

Our efforts are paying off, and because everyone has worked together so closely, we are ready for whatever winter brings.

When the epidemic began, we distributed more than four million health alert notices to travellers in Canadian airports, in cooperation with Transport Canada.

In late April, we started running infection prevention messages in 24 international airports in Canada, in cooperation with the Canadian Air Transport Security Authority.

In May, we distributed posters to 49 airports showing how to prevent infection by using proper hand washing technique and coughing into one's sleeve, for example.

We have also signed an agreement with the Weather Network, which is using information from the Public Health Agency's FluWatch site on its website and its television stations in French and English. The Weather Network is also broadcasting general infection prevention messages on behalf of PHAC.

The volume of targeted, factual, complete information we are providing to Canadians and the variety of methods we are using to do so are quite simply unprecedented in Canadian history.

I could also remind this House that the national communication strategy is a multi-tiered strategy. The federal government is not alone in providing Canadians with information. We are working in partnership with the provinces and territories and local authorities.

All the information Canadians are receiving is coherent and comes from reliable sources in the public health community.

We are ready, and we are helping Canadians get ready and get informed.

 (2150)

[English]

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**Hon. Anita Neville (Winnipeg South Centre, Lib.):**

Mr. Speaker, I thank the member opposite for her comments on the means by which the government is disseminating its message. The member opposite does not talk about the message and the consistency or the lack of clarity in the message.

I am wondering if she could provide any information as to what consistent, clear information the government is providing to the provinces, to parents, to Canadians, as it relates to booster shots for children. I know the Winnipeg regional health authority has told parents to bring their children back for a booster shot 21 days after they get their

first inoculation. So in mid-November, there will be many children who will be in line for a booster, but we do not know what the rules are. Will there be a vaccine available and should children be getting a booster? Perhaps the member could talk about the content rather than the method of the message.

[*Translation*]

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**Mrs. Sylvie Boucher:**  

Mr. Speaker, I want to thank my colleague for her question.

The members should remember one thing. We do not play politics with the health of Canadians, in contrast to the Liberals. We work closely together with the territories and provinces. The guide on how to prepare for the H1N1 virus can be downloaded. We have also printed 300,000 copies. That will not be enough and we will print more, because it is a very good guide.

Everything is there. It says what the H1N1 virus is, how to prevent infection, how to recognize the symptoms, how to care for a sick person, what the vaccines and antivirals are, how to plan a campaign against the virus, Canada's plan, and all the resources. It is a very good tool to use. I encourage my Liberal friends to use it too. It is very good for our communities.

[*English*]

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**Mr. Borys Wrzesnewskij (Etobicoke Centre, Lib.):** 

Mr. Speaker, the H1N1 pandemic is now in full bloom in Canada. Canadians are scared. Over the last couple of weeks, Canadians have been getting sick and Canadian children have been dying. The pandemic train has left the station.

Unfortunately, the immunization program has just arrived in chaos. Why have other countries like the United States been able to roll this out weeks in advance? Even countries such as China have begun immunization weeks before Canada. Perhaps the parliamentary secretary could answer.

The minister had said that, by Christmas, not a single person would be left out. Would the parliamentary secretary be able to look in the eyes of the parents of children, the 13-year-old and the 10-year-old who have already died, and all those Canadians who will get sick and die over the next couple of months and say that this is truly good enough?

[*Translation*]

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**Mrs. Sylvie Boucher:** 

Mr. Speaker, I will look my friend straight in the eye and tell him that I will be one of the first to go and be vaccinated and will also take my mother because she is old and suffers from bronchitis. No, I am not afraid to save my life, or the lives of Canadians, and I do not play politics with the health of Canadians and Quebeckers.

[*English*]

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**The Acting Speaker (Mr. Barry Devolin):**  

Resuming debate, the hon. member for Kamloops—Thompson—Cariboo.

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**Mrs. Cathy McLeod (Kamloops—Thompson—Cariboo, CPC):**  

Mr. Speaker, tonight we have heard a lot of conversation around the role of the federal government. I would like to hear her perspective in terms of the importance of us having a very good working relationship with the province.

  (2155)

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**The Acting Speaker (Mr. Barry Devolin):** 

Pardon me. I believe there has been a misunderstanding. The member is next on the speaking order. We are resuming debate.

The hon. member for Kamloops—Thompson—Cariboo.

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**Mrs. Cathy McLeod (Kamloops—Thompson—Cariboo, CPC):**  

Mr. Speaker, perhaps someone could ask me that excellent question.

I stand behind this government's solid approach to managing this H1N1 outbreak and to our comprehensive, forward-looking pandemic plan.

Tonight, I will focus my remarks on vaccine timing and availability.

I can think of no more eloquent a response for those who have expressed doubt to our capacity to manage the outbreak and to note the facts. To date, six million doses of adjuvanted H1N1 flu vaccine have been delivered to the provinces and territories. That is currently more H1N1 flu vaccine per capita than any other country in the world, more than the United States, Great Britain, Australia, France, Germany, Japan, or anywhere else.

More to the point, we have ordered enough H1N1 flu vaccine for every Canadian from coast to coast to coast who needs and wants to be immunized. No one will be left behind. And, yes, that H1N1 flu vaccine, a safe and effective vaccine, will be available to Canadians in a timely way.

We have not cut corners on safety in order to rush product to Canadians. We have acted in a responsible and deliberate way that balances the need to ensure a safe and effective vaccine is available and the need to stay ahead of the outbreak. That is a tough balancing act, but I believe we have the balance right.

Last week witnessed the beginning of the largest mass immunization campaign in Canadian history. That campaign, slated to start in early November, actually began ahead of schedule, on October 26.

We moved more quickly because our early warning systems told us the nature and pace of the second wave of the outbreak had changed.

We moved more quickly because we could draw on the knowledge, expertise and experience of an extensive global network of regulatory agencies and public health experts to assess H1N1 flu vaccine safety and the effectiveness across different populations.

We moved more quickly because our regulator and our vaccine manufacturer had worked closely together to define both the expectations and the process to be followed to approve a vaccine for a novel influence of flu virus, but in advance of this outbreak so we can move more quickly if the situation required this.

We moved more quickly because the context had changed and the health and safety of Canadians was at risk.

Because we knew it would be impossible to vaccinate everyone at one time, the Government of Canada in co-operation with the provinces and territories jointly determined sequencing guidelines for the distribution of H1N1 flu vaccine. This was done to ensure that vaccine programs could target priority groups first, allowing those who need the vaccine most to get it first.

As per the agreed upon guidance, these priority groups are: people under the age 65 with chronic conditions; pregnant women; children six months to less than five years of age; people living in remote and isolated settings or communities; health care workers involved in pandemic response or the delivery of essential health care services; and household contacts and care providers of persons at high risk who cannot be immunized or may not respond to vaccines.

I want to assure members that the Government of Canada, along with the provinces and territories, has been working diligently to distribute and administer the H1N1 flu vaccine as quickly, safely and broadly as we possibly can.

The Government of Canada provides important technical information, guidance and the real time support provinces and territories need to make informed decisions about when, how and to whom to administer the H1N1 vaccine.

Provinces and territories, which have the lead responsibility for administering the vaccine, rely on this extraordinary partnership to make clear and consistent information available to health professionals and ordinary citizens. We are moving forward together.

Canada's vaccine supplier, GSK, has informed us that the vaccine supply being shipped across Canada will be lower next week. In order to meet our request to produce a supply of unadjuvanted vaccine for pregnant women, the company had to switch over its vaccine production fill line.



Without getting overly technical, the formulation for unadjuvanted vaccine differs slightly from that for adjuvanted vaccine and the vial size is also different.

Switching production from one vaccine to another and then re-calibrating fill-lines and retesting output for quality takes about three to four days. That resulted in reduced vaccine availability for November 2. However, normal vaccine production has already resumed and our output should return to normal by next week.

As some who is not a member of a high risk group, it is without hesitation I would prefer to wait a few extra weeks to ensure that pregnant women are protected. It is also important to note that every batch of vaccine is quality tested before it is shipped to the provinces and territories. Lots that do not meet the quality standards are not released, which can have an impact on the weekly number of doses distributed.

The Government of Canada has been in constant touch with GSK and the provinces and territories and is sharing information with the provinces and territories on each week's supply of vaccine as soon as it is available.

There has been constant communication both at the working level and at the senior management level to share information on both availability and possible delays. We are working together with one goal in mind, to protect the health and safety of Canadians.

Indeed, by the end of last week, six million doses of vaccine had been delivered. That is more vaccine per capita than any other country in the world.

I want to express my gratitude and appreciation for the many health care workers working at clinics. These are very challenging and unique circumstances they are working under. Jurisdictions are giving more vaccine per day than they have ever given in history. I am very pleased to see many thousands of Canadians on the priority list getting their vaccines.

It is important to take a global perspective. Diseases do not respect borders. This is a worldwide pandemic. Many countries around the world are beginning their vaccine campaigns and each are facing different challenges in getting their populations vaccinated. However, it is important to remember that Canada is in the very fortunate position and we remain hopeful to have every Canadian who needs and wants to be vaccinated by Christmas.

Scientific studies show that the vaccine is safe and effective. We know that from clinical trials conducted in several countries around the world.

The H1N1 flu vaccine is produced in a similar manner to seasonal flu vaccines, which have been used safely and effectively in Canada for many years. The vaccine contains an adjuvant, which is an ingredient made of naturally occurring oil, water and vitamin E that boosts the body's immune response and increases the vaccine effectiveness. The same adjuvant was tested in 45,000 people and did not identify any safety concerns for healthy adults or children.

Now that immunization has begun, the Public Health Agency of Canada will work with provinces and territories to produce weekly reports of all reported adverse events associated with the H1N1 vaccine. This reporting will be done through the existing system, the Canadian Adverse Events Following Immunization Surveillance System. This system is supported by health care professionals who report adverse events to their provincial-territorial public health offices, which share the information with the agency. This existing system will be supported by additional projects that will provide more detailed data specifically about the H1N1 flu vaccine.

The Government of Canada will continue to work with its provincial and territorial partners to ensure that all Canadians have the information they need to make informed decisions about immunization. Most important, we have stayed on message to get the vaccine.

Unlike in the era of our grandparents, we are truly fortunate to live in a time when we have a capacity to mount a quick and robust response to emerging viruses.

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**Ms. Kirsty Duncan (Etobicoke North, Lib.):** 

Mr. Speaker, the hon. member talked about the six million doses. I will ask this again. How many doses have actually been administered?

She also talked about the importance of getting the vaccine. We know this is the best way to protect the health of Canadians. It is also the best way to reduce the risk of severe disease. No one can predict the rate of severe disease, but some experts say it is one in one thousand cases, which could translate to 1,500 to 2,500 ICU cases simultaneously across the country. I believe there are about 3,000 ICU beds.

Do we have a national surge capacity plan in Canada and are we able to move resources to where they are needed?

 (2205)

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**Mrs. Cathy McLeod:**  

Mr. Speaker, that sounded like a multi-pronged question.

In terms of the six million doses of vaccine, what is particularly important is that a good proportion has gone to the north, almost enough to cover every citizen in the north.

Given the time to transfer to health care facilities, to target the rural and more isolated communities was very important. I am sure the nurses, the physicians and other workers in public health are getting those vaccines out as quickly as they possibly can. I know that they ramped up their personnel to do that.

I also have to reflect on the member's comment. My background is in health care and part of my role was to work with pandemic planning. I can remember four years ago that part of our pandemic planning within our health authority and within our province was to look at our capacity and consider worst case scenarios in terms of what it would mean for our ICU and what it would mean for respirators. That work was done a few years ago in many of our health authorities and hospitals.

*[Translation]*

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**Mr. Nicolas Dufour (Repentigny, BQ):**  

Mr. Speaker, I listened with great interest to the speech by my colleague, with whom I have the pleasure of sitting on the Standing Committee on Health. I know she examined this aspect along with me and I would therefore like to ask her a very simple question. In order to administer the vaccine, we must have enough doses of it, hence the importance of the debate this evening. Why did the government not get together with GSK and acquire the necessary doses of vaccine when there were a lot of pharmaceutical companies that were prepared—

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**Hon. Marlene Jennings:**  

Six.

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**Mr. Nicolas Dufour:**  

My colleague from Notre-Dame-de-Grâce—Lachine stepped up with the answer. Six other companies were ready to supply the vaccine. So why did the government sign an exclusive contract with GSK when it was its responsibility to plan ahead and sign contracts with other companies?

*[English]*

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**Mrs. Cathy McLeod:** 

Mr. Speaker, when looking at this, we have to remember that we currently have a global crisis. Countries across the world are ordering vaccines for their populations.

In Canada what we have to be thankful for is that right now we have more vaccines per capita than any other country. Also, we are going to have enough vaccine to vaccinate every single person in our population who chooses to be vaccinated. In Canada we need to feel fortunate about those facts.

*[Translation]*

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**Mr. Nicolas Dufour (Repentigny, BQ):**  

Mr. Speaker, I am very glad to have the opportunity this evening to talk about the H1N1 issue and the urgency surrounding it. As a member of the Standing Committee on Health, as I just said, I have come to understand the tremendous breadth of the H1N1 problem over the past few months.

I have to say that I was extremely surprised by the government's amateur—yes, amateur—handling of the H1N1 crisis.

Earlier, I asked my colleague a question about companies. In 2006, the government signed an exclusive contract with GSK to distribute vaccines. As the member for Notre-Dame-de-Grâce—Lachine said, six companies were capable of supplying the vaccine. Therein lies the problem. We knew we were headed for a pandemic. The government was warned months ago, nearly a year ago. We agree that the H1N1 pandemic began sometime in December 2008 or January 2009. The government was therefore well aware of the issue and could see the problem coming.

In my opinion, the federal government is to blame for the long lineups of people waiting to get the H1N1 vaccine, because of its poor organization and lack of preparation. We went through the SARS crisis, which gave us some idea of what to expect. The federal government should have learned something from the SARS crisis and come up with some improvements regarding this situation.

The problem is that the Conservative government did absolutely nothing. It could have taken action a long time ago. On January 11, 2009, the WHO declared a phase 6 pandemic for H1N1. The Government of Canada waited until August 2009 to order 50 million doses of the adjuvanted vaccine and until September 2009 to order the non-adjuvanted vaccine for pregnant women. That is extremely worrisome. I mentioned the month of August 2009 for 50 million doses of the adjuvanted vaccine. Since that time, the government has known that the adjuvanted doses could not be given to pregnant women, and this was repeated many times in committee. We heard from witnesses and doctors who knew it posed a problem, but the Conservative government never got the message. Suddenly, about a week and a half ago, it finally realized there was a problem and that there would not be enough non-adjuvanted doses for pregnant women, who are one of the of high-risk groups for H1N1.

This government's mismanagement does not end with the H1N1 flu. Unfortunately, it extends to a number of other files, so much so that sometimes I miss the Liberals.

About a week and a half ago, the government purchased almost 200,000 doses from Australia even though our pharmaceutical companies were ready to manufacture the vaccine. The government did not want to do business with them, which I find very troublesome for another reason.

My colleagues may find it ironic coming from a Bloc member, but I think this is unfortunate for Canada's pharmaceutical industry in general. We have some very good pharmaceutical companies, in Quebec as well. I am thinking primarily of the very good companies located on Montreal's West Island, as well as in the rest of Canada, in Toronto, for example. They could have started up production and supplied the vaccine. Unfortunately, the government did not want to do business with them.

The government did not act prudently. Rather than ordering the vaccine from a number of pharmaceutical laboratories, in order to ensure a steady stream of deliveries, the government relied solely on GSK. It then blamed the company for overestimating its production capacity. You do not take such risks with people's health.

At present, the Government of Quebec has a lack of resources to deal with H1N1.

 (2210)

The shortage of vaccine doses has sparked a wave of panic among citizens. With all the horror stories circulating about the swine flu, I can understand why people flocked to the vaccination clinics when the first doses became available. In some areas, there was an odd dynamic because people were being urged to get the vaccine but the polls showed that they did not necessarily want to be vaccinated. We ended up with the problem of having everyone wanting to be vaccinated because of the disastrous scenarios circulating.

People have shown up in droves to be vaccinated, even those not in the high risk categories but who had concerns about H1N1. That is understandable given the confusing announcements about the Conservatives' plans and their amateurism in telling us that all was well but that there were some problems. We were never given the right information by the Conservatives. And that is also the case for a good number of other files.

Without accurate information, citizens have decided out of fear to go en masse to be vaccinated. We now have the problem of not having enough doses of vaccine.

What is more, according to the Canadian Press, money is available to provide the provinces with additional funds to cope with this urgent situation. The government did not hesitate to write big cheques with the Conservative Party logo on them, but it is slow to open the coffers to help the provinces to deal with this pandemic.

I will admit that I have a great deal of difficulty with the Conservatives telling us that we in the opposition are engaging in demagoguery with H1N1, that we are playing politics with H1N1, and the public is not fooled either. It knows full well that when the Conservatives advance that type of regressive argument that adds nothing to the debate, they are only hurting themselves.

The federal government, as I was saying, is largely responsible for all this. The Bloc Québécois feels that the federal government is largely responsible for the H1N1 vaccination campaign. By taking this crisis so lightly, the government has caused panic in the public, who feel caught off guard and completely misinformed. The government's lack of organization just confirms the concerns the Bloc Québécois has had from the start about the possibility of the vaccine not arriving on time to avoid the second wave of the H1N1 influenza pandemic.

I was saying earlier, being a member of the Standing Committee on Health, that we have been talking about this since August. Since August we, together with the Liberals and the NDP, have been expressing our fears and pointing out the problem and we have done exemplary work. I am thinking about the hon. member for Verchères—Les Patriotes, who did a fantastic job of asking the government for answers and asking witnesses to provide arguments to show that the Conservatives had not been doing their job.

The government's lack of organization just confirms our concerns. The World Health Organization had been warning authorities for quite some time about a global outbreak of the pandemic. The concerns about this possibility were raised as soon as the virus appeared in early spring 2009. What is more, the WHO declared this a pandemic in June 2009.

The federal government could have planned ahead for the production of non adjuvanted vaccine for pregnant women, who are the most vulnerable to H1N1, knowing that there was no clinical test for that group and thereby prevented an inexcusable delay in the production of the regular vaccine.

I have a hard time understanding how Europe approved the vaccine weeks ago, yet our government had not yet approved it. If memory serves me right, it was not approved until last Wednesday. The member for Verchères—Les Patriotes could tell me. Yes, it was last Wednesday.

 (2215)

Europe had already approved it weeks earlier, and the Conservatives did so only last week. The Public Health Agency of Canada has had to deal with droves of people, and the government approved it last week, based on the European studies. Why did the government not encourage the agency to approve it earlier? In the end, they used the same European studies, but they waited, and that delay cost us very valuable days for producing the vaccine. When we are talking about fighting a worldwide flu pandemic, like the H1N1 pandemic, every day counts.

The federal government should have planned ahead for the production. Although Canadian public health officials have confirmed that they had not anticipated such a rush from the public to get the H1N1 vaccine, they should have planned to order doses based on the total population, and not on the number of people who expressed an interest, since at the beginning of the crisis, the government thought that several doses would be needed for each person. This is a matter of public safety.

In fact, at the start of the information campaign, the government ordered 50.4 million doses from GSK, enough for everyone in Canada to receive an initial dose. All the governments of Quebec and the provinces are asking the federal government is to provide them with enough doses for their population. But this is something the federal government cannot seem to do properly, judging by the latest news about delays in the distribution of the vaccine. The Conservatives can say that all Canadians who want the vaccine will be able to receive it, but it remains to be seen whether they can protect themselves before it is too late. It is estimated that, with luck, everyone who wants to be vaccinated will be by Christmas, which still gives the virus plenty of time to spread.

As I said earlier, this debate is useless. It provides an opportunity to show how the federal government has failed. The government has a responsibility to release additional funds so that Quebec and the provinces can hire more nurses to vaccinate people when

the vaccine arrives. These funds could also be used to improve information sharing on the vaccination campaign. So far, the federal government has been sending mixed messages to the public, and people are becoming more and more confused.

I would like to summarize the situation. The WHO advised health authorities on June 11, 2009 that the world was at the start of a phase 6 influenza pandemic. Canada announced that it was ordering 50.4 million doses from GSK on August 6. As I said earlier, every day is important in the fight against a pandemic. There is evidence that the government wasted valuable time for no reason. The federal government ordered 1.2 million doses of unadjuvanted vaccine for pregnant women on September 6, 2009. I feel that this brief chronology is very important, because it shows how the Conservative government has failed.

When a pandemic as serious as this one is developing, the government should not waste precious weeks waiting and twiddling its thumbs. I am not questioning the quality of the work done by the nurses at the Public Health Agency of Canada and all of Canada's health officials. The problem lies with the government, which took the issue lightly, as it has done in a number of other debates. It did not take the issue seriously and wasted many weeks thinking, deliberating and waiting instead of acting.

There is something that is very unfortunate and very ironic. Suppose we look at the byelections being held now in Quebec. The Conservatives' slogan is "Action, not elections". Unfortunately, just the opposite is happening.



There is no government action. Health Canada approved the H1N1 vaccine on October 21, 2009, and the vaccination campaign started on October 26, first for health workers and then for other groups at high risk, such as children from six months to five years old, people who have compromised immune systems, people living with babies under six months of age or with others who have compromised immune systems, and pregnant women, more specifically, women who are at least 20 weeks pregnant as well as all pregnant women who have a chronic illness.

Most people—and this is the problem—will not be able to start getting vaccinated before December 7. It does not take a genius to know that the flu will have already wreaked havoc by December 7. If the government had not lost so many weeks, we could have started vaccinating people well before the critical point was reached. There is not much danger of the flu spreading in the summer, and the proof is in the fact that the number of people infected with the H1N1 virus went down this summer, at least in the northern hemisphere.

We all know that the critical time will be between December and February. Why did the government not act responsibly and ensure that we had the vaccine in time to reduce the risk of the virus spreading?

The government's information campaign has caused total confusion in the target population from beginning to end, whether because of the lack of basic advice or the lack of vaccine. We note, in particular, the time it took to get the H1N1 vaccine approved. Canada was one of the slow ones in this regard. The United States approved it on September 13, Australia on September 18 and France on September 25.

Those governments acted responsibly. They wasted no time approving it since they already had conclusive results about the vaccine and they made sure to do it as quickly as possible, suspecting that the faster it was approved, the faster the pharmaceutical companies would be able to produce the vaccine, and the faster the public would be able to get vaccinated.

That delay allowed time for the public to become wary of the vaccine's safety and for myths and conspiracy theories to spring up.

I am told I have only two minutes left. I will say that we are very short of time because I could have spoken for hours. I did however talk about it at length in the Standing Committee on Health.

I have to say that the one thing I have noticed regarding the Conservative government on this issue, and it is the same on every issue, is the amateurism with which they have acted. What I find tragic is that this is extremely dangerous because we are talking here about the health of the public. All the Conservatives offer us is not apologies; they simply say that the opposition is playing politics with a subject as serious as the H1N1 flu, when exactly the opposite is true. We have stepped up to our responsibilities, we have questioned the government and we have made our recommendations.

 (2225)

[English]

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**Mr. Laurie Hawn (Parliamentary Secretary to the Minister of National Defence, CPC):**

Mr. Speaker, I hardly know where to begin. I compliment my colleague on an eloquently delivered set of remarks, but it was eloquently delivered rubbish.

He talks about messaging. The messaging from this side of the House has been absolutely clear. The messaging from the Chief Public Health Officer of the country has been absolutely clear. The people who have been muddling the message are the people across the floor with this kind of postal garbage that has been going out to Canadians.

He talks about delays in getting the vaccine out. The safety of Canadians, the safety of the vaccine, and the effectiveness of the vaccine was a priority for this government. He talks about the U.S. as an example. The U.S., in fact, has had to pull back from the kind of stuff it was putting out because it proved to be non-effective. Does he want us to go down that non-effective road?

He talks about the adjuvanted and unadjuvanted vaccines and the twiddling of thumbs. Should we have twiddled our thumbs while 4,000 to 5,000 Canadians die every year of normal flu, if we can call it normal flu? Should we have twiddled our thumbs with that? It is absolutely ridiculous.

I want to ask my colleague one simple question. Is he smarter and more qualified than the Chief Public Health Officer of Canada to make qualified remarks in this area?

[Translation]

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**Mr. Nicolas Dufour:** 

Mr. Speaker, there we have the Conservatives' only argument and the proof that this member was not present at the Standing Committee on Health, because I was there with my colleague from Verchères—Les Patriotes. We asked the witnesses questions, we questioned Dr. Butler-Jones, and the answers he gave us were plainly in agreement with what we were saying.

I may have been off the mark, if I may put it that way, and I do not think I am smarter than the people at the Public Health Agency of Canada. I simply think that I represent the people in my riding who have fears, because we do not have the necessary doses. There is a word for that, and it is "responsibility". The government had a responsibility to live up to. It had a responsibility to do business with companies other than GSK.

Why did the government not do business with other companies that had the capacity to produce these vaccines? Why did it not even bother to talk with those companies about whether they were also capable of supplying some of the doses?

  (2230)

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**Ms. Judy Wasylycia-Leis (Winnipeg North, NDP):**  

Mr. Speaker, I thank the Bloc Québécois member for his speech. He is one of the youngest members of Parliament. In fact, he is the youngest of all the members in this House, and he is very wise. I believe he is absolutely right tonight.

I have a question for him regarding our Standing Committee on Health. A week ago, a GSK representative told everyone that everything was fine. The only thing we can interpret from that is that this company is in the process of producing 3 million doses of this vaccine.

Now, who is telling the truth? Is it GSK, which is saying that everything is fine with the contract, or is it the government, which is saying that the company is causing the problem? What is the truth? What is the problem with the production of vaccines?

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**Mr. Nicolas Dufour:**  

Mr. Speaker, clearly, everything is not okay. The Conservative government made promises and created high expectations with regard to GSK's ability to distribute enough vaccine. The problem is that GSK did not hold up its end of the bargain.

Why did it not hold up its end of the bargain? That is an interesting question. It did not do so because all of a sudden, it turned out that the government did not plan for the production of non-adjuvanted vaccine, or at least, failed to consider its usefulness. What did the government do? It paid dearly for vaccine from Australia and asked GSK—in a politically motivated and amateurish decision—to alter its production line to produce non-adjuvanted vaccine when it suddenly realized that it had nothing to give the highest-risk group, pregnant women.

It is clear that everything is not okay. Someone is hiding the truth. Whether that someone is the government, well, if one looks at how it has handled this matter from the beginning, some serious questions have to be asked.

Not long ago, there was talk of supplying 3.5 million doses per week, if I am not mistaken, but actual production has been dramatically lower. So there was a problem and, as I was saying, the problem was with the shift in production priority. From one day to the next, someone decided to change production over to the non-adjuvanted vaccine. Since the very beginning, we have been talking about the underlying problem, which is that there was one single supplier.

I see that, unfortunately, I have very little time left. If only the government had dealt with other pharmaceutical companies, they could have helped meet the need in this kind of situation, and we would not be here debating this issue today.

[English]

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**Mr. Francis Valeriote (Guelph, Lib.):**  

Mr. Speaker, I would like to ask the member from Quebec to pursue his line about the education campaign undertaken by the government.

Specifically, in Guelph, almost without exception, people are noticing the almost paltry sum spent by the government on educating the public when it comes to H1N1, as compared to the vast millions and millions of dollars in self-promotion that it has spent. As a result, there is inadequate messaging that they have received.

I am wondering if he has experienced the same problem in his riding that I experienced in Guelph regarding the lack of information about H1N1.

  (2235)

[*Translation*]

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**Mr. Nicolas Dufour:**  

Mr. Speaker, thankfully, at least in Quebec we have the Government of Quebec, which makes up for the rest of Canada, I am sorry to say. What is unfortunate, as my colleague from Guelph just indicated, is that the Conservatives were much more interested in investing money in things that would pay off politically, such as their infrastructure programs—which they boasted about to no end, but from which we have yet to see any results—for electoral considerations, in order to win the next election, as opposed to investing in an information campaign concerning vaccination. I mentioned this a little while ago when we were talking about the big logos on the giant Conservative Party cheques.

This is what posed a big problem for us, because from the beginning, people did not have the necessary information. They knew a lot more about the money the Conservatives were giving to their riding than they did about the need to be vaccinated. I must admit, I find that extremely shocking, because they are playing with the health of our citizens.

[*English*]

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**Mr. Paul Calandra (Oak Ridges—Markham, CPC):**

Mr. Speaker, the hon. member talked about how he almost missed the Liberals, and I can assure him that the families of the 43 people who died in Ontario as a result of SARS certainly do not miss the inaction and the lack of leadership that was shown by the previous Liberal government with respect to that issue.

He knows full well that this government is working faster and more safely than any other government around the world to make sure that the vaccine that we send out is safe and effective and that it works. We are also not forgetting the regular flu that also hits Canadians.

The hon. member talked a lot about education. We heard a bit from members of the Liberal Party with respect to education. I wonder if he could tell me if his idea of educating people would be, as the Liberals would suggest, responding to a questionnaire that is at [www.feedback.Liberal.ca/bodybags?](http://www.feedback.Liberal.ca/bodybags?) Is that the type of education that he is talking about? Is that the type of education that will help Canadians overcome their fear? I do not think it is. I think we need a debate that is--

  [[Table of Contents](#)]

**The Deputy Speaker:**  

Order, please. The hon. member for Repentigny.

[*Translation*]

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**Mr. Nicolas Dufour:** 

Mr. Speaker, my colleague's question is very interesting, and here is why. First of all, indeed, the ten percenter he mentioned is very telling. I must admit, like him, I was also appalled by what the Liberals did, and I invite people to read the evidence of the Standing Committee on Health. Now the problem is that no matter how many mistakes the Liberals made, they do not excuse the Conservative government's mistakes.

Furthermore, while the Liberals may have made some mistakes, they are in opposition. The Conservatives, however, are in power, and that is much more dangerous.

[English]

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**Mr. Rob Clarke (Desnethé--Mississippi--Churchill River, CPC):**  

Mr. Speaker, I am listening to the colleagues across the floor and what I am hearing is politicizing. This is a Canadian health concern, a world health concern and I am hearing political grandstanding. I am aboriginal, but first of all, I am Canadian. I joined the RCMP to serve and protect this country. There are members in the House who are doctors who took an oath to help Canadians, and I think this has been lost today and tonight. I am very upset and I am very ashamed to see what has transpired here tonight. That is how I feel. That is what I am going to be saying and I should not have to say anything more. That should be my speech. However, we all have to reflect here tonight. The Liberals opposite may laugh about it, but this is how I feel.

Regarding the pandemic planning response for on-reserve first nation communities, this government has worked with all partners to ensure that first nation communities in Canada are prepared for the H1N1 influenza. This is the result of ongoing and tireless efforts among the federal government, provincial governments and most importantly, first nation communities and leadership. We must recognize that pandemic planning for first nation communities is a shared responsibility. When it comes to providing care to first nation communities, ensuring effective collaboration between the different levels of government is paramount.

First nations have been involved since the beginning. From day one we have been working with first nation leaders and provinces to ensure that communities have everything they need in a timely manner based on the best public health advice. The response to H1N1 is a true partnership among the Government of Canada, the governments of the provinces and territories, first nation leaders and first nation communities. We have maintained close contact with first nations from the beginning of the pandemic and have listened closely to their concerns.

Given the experience of SARS, the Government of Canada has worked with first nations and provinces over the past few years to raise awareness of the risk of infectious disease and to support the development of community pandemic influenza plans. As an RCMP member, I remember working in close conjunction with the provincial governments and the federal government to develop a pandemic plan that could help police officers deal with the pandemic in their communities, aboriginal or non-aboriginal. These plans reflect the needs of these communities and have been prepared with the support of Health Canada. These plans will enable a sustainable response to future emergencies and will form part of the ongoing emergency preparedness at a local level.

Health Canada continues to provide technical support to first nation communities for the development, testing, revision and implementation at the community level of influenza pandemic plans. We have provided the necessary funding in 2006-07. Health Canada allocated \$6.5 million over five years to support pandemic preparedness for on-reserve first nation communities. Health Canada has also secured additional resources for the federal pandemic contingency to support a response to H1N1 outbreaks in first nation communities during the first wave.

Other commitments include, through budget 2009, \$305 million over the next two years to strengthen current health programs to improve health outcomes. We have also provided an additional \$135 million that would go toward improving health services infrastructure including health clinics and nursing stations in first nation communities. The most recent support to first nation communities has been the response to specific needs expressed by first nations.

Budget 2009 provides a two-year funding target of \$165 million for the completion of drinking water and waste water infrastructure projects to address health and safety priorities on some first nations communities across the country.

Budget 2009 also provides \$400 million over two years for innovative approaches to the increase and betterment of on-reserve housing, including new social housing projects, remediation of existing social housing stock, and a range of complementary housing activities.

The Canadian pandemic influenza plan includes Annex B, which defines the roles and responsibilities of all partners in the pandemic planning for on-reserve first nations, including the federal and provincial governments and first nations communities. As a result, today nearly all first nation communities across Canada now have a specific community plan that guides their actions in responding to an outbreak of H1N1 influenza. These plans are based on principles of national and provincial pandemic plans, but were developed by first nations community leaders to respond to the unique needs of each community.

In addition, close to 90% of these plans have been tested, whether a community has had an outbreak or not, meaning first nations have a high level of readiness and ability to respond to H1N1.

During the first wave, when first nations communities did experience outbreaks, such as those in northern Manitoba, the Government of Canada worked with its partners to ensure a timely, coordinated and comprehensive response. Those communities ably demonstrated that they were able to respond to very difficult situations.

We are all aware that first nations communities have been devastated by the epidemics in the past. We are aware of this and have made great efforts to support their communities, to work with them and the provinces, so that the necessary responses have been put in place to reduce, as far as possible, the risk of death and severe illness in first nations.

We are also aware that H1N1 caused severe disease in the spring in first nations communities, particularly in Manitoba. We responded to the needs of the communities and provided added supplies and support, and we have seen that remote and isolated communities are a priority for the distribution of the vaccine.

Health care was provided through community nursing stations to those first nations with influenza-like illness. These facilities were staffed with dedicated, qualified health professionals and provided with all the medical equipment and supplies that were needed, including hand sanitizers, antiviral medications to treat those who are sick, and information on clinical care guidelines and infection control measures. Restocking of essential equipment and supplies for nursing stations can often be done within 24 hours.

In addition, antiviral medications were shipped out in advance of any outbreaks for those first nations communities that were deemed to be at greater risk of an H1N1 outbreak. These antiviral medications continue to be used as a primary response to H1N1 disease while the immunization program rolls out.

We continually monitored and adjusted the allocation of health professionals to respond to the needs of first nations communities, and in the case of northern Manitoba, we worked closely with the provinces to help provide additional physicians. Those who were severely ill were provided with emergency medical transportation to the closest provincial hospital to receive the care they required.

Very early on in the first wave of the H1N1 influenza, we recognized that there might be a number of factors that placed first nations communities at greater levels of risk. We know, for example, that younger people aged 16 to 25, pregnant women and people with underlying health conditions face greater risks from H1N1 influenza. We know that first nations are younger than the national average and that the birth rate on reserves is three times higher than it is in the rest of the country.

We also know that there are higher rates of chronic disease within first nations communities, and that social conditions, including overcrowding and limited access to water for handwashing, pose challenges in minimizing the spread and impact of a number of infectious diseases, including H1N1 influenza.

 (2245)

These factors put first nations communities, especially those in remote and isolated areas with limited access to provincial health services, at particular risk for H1N1 influenza. Health Canada, working with its partners, has taken a number of steps to address these risks. Working with Indian and Northern Affairs Canada, we helped to ensure the delivery of supplies of water to communities to support proper handwashing and help prevent and control infections in the home.

Special medical adviser Dr. Paul Gully was put in place. He has been responsible for coordinating emergency health services to first nations communities affected by the H1N1 virus. Dr. Gully joined Health Canada following his assignment at the World Health Organization as a deputy United Nations system influenza coordinator. He has also worked previously with Health Canada and the Public Health Agency of Canada.

This government has also worked with first nations and the provinces to ensure that vaccination is a key component of the overall strategy to fight H1N1 influenza. We are working with provincial governments to ensure first nations communities receive H1N1 vaccine as quickly as possible.

Mass immunization clinics are in place in many first nations communities. Remote and isolated communities have been prioritized based on the national sequencing guidelines developed with the provinces and territories. We understand that the uptake rate in many first nations communities has been very high. This is due to the leadership shown by first nations representatives and their promotion of immunization against H1N1.

Immunization clinics in first nations communities began on October 26. We expect that all clinics for remote and isolated first nations communities as a priority group will be in place by the end of this week.

Health Canada has supported the rollout of these immunization clinics by training home and community care nurses to provide the H1N1 vaccine and by providing additional health professionals from regional and national offices to go out to first nations communities to support the vaccination efforts.

As with any major undertaking of this nature, we face a number of challenges along the way. We have worked closely with our partners to learn from the challenges and improve our collaborative response to H1N1 influenza for first nations communities.

The minister has met with a number of first nations leaders at the national and provincial levels, and has visited a number of first nations communities, most recently the Cowessess First Nation in my home province of Saskatchewan, to see the community's successful approach to H1N1 pandemic planning.

Back in April 2009, the Government of Canada launched a public awareness campaign to inform Canadians about the H1N1 flu virus, including print media reaching first nations audiences.

The second cycle of this national marketing campaign is now being rolled out. It includes specific communications products tailored to first nations communities, including radio and print advertisements, and a mail-out of a pamphlet to first nations communities on H1N1 symptoms, infection prevention practices and tips on influenza preparedness.

The joint communications protocol signed with the National Chief of the Assembly of First Nations and the Minister of Indian Affairs and Northern Development and the Minister of Health will strengthen our collaborative efforts and improve communications with first nations communities.

On November 10, the minister will be co-hosting a first nations H1N1 virtual summit. This virtual summit will provide first nations with a comprehensive overview of pandemic preparedness in an interactive and ongoing format, and will facilitate online participation

across the country, including first nations communities and leadership, health technicians and decision makers.

This will provide additional information to first nations communities and leadership on H1N1 influenza preparedness and response, including the importance of getting immunized. The timing of this virtual summit is right. It will be able to answer questions of concern to first nations, especially the youth, so we can continue to support the efforts of local first nations leadership.

  (2250)

We realize the job is not done. This government will continue to work with first nations and support first nations preparedness and response through the second wave of the H1N1 influenza.

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**Mr. Paul Szabo (Mississauga South, Lib.):** 

Mr. Speaker, one of the reasons Canadians are concerned is they are hearing on a daily basis about another death of a child from H1N1. This afternoon at 4:30 Whitehorse time another school-age girl passed away. This is one of the reasons we are having this emergency debate. It is clear that the government has failed Canadians in the rollout. It has failed Canadians in public education. It has failed in coming up with a plan to resolve the untenable situation that we have right now.

Could the member tell Canadians why the government has failed them so miserably at this time of need?

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**Mr. Rob Clarke:**  

Mr. Speaker, I would like to point out what this government has done during this really tragic global pandemic. It is a world pandemic.

We never want to see loved ones contracting H1N1 and perishing. No one wants to see that. Losing loved ones is the hardest thing for anyone.

I look at the numbers. Everyone here tonight has been talking about numbers. We have to look at the faces. When people politicize the passing of people, that is not acceptable.

I come from a northern community. I have family that live on reserve. They are first nations and aboriginals and I am worried about them.

Enough with the politicizing, please.

  (2255)

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**Mr. Greg Rickford (Kenora, CPC):** 

Mr. Speaker, I have a feeling the member may have just answered the question I had.

Coming from the great Kenora riding and having been a registered nurse working in isolated remote first nations communities across the country, including the Arctic, I am very pleased to report that in more cases than not, in many instances there were community level responses, responses by the First Nations and Inuit Health Branch and provincial governments that managed the first outbreak of H1N1 quite well.

I can speak of a number of isolated first nations communities in my riding. I worked very closely with the branch to ensure that all aspects of anything the government could do and anything the branch could do in the community that needed support to manage the first outbreak went smoothly. As a general statement it did.

I ask my first nations colleague how he felt and perhaps how people in isolated remote first nations communities felt. I certainly know how people in my own riding felt when a

medical doctor, a member of the opposite party, sent out the kind of literature that she did, exploiting first nations at the expense of this issue. The member then had the gall to stand up in the House, as several of her colleagues have done today, to say that this is not a political issue. I am just wondering how first nations people in his riding felt about that kind of exploitation and complete lack of respect for this issue and the people that it affects.

**Some hon. members:** Oh, oh!

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**Mr. Rob Clarke:** 

I think I have the floor, Mr. Speaker.

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**The Deputy Speaker:** 

Order. We can only take one question at a time. The member for Kenora has asked a question, so I will listen to the answer by the member for Desnethé--Missinippi--Churchill River.

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**Mr. Rob Clarke:** 

Mr. Speaker, I did receive a lot of response in my riding from the aboriginal and non-aboriginal communities.

I can see my colleague does not mind hate literature or racial literature, so here I am looking at some literature that the Liberal leader sent out depicting a first nations child with a thermometer. Then I see our colleague from St. Paul's and perhaps tonight I will ask her if she has time to stand in the House and apologize to Canadians.

That is all I ask in the House.

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**Ms. Judy Wasylycia-Leis (Winnipeg North, NDP):** 

Mr. Speaker, while it may be true that the material circulated was offensive, and it is worth noting that the Liberals apologized for that mailing, it is also true that first nations in this country are disproportionately affected by the H1N1 virus. In fact, first nations in Manitoba have said that clearly from the outset and have asked the government to recognize that fact and ensure that they are able to get access to the vaccine as a high-risk group in our society.

I appreciate the member's speech today, but we have had disagreements about this in the past. I wonder if he now recognizes the importance of listening to the voices of his own community when they say that a host of factors are contributing to the situation, such as, overcrowded living conditions, poverty, lack of access to medical supplies and services, conflicting information, and lack of access to running water, that all combine to make an ideal breeding ground for H1N1. They ask the government to appreciate that fact and act on it. Will the member?

 (2300)


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**Mr. Rob Clarke:** 

Mr. Speaker, living in the north, having lived on reserve and having lived off reserve, I have seen the conditions that people have lived in for hundreds of years. What I have seen this government do is put the money forward with respect to proper water conditions and better living conditions for first nations.

Tonight we are looking at the pandemic plan. In the 2006 budget, this government invested \$1 billion to increase the preparedness to respond to public health threats, such as a flu pandemic. This also includes planning in first nations communities. I think I

speaking on behalf of all Canadians when I say to stop with the fearmongering tonight and let us work together on finding a solution.

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**Hon. Hedy Fry (Vancouver Centre, Lib.):** 

Mr. Speaker, I can understand the hon. member being upset and suggesting that the questions that are being asked are political, but he is wrong. It is the duty of the Government of Canada to protect the people of Canada in an epidemic and in such a public health crisis as the current one. It is also the responsibility of the members of the opposition to ask the government why it has not fulfilled its responsibility to do exactly that.

Other countries, knowing about the same pandemic, the same global flu, were able to put into place the preparations to take care of those who are susceptible and vulnerable. Also, the job of good public health is to stem the spread of contagion. This is something the government did not pay attention to. It did not get enough vaccination. There were many other companies, not just the one company, that it could get vaccination from. It did not do that. As a result, now the people who are susceptible are afraid and now the spread is of great concern. There is no vaccine for people who need it. This is something the government must answer for. It is not political; it is a very real accountability issue.

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**The Deputy Speaker:** 

There are 30 seconds left for the member for Desnethé—Missinippi—Churchill River.

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**Mr. Rob Clarke:** 

Mr. Speaker, I want to talk about accountability.

What about SARS? What did the Liberals do when there was SARS? I remember having to work on the front lines when there was SARS. They did nothing.

This government has made an investment in the preparedness for the pandemic planning. It has invested over \$1 billion in this pandemic planning, yet the Liberals keep on ranting over there.

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**Hon. Bob Rae (Toronto Centre, Lib.):** 

Mr. Speaker, I have obviously been listening to the debate this evening and I want to respond to some of the points that have been made.

I appreciate the opportunity to participate in the debate, particularly after the intervention of my colleague from Repentigny, as well as listening very closely to the comments of my colleague from Desnethé—Missinippi—Churchill River, and of course, my colleague from St. Paul's who spoke earlier, as well as the Liberal leader.

This debate is important because one of the things we know is that due to the nature of the modern world, we are likely to be facing this kind of issue and this kind of pandemic more often than not. My colleagues opposite have mentioned SARS. There will be lots of time to analyze the responsibilities of federal and provincial governments with respect to SARS. No doubt there will be a public inquiry or review of some kind with respect to this particular issue that we have been dealing with and there will be ample opportunity for all of us to figure out what has happened and what needs to happen.

However, it is very important for the House to reflect on this question, because there are going to be more such incidents. We know this because the world is getting smaller, because various kinds of diseases that formerly were isolated in one part of the world or another no longer can be isolated, because when they strike their impact is much more sudden, and because certain conditions that affect people, such as asthma, are far more widespread than they were before.

Many of us, if I may speak personally, who have been asthma sufferers for a long time were rather surprised to learn that we are part of the vulnerable community because of susceptibility to the virus.

H1N1 came upon us last year. It is an illness about which there was a great deal of concern and anxiety at the beginning because no one quite knew what it meant. It has a severe impact on certain individuals.

I will quote the comments of the Chief Public Health Officer, whose name has been invoked a great deal this evening as well as in other debates. Dr. David Butler-Jones said on October 26, on *CTV News*:

We have no way of predicting which 18 year old, which 10 year old, which 30 year old who's previously healthy will end up on a ventilator. The only way we can actually prevent that is ultimately to be immunized.

If I may say so, if nothing else emerges from this debate and discussion, perhaps the fact that a greater number of Canadians might decide that it is time for them to take seriously the risks and for them to make the choice to be immunized is a positive outcome.

In listening to the debate and explanations from the minister and also in reading much of the discussion that has taken place over the last several weeks, I have no hesitation—

By the way, I will be splitting my time with the member for Vancouver Quadra, who has been waiting patiently for me to utter these all important words, which I now do.

There seem to be three assumptions in place. The first one is that the second round, the so-called second wave of H1N1, would come somewhat later in the flu season than in fact it has.

The second assumption of policy seems to have been that one supplier would be best. I look across at my colleagues opposite who I would have thought ideologically might be a little uncomfortable with the notion that a single state-subsidized supplier is going to be the ultimate best solution for national planning.

The third assumption seems to have been that a low-key approach would be the best. The politest term that I think one can apply to the government's approach over the summer is that it was decidedly, from a public standpoint, low-key. The public was not widely informed about H1N1.

My colleague from Peterborough spoke earlier tonight and said he in fact had circulated a flyer throughout his riding. I congratulate him for that. I do not think there were 300 other members who did the same. Perhaps there were, I do not know, but the simple fact of the matter is that the public has not been particularly well informed on this matter, because the government decided for whatever reason that a low-key approach would be best.

 (2305)

There are these three assumptions, and we know one other fact, which is that from the time people get their shot, it takes 10 days for the immunization to take full effect. That is what we are told. That is what the experts tell us. That is what we read in the paper. So from the time people get their shot, they have 10 days in which they have a better chance of being protected from the spread of the virus than they would otherwise have.

These three assumptions have been widely shared. They might be called the conventional wisdom that has taken hold of the government. The government has relied on consensus and what it has heard from experts in saying this is the approach that it has decided is the best. There are at least three things that have followed from these assumptions. This is what we need to analyze, understand and recognize as posing a potential problem.

First, in terms of its impact and the severity of the illness, the second wave of H1N1 has started again without a vaccine being widely available, and in some cases, without a vaccine being ready at all. That is a fact. Members opposite might say, and many of them have, that I am politicizing and engaging in hyperbole. No. Actually, we are looking at the timeframes and saying, when one looks at when the wave started, the vaccine was not widely available. Perhaps the wave started sooner than was expected. We will need to know the answers to these questions.

Because of what we call a screw-up with respect to the production of the vaccine, there are people in vulnerable groups, including pregnant women, people under the age of 65 who have an underlying condition such as asthma or a heart condition or something else, and young people between the ages of 16 and 25, who are not getting the vaccine this week. They are not getting the vaccine this week because there is not enough vaccine available.

Again I stress that these are simple facts. They are not hyperbole. They are not exaggerations. They are not things that are being thrown around. They are facts. They are unfortunate facts, but they are a reality.

The second consequence from the decision to have a single supplier, and my colleague from Repentigny has referred to this, is that supplies are affected by bottlenecks and by changes in demand. In speaking today, the minister said that the reason they had a delay was because they decided that they needed to get the flu vaccine before the H1N1 vaccine, as if there is only one place to get the vaccine.

 (2310)

[Translation]

We do not live in a place where there is no competition. Other companies could have supplied the necessary vaccine, but the government decided that one single company would be responsible for supplying vaccine. I am telling my fellow members that we are all familiar with the problems associated with having a single source. Having a single source causes problems. That is the problem we have now.

[English]

The third consequence, the consequence of the low-key approach, is that the public is not quite as well informed as they need to be with respect to this question. A couple of comments have been made that I found interesting to listen to and important to analyze. The first is a comment by the minister and others. I think Dr. Butler-Jones may have said it, and I think it was the minister who said it. They said that they were not expecting the level of demand that was there. They were not expecting the responses from the public.

One can only ask, what exactly were they expecting? If a 13-year-old teenager, tragically, passes away, that is going to have an instant public reaction. That is going to cause a level of public concern. I know it is politically inevitable that there will be charges back and forth with respect to what is taking place.

We have asked tough questions. We have a responsibility to do that as the opposition. We have asked for a debate. We have a public debate, and that is a healthy thing. I think it is important that the public be informed, that they be aware of the public policy choices that have been made by the government, and that they be aware of some of the consequences of those choices.

If, in the course of events, the government decides to change course to become more active in its publicity and more engaged in its leadership role, and if the public can in fact be better informed as a result of the debate and the controversies and the comments that have been made, then I am one of those who thinks that is a good thing. That is a healthy outcome. It is important for Canadians to be well informed about this issue and it is important for us as Canadians to know the choices that we face.

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**Mr. Bruce Stanton (Simcoe North, CPC):**

Mr. Speaker, I appreciate the comments of my colleague opposite. Certainly as one sits and listens and reflects on what he had to say, one realizes that there are different points of view to express on this. However, the fact is that any one of us, and I think the comment was offered earlier this evening, can sit and be a Monday morning quarterback

on issues like this. It is easy to look in hindsight to see how one might have done things differently, but one cannot escape the fact that Canada has prepared for this situation. It is far ahead of just about every other jurisdiction in the world and has been complimented for that.

Just yesterday, Dr. Butler-Jones commented on the degree to which Canadians have been vaccinated. It is far above any other country and their response to this.

I appreciate what the member has to say, but would he not believe, when he considers the evidence, the facts and the gains that we have made on this issue, that we are making good progress, and when health officials--

 (2315)

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**The Deputy Speaker:** 

The hon. member for Toronto Centre.

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**Hon. Bob Rae:** 

Mr. Speaker, having been the first minister of a province, I have had my share of Monday morning, Tuesday morning, Wednesday morning, and Thursday morning quarterbacks. Indeed, many of those quarterbacks are still out there and many of them are at the opposite side, and 20 years later they still have advice and views with respect to what took place 20 years ago. So I am very familiar with the problem that he has described.

My one concern in all of this, and I have spoken with many public health officials and in fact have had several phone calls over the weekend from doctors and others, and the one comment that a doctor made, whose name I will not repeat for fear of embarrassing anybody, because he is a respected public health doctor, is that, as he said to me, we have to understand that one of the consequences of the shortages we are experiencing this week is that there are members of vulnerable groups who will not get vaccinated soon enough to protect them from the impact of the illness. He said that could have been prevented if we had not had the shortages and bottlenecks that we had, but we now have them and we have to deal with the consequences of that.

I can only say to the hon. member that part of the job of being in opposition is asking difficult questions and making difficult points.

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**The Deputy Speaker:** 

Order, please. I will just stop the hon. member so we can accommodate one more question, if that is all right.

The hon. member for Winnipeg North.

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**Ms. Judy Wasylycia-Leis (Winnipeg North, NDP):** 

Mr. Speaker, I appreciate the speech that my colleague has just given.

One issue that has not been touched on very much tonight is that in the midst of the shortage, the bottlenecks and the lineups was this absolutely shocking report about a clinic in Toronto, Medcan, getting access to the vaccine, and of course, then inoculating those clients of that clinic who had paid a very large user fee.

My question to the member is, what does he know about the situation? Why does he think it happened? What does he think can be done about ensuring that the rare supply of vaccine we have goes to those most in need?

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**Hon. Bob Rae:** 

Mr. Speaker, the answer to the first question is that I do not know anything other than what I read in the paper.

The second comment I would make is that I think everyone who receives the vaccine, whether it is a private clinic or whether it is a private doctor, has an obligation to follow the priorities that have been clearly established by every expert with respect to who should get vaccinated and who should not be vaccinated.

I would certainly share with the hon. member the sense that access to the vaccination should never, ever depend on one's means or the size of one's chequebook or the fact that one is a member of a clinic or not a member of a clinic.

As to how it would have happened, I think the simplest explanation is that the provinces each made decisions with respect to where the vaccine would go, whether it was made in one part of the country or another. There were other clinics, I am sure, in Quebec, in British Columbia and elsewhere that have received the vaccine, just as family doctors and others, all of whom are small businessmen, have received the vaccine.

I would just make the point to the hon. member that I think we all have to agree that the most important thing in these next days is to make sure that the members--

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**The Deputy Speaker:** 

Order. The time for questions and comments is over. We will go to the hon. member for Vancouver Quadra.

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**Ms. Joyce Murray (Vancouver Quadra, Lib.):** 

Mr. Speaker, as I take the privilege of speaking to this emergency debate, I am going to begin by adding to what the hon. member for Toronto Centre was saying about the government's low key approach to the issue of H1N1.

I am dismayed at how the government is not taking responsibility for the mistakes that it has made over the course of the last few months. Of course there will be mistakes. Without taking responsibility, the government is just defending itself. It is not learning from those mistakes. That is a disheartening condition that I have observed as a member of the parliamentary Standing Committee on Health.

I would like to put on the record the fact that all members on the Standing Committee on Health were determined to treat this as a non-partisan issue. Our job was to try to identify any gaps and put ideas forward, so the government could actually do a better job and be successful. The whole committee was dedicated to that.

The committee was not made up of a set of armchair quarterbacks as one member mentioned. The committee actually had some leading experts on pandemic preparedness. The committee had an ex-minister of state for public health, who herself had set up, in response to what was learned from SARS, the Public Health Agency of Canada with its budget to deal with pandemic preparedness.

There was a set of civil servants who had been working for members of the opposition and now working for government members. They were using a framework that had been set up by Liberal opposition members. Everyone was on the same page.

What started to become very clear was the fact that there were gaps. Opposition members on the committee pointed out that we needed to have updates in the summer because things were going wrong.

Committee members heard that aboriginal communities were not being listened to and were not being served. They heard from representatives of front line caregivers who said there was no coordination. We also heard that the front line people who had to deliver the vaccination and the preparedness plan were disconnected from the structure of the leadership.

In hearing those things, committee members took some clear steps toward ensuring that there were summer briefings. They had to drag agreements out of Conservative members in order for the committee to play an oversight role so that parliamentarians could know what was happening and to focus the committee meetings on H1N1 rather

than have them be scattershot over the fall on important issues but not yet emergency issues.

Members of the health committee played a constructive role and pointed out things that needed to be done in a constructive way. However, the government has had the pathological inability to take responsibility.

At the risk of sounding political, the government is very good at taking credit, whether it is for the way the public's dollars are spent, or in any number of other ways. Government members have been so obsessed with taking credit, they have forgotten how to take responsibility.

The theme of "Everything is okay. Don't worry there will be vaccinations for everyone. Don't worry, be happy. It's all under control" is a theme that we have been hearing at committee for months, meeting after meeting, despite the fact that we had been hearing from representatives of public health, chief medical officers and many other experts that "All is not well".

Yes, we have learned from SARS and there have been improvements, but all is not well. We need to do better. Now we are seeing some of that begin to crystallize. We are not doing a good enough job. Unfortunately, people are suffering as a result of the vaccines being ordered late. As a result of the confusing messages from the government, the supply of vaccines is drying up.



Not taking responsibility is a key theme with the minister and the government unfortunately and we heard it here tonight. The government has been blaming the provinces and territories, blaming medical experts for the government's own decisions, blaming drug companies, and now blaming the opposition as opposed to taking responsibility. Where is the leadership on this issue? It is completely missing in action.

Coming from Vancouver, I have another concern around the mismanagement of this issue that has led to the lineups and the panic, the shortages of vaccine, the lack of availability in the coming weeks, and the lack of information. I am going to take a moment to read some very worrisome news that the government needs to be aware of and perhaps is:

Quarantine was imposed in [Ukraine's] nine western regions due to the epidemic of the H1N1 influenza, commonly known as swine flu. It was also decided to declare a three-week ban on all mass events and introduce a three-week holiday period at all educational institutions.

In other words, schools are shut down. Public events are cancelled. A huge disruption to society in the Ukraine. According to the president:

We will introduce a special system to stop unnecessary travel from one region to another. We will cancel all mass meetings...for three weeks...We are considering (imposing) a quarantine not only in the west but also across the country, because the virus is spreading very fast.

I cannot comment on whether this is a proportionate response to a crisis in Ukraine, but it is incumbent on me to point out to the government that in less than 100 days now we will have half a million visitors coming to Vancouver in British Columbia for the 2010 Winter Olympic and Paralympic Games. Should we be in a situation such as the Ukraine, it would be a huge disappointment and a huge disturbance of the Olympics that Canadians are so excited about and so proud of.

Having been recently in Olympia where the Olympic flame was lit and in Victoria where it was received from Greece, the beginning of the relays across the country, I know how important the Olympics are after so many years of work from an economic perspective, the human perspective, the inspiration to youth and to sports, and the hundreds of thousands of visitors that will come to Canada. We have to do an absolutely impeccable job of preparing for this with the vaccinations, preparing and preventing Vancouver and British Columbia from continuing to be a hot spot and having to consider the Ukraine-type response.

The government has been letting British Columbia down. I heard from the provincial medical health officer a number of weeks ago when I asked whether there are adequate

resources from the federal government. I heard, "No, we have not received any cost-sharing for actually implementing vaccinations".

At the committee I asked the head of the public health agency if there is a shortage of resources for the provinces and I was told, "No, there will be adequate resources". But going back to the Vancouver chief medical officer I was told there is no funding for the delivery of a mass vaccination program. That will cost between \$8 and \$10 per person. That is \$25 million to \$30 million in British Columbia and not a dollar from the federal government. That is historic, the first time in history that there has been a mass vaccination with no resources from the government.

I call on the government, as are the Liberal MPs, to put back the \$400 million set aside for pandemic response by the Liberals in budget 2006 for this time period, support emergency planning to help local health authorities cope with this issue, and divert the \$60 million from the Conservatives' self-advertising of their economic plan and partisan misuse of funds into the pandemic so that people can properly understand what they need to do and respond to that.

  (2325)

I call on the government to take responsibility and stop taking credit.

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**Mr. Patrick Brown (Barrie, CPC):**

Mr. Speaker, in regard to the words from the hon. member for Vancouver Quadra, I think that instead of attacking the situation, we should be very proud of the health care workers in Canada and proud of the role Canada has played in the world.

There has been more vaccination delivered per capita than any other country in the world. I think we should be telling Canadians how proud we are of the role that our health care workers are playing along with the excellent work of the Public Health Agency of Canada.

We should talk about the incredible co-operation we are seeing in this country. If I could quote Dalton McGuinty, and I would like to hear the member's comments in regard to this, he said, just last week, that overall we are working the best we can, working closely with the federal government. They decided, by and large, on certain protocols, what is best when it comes to delivering this vaccine. He said he is not an expert.

I think there has to be a debate at one point in time as to the best time for delivering the vaccine, who should be in the first wave, and who should be receiving it. He said that it is being done in a timely way and that a lot of thought has gone into this, a lot of expertise went into this, and we see governments of all stripes working together, believing they are doing the best job.

Does the member for Vancouver Quadra not see the achievements happening in Canada, not just the negative?

  (2330)

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**Ms. Joyce Murray:**  

Mr. Speaker, I see a public health system under strain.

I see health authorities in British Columbia and other provinces that are already maxed out with their public health obligations now being asked to deliver mass vaccination programs without a dime of assistance from the federal government.

I see people working overtime. I see a shortage of resources to actually deliver this in Vancouver. I would encourage the member to think about the results we want. We have heard many reasons why things have gone off the rails. We might hear a lot of reasons why we have a disaster.

What we actually need are results. That means taking responsibility where there are errors, putting corrections in place, and being willing to listen when there are errors.

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**Mr. Robert Oliphant (Don Valley West, Lib.):**

Mr. Speaker, earlier this afternoon I received a very heartfelt email from a constituent living in Leaside, who asked very clearly that I not try to score political points in this debate tonight but instead try to reach a constructive conclusion to this.

The question I have comes directly from this email. It is from a father of a one-year-old and a three-year-old, two daughters, both diagnosed this past weekend with H1N1, and both now on Tamiflu. The concern that he has, however, is the difficulty he had in getting the medicine, Tamiflu, the rationing that is going on with that, and the availability of it in a form that a one-year-old can take. It was not available.

I am wondering if the hon. member, as a member of the health committee, heard from the government about access to Tamiflu, not the vaccine but Tamiflu, as a treatment. As the member for Toronto Centre said, as this pandemic progresses and we are not able to actually stop it, maybe we are going to have to try to cure it as it comes.

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**Ms. Joyce Murray:** 

Mr. Speaker, I would say that primarily what we heard in the health committee were various versions of: "Do not worry, be happy. There is enough dosage for everyone. Everybody will get it".

What we are seeing now is a great deal of concern. There is a great deal of chaos and misinformation in the meantime. I cannot say that we have had clear information about how things will actually be delivered, either in the preventative vaccination or in the post-illness treatment.

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**Mrs. Joy Smith (Kildonan—St. Paul, CPC):** 

Mr. Speaker, we just had an outstanding presentation in committee from the Health Minister. She has been to the committee many times. Dr. Butler-Jones, Dr. Plummer, and all the leading health officials in Canada are keeping everyone informed on a daily basis. They are keeping Canadians informed through a gigantic media program across the country.

I really think that it is very important at this time to not politicize the pandemic but to work together. Would the member not agree with that?

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**Ms. Joyce Murray:** 

Mr. Speaker, first, I acknowledge the chair for her leadership in the early time period with the committee dealing with H1N1. However, I am forced to go back to my original point, which is it is not about the job that Dr. Butler-Jones has done, or anyone else. It is about the need for the government to take responsibility when there is feedback about what has not worked and what can be improved. We are not seeing that tonight and we have not been seeing that from the minister.

 (2335)

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**Ms. Niki Ashton (Churchill, NDP):** 

Mr. Speaker, I will be splitting my time with my colleague, the member for Algoma—Manitoulin—Kapuskasing.

First, I begin by reiterating and further supporting the proposition that the leader of my party, the New Democratic Party, made earlier tonight. It is certainly something that

our health critic from Winnipeg North has been fighting for as well. It is the idea of what the role of the federal government is at this stage in the game.

We have been rehashing and going over the past few months time and time again, but I reiterate the point that we need the federal government to take a stand, to take leadership and to commit to financially supporting the work currently being done on the ground with respect to the rollout of the vaccine, as well in terms of dealing with the flu as it goes on.

We need to reassure the partners on the ground, whether they are provincial governments or first nations governments, that it is important, at this time, for them to go all out, to give everything, to put the personnel on the front lines with the support they need to ensure the messages get out, communications-wise, and to ensure we invest in this effort 100%. The only way people will do that is when they know the federal government is there to support those efforts. As we all know, it really comes down to the finances.

That proposition is so important to me as the member of Parliament for Churchill. I know what H1N1 means in our region. I had the opportunity earlier to ask a question of the Minister of Health. For me, H1N1 is a very shocking reality that has been part of the region I come from for quite some time now. The first wave of the flu hit us among the hardest, certainly per capita, in its level of impact compared to many other regions across the country. The impact of H1N1 has been felt most by not only northern Manitobans but by first nations. I want to emphasize that it is not only by first nations in remote communities but first nations across the region.

The experience of working with chiefs, with leaders and with health care workers on the ground has been a very trying because of the challenges they have had to face. It was very disillusioning to see that the chiefs, Chief McDougall, Chief Harper and Chief Knott of the Island Lake regions, were getting basically a response of silence by the health minister when more people were being impacted than they had previously anticipated. That silence was a direct reflection of the lack of commitment and concern when it came to what first nations faced.

While I have heard declarations in some of the positive directions that are taking place, I question what that means in terms of action. We heard that the Assembly of Manitoba Chiefs had to go out and fund raise to get flu kits that the federal government said were not needed, flu kits that contained Tylenol and thermometers, things that are not easily accessible in remote first nations communities. Essential tools in fighting this pandemic were denied by Canada's government, the government that has the fiduciary obligation to first nations.

 (2340)

Time and time again there were real communication challenges for people in regional offices. That breakdown in communication with first nations that were on the front lines of this pandemic was disillusioning as a Canadian, certainly as a member of Parliament, and was a real signal of things to come.

Many of us back home have anxiety, as do many Canadians, because we know what happened beforehand. Some of that sentiment was an inspiration for people to get on board in terms of planning and networking, but the question of funding and financial support for these initiatives is extremely pertinent.

Two weeks ago I met with people working with the MKO, Manitoba Keewatinowi Okimakanak. People show up at the door of the health office. They told me about a family that showed up at the door of the office in Thompson. The family needed a house because there was overcrowding in the community. The family knew that overcrowding helped H1N1 spread. The family wanted to avoid that. It wanted to avoid its children getting sick.

Organizations are trying to cover everything, from concerns about health care professionals coming into communities and avoiding things like burnout. They are trying

to be in touch with the federal agencies in the work they are doing. They are having to do everything, including being asked to find homes for people, something that is not written in any document when it comes to the job they are supposed to do. This is the level of anxiety and these are the kinds of needs we face in the north.

MKIO made a proposal, which I supported, asking for direct funding when it came to some of these support roles. We heard it was under consideration, but have yet to hear whether anything will be done. I hope it is an area that is considered for financial funding, recognizing that organizations and people are working long hours day in and day out with great stress. They want to ensure they have the supports needed.

I also I was pretty horrified to hear that when organizations asked for extra supports, initially they were told to pull out from other programming. What are they supposed to pull people out of, addictions work, suicide prevention? In a moment of need, are these the kinds of priorities people are supposed to choose?

All these services are important in first nations and northern communities. It is pretty disgusting to hear that people are expected to take funding out of essential services to deal with a global pandemic, which we have known for some time was going to hit us.

First, I hope this area is very much considered, especially when it comes to working with first nations, as I noted, because of the fiduciary obligation.

Second is the element of communication. I know it is a recurring theme. I visited my home town of Thompson and people asked me if they should get the vaccine. This is a real sign that the message is not getting through to Canadians, the confidence and information they need and the anxieties they have.

As a member of Parliament, while I would like to think that I can show leadership on a number of areas, the medical area is one that we need to be communicating on a lot better and the federal government needs to be showing leadership on.

A lot of work needs to be done. Much of our discussion is focusing on the here and now, as it should, but I hope we can work together at looking at some of the next steps we need to be taking as we fight this virus across our country, for first nations, northerners, rural Canadians and Canadians from coast to coast to coast.

 (2345)

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**Mr. Rob Clarke (Desnethé--Missinippi--Churchill River, CPC):** 

Mr. Speaker, the member's riding is in northern Manitoba, which neighbours my riding in northern Saskatchewan, and her riding consists predominantly of aboriginals.

My question is about the ten percenters that have been sent out by the Liberal opposition. What is her opinion of the ten percenters and how did it affect her riding? Did she received one from the Liberal leader, the member for Etobicoke—Lakeshore, and how were they received by her constituents?

Also, I am curious how the ten percenter from the member for St. Paul's was received and her personal opinion of these ten percenters.

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**Ms. Niki Ashton:** 

Mr. Speaker, our riding received one of the ten percenters and it was a shocking image, an inappropriate image. I understand a discussion took place in committee. I am glad to see it was raised by people like the Grand Chief who also felt very strongly about it.

The substance, being the question of the body bags, of which there are all sorts of theories that have been put forward in terms of what happened, has to be dealt with. At the end of the day, it is very important that we continue to look ahead to see how we can best support first nations and not use them for shock value or drama, but to listen to them, listen to their needs and be there to support them.

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**Hon. Larry Bagnell (Yukon, Lib.):** [↕](#)

Mr. Speaker, I thank the member especially for mentioning the special aspect of aboriginal and rural communities.

I come from the farthest riding from Ottawa. I can tell the House that all Canadians are at risk. It is very important that they are all protected.

The member made an important point about people asking her whether they should be immunized. The member for Toronto Centre made the important point that if anything should come from this debate, it is very important that people set aside their concerns and be immunized.

Could the member elaborate on that point?

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**Ms. Niki Ashton:** [↕ ↻](#)

Mr. Speaker, I have made it clear that I plan to get the vaccine at the earliest possible time. Given that I am not in the first set of priorities to get vaccinated, that the people in my region, my neighbours, my friends, people who live in communities that I represent need it more than me, I have also made it clear that they should get it done.

I also want to highlight as well that I, like many Canadians across our country, do not have a family doctor. Therefore, it makes it a bit challenging to engage in the medical discussions. It points to the real weaknesses of our health care system and the need for us to step up and not only deal with supporting our health care system when it comes to crises but support it throughout so we all have the care and that relationship to the health care we deserve throughout our lives.

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**Ms. Judy Wasylycia-Leis (Winnipeg North, NDP):** [↕](#)

Mr. Speaker, would my colleague comment on the situation that we learned of today with respect to private clinics in Toronto and in Vancouver getting access to the H1N1 vaccine and being able to give this vaccine to highly paid wealthy individuals, while people in her constituency, who are living in poverty, are wondering where they are going to get their vaccine?

Today, the Canadian Health Coalition put out a press release and basically said:

Priority flu shots are meant for people at high risk, not those with high incomes...It's queue-jumping plain and simple.

How does my colleague feel about this issue?

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**Ms. Niki Ashton (Churchill, NDP):** [↕](#)

Mr. Speaker, I thank my colleague for bringing this up time and time again. It is absolutely shocking. It is time we see the federal government take a stand for a system that we are so proud of as Canadians, the medicare system. I am proud to be part of a party that fought for it.

This is the time for the government to stand up, put its foot down to ensure that this does not happen. It should work with the provinces because it is unacceptable and unjust.

[↕ ↻](#) (2350)

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**Mrs. Carol Hughes (Algoma—Manitoulin—Kapuskasing, NDP):** [↕](#)

Mr. Speaker, I stand before you tonight, as have many others, to discuss the serious issue at hand, which is the lack of H1N1 anti-virus.

I have to say that many of us have been quite worried as to whether the government had a good handle on the situation at hand. It became evident toward the end of last

week that our fears were well founded. As the weekend progressed, we heard about the long lineups at clinics. Then we heard about clinics turning people away. We heard about pregnant women waiting for hours on end, standing in lineups. That was followed by the headlines this morning about private clinic patients jumping the queue.

Had the Liberals and the Conservatives stopped privatization of health care and did what Canadians expected government to do, which is to enforce the Canada Health Act, we would be living in what the father of medicare's vision had founded. Our universal health care would not be two tiered and jumping the queue would not be an issue.

Tons and tons of concerns have been voiced in the House throughout the day and this evening. The issue is of great concern for many people.

A couple of months ago I visited the Pic Mobert First Nation community in my constituency. The residents had some concerns with regard to the directions they were being provided to get ready for the H1N1, such as to name someone to take care of the H1N1 virus in case it hit and to name someone to get out the protocol. The only thing is there was no money attached to hire a person. They wondered what they should do in the meantime. Should they stop giving the preventive medicine that they are giving for the high rate of diabetes in their community? That is a shame. This is a first nation community.

We heard from other members with regard to the impact on first nations. We heard about the situation in Manitoba. Some of the highest rates of H1N1 illness are on first nations.

What is of great concern as well is that there is a high amount of tuberculosis in these communities. It is all linked to the fact that there is poverty, a lack of water and a big problem with housing.

I met with an elder from Nunavik last week. It was quite evident that even in Nunavik, and we know that the Minister of Health is from Nunavik, there are big concerns with regard to the housing crisis. People are packed into houses. It is almost as bad as what is happening in our jails these days, where two, three or four people are being packed into a cell that is supposed to hold one person.

Getting back to the first nations, the newspapers showed today that TB is at an all-time high. We probably are experiencing one of the world's biggest pandemics with regard to tuberculosis. It is 100 times the amount that we have seen in other communities. This is only in Manitoba. It is a shame that we are seeing this over and over again. We do need a government that will act on that.

I received a call from one my constituents in White River. The lady was very worried. We have been telling people to get vaccinated, to get the H1N1 anti-virus. We have been telling people to get that needle and yet, when they go to get it, they are turned away. She was very worried because her son is a severe asthmatic and he is high risk. We had to make arrangements. We had to tell them how high risk her son was and that he really needed to get his shot. Finally, they agreed to give him the shot. That family will sleep well tonight, but there are many more families that will not be sleeping well tonight because they are at high risk and they do not know whether they will be able to get their shots tomorrow.

We heard about the young boy in Timmins who passed away. There are a few others, one in Ottawa and I believe one near Toronto. It is a sad thing that people are dying. These were healthy people.

We have been telling Canadians to get vaccinated, that we are going to be ready to roll this out. The government did not say it was going to be a pilot project and that maybe there would only be enough serum for a couple of days. It is sad that the government cannot see fit to ensure that there is enough vaccine for people.

 (2355)

The best thing that happened tonight was something our leader did. The member for Toronto—Danforth got up and indicated the solutions that we should be looking at at this

point. There needs to be better communication. We need to take some of those ads that the current government is running with regard to the infrastructure stimulus and redirect that money into better education on the anticipated vaccine that we hope is going to be coming through again soon, and we need to fund initiatives to help these provinces and communities to deliver those.

As some of my colleagues have indicated through the night, there have been some very serious concerns with respect to how the government has handled the H1N1 file. It would appear that we are seeing a situation similar to the SARS outbreak, which the government cannot seem to get a handle on. We are really hoping that the government will work with opposition members to ensure that everybody's voice is heard and that the communities are not being left out in the cold, as we are seeing today.

I want to go back to first nations. I have also not yet mentioned rural communities. In rural communities, it is not very easy for people to displace themselves to go and get the medical help that they need. Some people have to travel quite a ways and others do not even have a way to get there.

I will just mention my communities of Pic Mobert First Nation and even Manitouwadge. If they had to go somewhere else to get their shots, it would be very difficult for them to get out of their community because there is no public transportation there. People from Pic Mobert have to travel at least 20 minutes to get to the highway to take a bus to go see the doctor. These communities are finding themselves in hard times and now in harder times, because we are saying that for them it is not a big deal and that they will eventually be able to get the vaccine when it becomes available.

I must reiterate a lot of the information that was provided here tonight. I sit on the health committee, and I know the committee has had a lot of concerns about what has been transpiring here. Lots of questions have been asked. We were always told that everything was rolling out and that everything was on time. Obviously, it has not been.

I think I have said just about all there is to say on the issue, except that we would really like the government to apologize to those who have not been able to get the vaccine and to ensure that it gets back on board and does everything it can to make sure that people have access to that.



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**The Deputy Speaker:**

It being 12 a.m., I declare the motion carried. Accordingly, the House stands adjourned until later this day, Tuesday at 10 a.m., pursuant to Standing Order 24.

(Motion agreed to)

(The House adjourned at 12 a.m.)

