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Chair

Mrs. Joy Smith

Standing Committee on Health

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● (0905)

[*English*]

The Chair (Mrs. Joy Smith (Kildonan—St. Paul, CPC)): Ladies and Gentlemen, I want to welcome you all to the health committee this morning.

Dr. Plummer, thank you for joining us via video conference. It is very pleasant to see you here this morning.

Dr. Butler-Jones, we are so glad to have you here this morning as well.

Dr. Bennett.

Hon. Carolyn Bennett (St. Paul's, Lib.): Madam Chair, I think it is a very serious thing for the future of Parliament and the ability of Parliament to hold government to account that the three ministers who were expressly called in a motion by this committee on April 17 have chosen not to come.

Mr. Colin Carrie (Oshawa, CPC): Madam Chair, can I do a point of order?

The Chair: Dr. Carrie.

Hon. Carolyn Bennett: I'm in the middle of a point of order, actually.

Mr. Colin Carrie: Well, actually you weren't.

Hon. Carolyn Bennett: Yes, I was.

Mr. Colin Carrie: No, there was no point of order.

The Chair: There was no point—

Hon. Carolyn Bennett: It was a point of order to the clerk.

The Chair: Order.

An hon. member: I didn't hear you.

Hon. Carolyn Bennett: Then turn up your hearing aid.

An hon. member: You never said point of order.

Hon. Carolyn Bennett: I did. I said point of order to the clerk. I did.

The Chair: I will suspend this committee if I am interrupted one more time. I am trying to straighten this out. I did not hear “point of order”.

I recognized Dr. Bennett, and now I am recognizing Dr. Carrie.

Mr. Colin Carrie: Thank you very much, Madam Chair.

On my point of order, I would like to point out that we have had three meetings on this subject. The tone of this committee is disturbing to me, and frankly it is totally out of line.

I have listened and watched my opposition colleagues make allegations and pass on second-hand hearsay that suits their personal political needs more than addressing the facts and the issues we have at hand at this committee.

What the member was bringing up is totally absurd. The Minister of Health and the top doctor and scientist of this country have graciously returned, at your request. They have been open, transparent, and they do not play politics with the health and safety of Canadians. It's a shame that the opposition doesn't share this policy.

An hon. member: What is your point of order?

Mr. Colin Carrie: I am getting to that.

Our Minister of Health has been more than accommodating. In the last year she has appeared before committee six times.

That's not all, Madam Chair. Our top officials have appeared 23 times. During the H1N1, the members opposite were offered countless briefings by our government to keep them apprised of the situation and answer any questions they had. As well, members of this committee were offered the opportunity to tour the National Emergency Operations Centre to gain better understanding of the process. Why was that? It was because our Minister of Health believes that all members of Parliament need to be informed and that the health and safety of Canadians should never be compromised by partisan politics. Briefings have been offered immediately on issues of interest to the members opposite, often at the initiative of the minister—for example, the recent briefing on isotopes by Dr. Sandy McEwan.

Hon. Carolyn Bennett: This is not a point of order, Madam Chair.

Mr. Colin Carrie: Yes, it is. I am going to finish.

She appeared and she offered that briefing because she thought it was an issue of importance to Canadians—

Hon. Carolyn Bennett: This is not a point of order; it's a prepared statement from the PMO.

Mr. Colin Carrie: —and that you should know about it. Everybody here should know.

And when all is said and done, how many hours have our minister and top officials been here in committee to participate in the briefing of the opposition members? It has been well over 75 hours. Collectively they have spent as much time here as members of the committee have.

Shamefully, they have the nerve to condemn her because she did not have the time—and this is what I`m getting at—with less than one week's notice, to return to this committee to repeat the facts and provide information that she had already done mere weeks ago. This is unacceptable, and I believe our minister deserves an apology. Unfortunately, I don't think that is going to come. The federalist and sovereignist coalition across from me are all reading from the same set of talking points, and they refuse to accept the truth.

Hon. Carolyn Bennett: Oh, this is very good prose from the PMO. This is excellent

Mr. Colin Carrie: Madam Chair, you have heard testimony from the senior public health officials—

The Chair: I am calling this committee to order.

Hon. Carolyn Bennett: No, you call him to order.

The Chair: Sit down, Dr. Bennett, please.

Hon. Carolyn Bennett: This is not a point of order. This is a prepared statement from the PMO.

The Chair: Go ahead, Dr. Carrie.

Mr. Colin Carrie: This is my point of order, Madam Chair. She brought it up. She brought up the minister, she brought up the—

Hon. Carolyn Bennett: No, we passed a motion in the committee for the minister to appear. It is the will of this committee.

Mr. Colin Carrie: Madam Chair, we heard testimony from senior public health officials and the Gates Foundation. There was no political interference in the cancellation of the vaccine manufacturing facility.

An hon. member: Well, that's what we're here to find out.

Mr. Colin Carrie: It is absolutely unacceptable that some of the opposition members of this committee play politics on the federal taxpayers' dime. As a result of continued partisan political campaigning, this committee has recalled two extremely busy people—

Hon. Carolyn Bennett: Why is he doing a point of order in the middle of what I asked for as a point of order, Madam Chair?

Mr. Colin Carrie: —Dr. Butler-Jones and Dr. Plummer, have graciously agreed to come back again, mainly on account of the allegations from the local Liberal candidate—the twice-failed Liberal candidate in Winnipeg—who also happens to be the former CEO of ICID.

As a result of these second-hand allegations, we're holding an additional meeting so that members opposite can—

Hon. Carolyn Bennett: No, it's so we can hear from the ministers. That's what the motion said.

Mr. Colin Carrie: —throw more slanderous accusations and insults at Conservative members, ministers of the crown, and top medical officials—

Hon. Carolyn Bennett: This is total contempt of Parliament, Colin.

Mr. Colin Carrie: —of this country.

Madam Chair, I have the floor.

Hon. Carolyn Bennett: You do not.

Mr. Colin Carrie: This is a federal parliamentary committee, and we should require a higher standard of evidence than second-hand information from a former and current—

Hon. Carolyn Bennett: How about first-hand, from the minister?

Mr. Colin Carrie: —twice-failed Liberal candidate.

Madam Chair, this is a parliamentary committee, and we should treat it as such. My colleague from Winnipeg, Ms. Wasylycia-Leis, said during the last meeting that she was embarrassed to be Canadian. Well, frankly, I'm embarrassed to be sitting here listening to such unparliamentary conduct. Shame on her. Shame on you. Let this committee return to important business, such as the issues we have been looking at today, instead of a witch hunt, a hunt by the federalist coalition. Or is this a separatist or sovereignist coalition?

Hon. Carolyn Bennett: Oh, please.

Mr. Colin Carrie: What's going on, Madam Chair?

That's my statement.

Hon. Carolyn Bennett: That was really overwritten.

The Chair: Thank you, Dr. Carrie.

I would just like to say at the outset that number one, you recognize the chair, not the clerk, if you have a point of order. I didn't hear a point of order. Number two, there wasn't any point of order. I know that.

● (0910)

Hon. Carolyn Bennett: Could you ask the clerk whether I asked if I could raise a point of order?

The Chair: If you interrupt me any more, I'm going to suspend this committee. That's what's going to happen.

Hon. Carolyn Bennett: That's what the ultimate goal is.

The Chair: If you're going to scream and yell, we're not going to get any information.

Hon. Carolyn Bennett: Could I finish what I started?

The Chair: What I'm going to ask you to do now, Dr. Bennett, please, is to raise your point of order, and I won't interrupt you. We each take our turns here.

Dr. Carrie, I trust that you won't be shouting at Dr. Bennett.

Okay, go ahead, Dr. Bennett.

Hon. Carolyn Bennett: I would like to move that the committee express its concern—

Mr. Dean Del Mastro (Peterborough, CPC): Point of order.

You cannot move a motion on a point of order.

Hon. Carolyn Bennett: Well, then it wasn't a point of order, as you said.

Mr. Dean Del Mastro: What's wrong with you? If you're on a point of order, there's no moving a motion, Dr. Bennett.

Hon. Carolyn Bennett: I've been recognized by the chair. I excuse myself that it was not a point of order, obviously.

The Chair: Can you just calm yourself, please?

Hon. Carolyn Bennett: I would like to move that the committee express its concern to the House.

We already explained last week, on Tuesday, that if the ministers did not appear, then this committee would choose to report back to the House that the ministers have not appeared, in keeping with the motion this committee passed on April 17. I think there is the will of this committee to report back to the House that Ministers Toews, Aglukkaq, and Clement did not appear before the committee on April 22 in relation to the study on the cancellation of the HIV vaccine manufacturing facility under the Canadian HIV vaccine initiative, as requested by a motion adopted by the committee on April 17, 2010.

The Chair: Thank you, Dr. Bennett.

Now we'll go to Dr. Carrie.

Mr. Colin Carrie: This is outrageous, as I said in my earlier point of order, that they would make such allegations and basically call our ministers liars and ask them to come to committee with just one week's notice. It's outrageous, especially when you look at the committee over the last year. The officials have come here 23 times, Madam Chair. The minister and officials have come for six hours, five times. Other briefings were 36 hours. What's being brought forward is incredibly outrageous and should not be allowed.

The Chair: Go ahead, Mr. Del Mastro.

Mr. Dean Del Mastro: Thank you.

This is just a matter of debate on the motion put forward by the member. This is not a point of order.

The member has put forward a number of frankly salacious comments. She wants to condemn officials of the government and ministers of the crown because they didn't appear on apparently a couple of days' notice.

Dr. Bennett, you know what? That's entirely unreasonable. We've given Liberal members weeks' notice at committee, just since I was elected in 2006. Let's not even go back to when you were in government, Carolyn. And I remember—

The Chair: Can you address the chair, please, Mr. Del Mastro?

Mr. Dean Del Mastro: I apologize. I'll address the chair.

What Dr. Bennett should be well aware of is that members of her own party often just ignore committee requests to appear. In fact, I recall, for example, that when we were at the ethics committee looking into the Mulroney inquiry, we called a number of current Liberal members to appear. These aren't even ministers of the crown. They just ignored that invititation. Frankly, that was authorized by the majority of members of the committee. They never came. I remember when they dragged us in during the summer.

Hon. Carolyn Bennett: They refused to come, Dean.

Mr. Dean Del Mastro: Well, you know what? Since you want to bring that up, Dr. Bennett—

The Chair: Mr. Del Mastro, can you please address the chair?

Mr. Dean Del Mastro: We have a dialogue going, though, Madam Chair. It's difficult, but I'll do my best.

The Chair: I know. Please don't shout and scream. This is a rule here.

Mr. Dean Del Mastro: Okay, I'm going to keep it level.

Hon. Carolyn Bennett: The project in your riding was killed too, Dean.

Mr. Dean Del Mastro: Madam Chair, the point being brought forward by Dr. Bennett is that they have requested ministers to appear with a few days' notice and that it's outrageous that three ministers of the crown didn't appear with a week's notice. Let's say it is a week; I think that's—

Hon. Carolyn Bennett: It was passed by the committee.

Mr. Dean Del Mastro: And it was passed by the committee. Isn't that outstanding?

Hon. Carolyn Bennett: It's democratic.

Mr. Dean Del Mastro: The real point here, Madam Chair, is that people have schedules; they have commitments. Often ministers of the crown have their schedules built out months in advance.

Hon. Carolyn Bennett: Let's table their schedules for today.

Mr. Dean Del Mastro: Now, what is really different is that when we had called members of the opposition to other committees, giving them a week's notice, they in fact indicated they would never appear—

Hon. Carolyn Bennett: Out of order, Madam Chair. That's nothing to do with what we're talking about.

Mr. Dean Del Mastro: When we looked into the in-and-out at the ethics committee.... By the way, Elections Canada has since ruled the Liberals were completely unfounded on that. It was nothing but political and partisan posturing on behalf of their party. That's what they did. They brought that forward for nothing but partisan gain. We've gone to court and been completely exonerated of that. I'm looking for Carolyn's release on that where she might in fact indicate that she and her party were wrong, but I doubt that I'll actually see that.

In this case, we want—

● (0915)

Ms. Joyce Murray (Vancouver Quadra, Lib.): Is this relevant to the business of this committee?

Mr. Dean Del Mastro: Yes, actually, it is.

The Chair: Excuse me. I will address you when your turn comes.

Ms. Joyce Murray: This is not relevant to the business of the committee.

Hon. Carolyn Bennett: Or to the motion.

The Chair: Mr. Del Mastro, could you make sure that everything keeps relevant? I'm sure you will.

Mr. Dean Del Mastro: Of course it's relevant.

Was that a point of order, Madam Chair? I just want to understand, because I actually have the floor, since I'm debating the motion on the floor.

The Chair: That's right.

Mr. Dean Del Mastro: Was that a point of order?

The Chair: I didn't hear that.

Mr. Dean Del Mastro: I didn't hear that either.

So here's the point. The motion is that they want to condemn ministers for not showing up with seven days' notice. What's relevant is that we have to analyze what happens at other committees. Is this motion reasonable? It is not reasonable. It's highly unreasonable, and they know that.

If the honourable member would like, Madam Chair, I'm pretty sure that with a few days' notice I could put together a list of all the Liberal ministers who took more than a week to show up at committee over their 13-year reign, or the decade of darkness, as General Hillier described it.

The Chair: Mr. Del Mastro, could we just—

Hon. Carolyn Bennett: Refusing to appear is different.

The Chair: Dr. Bennett, I'm not going to recognize you if you interrupt me. I'm going to give you your turn, if you can just calm down a little bit. I will give you all the time that you want.

Dr. Bennett.

Hon. Carolyn Bennett: The point that this motion is meant to outline is that there's a difference between being indisposed because of a schedule and an outright refusal to come to committee to discuss this. The three ministers indicated to the clerk that they would not be coming. It was not "Could you move it to a week later?", or "Could you move it to a month later?" They are saying they are not coming to testify on this issue. The majority of this committee decided they wanted another meeting to actually allow the ministers the opportunity to clear whatever allegation or whatever insinuation they were concerned about.

We are having to put a line in the sand that Parliament needs to have the power to hold government to account. If ministers refuse to come to committee, the only option we have right now.... Because of the previous collegial atmosphere of Parliament, where we didn't have the power to subpoena ministers because it was viewed to be a collegial way, we didn't compel one another as members of Parliament to have to come before a committee. That collegiality always meant that the minister came. It was at their convenience sometimes, but the minister came.

It is only with this Conservative government that we see outright refusals of the ministers of the crown to be accountable to the committees that are supposed to be offering the oversight for Canadians on the work of this government. Parliament must be able to hold government to account. That means the ministers must come.

It is imperative that we report back to the House—

Mr. Colin Carrie: A point of order, Madam Chair.

Hon. Carolyn Bennett: —that these ministers have refused to come on this topic.

The Chair: Okay, Dr. Carrie.

Mr. Colin Carrie: A point of order, Madam Chair. This again is outrageous. The minister has been in front of this committee numerous times. She has addressed this issue. Our officials have addressed it.

The Chair: This is not a point of order. What rule has been breached for this to be a point of order?

Mr. Colin Carrie: Madam Chair, what we're talking about is unparliamentary language and the business of this federal parliamentary—

The Chair: Dr. Carrie, I'm going to interrupt, because it is not a point of order.

Mr. Dean Del Mastro: Point of order.

The Chair: Mr. Del Mastro.

Mr. Dean Del Mastro: Thank you.

Madam Chair, there has been a suggestion by the member that the minister has refused to appear. The record shows that the minister has appeared on this issue. That's my point of order.

The Chair: Thank you, Mr. Del Mastro.

Mr. Malo.

Hon. Carolyn Bennett: "Refused to abide by the motion" is what my motion says.

The Chair: Mr. Malo, would you continue?

[*Translation*]

Mr. Luc Malo (Verchères—Les Patriotes, BQ): Thank you for giving me the floor, Madam Chair. I was somewhat surprised by Mr. Carrie's remarks about the Bloc Québécois in this matter. I asked him to refer to the type of questions that were asked. They were always very clear and always directed at two things. The first involved understanding the sequence of events to see whether things could have been done differently in order to avoid disagreement and disappointment on the part of people who have submitted proposals for building new vaccine manufacturing facilities. The second aspect addressed was what will happen to the funds that the Gates Foundation and the government had put on the table for building those facilities. That is what our questions have always been about.

We decided to agree to hold this third meeting for the sole purpose of getting clarification from the Public Health Branch and from the Minister of Health to find out what will become of the funds allocated. At the two previous meetings on this subject, the answers we were given were somewhat vague and amorphous. Today, I am very pleased to have Dr. David Butler-Jones with us and I would like to be able to ask him that question and to do the same with Dr. Plummer. I am asking for the clerk's opinion on that. Is the minister required to accept the invitation and the committee's motion? I think it is more a question of the committee's standing orders that I would like to ask her. If I could get answers to our questions from Dr. David Butler-Jones and Dr. Frank Plummer, I would be entirely satisfied. That is all I had to say.

● (0920)

[*English*]

The Chair: Could I answer your question?

[*Translation*]

Mr. Luc Malo: So I totally reject what Colin Carrie insinuated about us. I find it extremely regrettable.

[*English*]

The Chair: In answer to your question, Monsieur Malo, a minister does not have to accept that invitation, and certainly doesn't have to do it on very short notice, or at any time, but you can report it to Parliament.

There's one more speaker. Following that, I would be so appreciative if we could hear the presentation and get to the questions.

Dr. Carrie.

Hon. Carolyn Bennett: What about the motion?

Mr. Colin Carrie: Thank you, Madam Chair.

I just want to address the comments of my colleague from the Bloc. He did say there were two major points that he wanted put forward. One is the sequence of events for proposals. I believe the officials and the witnesses have gone through that already a number of times.

He mentioned, what would happen to the funds? Again I think it has been very clear. We heard from our witnesses that the funds are still on the table. The minister, last time, did mention that. I hear allegations that the minister has not addressed this issue, but she was very clear to say that the funds are still on the table.

We heard from our witnesses that because of the global nature of AIDS research and the rapid developments that are occurring, they are currently working on a new strategy for AIDS research globally. We heard from I believe it was the Gates Foundation that as that new strategy is developed, they will be able to decide how those moneys are best funded.

I think everyone around this table has an interest in making sure that the Canadian tax dollars are going to be used for what they were put aside for—in this case, AIDS research. They shouldn't be used for partisan political gains, where one political party perhaps would be trying to use federal resources for political purposes.

The Chair: Thank you, Dr. Carrie.

Now I'd like to get to the motion. Dr. Bennett, would you be so kind as to read the motion into the record?

Hon. Carolyn Bennett: Yes.

> That the committee expresses its concern to the House that Ministers Toews, Aglukkaq, and Clement did not appear before the committee on April 22, 2010, in relation to the study of the cancellation of the HIV vaccine manufacturing facility under the Canadian HIV vaccine initiative, as requested by a motion adopted by the committee on April 15, 2010.

The Chair: Thank you.

Mr. Dean Del Mastro: I'd like to propose an amendment to the motion. It would simply read:

> The committee understands that it did provide short notice, and as such understands the ministers' difficulties in reworking their schedules.

A voice: Is that an amendment?

● (0925)

The Chair: That is an amendment, yes.

Hon. Carolyn Bennett: It's not friendly.

Mr. Dean Del Mastro: It doesn't have to be friendly; it's an amendment.

The Chair: We have to vote on the amendment.

Mr. Del Mastro, you're going to have to repeat that amendment. Could you, please? And then we will vote on it. So everybody take a deep breath.

Thank you.

Mr. Dean Del Mastro: Thank you.

I was just saying that the committee acknowledges that it provided the ministers short notice, and as such it may have been difficult to realign their schedules.

If I could speak to this just briefly, I do think reasonable people around the table will recognize that providing a week's notice or less for folks to appear at committee is unreasonable. In fact, any committee that I've served on here at Parliament has put in requests for ministers to appear but they have never in fact indicated that the minister should appear within a week, understanding that ministers keep busy schedules. We all keep busy schedules; theirs are busier and their responsibilities are more significant.

In that regard, I think the committee, if it wants to appear as being reasonable or rational, should vote in favour of the amendment.

(Amendment agreed to) [See *Minutes of Proceedings*]

The Chair: Thank you. The amendment has passed. Mrs. Wasylycia-Leis is abstaining.

Now we will vote on the motion.

Hon. Carolyn Bennett: Ms. Murray has an amendment.

Mr. Nicolas Dufour (Repentigny, BQ): Is this a new coalition, Conservatives and separatists?

An hon. member: Let's talk after.

The Chair: If you'll just be patient for one minute, we'll get this. Everybody's input is here.

Now I am going to—

Hon. Carolyn Bennett: Ms. Murray has an amendment.

The Chair: I'll read this, and then in due course we'll go to the next thing.

This is the motion as amended:

> The committee expresses its concern to the House that Ministers Toews, Aglukkaq, and Clement did not appear before the committee on April 22, 2010, in relation to its study of the cancellation of the HIV vaccine manufacturing facility under the Canadian HIV vaccine initiative, as requested by a motion adopted by the committee on April 15, 2010. The committee understands that it provided the ministers with short notice, and as such it may have been difficult to rearrange their schedules.

And that was passed, as amended.

Ms. Murray.

Hon. Carolyn Bennett: No, that was just the amendment we voted on.

The Chair: Relax, Ms. Bennett.

Ms. Murray, go ahead.

Ms. Joyce Murray: Madam Chair, I would like to propose an amendment that adds to the amendment that was just adopted to say:

> However, the ministers have refused to appear before the committee and have not proposed any other dates.

The Chair: Okay.

Ms. Joyce Murray: That is my understanding, Madam Chair, as to what has actually happened.

The Chair: Okay.

Ms. Joyce Murray: There has not been a request for another date. There has not been a request for a scheduling consideration. It's a refusal to appear before the committee, with no other date proposed.

The Chair: Thank you, Ms. Murray.

Okay, I think we're clear on that:

> However, the ministers have refused to appear before the committee and no other date has been provided by the ministers.

(Amendment negatived)

The Chair: Now let's go back to the original motion.

(Motion as amended agreed to)

Now we're going to go on to the presentations. We have our guests here, and I would like to get into the presentations and into the questions and answers.

Pursuant to Standing Order 108(2), the study on the cancellation of the HIV vaccine manufacturing facility under the Canadian HIV vaccine initiative, we have two witnesses this morning. We have by video conference from Winnipeg, from the Public Health Agency of Canada, Dr. Frank Plummer, the scientific director general, National Microbiology Laboratory.

Welcome, Dr. Plummer. We're very pleased to have you here this morning. Can you hear me, Dr. Plummer?

● (0930)

Dr. Frank Plummer (Scientific Director General, National Microbiology Laboratory, Public Health Agency of Canada): Yes, I can.

The Chair: Thank you.

With us also, from the Public Health Agency of Canada, we have Dr. Butler-Jones, chief public health officer.

We will begin. I understand, Dr. Plummer, you are going to be the one who's giving the opening remarks, and then we're going into questions and answers. Is that correct?

Dr. Frank Plummer: That's correct.

The Chair: Thank you, Dr. Plummer. Please proceed.

Dr. Frank Plummer: Thank you.

Good morning, Madam Chair and members of the committee.

My name is Frank Plummer and I'm an infectious disease physician and an HIV researcher. As you've heard, I'm a scientific director of the Public Health Agency's National Microbiology Laboratory in Winnipeg, and I'm also the chief scientific officer of the Public Health Agency of Canada. I'm also a distinguished professor at the University of Manitoba.

Being here with the chief public health officer brings back memories of our last appearance here together, when, during committee proceedings, we were in the process of alerting the world to the presence of the pandemic H1N1 virus in Mexico and Canada and activating our agency to deal with the problem.

I would also like to thank the committee for allowing me to appear by video conference. I would normally have attended in person, but I have a speaking engagement on the future of infectious disease research at the Winnipeg Chamber of Commerce later this morning, and they had sold close to 300 tickets, so I didn't want to disappoint them.

With that introduction, I would like to address my opening remarks to two issues: my involvement in the Canadian HIV vaccine initiative and my relationship with the International Centre for Infectious Diseases.

Concerning the Canadian HIV vaccine initiative, I was involved in the discussions among various parties, including the Bill and Melinda Gates Foundation and the Government of Canada, that preceded the creation of the CHVI and led to the design of the initiative. I was a lead, on behalf of the Government of Canada, in negotiating the terms of the memorandum of understanding with the Gates Foundation that created the CHVI. In April 2008, at the time the requests for proposals for the pilot lot vaccine manufacturing facility was released, I recused myself from involvement in the review process. That was because of my involvement with the Gates Foundation as a recipient of grants, and collaborations between the National Microbiology Laboratory and the International Centre for Infectious Diseases, which was planning to submit a bid. After that, I had absolutely no involvement whatsoever in the activities related to the vaccine manufacturing facility and no knowledge of the outcomes of the review process. I fully respected my recusal.

Concerning my relationship with the International Centre for Infectious Disease, I was a co-chair of the task force that recommended the creation of the ICID to then Minister Rey Pagtakhan. I was also initially a member of the board of directors of the International Centre for Infectious Disease. I voluntarily resigned from the ICID board in August 2006 because the Public Health Agency of Canada, and in particular the National Microbiology Laboratory, was discussing a number of collaborative projects with the ICID. In October 2009 I was approached by Dr. Lorne Babiuk, who is the chair of the board of the ICID, regarding the vacant position of president and CEO. He was concerned that they would have difficulty in filling the position with a top-flight individual because the organization was in a rather tenuous situation. Then he asked me, as someone who is knowledgeable about the ICID, the infectious disease world in Canada, and individuals in Winnipeg, if I knew of any potential candidates. At that time, I mentioned a number of names to him and continued to do so periodically.

That is the full extent of my involvement in the process of selecting a new president and CEO for the ICID. I resent assertions that this is somehow improper.

That concludes my remarks, and I would be glad to answer questions.

● (0935)

The Chair: Thank you very much, Dr. Plummer.

Now we'll go into our seven-minute round for questions and answers. I'm going to be very mindful of the time, and we'll begin with Dr. Bennett.

Hon. Carolyn Bennett: Thanks very much. We do appreciate you both coming back.

The issue that was raised, I think, by the candidates for this facility.... They raise some concerns about the Gates study and whether or not, really, there is a difference between a theoretical capacity around the world to be able to produce enough vaccine for a pilot project and a practical on-the-ground reality of that capacity.

I would like to hear from both of you—in particular you, Dr. Plummer—that if you had a terrific candidate for a clinical trial, without this new facility, do you believe that the commercial producers of vaccine would be prepared to stop their lines in the middle of a flu epidemic to make enough vaccine for your study or clinical trial? I think what we learned in the fall around H1N1 is that we didn't even have the capacity to make two different vaccines at the same time. We actually had to stop one and start the next, and it really did cause problems.

How would a commercial enterprise, which is accountable to its shareholders, stop a commercial run in order to make enough vaccine for you to be able to do your clinical trial?

Dr. David Butler-Jones (Chief Public Health Officer, Public Health Agency of Canada): Perhaps I'll start, and I'll turn it over to Frank, Madam Chair.

First of all, there is clearly a difference between mass production of vaccine in production facilities versus the capacity to do trial lot vaccines for research purposes. So the example that you give is a very real one, and that's part of the reason why there is collaboration between different levels of government and GlaxoSmithKline in terms of production of a new fill line. But that's in terms of production during a pandemic or for seasonal purposes. In terms of the production of trial lots, it's very different in terms of size, scope, etc., and I'll let Frank speak to it, because we actually have very practical experience because we do experimental vaccines. We produce experimental vaccines and need vaccine manufacturers in terms of trial lot manufacturers—not big commercial enterprises per se—to be able to do that. Frank can actually speak to our practical experience as opposed to the theoretical.

The Chair: Dr. Plummer, would you mind doing that?

Dr. Frank Plummer: Certainly, Madam Chair.

In our experience at the National Microbiology Lab we have developed a number of candidate vaccines for viral hemorrhagic fevers. We have in fact had no problem identifying manufacturing capacity for trial lots. There are many U.S. and European companies and a couple of Canadian ones that have that ability. I know of a company, Microbix, in Ontario that offers this capability. McMaster University has developed a good manufacturing practice facility for manufacturing trial lots of vaccines. And I've had companies come to me asking if I had anything for them to manufacture.

So I have no reason to disbelieve the Gates study, and I believe that there is a lot of capacity for manufacturing trial lots up there—that is, in small contract research organizations.

Hon. Carolyn Bennett: The concern from the candidates for the facility was that there was a needs assessment done. It said we needed this kind of facility in Canada. They put in a huge amount of work in terms of getting their proposals together. They were still asked, even, for updates to their proposals up to late in the fall, and there's no site visit, and then all of a sudden it's determined that we're fine without these facilities when this was the big thing, signing with Gates.

I think we just don't understand what happened in between, that with one study on theoretical capacity, we all of a sudden don't need this capacity in Canada. I guess there have been suggestions that maybe there needs to be an expert panel or at least one more assessment as to whether there really is sufficient practical, realistic capacity on the ground before this is finished.

Then I think the second part would be for Dr. Butler-Jones to tell us about the progress, if indeed this is killed, on where this money will be reassigned.

● (0940)

Dr. David Butler-Jones: On a couple of things, one is that isn't quite right. We were not soliciting additional information. The bids were in. There was one point of clarification, but it's not a major point in any way.

The first reality is none of the bids passed the bar. So the external assessment identified deficiencies in technical, management, and financial aspects. The internal review confirmed that. None of them passed the bar to be acceptable proposals. So that's the first point, which is very clear, and there's no doubt in my mind about that. I have actually reviewed...I was not part of the process. I was independent of the process. But following, with all the interest in this, I have myself looked at the proposals and looked at the reviews, and I would concur with the assessment that none of them passed the bar. So that's the first point.

The second point in terms of capacity, as Dr. Plummer—

Hon. Carolyn Bennett: Just to be clear, that's the paper exercise, but if there were questions about it, I think what the candidates felt is that usually there would be a site visit so they would have the opportunity to clarify. So these were killed just based on the paper exercise?

Dr. David Butler-Jones: No, that is a matter for government procurement. It is the same as a matter for research funding. I have submitted over the years. I have received large amounts of research funding over the years, and I've also been denied research funding over the years, and it's the luck of the draw. It's not that somebody came back to me and said "it's pretty good but it could be better". You're either in or you're out, and it's the same for government procurement. There are very clear processes to make sure it's fair. They do not go back and give people a second chance. As it turns out, none of them passed the bar.

At the same time, going back to the capacity issue, three or four years ago, whenever this process started, Frank and I were both part of the discussion at the time, of interest in the Government of Canada partnering with the Gates Foundation on an initiative. The Gates Foundation identified at that time that there appeared to be a gap in terms of a contract manufacturing facility for small trial lots of vaccine. As part of the due diligence, because again, time passes, you need to continually check that, which they did. The subsequent study identified—as has been our practical experience in the National Microbiology Laboratory in terms of getting our own vaccine trial lot produced, and as has been the experience of others around the world who actually do it, as opposed to those who talk about it—that it's there. The study actually confirmed that.

Given that we had none that passed the bar and we had a study that showed that the previous capacity gap had been filled, to me it was a very simple decision of how best to spent $82 million: Is it on another facility that may or may not be used; or is it on other initiatives that actually could address the issue of a successful vaccine, which is tremendously difficult, against HIV?

In terms of the subsequent question, about what do we do, we're in active consultation with the Gates Foundation, with stakeholders and others, to try to figure it out, but quite honestly this process is delaying us from that. The sooner whatever needs to be done here can be resolved, it will allow us to move more quickly on the next steps in terms of the Canadian HIV vaccine initiative.

The Chair: Thank you, Dr. Butler-Jones.

We'll now go to Monsieur Malo.

[*Translation*]

Mr. Luc Malo: Thank you, Madam Chair.

When we examined this question and discussed it with several experts, we learned that developing an HIV vaccine is not as simple as developing all the vaccines we have because the HIV virus is unique. It is not a matter of simply taking pus and doing various analyses of it as is done for all of the known vaccines. We know that manufacturing and developing an HIV vaccine is more difficult, and it is different.

We also learned through this process that changes are occurring rapidly. There are imponderables that mean that the trajectory we thought we could follow is not the right one. The issue we are working on at present proves this. When the announcements were made, it was thought that the vaccine was going to be developed and that we would need additional facilities to manufacture it, based on a pilot project. Three years later, we realize that this is no longer what needs to be done.

In a case like this, when we are working with a different virus, where the processes are different and you have to adapt rapidly to unexpected changes, don't you think that the 2007 announcement was inappropriate, to say the least? I have the impression that it started there. It's the fact that this competition was launched with great pomp and circumstance, that everyone was told that with the Bill and Melinda Gates foundation the government of Canada was going to set up this facility. Don't you think that doing that before being sure contributed to the present confusion? My second question for you, Dr. Butler-Jones, is this. As of now, what is happening? What are the timetables? What are the next steps? Who are you working with? How are you going to make sure the available funds are allocated to HIV research?

● (0945)

Dr. David Butler-Jones: Thank you, Mr. Malo.

This is a changing process. It is very difficult to develop an HIV vaccine because of the effect of HIV on the immune system. If we manufacture a vaccine that produces a similar syndrome, that's a bad thing. The question of lowering immunity is a challenge all its own. It is always possible that a vaccine will have that effect with the experiments. We have to be sure that the vaccine is safe. This is very important.

The capacity to manufacture the vaccine has improved since the decision. That decision was the best one for the time. Good advice was given and good ideas provided, but the world has changed. Now, it is a challenge, a big challenge. It is wise to have the resources needed for developing an effective HIV vaccine. The other $82 million may make it possible to work on other aspects, not the...

[*English*]

bricks and mortar.

[*Translation*]

It is a big challenge for the scientific community. There is a possibility of a vaccine, but while we are waiting, there may be a lot of surprises.

[*English*]

Frank, do you have anything you want to add to that?

Or maybe it's back to you. You may have wanted to do another question.

[*Translation*]

Mr. Luc Malo: What are the next steps and what is the timetable? It is important to know where the money on the table, which comes from the government and also the Bill and Melinda Gates Foundation, is going to go.

Dr. David Butler-Jones: All the partners in this program have provided money. We have consulted the experts, the foundation and the others, to determine what is possible. Their commitment is unequivocal. Over the next few months, I hope...

● (0950)

Mr. Luc Malo: Over the next few months, are we going to have a clearer timetable in terms of projects?

Dr. David Butler-Jones: Yes, I hope so. We were busy replying to the committee. This is very important to us and to the committee. If the committee completes this study, progress may be faster.

Mr. Luc Malo: Dr. Plummer, you specialize in microbiology. Can you tell us where there is still work to be done and how we should look at the situation for manufacturing or creating an HIV vaccine?

[*English*]

Dr. Frank Plummer: Madam Chair, let me start by saying that I was as disappointed as anyone with the turn of events related to the CHVI, but I am quite excited by the opportunity that we have before us, in that the Gates Foundation is continuing in its commitment to this initiative, as is the Government of Canada. To me, the biggest obstacle to the development of an HIV vaccine is, as I understand, a natural immunity to HIV. For all vaccines we have some kind of knowledge of what natural immunity is all about. So we know, for instance, that if you get natural measles, you are immune to measles for the rest of your life, pretty much. So you can make a vaccine based on that knowledge. For HIV, we don't have that kind of understanding.

I think that Canada has been a leader in trying to understand natural immunity to HIV, and I believe that investing the $88 million that was to go to a not-needed bricks and mortar facility will allow the science to advance more rapidly and to allow Canadian leadership in this field.

[*Translation*]

Mr. Luc Malo: Thank you, Madam Chair.

[*English*]

The Chair: Thank you very much, Monsieur Malo.

Ms. Wasylycia-Leis.

Ms. Judy Wasylycia-Leis (Winnipeg North, NDP): Thank you, Madam Chair, and thank you to both Dr. Plummer and Dr. Butler-Jones.

Just at the outset, Madam Chair, let me put on record the reason for my abstention from the vote pertaining to the failure of the ministers to be at this committee. I felt the motion had been watered down to the point where it was meaningless. I actually believe that a week is a reasonable amount of time to expect ministers to respond. On that basis, I abstained.

I also want to say, however, that I think the reasons for this committee and these hearings are very important and should not be dismissed as political opportunism on the part of the opposition. I think we were all shocked to learn that this promise made by the Conservatives in 2007 with great fanfare and the participation of Bill Gates's foundation, and seen as a most exciting moment for Canada, was suddenly stopped after the process was already under way, and that all kinds of conflicting evidence and reasons for this came out.

I think it's the role of this committee to try to get to the bottom of that. When I first proposed the motion, it wasn't to go on any witch hunt; it was to see if there were some way of presenting all the evidence and then convincing the government there was good reason to continue the project and to find some way to start again or review the bids or make it possible. I still hold to that belief, although with every passing day it seems to me that the whole project is a dead duck. I guess there's not much point in trying to get a dead duck to come to life, but I think maybe we can learn something from this and maybe we can play a role in how the money is spent.

I have continued with my line of questioning because I don't really see a lot of logic in the arguments coming from of the government and I see a lot of contradictions. I just want to put on record three of those and then ask a couple of quick questions.

The first is the suggestion that none of the bids demonstrated that they were sustainable or proved they were economically viable. I think that's just not the case, especially if you look at the Winnipeg bid, where in fact the Government of Manitoba put $15 million on the table as a way to make the project sustainable. So I think there's lots of evidence to refute that argument from the very beginning.

The second is the whole question of the other bodies out there, the other ways in which these clinical trials can proceed. I think the Gates Foundation representative made a valiant attempt at that the other day, but didn't give us any hard evidence. In fact, he left us with the belief that the Gates Foundation or this government or somebody is going to have to get through to some private company somewhere around the world and demand that our scientists get to the top of the line. Just to quote from one of the scientists who is concerned about this whole development:

> Saying that there are existing production capacities now accessible for vaccine discovery is about as reasonable as saying homelessness of the poor has been addressed by excess capacity at the Ritz Hotel. Commercial manufacturing facilities are just not accessible to independent academic researchers working in discovery.

We heard that from the representative of the University of Western Ontario, who actually talked about standing in line for a year or two just to access a lab to test a discovery. It's been verified by much in-depth research, especially by the “Report on Business” in *The Globe and Mail* at the end of 2009, which said in regard to why drug companies spend so little on vaccines:

> Why spend time on such a low-margin business as vaccines when a company could make a fortune developing a new blockbuster drug?

That's what we're up against, and that's why this proposal was so exciting.

The last concern I have is that there's all this talk about investing this money in other things, but at no point has a list been provided. I have to say to Dr. Butler-Jones, this committee has not stopped any of the work. I'm sure it's all proceeding. I would like to start with that as my first question. Specifically, it's been said that $51 million of the $137 million has already been spent, but could we have a breakdown of where that $51 million was spent?

● (0955)

Dr. David Butler-Jones: The answer to the first question is yes, of course we'd be happy to do that.

Ms. Judy Wasylycia-Leis: Could you give us some rough ideas now where that money has gone?

Dr. David Butler-Jones: I could ask Steven to come to the table, and he could speak to that.

Ms. Judy Wasylycia-Leis: Okay, why don't we have Steven come to the table, but I'll keep asking questions.

Actually, could we just have a breakdown? Could you just table for us a breakdown of where the $51 million has been spent? That's all we need right now.

Dr. David Butler-Jones: Certainly, and as I've said, I've committed to that.

In terms of the other half of that question, the point I was making is that a tremendous amount of energy is being spent by me, by those who are responsible for the CHVI, by the Gates Foundation's relevant people, on responding to a range of allegations and issues and trying to be clear. They keep saying the same things I've been saying, which is the absolute truth. You know there's only one thing I know how to say, and that's the truth. It's taking a lot of people's time and it is slowing down the process. It hasn't stopped the process, but it is slowing it down.

Ms. Judy Wasylycia-Leis: What I would like to know then is, at least of the $88 million that is now up for expenditure—because the project is apparently not going ahead, much to our chagrin—what is the vision for that expenditure? Will it be seen as an investment in Canadian research so that we can actually produce jobs, attract scientists, and continue to be leaders in this field of vaccine development? Or is it going to be spread across the land as grants that do not necessarily have a return on investment?

Dr. David Butler-Jones: I thought this project was actually intended to create and move forward on the development of a vaccine for HIV. It was not simply a vehicle for Canadian researchers, although Canadian research and leadership is key to that.

I'll just quickly answer the other questions.

McMaster is a not-for-profit facility, and there are others as well—

The Chair: I'm sorry, Dr. Butler-Jones. I'll give you time if you could just answer the question, because we're out of time, and the question for Mr. Sternthal as well. I'll give you both time to do that.

Ms. Wasylycia-Leis, there's no more time for your questions.

Ms. Judy Wasylycia-Leis: Would you table the information?

Dr. David Butler-Jones: We've already agreed to that.

Ms. Judy Wasylycia-Leis: Could you do it today, right down to the $51 million?

● (1000)

Dr. David Butler-Jones: As soon as possible. It's on our website. You can go to our website today and you can get it in both languages.

As Frank has identified, in terms of those who are actually looking for it, we have no problem finding capacity to do what we need to do, and others are finding the same thing. McMaster is a not-for-profit. It's a university facility, but researchers always include money in their grant submissions for whatever elements of what it is they need to do for research. It would not be free in any case, no matter where it is.

In terms of the reasons they did not pass, as I said at the outset, there were technical, management, and financial aspects and deficiencies in all the proposals. None of the proposals passed the bar. Some were better in some areas than others, but none passed the bar from the outset.

The Chair: Mr. Sternthal, would you like to proceed?

Mr. Steven Sternthal (Acting Director, HIV/AIDS Policy, Coordination and Programs Division, Centre for Infectious Disease Prevention and Control, Population and Public Health Branch, Department of Health): Sure, just briefly, and then of course we'll have information for the committee following this.

The $51 million is broken down as follows:

The $22 million is to support discovering social research. When I testified at the committee, I identified that 13 projects are currently in place. They're on our website, and we could provide that information. Additional calls for proposals will be coming out shortly.

The $16 million is currently being administered to the global health research initiative to support clinical trial capacity in Africa. Currently ten letters of intent are under review, with a funding announcement to take place in the next couple of months.

The $9 million is going to support communities as well as regulatory authorities for the World Health Organization.

The final $4 million is in support of Government of Canada coordination and oversight of the initiative.

The Chair: Thank you very much.

Mrs. Davidson.

Mrs. Patricia Davidson (Sarnia—Lambton, CPC): Thanks very much, Madam Chair.

I'd like to again thank Dr. Plummer and Dr. Butler-Jones for joining us again today. Certainly you're getting to be very familiar faces. We appreciate the expertise you bring to us and also to the issues at hand.

There are a couple of things that have come up so far today in the testimony from both the doctors, and I think those things need to be pointed out again.

I think it's extremely important that we recognize the fact that things do change. Dr. Butler-Jones, you referred to that in an answer to one of the other questions that was put to you. As a government, we need to be able to react to change. So the fact that the capacity has changed since the project was first announced until the time the last study was done and the fact that the government and the Gates Foundation were able to react to that change I think speaks well of both those organizations.

I think most Canadians would prefer to see their government be able to react in a way that is going to see that $88 million used to the best advantage. We certainly know we need to be working towards eradicating HIV/AIDS, and if we can use that $88 million to a far better use, then that's what we should be doing, and I support that.

We've heard from other members that we've had contradictions from different people giving testimony. I think we've heard statements from different people, and people are bound to have different points of view, but I don't think we've heard contradictions.

I just want to point out that as parliamentarians I think we need to be extremely careful that what we are doing is based on a national focus, not a narrow municipal focus. Some of us have been municipal politicians, some of us haven't, and some of us are probably better suited to being municipal politicians than federal politicians. But the bottom line is that sitting here as parliamentarians we need to react on issues with a national focus and we need to make sure federal resources are used to reflect things at a national focus.

Having said that, I would like to ask Dr. Plummer a question first, and then if I still have time I'd like to ask Dr. Butler-Jones a question.

Dr. Plummer, in your opening remarks you gave us a brief background of yourself. Certainly I'd like to say you have an impressive and highly credible background. You've been director of the National Microbiology Lab, professor of medicine and microbiology at the University of Manitoba, had appointment to the Order of Canada, and of course the work you did during the H1N1 was absolutely incredible.

Dr. Plummer, could you please describe your background in HIV research and your experience that has contributed to your expertise in this area?

● (1005)

Dr. Frank Plummer: Certainly.

Madam Chair, I've been involved in HIV research since pretty much the beginnings of the HIV pandemic. I was working in Kenya when it became apparent that there was a huge problem with HIV in sub-Saharan Africa. Much of our work in the early days described the emergence of the HIV pandemic in sub-Saharan Africa.

I worked in Kenya from 1984 until I took the job as the scientific director of the National Microbiology Lab in 2000. The work we did has produced seminal results that have changed global policy related to HIV prevention. For instance, we described the importance of commercial sex in fuelling the epidemic and described how you can intervene to prevent that. That strategy's now being used around the world and has resulted in tremendous declines in the HIV burden in India, Vietnam, Thailand, and other places.

We described the role of male circumcision in reducing the risk of men becoming infected with HIV. That's now global policy being used to prevent HIV transmission. We described the role of breastfeeding in transmitting HIV between mothers and their newborn children. That resulted in a change in policy at the global level.

More recently, we've described a group of individuals, female sex workers, who appear to be immune to HIV, and this has helped to inform HIV vaccine research. We're now in the process of putting together a global consortium of individuals who've been exposed to HIV but didn't get infected, to try to understand natural immunity. That work is being supported by the Bill and Melinda Gates Foundation and the Canadian Institutes of Health Research.

I have a tremendous interest in this Canadian HIV vaccine initiative. Although I'm disappointed in the turn this has taken and the controversy around it, I'm excited about the opportunity to have additional investments in basic research on HIV.

Mrs. Patricia Davidson: Thank you, Dr. Plummer. You certainly have a truly remarkable track record. Thank you for all that you have done.

Dr. Butler-Jones, we know that the government has made significant investments in HIV/AIDS and remains dedicated to the CHVI. Can you elaborate on the government's commitment to finding an HIV vaccine for those who need it?

Dr. David Butler-Jones: I think I have sort of outlined and Steven has outlined how the money that has already been allocated is being used in research, etc. I think this partnership with Bill and Melinda Gates is fairly unique. It's an opportunity to demonstrate again the close cooperation between what's probably the largest NGO, in terms of working in this area of the world, and the Government of Canada and to particularly focus on and highlight, as Dr. Plummer did, the kind of remarkable work.... They are probably as good as...or the best in the world.

There are also many other exceptional researchers in Canada who have expertise to bring to this measure. People are looking to us, and I think the commitment of both the Government of Canada and the foundation will lead us forward.

We're in the midst of the discussions now, and given that we no longer need a facility, as Dr. Plummer said, having that resource to apply to something new that otherwise would not have been done is actually a huge opportunity.

Again, now that we have that decision and we're looking at the others, hopefully before long we will be able to come back to committee with a more comprehensive outline of what we expect to do over the next few years.

Mrs. Patricia Davidson: Thank you.

The Chair: Thank you, Dr. Plummer.

Now we'll go to Ms. Murray and Ms. Duncan. Who would like to begin?

Ms. Murray.

Ms. Joyce Murray: Dr. Butler-Jones, as someone relatively new to federal politics and this committee, I will say this has been a very fascinating exercise. The need and concept for the project were identified in 2003. A complex partnership plan was worked out in detail in 2005. There was an announcement in 2007. Then at the very end point of this long, complex, and expensive process, the plug was suddenly pulled. I was very surprised to hear you say this is just the government grant process: you're in or you're out; it's black or white. I should disclose that I was the provincial minister responsible for the secretariat that did the complex deals for government with partners in the province of British Columbia. I was very involved with not the details, but the processes. The notion that it's in and out or that we didn't meet the criteria so it's pulled is quite opposite from the process as I know it.

Is it normal, in your experience, that an initiative that has had seven years of evolution would at the last minute be treated as a grant where you're in or out, and there is no opportunity for the lead bidder to work through whatever deficiencies may have been and always are identified in a proposal like this? There are always some things the government wants to be addressed.

You've described this as being simply a grant. Is this normal—yes or no?

● (1010)

The Chair: Dr. Butler-Jones.

Dr. David Butler-Jones: There are two aspects to your question, I think. One is whether this is normal. Yes, it is. In terms of government procurement, there are times when there's a call for proposals, and none of them are acceptable. Then you have to decide whether to issue another call for proposals or what you will do.

In this case, while none of the proposals was acceptable—none of them crossed the bar, so that process was done—we had the information to say that in fact it was no longer needed. In that kind of context, why would you go back to anybody? Why would you go out? Why would you initiate a new process?

That's why we had to take this. As you said, this was a long process, and we were all committed to it. We are trying to respond to a need, and it turns out that the need isn't there any more, so you have to change course. That's why we had discussions through the fall. We took all of the proposals seriously, and tried to look at them all in terms of what was necessary. At the end of the day, the decision was fairly simple.

We have capacity that the proposals that existed didn't meet. It would have been a different discussion if one of the proposals passed, and there wasn't the capacity need. That would be a different political challenge from what it would be if the capacity weren't there and none of the proposals met the need.

The fact is that given both facts, that the proposals didn't meet the bar and that the need was no longer there, for me there is a simple, scientific decision: why would you invest in something that's not needed any more?

Ms. Joyce Murray: Thank you. I appreciate that.

Dr. David Butler-Jones: You had two questions. May I answer the first question?

In terms of changing course, that's with regard to the process. For example, again, you have to pay attention to the data and the information at the time. When information changes, you can't ignore it.

For example, we've recognized for years that Tamiflu is only effective as an antiviral if it's given within the first two days. Even then, it might only reduce the severity of illness for a day.

Ms. Joyce Murray: What was the information that changed last summer, Dr. Butler-Jones?

Dr. David Butler-Jones: No, I'm only talking about what we recognized in the first wave. For people who were becoming desperately ill, no matter when you gave them Tamiflu, they were better off than if you waited a day.

If we had done what you're saying, which is going through this long process, we'd have this evidence. We'd then suddenly be presented with new evidence and wouldn't change our minds.

Ms. Joyce Murray: What's the new evidence?

Dr. David Butler-Jones: Thousands of people would then have died in the pandemic because we wouldn't have used Tamiflu because we'd have restricted ourselves.

Ms. Joyce Murray: Excuse me. We're talking about the CHVI facility. Could you tell me what evidence suddenly changed, other than one study?

Dr. David Butler-Jones: With the review of world capacity, there was the study that confirmed the observations of scientists, including our own experience that we'd have no difficulty getting capacity in order to produce our pilot lot of vaccines.

Ms. Joyce Murray: Did you do an independent verification of the results of that study?

Dr. David Butler-Jones: We looked at the study. We reviewed the study.

We worked with the Gates Foundation. The original need was identified by the Gates Foundation. They've now identified that there isn't a need. It correlates with our experience.

Ms. Joyce Murray: The answer is that there is no independent verification of capacity.

Dr. David Butler-Jones: What kind of independent verification do you need beyond the capacity being there?

That's what we are experiencing. Why would you make any different decision? Why would you delay important decisions when you can move on if the capacity is there. How many repeat studies do we need?

Ms. Joyce Murray: It's a flawed study.

Dr. David Butler-Jones: It's not flawed.

The Chair: We'll now go to Dr. Carrie.

Dr. David Butler-Jones: It talks about the deficiencies in any study, but they're not relevant to the outcome.

● (1015)

The Chair: Thank you.

We now go to Dr. Carrie.

Mr. Colin Carrie: Thank you very much, Madam Chair.

I want to start off by correcting some of the statements that were made a little earlier by the member from Winnipeg. She stated that she's not on a witch hunt and she hasn't been playing politics. I would say that she's been playing politics all along. If you look at the last couple of meetings, what she said on the record is interesting. She's questioned the integrity of our ministers.

Hon. Carolyn Bennett: Madam Chair, I don't think you can impugn people's motivations.

The Chair: Please continue, Dr. Carrie.

Mr. Colin Carrie: I'm not. I'm only repeating the facts.

She's questioned the integrity of both the witnesses we have in front of us. She's also said there have been conflicting facts. There have been no conflicting facts.

Ms. Joyce Murray: I hope he's using up his time, Madam Chair.

Mr. Colin Carrie: I am using my time.

Factual statements have been put forward. The only conflict has been from hearsay and third-party information. She's been using the term “belief” because there are no facts.

Ms. Judy Wasylycia-Leis: That's why we're here.

The Chair: Order.

Mr. Colin Carrie: I'd like Dr. Butler-Jones to have the opportunity to answer. I know he's gone over this before, but he's been interrupted a number of times.

With these two distinguished gentlemen in front of us today, I'd like to say that I'm very proud to be a Canadian. I'm very proud of the work Canada is doing and the work they are doing.

Again, I was upset when the member from Winnipeg actually said during the last meeting that she was embarrassed to be a Canadian. Gentlemen like this make me very proud to be a Canadian.

My first question, Dr. Butler-Jones, is on the application process.

Ms. Judy Wasylycia-Leis: On a point of order, Madam Chair.

The Chair: Ms. Wasylycia-Leis.

Ms. Judy Wasylycia-Leis: Could I say that I think this is getting a little close to innuendo and playing politics—

The Chair: Oh....

Ms. Judy Wasylycia-Leis: Excuse me, Madam Chair. Let me finish.

Mr. Colin Carrie: That's not a point of order, Madam Chair. I'm only repeating the facts.

Ms. Judy Wasylycia-Leis: He referenced the last committee hearings, where I said I was embarrassed to be a Canadian, which was about tuberculosis. We were not in discussions on HIV. I have never said that I am embarrassed to be a Canadian in any other context, except in the face of this government's absolute inaction on serious issues.

The Chair: This is not a point of order, Ms. Wasylycia-Leis. It's a debate.

Dr. Carrie, go ahead with your questions.

Mr. Colin Carrie: Madam Chair, I want to allow Dr. Butler-Jones to answer, because I know he's gone through this in the past.

We've heard a lot about the application process and the impact of the independent study commissioned by the Gates Foundation. Could you take this opportunity to be uninterrupted and take the committee through the process?

Dr. David Butler-Jones: As we identified before, there was an interest on the part of the Gates Foundation and the Government of Canada to move forward on the HIV vaccine initiative, recognizing that because of the complexities Mr. Malo has identified in dealing with an HIV vaccine and the multiple unsuccesses, it would require a concerted effort around the world of linked researchers, linked organizations, and government involvement to get there. It wasn't something you could do with the usual processes, a few researchers here and there being generally interested.

This came together in the announcement of joint funding between the Government of Canada—multiple departments in the Government of Canada, not just ourselves—and the Gates Foundation. That led to an invitation for the submission of applications in April 2008. In June we received letters of intent from interested applicants. On November 10, four were informed that their LOIs were successful, in terms of their being invited to submit full applications. In March 2009 the Gates Foundation initiated a study on the global supply, again to review the original assumptions to make sure, before we committed dollars, that we still had the need.

In March 2009 the applications were received, and from April 2009 to January 2010 there was a comprehensive review that included external reviewers, done between April and June of 2009, that looked at everything...and they had expertise in everything from vaccine research to facility construction, vaccine manufacturing, etc.

In 2009 the Gates Foundation had completed the supply-and-demand study. It pointed to our needing possibly to think about a different decision: if the capacity is now out there, did we want to go down this path? They contacted us; we reviewed the study with them and looked at expert opinion, in terms of what else was out there and how valid it was, recognizing again that this was a major commitment of the Government of Canada and of the Gates Foundation and that to change course would require a significant event, and of course, because people expect you to hold to the same idea even if the circumstances change, that we needed to be very careful that it is the right decision.

So from July until January, a full internal review was done taking into account all of those aspects. In the third week of January I called each of the proposal proponents personally, because I wanted them to hear from me what the real circumstances were. Then we jointly communicated that we would not move forward on a facility but that we were continuing to move forward to make a significant contribution on the development of a vaccine against HIV/AIDS.

So that's where we are.

● (1020)

The Chair: Dr. Plummer, would you like to make a comment on that?

Dr. Frank Plummer: Yes, I would, Madam Chair. I would like to remind the committee that the identification of a gap in manufacturing capacity was the result of an analysis done in 2003. It became part of the strategic plan of the global enterprise. So considerable manufacturing capacity came on-stream between 2003 and 2009.

It's understandable that things have changed, and I think the decision to not proceed with the facility was the right one, although disappointing to everybody involved. But it gives us an important opportunity to re-invest in other areas that are important.

I would submit to the committee that probably the biggest gap in access of academic-based researchers to getting vaccine manufacturers for clinical trials is really due to the cost of it and not to whether there is a facility or not.

The Chair: Thank you, Dr. Plummer.

We'll now go to Monsieur Dufour.

[*Translation*]

Mr. Nicolas Dufour (Repentigny, BQ): Thank you, Madam Chair.

I would like to thank the witnesses who are here today.

Mr. Butler-Jones, a moment ago, when you finished your remarks, one thing you said in particular surprised me. You told us that the less time the committee spent on completing the study of this issue, the faster you would be able to continue your work on HIV.

Do you think the study the committee is currently doing on cancellation of the facility is slowing down or impeding your work? That is the impression I got.

Dr. David Butler-Jones: Your committee has its responsibilities. That is its business. I am not going to say otherwise. However, the fact is that a large part of Steven's activities and the activities of other people and myself, who are working with the Gates Foundation, consists of replying to the committee. Consultations are continuing to move forward, but our attention is divided between the committee and progress on the program. That is the reality. If you have decisions to make or questions to ask, that isn't a problem for me, but my answers to the committee have been the same for the last five hours, and I have nothing else to say. That is the truth.

Mr. Nicolas Dufour: On our side, we have questions to ask and answers to get. I have one that relates specifically to the process.

Like Mr. Plummer and a lot of other witnesses, you have told us from the outset that in terms of combating HIV, the situation changes virtually from one month to the next. We have to know how to adapt, given that everywhere in the world there are so many initiatives, new studies and new projects for combating HIV. I think we have an example here. Virtually every month, there are changes. So then you have to readapt. You have to be very flexible.

Given everything we have heard about combating the H1N1 virus and producing vaccine against it, would you follow the same process over again today? Do you think there were flaws in the process? Should changes be made so that next time we aren't caught in the same pattern, making an announcement and then ultimately realizing that it may not have been that major?

● (1025)

Dr. David Butler-Jones: Is your question about HIV or the vaccine intended to combat the pandemic?

Mr. Nicolas Dufour: It is really about the facilities to be used for manufacturing an HIV vaccine.

Would you follow the same process over again?

Dr. David Butler-Jones: No. The process is different from the one for the vaccine that was used to combat the pandemic. Production capacity was geared to the entire population, which is not the case now. This case involves manufacturing a vaccine intended for clinical trials. That is very different. It involves the science and the means of production.

In the case of the H1N1 virus, there was a consultation with the provinces, experts and others. We have production capacity here in Canada, and that is very important. The value of it was clear during the pandemic. However, we are also considering other possibilities.

Mr. Nicolas Dufour: I may not have worded my question to Mr. Butler-Jones clearly enough.

An announcement was made about facilities to be used for manufacturing HIV vaccines. An extremely lengthy process took place in relation to tenders and verifications. It cost a lot of money, including for the people who were interested in submitting bids.

Given everything that has happened and the evaluation done of the process, I would like to know whether, in your opinion, changes should be made to any future process of the same nature relating to facilities. That is what I want to know.

[*English*]

The Chair: Okay, time is up. We'll just have that answer, Dr. Butler-Jones.

[*Translation*]

Dr. David Butler-Jones: Maybe, but I don't see anything that could be changed. There is a government of Canada procurement process and a process for evaluating the scientific aspect. It is a lengthy process, but it is important to devote the time needed to it in order to make the right decisions.

[*English*]

The Chair: Thank you.

Mr. Del Mastro.

Mr. Dean Del Mastro: Thank you very much, Madam Chair.

I want to thank the witnesses this morning. I have great respect for both of these individuals.

Dr. Plummer, perhaps you'll recall—it was memorable for me, anyway—that I met you at the celebration of Dr. Kellie Leitch's receiving the Order of Ontario some months back, and we had an opportunity to discuss your work that evening. I want to again congratulate you for all the work you're doing on behalf of Canada and in leading research on behalf of those globally.

I took some notes while you were testifying earlier. You said there was no trouble finding capacity to manufacture trial lots right now. You also indicated that you had full faith in the Gates Foundation's findings. This may be loosely quoted, but it's what I pulled out of your earlier statement.

Madam Bennett said earlier that she felt we should do another study to verify the last. Do you think that doing another study at this point to verify the findings of the Gates Foundation is in fact prudent, or is it something that would merely slow us down if we're trying to make progress on this initiative more broadly?

Dr. Frank Plummer: I don't think there is a requirement for further study at this point. It's my own experience, from where I sit at the National Microbiology Laboratory, that there is manufacturing capacity for trial lots, including some in Canada, and that further study is not required. I think we need to move on and figure out how to use this $88 million to advance HIV vaccine research and development, with the recognition that there isn't a need for another bricks and mortar manufacturing facility.

Mr. Dean Del Mastro: Thank you very much.

I just heard the member indicate that all politics is local and I frankly agree with that. But I am scared to death of the day that we start to drive public policy, especially health public policy in this country, based on nothing but the interests of local politicians trying to eartag projects for their local ridings. I think we should be looking to try to accomplish something that's of net benefit.

Dr. Butler-Jones, you said earlier that if we had followed some poor strategies, people could die. It's your responsibility, as a chief public health officer of Canada, to undertake, using all of your knowledge and that of your department, the best possible approach to ensure that we are using our money in a way that is prudent and that will deliver results, and I appreciate that a great deal.

You indicated that none of the applications passed the bar. Even if they had passed the bar, there seems to be agreement that we were working based on an initiative that in 2003 was seen as being needed but in 2009 was seen as no longer being the right way to go.

If we entrench ourselves in thinking that we must maintain whatever direction we determined at some point in the past, regardless of any advances, of any increases in capacity, of any new findings that are made in science, is that prudent public health policy, in your opinion?

● (1030)

Dr. David Butler-Jones: I'm afraid there is an obvious answer to that: the short answer is no. Through H1N1 I certainly came under a lot of criticism, as did the public health community, for—in the popular vernacular—having “changed our minds”, which really was a matter of applying new science.

I used the example of Tamiflu. Previously it was not considered effective, and we found that it was, no matter when you started it. It transformed the face of treatment in the pandemic.

We were accused of changing our minds about vaccine when we introduced an unadjuvanted vaccine. Well, we were seeing that some pregnant women were not comfortable with adjuvanted vaccine. The manufacturer was willing to produce it, and WHO was recommending it, if we had it. Initially it looked as though that would be a very smooth transition. As it turned out, it was much more complex than even the manufacturer anticipated, so we had some glitches. But we were able to provide that option for pregnant women.

So as we moved forward, yes, there were changes, but they were changes based on new science, and we have to apply that. I think it was Vincent Lam, who is an emergency room doctor and the author of *Bloodletting and Miraculous Cures*, who said that in the emergency department, if someone comes in with heart failure and doesn't respond to the usual drug, you don't say we have to use more of the usual drug; you have to change your strategy to respond to the patient in front of you. We have to change our public health strategies in response to the patient—which is the community—that we face as we go along and apply the best science we can, often in an environment in which we don't have all the data but we have good enough data to make a decision. And if we don't make a decision, that does condemn people to death.

Mr. Dean Del Mastro: Thank you.

The Chair: Dr. Plummer, did you want to make a comment on that?

Dr. Frank Plummer: Yes, I would, Madam Chair.

I will just illustrate to the committee how rapidly things change. The failure of one vaccine trial, the so-called STEP trial—I believe it was announced in 2008—cast a tremendous pall over the whole field of HIV vaccines. The vaccine that people thought was the best possible candidate actually probably increased the risk of people becoming HIV-infected, and it was a tremendous disappointment. But late last year there was a very encouraging result from Thailand that showed that a vaccine that nobody expected would work actually provided significant protection for a relatively short period of time.

So the field changes dramatically in relatively short periods of time and you have to be prepared to adapt to that.

The Chair: Thank you, Dr. Plummer.

We'll now go to Ms. Duncan.

Ms. Kirsty Duncan (Etobicoke North, Lib.): Thank you, Madam Chair.

Thank you to Dr. Butler-Jones and Dr. Plummer.

A question.... If you look at the Gates study, it does begin with a disclaimer, and it's surprising to say that it uses secondary sources and that they're not verified.

Also, we've been very careful to talk about capacity, which is quantity, and we want to assure that there was quality. I think that's been a concern, but I'm going to move on, and it pertains to one of the questions I asked on the order paper.

I'm wondering if you could discuss the history of L5L, as much as you're able to share. What is its current status? Will it be going forward?

● (1035)

Dr. David Butler-Jones: Basically, we're very, very early. As you know, we've been looking at the capacity in the Winnipeg laboratory for some time and recognizing the value of some additional high-level capacity. While we were looking at that, the concept of a different kind of facility, in addition to that, that would allow clinical and other research that would answer some very important questions.... For example, now we have a fair bit of evidence that would suggest that N95 masks, with influenza, are no better at protecting health care workers than surgical masks in their practical use. So you could actually test some of these things. You could test surfaces, you could do a range of things, and you could also have appropriate containment for the highest risk, the most dangerous diseases.

So that's a very intriguing concept. As far as we know, at least in any non-military establishment, nothing like that exists so far in the world, and it is something we're very interested in looking at. So we will be doing some studying around that and what the implications are, what the need is, what the reality is, and then, based on that, we'll see where we go from there.

But right now we're really in an early assessment phase, moving forward. At the time now, as far as we can tell, it is novel and unique. We think it would continue to be so. As opposed to multiple facilities around the world, which we now have for vaccine production, something like this would be unlikely, given the nature of the containment, given the high expertise that's required. But we do need to do a lot more research and work before anything is committed to, beyond studying it.

Ms. Kirsty Duncan: Thank you, Dr. Butler-Jones.

How far has it moved along in the process? When was the idea first put forward, and how much movement has occurred?

Dr. David Butler-Jones: There's been a lot of talk. Frank and I.... And you can correct me, Frank. It was a number of years ago when we first started talking about the concept and talking with people in terms of what the potential added value of something like that might be. There's obviously been a lot of talk in the community. There are different organizations that are interested, should something go forward in the future, in being involved with it. But beyond that, we really have a lot of due diligence to do, a lot of work to do, in terms of the cost, the utility, what kinds of models are appropriate, etc.

Ms. Kirsty Duncan: Dr. Butler-Jones, who would have experience in the world to construct this, and who would be the architects? That's a tremendous design.

Dr. David Butler-Jones: In terms of any of those decisions, obviously those decisions would be part of following all the other pieces to engage, and it would certainly be usual government process in terms of transparency, opportunity to bid, etc. Smith Carter is one company that clearly has experience, and they're building lab facilities around the world, including our own level-four facility in Winnipeg, where they got their start. But they're not the only ones out there.

Ms. Kirsty Duncan: Who else? It takes extraordinary engineering and design to do this, so if you're thinking about this, I'm guessing you've looked at other potential groups that are able to do this work.

Dr. David Butler-Jones: That's one of the things we have to assess, as to what is actually out there. There are a number of steps. We're far away from deciding on any design team or whatever. I know Smith Carter is obviously interested and different organizations in Winnipeg have been talking about it, looking at conceptual ideas, etc., but we're still basically at first base.

The Chair: Thank you, Dr. Butler-Jones.

Mr. Uppal.

Mr. Tim Uppal (Edmonton—Sherwood Park, CPC): Thank you, Chair.

Thank you, witnesses, for coming to our committee again and giving your expert opinions.

Dr. Plummer, we've already established that you're an esteemed scientist, physician, and researcher who has conducted in-depth studies and research related to HIV/AIDS. You're well versed in the existing climate related to HIV clinical trials and have likely listened to the witness testimony from experts such as Dr. Gerson, who disavows the government's thinking on the cancellation of this project.

Given your experience, do you agree with Dr. Gerson's assessment of manufacturing capacity and the notion that has been asserted by opposition members that there was greater emphasis on the quantity of manufacturing facilities, as opposed to measuring the quality of such facilities?

● (1040)

The Chair: Dr. Plummer, do you want to start?

Dr. Frank Plummer: Yes, Madam Chair.

In terms of the experience of the National Microbiology Laboratory, my own experience, and that of my scientists, who I consulted on this yesterday, we have had no difficulty accessing manufacturing capacity for high-quality clinical-grade material for vaccine in clinical trials. The biggest obstacle has been cost rather than finding a facility to do that. So I would not agree with the assessment of the witness. In my own experience, that's not the case. There are other obstacles, certainly, for an academic-based researcher to get trial lots manufactured, but having the facilities to manufacture them is not one, in my experience.

Mr. Tim Uppal: Very good. Thank you.

Dr. Butler-Jones, you've graciously appeared before this committee several times in response to the study, and your testimony has been consistent all along. The issue here is that opposition members don't want to believe the truth, that there was no political interference whatsoever in the assessment of applicants for the CHVI manufacturing facility, or the decision that was inevitably and sadly made to cancel this facility.

Presumably, given your role, you would have discussed this issue with the minister, and you alone would have been privy to the minister or members of her staff trying to interfere in changing or modifying the results of the assessment, or worse yet, cancelling the project for sheer political reasons. So I'm going to ask you flat out, did the minister or her staff ever interfere with you or other officials of the Public Health Agency by suggesting that ICID or any other applicant should not be given the bid for political reasons?

Dr. David Butler-Jones: No politician of any stripe interfered with this process, in terms of how we managed the process. The Gates Foundation is very clear in its mandate that political interference is off the table, and they would walk away. If I were not successful in thwarting political interference in what is supposed to be a fair process, then I would probably be off the table.

In terms of whatever else is going on, whatever the innuendoes, comments, and rumours out there, our process, everything I've looked at, all the people within the agency who have been involved, other departments, in terms of actually managing this process it has been upfront and clear. I sympathize with those who put in proposals and worked very hard. There's no question about it, these are all good people, good institutions, and good partnerships, but they didn't cross the bar. Sometimes I haven't crossed the bar; it is the nature of the business. But no politician from any party, or their staff, came to me or to the process to say you will do this or you will do that.

Mr. Tim Uppal: Or their staff.

Dr. David Butler-Jones: Or their staff. And that would have been resisted.

The Chair: Dr. Plummer, did you want to make a comment on that?

Dr. Frank Plummer: Certainly, Madam Chair.

I was recused from the process. I had no knowledge of what was happening in the review and no knowledge of the outcomes of the review. I don't even know who the members of the review committee were. I certainly know of no political interference in any stage of this process.

The Chair: Thank you.

Mr. Uppal, you have a little bit more time.

Mr. Tim Uppal: Dr. Butler-Jones, this government takes the safety of Canadians very seriously and we don't play politics with public health. I'm disappointed that the members of the opposition have decided to turn this issue into political gain and have used the privilege given to parliamentarians to slander the excellent officials at the Public Health Agency in a transparent attempt to gain political points.

The Chair: I'm sorry, your time is up now.

Dr. Butler, did you want to make comment on that at all?

Dr. David Butler-Jones: Not really.

As I've said before, the committee needs to pursue its processes in the most effective way possible. I've been very clear with the committee, in terms of what is known, the process, the facts of the process, and whatever else. It's been very frustrating for us in terms of the innuendo and claims of certain people saying certain things to certain other people. If someone did that in the agency it's totally inappropriate, and I would have to deal with that.

Secondly, the suggestion that any of the bidders actually crossed the bar was just wrong. Whoever said that, wherever they said it, was ill-informed and had no business saying that. And if it's somebody related to the agency or in the agency, then I'd appreciate it if someone would let me know so I can deal with that, because it is a matter of inappropriateness in my organization. If it's someone else, then let us get on with our business.

Thank you.

● (1045)

The Chair: Ms. Wasylycia-Leis.

Ms. Judy Wasylycia-Leis: Thank you, Madam Chairperson.

Although the Conservative members would like to cast a certain light on this process and put it in the context of political gain, they are dead wrong. We are all here trying to in fact understand why Canada has lost and why this opportunity for incredible breakthroughs in terms of HIV and AIDS vaccine is lost, at least on a short-term basis. That's what every scientist who came before this committee told us. We're talking about a lost opportunity.

Of course I'm going to stand up for Winnipeg. I come from Winnipeg. I'm surprised there aren't others standing up for Winnipeg, like you, Madam Chair, or like the minister—

The Chair: Excuse me, Ms. Wasylycia-Leis, that is out of order. Winnipeg is my home.

Ms. Joyce Murray: This is out of order, Madam Chair.

The Chair: It is a city that I like, and you don't attack the chair. I'm sorry.

Ms. Judy Wasylycia-Leis: Yes, or like the minister responsible for Manitoba. There's been barely a peep from anyone about the fact that, by all conclusions, and whether or not it was inappropriate for an official out of the agency to say this or not, Winnipeg had won in every category and had been recommended.

Now, that may have been at the scientific level, and I think that should raise concerns on its own. The fact needs to be noted that these 19 scientists from all around the world came and looked at all four bids and concluded there was a clear winner, or a ranking, as Dr. Butler-Jones has said. That gives hope to people.

In fact it didn't surprise any of us, because we have Dr. Frank Plummer, and he's well respected and he's known the world over for his breakthroughs in terms of HIV and AIDS. It's because we have Dr. Allen Ronald, who's also been a pioneer in this area. It was because a consortium brought together the international association vaccine initiative, the Canadian association, the serum industry, the biggest generic company in the world, and Cangene, the biggest biotech manufacturer in the country, and spent three quarters of a million dollars. It didn't surprise anyone. It seemed to be the logical place.

Naturally, we're trying to find out not just why Winnipeg lost. In fact, we've all lost. All four bids are gone. That means Canada has lost. And it is about a non-profit facility, and it was designed for that in the first place, because the private sector doesn't necessarily make room for scientists to do exploratory discovery research. The scientists who have come to us during these hearings have said that. They've talked about biding their time waiting in line. This centre was going to be a place to work on vaccines, maybe not just HIV but tuberculosis or other areas that could have been centred here. It would have created, wherever it was located, whether it was going to be in.... What's your riding?

Mr. Dean Del Mastro: Peterborough.

Ms. Judy Wasylycia-Leis: Whether it was going to be in Peterborough, London, Quebec, or Winnipeg, it would have been a boon to Canada because it would have been a centre of research. It would have been a place for Canadian scientists who are skilled and expert in this area to do their work where they would have had easy access. It would have created more jobs. It would have attracted more scientists. It would have put Canada more on the map. It would have had a return on investment, as opposed to what I think we're now doing. Sure, this money will go to development and research, but it won't have the same impact, and there will be problems.

If the scientific community made the recommendation—the scientists who came—why wasn't that heeded? I'm not talking about politics. Why did the bureaucrats change the recommendation? Secondly, why would you bring in 19 scientists from around the world to do this review of the bids when you know that the Gates Foundation has a massive study going on about capacity? If in fact that study is going on, you know what it's for, and it is about doing due diligence, you wouldn't bring in a scientific community at the same time to do the review.

● (1050)

The Chair: Ms. Wasylycia-Leis, your five minutes are up.

Dr. Butler-Jones, can you wrap this up?

Dr. David Butler-Jones: Thank you very much for the question. There are actually a number of questions and points in there.

I guess it would be helpful if what I said, which is true, were actually heard: the scientific committee did not recommend any of them.

The Chair: Excuse me. The bells are ringing for a 30-minute bell. Do I have consent of the committee to continue for about five or six more minutes?

Some hon. members: Agreed.

The Chair: Thank you.

Dr. David Butler-Jones: This was not a bureaucratic decision. The scientific committee, which is one piece of the review, identified deficiencies in all of the proposals in technical management and financial aspects. When I spoke of ranking, it was a semantic difference. They weren't ranked in terms of who was better than everybody else. Nobody passed the bar. They were all looked at and ranked in the nomenclature as to whether they were better or worse in each of the categories. I don't know how often I need to say it, but none of them crossed the bar on a scientific or total merit basis. That was the bottom line.

I'm not aware of any employee.... I'm just saying if there was an employee and someone came forward and said one of their employees was speaking out of turn—and not just out of turn, but bloody wrong.... It was a lie to say that Winnipeg won. That's just not true, so whoever said it was wrong. They did not have the knowledge, and whoever it was should not have said that and been involved in this. I don't know who it was because nobody will tell me, but to impugn the agency in terms of our processes is totally inappropriate.

Just for the record, it's Allan Ronald, not Arnold.

On the not-for-profit, the process was to have a facility because there was a lack of facilities. The Gates Foundation was involved, and it was their request that if we did this it would be a not-for-profit facility. Being not for profit was not the objective of it. As it turns out, the capacity is there for both profit and not for profit. And $88 million, or however much, will go a lot further than having just another building that will be a monument to redundancy. That's our concern. The capacity study has confirmed that for us.

Thank you.

The Chair: Thank you, Dr. Butler-Jones.

Mr. Del Mastro.

Mr. Dean Del Mastro: I think we've heard here at the committee again that this is politics trying to supersede sound public policy. We had an allegation just a few minutes ago asking why people aren't standing up for Winnipeg. That may sell back in the riding, but we've just heard from Dr. Butler-Jones again that none of those bids met the bar. Any allegations that some place has lost out are simply local politics playing out on this stage, and it's unacceptable.

There was a bid from my city; there were bids from other cities. It speaks to an entitlement, as far as I'm concerned, when you say, “My city lost and nobody is standing up and fighting for me. Nobody's fighting for us. Where are all these members who should be fighting for their towns?”

Dr. Butler-Jones, I want to thank you for the clarity, because there are a lot of good scientists in this country. When I was first elected I promised the people of my riding that I would fight to ensure they got their fair share, but we're not entitled to more than that. If you want to run a national government and a national public health agency and that's your responsibility, that is a significant responsibility. You should not be subject to political pressures.

Ms. Joyce Murray: You sound like Vic Toews.

Mr. Dean Del Mastro: I'll be certain to indicate to Vic Toews that political pressure doesn't have a role in public health, that it should be independent of political pressure.

Ms. Judy Wasylycia-Leis: What about accountability? Does that count for anything? That's what we're here for.

Mr. Dean Del Mastro: Accountability matters. In fact, I'll ask Dr. Butler-Jones that question.

Dr. Butler-Jones, if none of those bids had met the bar for what had been set forth, and independent research indicated that wasn't the right way to go, would it have been responsible for you to move forward and plow ahead with it anyhow because somebody thought you should stand up for Winnipeg? Would that have been responsible?

● (1055)

Dr. David Butler-Jones: This is a huge opportunity for Canada. We now have $88 million that previously would have been committed to bricks and mortar. It would have created some jobs, there's no question, no matter where it was, due to the production of that facility. But it is not needed in the current environment. The $88 million will go a long way, whether it's for clinical trials or purchasing the time, etc. This is a huge opportunity to further the advancement of the HIV vaccine initiative. This is an opportunity for Canada, and I think Canada will be well served by what we do with it.

Mr. Dean Del Mastro: Thank you, sir.

The Chair: Thank you, Dr. Butler- Jones.

I will be reporting the motion back to the House on Monday.

I now have to dismiss everyone. It's time to go to votes.

Thank you.

The meeting is adjourned.

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