

Feds should tout vaccine costs as ‘leverage’ in future talks with premiers, says expert

By [PALAK MANGAT](#) MAY 7, 2021

While a ‘missed opportunity’ in the earlier days of the pandemic, some observers worry tying strings to provincial and territorial access to potentially life-saving vaccines could be seen as ‘unethical.’



Prime Minister Justin Trudeau, pictured April 13, recently promised to boost health transfers to the provinces and territories, discussions he said will take place after the ‘worst’ of the pandemic. *The Hill Times photograph by Andrew Meade*

Ottawa could have used its “leverage” of assuming the cost of COVID-19 vaccines to secure more “guarantees” from the premiers on national data collection standards, but that approach could have been portrayed as “unethical,” say some experts.

But that doesn’t mean the federal government should shy away from asserting its clout, according to one former bureaucrat.

Gregory Marchildon, the Ontario Research Chair in health policy and system design at the University of Toronto, noted that [unlike](#) the H1N1 pandemic of 2009, Ottawa has absorbed the full cost of the millions of vaccines ordered.

“It’s taking on the full exposure for getting sufficient supply, and it’s been criticized for that. But this is the kind of political weight that no provincial or territorial government wants to carry,” said Prof. Marchildon in a phone interview. Noting it’s a politically and fiscally risky move, he said securing the provinces’ and territories’ commitment for better data collection around which Canadians have gotten their jobs would have been a “small price to pay” in return.

Prof. Marchildon, who also served as deputy minister of intergovernmental affairs in the 1994 Saskatchewan government, told MPs on the House Health Committee this week that the feds should have used this “leverage” to hammer out some national standards around data collection.

Movement on that file has long been a topic experts have called for, with some noting the pandemic revealed existing gaps. Michael Wolfson, a former assistant chief statistician at Statistics Canada who is now at the University of Ottawa, recently wrote a [piece](#) in Policy Options saying the government could consider the creation of a pan-Canadian repository holding all health data to address some of these gaps.



Former Saskatchewan bureaucrat Gregory Marchildon, pictured May 3, says Ottawa should more actively take a ‘quid pro quo’ approach in its future negotiations with premiers. *Screen capture via ParIVu*

Writing Ottawa has “constitutional jurisdiction over statistics,” he said the July 2020 Safe Restart [program](#) was a “major lost” opportunity. The agreement offered provinces and territories some \$19-billion to help with contact tracing and “data management and information sharing to mitigate future outbreaks,” according to a release.

While there were funds aimed at helping secure personal protective equipment, he wrote the feds must “in the near term” be willing to tie more robust strings to major health transfers. It could require jurisdictions to collect “unexpurgated, machine readable, linkable, near real-time” data for patients and physicians, “all based on standard concepts and definitions,” he added. Local health authorities report to the Public Health Agency of Canada, which StatsCan draws from. But some data, like death registrations, follow a paper-based [process](#).

Ian Culbert, executive director of the Canadian Public Health Association, agreed that the feds “theoretically” could have secured some “guarantees” from the premiers, but that would highlight further gaps in provinces and territories’ data systems. For instance, he said, most provinces don’t have vaccination registries.”

Ottawa, in January, awarded Deloitte a \$16-million contract to build a national computer system to manage vaccine rollout and report as more doses came online, but those efforts came after the national immunization campaign was already underway. (The first jab was administered in mid-December.)

“It’s fine to say, ‘You should make [premiers] insist on X, Y, Z.’ But if you don’t have the infrastructure already in place to do that, it’s a moot point,” said Mr. Culbert.

Plus, he said, the “optics” of attaching “conditions” to accessing potentially life-saving vaccines amid a pandemic “would be horrible,” opening the way for premiers to denounce Ottawa’s demands as “unethical.” Mr. Culbert also appeared before the committee earlier this week.

Stéphanie Chouinard, a political scientist at the Royal Military College who studies federalism, agreed if Ottawa had tried to use vaccines as leverage, it could have been portrayed as “a huge power grab.”



Canadian Public Health Association's executive director Ian Culbert, pictured May 3, says Ottawa securing commitments from the premiers will only go so far, as the jurisdictions may not have the necessary 'infrastructure' needed to follow through on any promises it makes. *Screen capture via ParIVu*

"The premiers, for the longest time, were not interested in collaborating beyond the feds acquiring personal protective equipment and vaccines," said Prof. Chouinard. She noted that, last year, Prime Minister Justin Trudeau (Papineau, Que.) discussed the possibility of invoking the Emergencies Act but was met with strong opposition from premiers, who viewed it as an encroachment on their jurisdiction. The [legislation](#) grants the federal cabinet the power to take "special temporary measures that may not be appropriate in normal times," such as regulating travel.

"It takes two to tango in intergovernmental relations in Canada, and the provincial partners were very reluctant to dance. And they still are," she noted.

This week, Mr. Trudeau offered Alberta federal assistance, but that offer was shot down by its premier, Jason Kenney. The province [has](#) more than 24,000 active cases, the highest in Canada. In turn, Mr. Kenney asked for the feds' "co-operation" as it tries to secure vaccines from neighbouring U.S. states—remarks that came shortly before he announced a deal with Montana that will see truckers crossing the border get a [Johnson](#) & Johnson jab, beginning May 10.

“It’s a lost opportunity for Canadians who may have been better served in certain respects if there had been better co-ordination. But from the political actors’ perspective, it’s going to be who can play the blame game better,” the professor added.

She noted Ontario Premier Doug Ford has been “trying to hammer” the feds on border closures, “despite the fact that we know the vast majority of transmission actually happens in the workplace.” In late March, about 40 per cent of outbreaks in the province were in workplaces, with 30 per cent in congregate settings or care spaces and 30 per cent in schools, per [Maclean’s](#).



Alberta Premier Jason Kenney, pictured in 2020, recently turned down an offer for federal assistance from Prime Minister Justin Trudeau. *The Hill Times* photograph by Andrew Meade

That suggests any future negotiations will take place against the backdrop of an “ongoing battle for public opinion,” said Prof. Chouinard, but this could change.

Late last year, for example, there was “harder criticism” on getting vaccines into the country, putting Ottawa in the hot seat. Now that the rollout is underway, the “onus has shifted” to premiers who are responsible for ensuring they are delivered into the arms of Canadians.

Not too late, says former bureaucrat

According to Prof. Marchildon, the feds could still use their leverage in future negotiations, especially if the “variants require new vaccine development and use.”

Prof. Marchildon said he preferred to think of it less as “concessions” and more “quid pro quo” for Ottawa taking on the full risk of contracts with pharmaceutical firms, that it will “never see” any financial return on.

The feds have spent hundreds of millions of dollars on contracts with seven different companies, and [earmarked](#) another \$2.2-billion over seven years in its recent budget to help, in part, with vaccine development.

Asked whether the feds could be accused of engaging in “unethical” behaviour by holding back vaccines if premiers don’t agree to national standards, he drew a distinction between “rhetoric” that could lead to a “war of words” and “the public’s reaction to the rhetoric.”



Stéphanie Chouinard, a political scientist with the Royal Military College, pictured in 2019, says when it comes to interprovincial relations, it ‘takes two to tango.’ *Photograph courtesy of CPAC’s YouTube*

“It is always possible that some premiers may engage in that kind of rhetoric,” he added. “The Canadian public, though, is not stupid. It would know if it was clearly delineated what was being requested, that this would be a reasonable request.”

The day after releasing the budget, the prime minister [vowed](#) to boost long-term increases to the transfers, though he punted discussion of details until after “we’re through the worst of this crisis.”

Mr. Wolfson said he took that as a “positive or semi-positive” sign, as it could lead to more negotiations around national standards and co-ordinated data collection.

Cheryl Camillo, an assistant professor who [studies](#) federalism and health policy at the University of Regina, said all governments should be “seizing every opportunity to collaborate very closely in addressing” the pandemic and the gaps it has exposed.

Among those, she agreed, are the need for a pan-Canadian body that is the central holder of health data it receives from jurisdictions. But given much of the [talk](#) from premiers so far has been around Ottawa boosting its transfers, she said she’s “skeptical” there will be a wholesale effort to tackle some of the gaps.

“What I don’t hear is, ‘We’re going to vaccinate your population up to a certain point and then continue to work on improving [people’s] health and addressing some of the issues that were identified as big problems, such as long-term care,’” she said.

For the taxpayer, who fills both federal and more local coffers, the expectation is to “get something in return,” Prof. Camillo added.

“Coming to the table and saying, ‘The Government of Canada is negotiating these contracts, but let’s talk about prevention in the future and improving our health care systems in the future’—that’s what I would expect of my elected officials,” she said.

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