HOUSE OF COMMONS
CHAMBRE DES COMMUNES
CANADA

Standing Committee on Health

HESA • NUMBER 003 • 1st SESSION • 43rd PARLIAMENT

EVIDENCE

Wednesday, February 5, 2020

Chair

Mr. Ron McKinnon

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● (1540)

[*English*]

The Chair (Mr. Ron McKinnon (Coquitlam—Port Coquitlam, Lib.)): Welcome everyone. We'll start the meeting now.

Thank you everyone.

I have just a couple of points. The Special Committee on Canada-China Relations has booked this room at 5:30, so we will have a hard cap here at 5:30 so they can start their meeting and be televised.

I suggest for the next meeting that people keep in mind topics of interest so that we can consider where we're going to go in the future.

With that, we'll carry on. I'd like to welcome the Department of National Defence, with Major-General Cadieu, director of staff, strategic joint staff. *Merci.*

We have Major-General Downes, surgeon general, commander of the Canadian Forces health services group.

We have back again Ms. Namiesniowski, president of the Public Health Agency, and the incomparable Dr. Tam. Thank you for coming back.

We'll start with the Department of National Defence. I believe you have a 10-minute opening statement.

Major-General T. J. Cadieu (Director of Staff, Strategic Joint Staff, Department of National Defence): Mr. Chair, committee members, thank you for the invitation to discuss the role of the Canadian Armed Forces in the whole-of-government assisted return of Canadian citizens from China following the outbreak of the 2019 novel coronavirus.

I am Major-General Trevor Cadieu. As the director of the strategic joint staff, my role is to maintain the situational awareness of senior military leaders, to draft directives for the Canadian Armed Forces and to work with other government partners. I'm looking forward to addressing any questions on the operational details of the Canadian Armed Forces' role in the overall effort.

I'm joined today, as you've heard from the chair, by Major-General Andrew Downes, our surgeon general. As the adviser to the Minister of National Defence and the chief of defence staff on all matters related to health, he will naturally be prepared to address any medical-related questions.

I'll speak now about our role in the assisted departure.

[*Translation*]

On January 31, the Canadian Armed Forces received a request for assistance from Global Affairs Canada, the lead department for the first phase of the assisted return from Wuhan, China to Canadian-Forces Base Trenton.

[*English*]

The military contribution to this part of the operation consists of a medical team comprising six Canadian Forces health services medical professionals. They're tasked to conduct health screening of returnees as part of the aircraft onboarding procedures in Wuhan and to monitor the health of returnees during the return flight to Canada. They will also conduct a final health screening on board the aircraft in order to inform Public Health Agency of Canada officials as to which passengers, if any, require priority attention upon arrival in Canada. Our medical team deployed to this effort will comprise two emergency medicine- and flight medicine-trained physicians, as well as four aeromedical evacuation-qualified nursing officers.

In response to a separate request for assistance received on February 1 from the Minister of Health, the Canadian Armed Forces will also support the reception, staging and onward movement of returnees once they arrive in Trenton. Specifically, as part of the second phase, the arrival and screening phase, Canada's military will support the Canada Border Services Agency and the Public Health Agency of Canada by providing access to the runway and apron areas in Trenton, along with associated aircraft services and aircraft parking.

Additionally, a variety of base infrastructure will be made available to our federal and provincial partners for customs and health screening. Also, as directed by lead departments, the on-board military medical team will assist with disembarkation efforts to include identifying priorities for disembarkation according to the medical needs.

Finally, as part of the third phase, post-screening activities, we will continue to provide logistical and staging support. In essence, the Canadian Armed Forces will provide a logistical framework within which the Public Health Agency of Canada will coordinate public health measures, emergency social services and security services with the Province of Ontario for the period of the quarantine.

Support provided by the Canadian Armed Forces during this phase includes ground transportation for returnees and supporting personnel; accommodations for returnees; infrastructure for use by federal and provincial authorities for the conduct of their tasks related to the quarantine period; food services; and general duties as required.

Of note, Mr. Chair, is that Canadian Armed Forces members, including military police, will not conduct direct security and enforcement activities relating to the quarantine of the returnees. This is being led by the Public Health Agency of Canada. However, Canadian Armed Forces elements in Trenton will coordinate as necessary to enable civilian police and security agencies engaged by the Government of Canada to conduct those tasks.

In closing, I would say that, looking forward, the Canadian Armed Forces will continue to provide support as directed by the government, while delivering on an array of other domestic and expeditionary operations.

● (1545)

[*Translation*]

Ultimately, our support to Canadians in need will always be our most important mission. We take that role very seriously.

[*English*]

Mr. Chair, ladies and gentlemen, Canada's surgeon general and I look forward to taking your questions.

The Chair: Thank you, General.

We will now go to the Public Health Agency.

I believe you have a statement as well. You have 10 minutes, please.

Ms. Tina Namiesniowski (President, Public Health Agency of Canada): Thank you, Mr. Chair, for the opportunity to update the committee on the coronavirus. We were here last week, and a few things have transpired since then.

I understand that on Monday this committee also had an opportunity to receive updates from various departments involved in the government's response.

[*Translation*]

I'd like to take this opportunity to recognize the contribution of all departments and agencies taking part in the response effort to confront the coronavirus and their close cooperation with our agency.

[*English*]

As you're aware, things continue to evolve globally in terms of the spread of the illness and the overall global response. We continue to monitor the situation in China and other countries very closely to inform our own overall risk assessment.

As I'm sure you're aware, there are increasing numbers of cases in China. At this point, approximately 24,000 have been confirmed globally, with the vast majority in mainland China. Of those, the majority are within Hubei province. At this point, there are 27 other countries and regions that are reporting cases, including Canada.

The increase in numbers that we are seeing reported in China is not unexpected. Chinese authorities have undertaken considerable effort to contain the spread of the virus. They've expanded production of medical products. They've been sending additional health workers to support efforts in Hubei province. They've issued technical guidelines regarding the use of personal protective equipment, and they're increasing other venues for receiving and treating patients with mild symptoms or for medical observation of close contacts.

As I said last week, Canada's public health system is well equipped to contain cases coming from abroad and their potential for spreading within Canada. There's a high level of vigilance and coordination by all levels of government, and we have protocols in place to monitor for illnesses and ensure the quick identification and isolation of suspected cases. The system is working as it should to protect Canadians against this novel coronavirus, and the overall risk to Canadians in Canada remains low.

As part of Canada's overall response, on January 28 the federal government and provinces and territories agreed to establish a special advisory committee on novel coronavirus. This is part of our federal-provincial-territorial governance. It allows for a focused, time-limited mechanism for public health collaboration and information-sharing between jurisdictions, related to the overall response to the coronavirus. It continues to meet regularly. As required, it provides advice in terms of the overall government response and how that response should or should not be adjusted relative to what we're observing.

The international response has also evolved in the past week. On January 30, the World Health Organization's director general declared the outbreak of novel coronavirus to be “a public health emergency of international concern”. Canada's response is aligned with the World Health Organization's recommendations.

Last week, I also talked about the different measures that the federal government has put in place in terms of helping to prevent the introduction and spread of the disease within Canada, so I won't repeat what I said. I will just note that in terms of border measures, when I was here last week I made reference to the fact that we have three airports where we have focused efforts—Toronto, Montreal and Vancouver—and I made reference to the fact that in those airports, through the electronic kiosks, we have a question that specifically asks travellers whether or not they've been in Hubei province. That question now exists in seven other airports.

In total, we have 10 Canadian airports that have a questionnaire as part of the electronic kiosk process, whereby travellers are asked to identify whether they've been in Hubei province. As of February 4, 2020, from the point in time when we started collecting that information by way of the kiosks, 855 travellers have identified as having returned from Hubei province, with 43 individuals referred for further assessment by a quarantine officer. Of those, 40 were released with an education handout and three were issued an order for further medical examination.

We also have our National Microbiology Laboratory, which performs confirmatory testing for any positive novel coronavirus laboratory result produced by a provincial or territorial public health laboratory. As of February 4, 2020, our lab has undertaken testing for 149 persons under investigation in Canada.

● (1550)

As you're aware, four have tested positive and 145 have tested negative. To date, there are four confirmed cases of coronavirus in Canada and one presumptive confirmed, which was announced yesterday by British Columbia.

[*Translation*]

I will now say a few words about bringing the Canadians home. As our colleagues said, we are working closely with our federal colleagues and counterparts. A number of departments are involved in planning the return flight.

[*English*]

We are very much a part of that process, as mentioned, and we're working very closely with all of our federal partners. We are on the ground, as we speak, in terms of finalizing the plans that will enable the efficient processing of the return of individuals on the flight that has been announced by the Minister of Foreign Affairs.

As mentioned, there will be efforts on the flight as well as in pre-flight departure to ensure that we have information on the health status of every individual who is getting on that plane. That will enable us to be ready when people arrive in Canada, so that we're able to respond in an appropriate way.

As I think the committee is aware, we now have an emergency order in place that was made pursuant to the Quarantine Act. That enables us to have the authority to keep all passengers at CFB Trenton for 14 days after the arrival of the flight. This will allow us to undertake full health assessment and the follow-up observation that will be required during that period of time.

We also recognize that individuals who are returning to Canada clearly have undergone a fairly stressful situation. In addition to the type of medical assessment that will deal with their physical health, we are also very much focused on ensuring that we have the right kind of social supports in place to enable all of those individuals to get mental health supports as necessary. In that context, we are working closely with our colleagues in the Government of Ontario, but with other partners as well, such as the Canadian Red Cross.

● (1555)

[*Translation*]

I will end my comments there. We are ready to answer your questions.

The Chair: Thank you.

[*English*]

Thanks, all of you. We'll now go to questions.

We'll start with you, Mr. Bezan. You have six minutes.

Mr. James Bezan (Selkirk—Interlake—Eastman, CPC): Thank you, Mr. Chair.

I want to thank our witnesses from the Public Health Agency, and it's always great to see General Downes and General Cadieu, so thanks for being with us today.

I want to thank the Canadian Armed Forces for what it is doing in assisting with getting our Canadians home from China, facilitating their movement and providing the facilities for them to return home safety.

A little bit of information that I think some Canadians would want to know is how we are handling the passengers before they enter the aircraft, whether or not there is any pre-screening before coming on, and whether that's being done by Canada or by China. Also, what protective measures for personnel are being taken with regard to the flight crew and the Canadian Armed Forces medical personnel while they're on board the aircraft? Of course, we know that this is all recycled air, and they're going to be on a direct flight for nine or 10 hours. How is that being dealt with from a biohazard standpoint?

Ms. Tina Namiesniowski: Mr. Chairman, maybe I can start with the process of how we're taking people through the steps from the point of view of health assessment.

We are working very closely with Chinese authorities, who have been quite clear that they will want to ensure that any individual who is getting on the flight and leaving Hubei province is not symptomatic. They themselves will be having an assessment of every single person, which is not different for Canada relative to other countries that have repatriated their own citizens. There will also be a pre-boarding assessment that will be done by our colleagues in the Canadian Armed Forces.

During the flight itself, we've worked with our partners to ensure there is a comprehensive questionnaire that will be gone through with every single individual on the flight. It will collect information that will enable us to have a good understanding of the individuals themselves: what kind of health considerations might be important for us to know; whom they may have been in contact with during the course of their stay in Hubei province; whether they themselves have been sick; and whether they have been in contact with somebody who was sick. That's so we have a very good understanding of each individual and the type of information that will be necessary for us as we continue the health assessment once they arrive.

If there is somebody who is sick en route, we've worked on protocols that would ensure that those individuals, to the extent possible, are isolated from other passengers on the flight and are given some equipment, such as a mask, to ensure that we're doing what's necessary from the point of view of other individuals who are on that flight. If they are sick enough upon arrival, we do have the right kinds of mechanisms in place whereby we would be transferring that individual to the local public health authority to make sure they get the treatment they would need in response to whatever they may be dealing with from a health perspective.

The same would hold true in terms of people who have subsequently gone through the processing at Trenton. If we were to have an individual who becomes symptomatic, we've already worked out the protocols with our local public health officials in Ontario whereby we would have a seamless transition into the local public health system to make sure that individuals get the kind of support they need.

Mr. James Bezan: And from the standpoint of Canadian Forces protection...?

Major-General A.M.T. Downes (Surgeon General, Commander, Canadian Forces Health Services Group, Department of National Defence): Thank you.

Our medical team that deployed last weekend took with them an extensive array of personal protective equipment, including masks, gowns, gloves, face shields, etc. The crew themselves will be wearing protective equipment throughout.

Passengers will be offered protective equipment as well, but should one of the passengers manifest symptoms consistent with coronavirus during the flight, they will be isolated as much as possible in the aircraft and will be required to wear full protective equipment. If we're not able to properly isolate them or isolate them sufficiently, other passengers would be offered the same level of protection.

You could imagine this as being very similar to the level of protection that would be seen in a hospital should a patient come in with these types of symptoms.

● (1600)

Mr. James Bezan: I appreciate that.

I only have one minute left. I guess the question revolves around the physical facilities and how you're doing isolation on CFB Trenton. What types of risk factors are you going to be mitigating in terms of keeping proper distances from people in quarantine versus the day-to-day operations of the base? I just want to get a bit of an idea about that and how people in the community potentially might be expressing some concern.

MGen T. J. Cadieu: Mr. Chair, I'll comment on the mitigation measures we are taking at Trenton to mitigate the risk to the returnees, the Canadian Armed Forces members and, subsequently, of course, our missions as well.

On arrival, in support of CBSA, those individuals will receive an initial screening, after which we will transport them by bus to accommodations at CFB Trenton. On the accommodations that returnees will be staying in, they are going to be in single rooms, except families; in support of the Public Health Agency of Canada, we are making arrangements for family units, for their integrity, for them to remain together. Each of those rooms has bathroom facilities as well, so they do not require shared use by the returnees.

During the period of quarantine, the returnees will stay in the Yukon Lodge; those are the accommodations that have been set aside only for the returnees for the duration of their stay. They'll have an opportunity to move about in that very local area, but they will not be mingling with Canadian Armed Forces.

The Chair: Thank you, Mr. Bezan.

We'll go now to Dr. Powlowski.

Mr. Marcus Powlowski (Thunder Bay—Rainy River, Lib.): Thanks very much to all of you for coming out today, and thank you for your work on behalf of all Canadians. I think you're doing a great job.

We had customs and border services come and speak to us earlier in the week. It seems that if you come from Wuhan or Hubei province, that initiates a process of screening and dealing with people who have potentially been exposed to the virus, people who have symptoms. Is this being done only with people coming from Hubei province and not from the rest of China?

Ms. Tina Namiesniowski: Yes, Mr. Chair.

Mr. Marcus Powlowski: Johns Hopkins University has a dashboard showing the number of cases from other provinces. My understanding is that there are two other provinces with almost 900 cases. There are a number of other provinces with over 500 cases. That's gone up pretty dramatically over the last couple of days, from when it was almost half that number.

As we remember, there's a quarantine period of up to two weeks, so these numbers are going to go up even higher. Have you considered possibly implementing the same provisions regarding all passengers coming from China, with the idea that perhaps China has done a good job of barring the door but the horse may have bolted?

Ms. Tina Namiesniowski: Mr. Chair, what's very clear in the context of the Quarantine Act is that every single air carrier that flies into Canada has an obligation to ensure that if they have a sick passenger on board that flight, they make the Government of Canada aware of that prior to their arrival. This ensures that, irrespective of where they're coming from, we are quick to respond as a plane arrives in Canada, to deal with anybody who requires some level of medical treatment. That applies across the board.

In the three airports where we have the vast majority of flights that come from China, as I said, we have put in place additional measures, including, at the kiosk, a question related to whether or not you've been in Hubei province. However, in the customs halls themselves, there are screens that are advising all passengers, irrespective of whether they've come from Hubei province, to make sure that if they're feeling sick, they identify that to a border services officer.

In addition, all passengers have access to the information available to the individuals who are coming off those flights. That provides them with advice on what they should be looking for in terms of symptoms, as well as what they should do in the event that they feel they should contact local public health. Those handouts provide information across all jurisdictions as to whom they should contact and, if they are feeling symptomatic and are concerned about whether or not they actually are symptomatic in relation to the coronavirus, what they should do, including calling ahead and following the types of protocols that we believe are necessary to ensure that people are ready to receive them. To date, that's exactly what has happened.

As I mentioned, very few people have actually been referred for any kind of medical assessment. What we've seen to date is that the measures we've put in place in the airport have done what we expected them to do. As Dr. Tam will probably speak to, the border measures are not a be-all and end-all, and we know that. They are but one level of effort relative to other things that are happening in relation to system readiness and response here in Canada.

● (1605)

Dr. Theresa Tam (Chief Public Health Officer, Public Health Agency of Canada): Just to add to what the president said, obviously the front line of all the health facilities is a very critical point for assessment. Based on what all the provinces and territories are doing, they have a very low threshold at the moment for looking for anyone, not just from Hubei province, but from all over China, and they have the flexibility and physicians to test anyone they suspect might have the coronavirus. It's through that specific history, like "Have you been in a hospital?" or "Have you contacted someone with pneumonia?", and they have a very low threshold right now for testing.

So far, though, all the positive cases have a link back to Wuhan.

Mr. Marcus Powlowski: My understanding is that the United States is asking all people returning from China to voluntarily self-isolate for two weeks. We're trying to figure out whether the United Kingdom is doing the same or not; it wasn't clear. I don't know if you have more information. Has Canada contemplated doing the same thing, asking all people returning from China to self-isolate for two weeks?

Dr. Theresa Tam: The situation is continuing to evolve in terms of what's happening in China. I just want to underline that the risk in Canada is low. We have very few cases. The chains of interaction have been contained. It's not spreading in Canada.

Really, out of an abundance of caution, while the risk is low, we're actually in quite a special period globally of containment. If anything is going to be done to limit spread, it will be now. I think Canada should be contributing to that containment effort, so together with the chief medical officers and the special advisory committee, we're adapting our advice. As of essentially now, we're recommending that if you've travelled to Hubei province in the last 14 days you limit your contact with others. That is essentially what the United States and others think of as self-isolation, and you should monitor your health and report to local public health if you have any concerns.

The Chair: Thank you, Dr. Powlowski.

We'll go now to Mr. Thériault.

[*Translation*]

You have six minutes.

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

Ladies, gentlemen, welcome. Thank you for being here to provide us with further information on a situation that is constantly evolving, and quite spectacularly, at least in China. Statistically speaking, the situation has now surpassed the SARS crisis. I have been reading everywhere that, when they come home, people who are symptomatic during the flight will be directed to the first refuelling stop, in Vancouver.

Does that mean they cannot be treated on the military base? Do they absolutely need to be sent to a hospital if they are having health issues? I would like to understand that. A quarantine zone has been set up, so I thought that everyone affected would be sent there and that they would have everything needed on site to treat all cases in isolation.

● (1610)

MGen A.M.T. Downes: Thank you for your question.

First, I would like to say that we in the military do not have everything needed to treat passengers presenting coronavirus symptoms. The provinces are responsible for providing care.

Mr. Luc Thériault: Let's say that those who live in the Vancouver area will get treated in a Vancouver hospital. The people arrive in Trenton and, all of a sudden, there are people from Toronto and from Quebec. Will they be taken off the base as soon as they become ill and sent to a hospital, because the military base is only an incubation zone? That is unclear.

Ms. Tina Namiesniowski: I will try to answer the question.

We are now finalizing protocols with the province of Ontario. Right now, based on our approach, the province is responding in a highly reactive manner, with help from EMAT, the Emergency Medical Assistance Team, an Ontario government resource.

[*English*]

It's a resource of the Ontario government whereby they will be on the base, and should there be somebody who is sick, they will be able to take that person, using their mobile capacity. They have a negative pressure room that will be available for people. They will be able to use that negative pressure room and assess the individual in situ. If the person presenting is symptomatic, they would be able to draw samples from that person, and through our own mobile lab from the National Microbiology Laboratory, we would be able to test that sample there.

If that sample were positive, there would have to be a determination as to whether it is a mild case, because you know that some individuals within Canada who had a positive test for the coronavirus have actually not spent time in hospital. It would depend on the severity of the situation whether that individual would need to be transferred to the local hospital.

Clearly, the objective would be to ensure that the right type of support is put in place to help manage that particular situation.

Dr. Theresa Tam: I just want to add that, on the question of Vancouver, the idea is that no passengers get off in Vancouver, unless there's an emergency—if someone had a heart attack or there were other issues.

The British Columbian teams are already rehearsing, if there's an emergency, to safely transport to the health facility. However, this is just a plan. It is expected that we get everyone to Trenton as quickly as possible.

[*Translation*]

Mr. Luc Thériault: Okay, that is much clearer now. As I understand it, these medical situations are peripheral to coronavirus infection. According to the evacuation plan, people will only stop in Vancouver if they need emergency medical care that has nothing to do with the coronavirus. Everyone leaving China will land at the base in Trenton.

Where repatriation is concerned, the numbers are going up. Based on what we have learned, 373 people have requested repatriation. As I understand it, a plane transporting 211 people will take off tomorrow.

Can you tell us what selection criteria are being used? I am not talking about visas or things like that. Instead, I'd like to know, for instance, if priority is being given to families. Might some not make it onto the flight because priority is being given to bringing home entire families? Will a family member who is symptomatic have to remain on site?

● (1615)

The Chair: Mr. Thériault, what is your question?

Mr. Luc Thériault: I would like details about repatriation, how you selected the 211 people, when the second flight will take place and what will be done with those waiting for the second flight.

Ms. Tina Namiesniowski: I think that question should be put to our foreign affairs colleagues. I know they chose and applied criteria. However, I don't know which criteria they used to choose the people on the first flight.

The Chair: Thank you.

Thank you, Mr. Thériault.

Mr. Davies, you have six minutes.

[*English*]

Mr. Don Davies (Vancouver Kingsway, NDP): Thank you to all of the witnesses for being here.

Yesterday, health officials in British Columbia announced a new presumed case of novel coronavirus. The patient was a woman in her 50s from the metro Vancouver area who had recently been in close contact with visitors from Wuhan. I think this would be the first instance of domestic transmission in Canada.

Does this possible case of secondary infection change your assessment of risk posed by the coronavirus to Canadians, and how do you plan to respond?

This is for either Ms. Namiesniowski or Dr. Tam.

Dr. Theresa Tam: I'll respond to that question.

Obviously, in British Columbia, the health officials and the local public health unit in charge of that particular investigation have been in very close contact with the Public Health Agency.

As I understand it, the potential transmission occurred inside a family setting. This is a household close-contact transmission setting, which is not unexpected. That does not mean that the virus was spread further. They will be doing their investigation as to exactly what the situation is.

As with any infectious disease, public health units are very equipped to do case and contact tracing and management, but it would not be unexpected to have limited person-to-person transmission in a closed-contact setting, and it does not change our risk assessment for Canada. The risk remains low.

Mr. Don Davies: Thank you.

The World Health Organization's February 1 situation report on the novel coronavirus stated, “WHO is aware of possible transmission of 2019-nCoV from infected people before they developed symptoms.” An early study on asymptomatic transmission of the virus published last week in the New England Journal of Medicine also appeared to confirm that asymptomatic transmission is possible.

How does the existence of asymptomatic transmission change your approach to containing this virus, if at all?

Dr. Theresa Tam: We are aware of a very small number of case reports in which it's suspected that asymptomatic transmission may have occurred, but these have not been verified. In fact, with regard to the New England Journal study, there's now been a publication to say that it was incorrect and that this person was, in fact, symptomatic and had been taking some medication that suppressed his fever, for example. That's a very important fact to verify and correct. I'm very happy that German scientists and WHO have verified that.

We have heard other potential reports, which have not been substantiated. What we know is that it could possibly happen, but we think it would be rare and very unlikely that asymptomatic persons would be the key driver of an actual outbreak or epidemic. Of course, the evolving description of the patients has shown that they can have quite mild to more severe symptoms, so some of the recommendations right now are for people to, for example, monitor their symptoms very carefully, potentially reduce contact with others and, at the earliest moment they feel any kind of symptom, seek medical care. I think that is very important. It's really a droplet-spread disease. It's when someone's coughing most vigorously and they're more symptomatic that, we believe, this virus is transmitted.

● (1620)

Mr. Don Davies: Dr. Tam, you anticipated where I was going to go next. It seems likely that there are individuals who are infected with the coronavirus who are going undetected because they are presenting mild symptoms and they are, thus, not interacting with health systems yet.

If that's the case, can you give us an idea of what proportion of overall cases that might represent?

Dr. Theresa Tam: It's actually a very evolving proportion, because, as you can imagine, at the beginning of any outbreak, it is the people who have the most severe symptoms who present. Many of the teams in China are currently unpacking the mild symptoms that are the underside of the iceberg, if you like. The tip of the iceberg is the severe cases. Right now, just proportionately, approximately 20% of cases are considered serious. That means that 80% have some other symptomatology that is less serious. That is the fluctuating proportion based on current data.

Mr. Don Davies: To follow up on Mr. Powlowski's question, the United States has implemented emergency measures to temporarily deny entry to foreign nationals who have visited China in the 14 days prior to their arrival. Restrictions also apply to U.S. citizens who have been in China's Hubei province in the two weeks prior to their return to the U.S. Upon their return, those citizens will be subject to a mandatory quarantine of up to 14 days. They'll also undergo health screenings at selected ports of entry.

In light of your comment earlier that the time to contain is now—I think that was your wording—and that it's very important that we get a good grip now, shouldn't Canada be taking similar protective measures now, following the precautionary principle, to make sure we're doing everything we can to contain this virus at the earliest possible opportunity? If not, why not? Why aren't we doing that?

Dr. Theresa Tam: As the president of the agency just stated, the World Health Organization declared this "a public health emergency of international concern" and indicated that right now we are in the containment phase. The most effective piece of containment, of course, is at source, in China itself, where you're seeing some of the extraordinary measures that are being taken.

As you move further away from that epicentre, any other border measures are much less effective. Data on public health has shown that many of these are actually not effective at all. We are doing some of those and adding those layers, but each of those layers is not a complete barrier, if you like. We have provided travel health advice from a health perspective to indicate to travellers to avoid the province of Hubei and to limit non-essential travel to the rest of China. That advice is provided to travellers.

Of course, how you protect yourself when you're in China, I think, is very critical. The other aspect is that you're not going to get health care, particularly if you're stuck inside a quarantine zone. That's another reason for saying not to go to Hubei right now. Not necessarily for health reasons but for reasons of safety and security, Global Affairs says you shouldn't go to China.

I think that WHO advises against any kind of travel and trade restrictions, saying that they are inappropriate and could actually cause more harm than good in terms of our global effort to contain. I believe that Canada is taking a balanced and measured approach as it pertains to travel measures at this point.

The Chair: Thank you, Mr. Davies.

We have another panel getting sorted out on video conference, so we're between a rock and a hard place. We don't really have time for a normal round two.

May I propose to the committee that we repeat round one with three-minute time slots for everybody? Is that acceptable? Okay.

In that case, we will go to Mr. Webber for three minutes.

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

Major-General, what is the quarantine capacity at CFB Trenton?

● (1625)

MGen T. J. Cadieu: Mr. Chair, in terms of the quarters, the accommodations we're using currently for returnees, the Yukon Lodge facility, which I referred to before, has a capacity of approximately 280 rooms. Those are single rooms with washrooms. What we're working out right now is dependent on the various demographics and family groupings of individuals who come back. That will reveal to us how many additional rooms we have for returnees that are coming in.

It could well exceed 300. We might be able to support the returnees not just from the first flight but from others coming in as well. That number is evolving as we understand the various demographics and groupings of those returnees.

Mr. Len Webber: Great.

Have you thought of perhaps another facility, another CFB base, that you may use in the future?

MGen T. J. Cadieu: Absolutely. In addition to working through the planning alongside the Public Health Agency and the Canada Border Services Agency, we are continuously forward-planning, contingency-planning. In addition to having a strong understanding of the resources that are available in Trenton, we are conducting a stock-taking of all infrastructure and accommodations at Canadian Forces bases throughout Canada.

Mr. Len Webber: You also mentioned that military police will not be part of the security at CFB Trenton for these quarantined individuals and that you'll have civilian police and security. Why?

MGen T. J. Cadieu: Mr. Chair, our military police are primarily mandated to look after the security of our Canadian Forces bases and our members and their dependants. Notwithstanding the support that we're going to be providing to CBSA and the Public Health Agency, that work will continue. It still needs to continue. In part, that is the reason why the Public Health Agency is working with provincial security services to look after the needs of the returnees.

Mr. Len Webber: Thank you.

Is the aircraft being used—pardon my ignorance—a Canadian Forces aircraft or a commercial aircraft?

MGen T. J. Cadieu: It's a commercial aircraft, Mr. Chair. The first aircraft that's been contracted by Global Affairs Canada is a civilian Airbus 340.

Mr. Len Webber: Okay. There's just one. One aircraft is going to be used. Will it return to China, then, to pick up the rest of the individuals?

MGen T. J. Cadieu: Mr. Chair, I think Global Affairs Canada is continuing to work through options right now. They're looking at a number of considerations. I don't think that determination has been made.

Mr. Len Webber: Dr. Tam—

The Chair: Thank you, Mr. Webber.

Mr. Len Webber: That was quick.

The Chair: Yes.

Mr. Fisher.

Mr. Darren Fisher (Dartmouth—Cole Harbour, Lib.): Thank you very much, Mr. Chair.

Thank you very much, folks, for being here today.

The women and men of the Canadian Armed Forces deeply matter to the folks in Canada. Dartmouth—Cole Harbour is home to CFB Shearwater, and with CFB Halifax nearby, I have a lot of military families at home who are paying rapt attention to what's going on in Trenton. I'd say that most Canadians have been watching the coronavirus situation closely, and they want to be sure that they and their loved ones are protected from this virus.

We've heard a lot about misinformation and how it's spreading online, and how the situation is being sensationalized by some. Can you tell us more—one of the major-generals, perhaps—about how those being repatriated here in Canada from Wuhan, China will be screened before and after they arrive back in Canada? Also, what measures are being put in place to protect military families and the general public in Trenton?

MGen A.M.T. Downes: Thank you very much for that question.

There are multiple parts to the question, of course. The first element I'll touch on is the screening of the returnees in China. As has already been mentioned, there will be a first layer of screening conducted by Chinese authorities, followed by another screening by Canadian Forces medical personnel prior to the aircraft departing from China.

During the flight, people will be monitored; their symptoms will be monitored and so on. Anybody who does become ill on the flight will be required to follow the protocol that I mentioned earlier of being isolated as best as possible within the aircraft and so on. This information will be relayed to public health authorities here in Canada.

Once the aircraft arrives in Trenton, the jurisdiction of the Canadian Forces in terms of overseeing the health of the individuals gets transferred over to the Public Health Agency to conduct the next phase of this operation.

● (1630)

Mr. Darren Fisher: What measures are being put in place to protect the military families and the general public in Trenton?

MGen A.M.T. Downes: The few military personnel who will be in direct contact with members of the returning group will be wearing personal protective equipment to prevent any risk of being exposed to the virus.

I think it's important to highlight the fact that these returnees are healthy Canadians. There is a risk, of course, that one or more of them might have been exposed to this virus, but I think the risk is low that this in fact is the case. I think it's very helpful to keep that in mind.

Of course, during the quarantine process, there will be the opportunity for monitoring their health throughout, and all the containment measures that the Public Health Agency has been planning will be applied. I think that the risk to Canadian Forces members and their families is incredibly low.

Thank you.

Mr. Darren Fisher: Thank you so much, Major-General.

The Chair: Thank you, Mr. Fisher.

We'll go now to Mr. Thériault.

[*Translation*]

You have three minutes.

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

Ms. Namiesniowski, on January 29, you said that provincial laboratories were able to detect cases of infection, but that the confirmation is done in Winnipeg.

Is that still the case? Would it not be more efficient to have the territories, provinces and Quebec confirm directly? Couldn't public health authorities and hospitals confirm cases themselves? If that is already being done, so much the better, but if not, why not?

[*English*]

Dr. Theresa Tam: There is a network of laboratories called the Canadian Public Health Laboratory Network. These are mainly provincial laboratories, public-held laboratories. Some of them can test for the coronavirus, but not all. The ones that can are in Ontario and British Columbia, but because the testing is so new and this virus is so new, they are still sending the samples to the Winnipeg lab just to be sure that this is what we have.

The idea, though, is that eventually there will be tests that are easier to conduct; they're not trying to sequence viruses or detect the molecular genetics of the virus. Even commercial tests could be available at some point, whereby many more people will be able to test for this virus. I think it's just a matter of time, but right now confirmation is felt to be the most prudent precautionary approach.

[*Translation*]

Mr. Luc Thériault: Dr. Tam, you said earlier that enhanced controls might do more harm than good. What did you mean by that?

[*English*]

Dr. Theresa Tam: I think one of the members asked about travel bans, stopping people from actually travelling.

The reason the World Health Organization doesn't recommend something like this is that, in general, it may do more harm than good. I think someone mentioned what the United States was doing. If you stop traffic entirely, there are a number of issues.

The international community must come together in solidarity to contain. Having measures that very negatively affect a certain country that's trying very hard to do its best can impede whether this country in the future will ever share anything transparently with others. China posted the virus genome very quickly. What are they getting out of it? I think the idea is to support China.

Obviously, the number of flights has already been reduced, because nobody is actually going to China, but Canada has not closed its borders. It's using these layers of measures to screen people coming in, in order to keep movement across the border.

The other thing is that if you're going to support China's efforts, then medical aid, such as teams or supplies such as masks, gowns or something else, must continue to flow.

For all those reasons, the World Health Organization will never recommend doing that, except in very exceptional circumstances. As I said, the border measures that are most effective are at source, in China.

● (1635)

The Chair: Thank you.

Ms. Kwan, you have three minutes, please.

Ms. Jenny Kwan (Vancouver East, NDP): Thank you very much, Mr. Chair, and thank you to the witnesses.

The Minister of Health said in the House last week that those who are asymptomatic cannot spread the virus. I'm glad to hear the additional information from WHO. It seems to verify that, at least to that extent.... However, the Minister of Health in China has been reported as saying that it can spread asymptomatically.

My question, then, is this. Have we contacted China directly to ask this question for clarification? As was acknowledged last week by the panel, China has the foremost knowledge about the virus. Can we not contact China directly to verify that information? It seems to me that it is a critical question that we should have a definitive answer on.

Dr. Theresa Tam: The international construct is that the Chinese authorities have been providing data, and in quite a lot of detail, to—

Ms. Jenny Kwan: I'm sorry. I'm going to interrupt because we've run out of time.

I had a conversation with the minister after she made that statement to privately ask her whether we have the capacity to contact China directly to ask that question. She said yes, and I asked if she would undertake to get that information for us, and she said yes. I haven't heard back, but I'm wondering if, with the health officials, you have the capacity to do that.

I understand that we are dealing with the international framework, but we also have an opportunity, I think, to have direct contact with China to ask that question for clarification. Can we undertake to do that?

Dr. Theresa Tam: Of course there are different linkages, whether technical or scientific, or through consular linkages, and also through our actual operation centres, but I think what is difficult is that we actually need to.... It's actually quite a difficult piece of epidemiology to ascertain whether some asymptomatic person could ever transmit. It's not just a matter of getting that data. The Chinese have been publishing the studies, and those studies are being critiqued on an international stage.

Ms. Jenny Kwan: Yes. I understand that, too, but the Minister of Health must have had something on the basis of which that statement was made. I think that going back to the source to ask on what basis that statement was made will provide an abundance of clarity for us.

The concern I have is this. I don't think people purposely spread the virus; it's the people who don't know that they might be a carrier.... In those instances, it might be spread. That is a major concern.

We're hearing mixed information about the spread of the virus. In the case of B.C., the individual who came to visit family here in the metro Vancouver area presumably was asymptomatic when they travelled. You're shaking your head—

Dr. Theresa Tam: Asymptomatic during travel, yes, but not after they came in.

Ms. Jenny Kwan: The person, according—

The Chair: Your time's up. Sorry.

Thanks to all of you. Regrettably, we have some time constraints here.

Thank you, Ms. Namiesniowski and Dr. Tam, and thank you, General Cadieu and General Downes. We really appreciate your testimony. It's very helpful, and I thank you for your time.

We will suspend briefly—

Yes?

Ms. Jenny Kwan: I'm sorry, Mr. Chair. I wonder if we can undertake to find out for this committee about the question I asked, whether it be from the Minister of Health or from Foreign Affairs or whichever source, to get at the source of the quote that was provided from the Minister of Health about the virus being spread asymptomatically, to verify that information for this committee.

● (1640)

The Chair: Absolutely. I will take that up with the minister myself.

Ms. Jenny Kwan: Thank you so much.

The Chair: We will suspend for a few minutes and bring the video conference online.

Thanks again, all of you.

● (1640)

_____(Pause)_____

● (1644)

The Chair: Thank you, everyone.

By video conference, we have Ms. Avvy Go and Ms. Kennes Lin from Toronto. We also have Dr. de Villa from Toronto. Shortly, I believe, we will have Dr. Bonnie Henry from Vancouver. There is some delay at the airport.

I would ask the witnesses to give us a short statement. Keep it as brief as you can. Normally, we'd give you 10 minutes, but we are kind of constrained on time right now. If you could shorten it up, that would be great. We'll have the two groups that are here now give their statements. Hopefully, Dr. Henry will come along in time to give her statement in that time frame as well. We will adjust as needed to accommodate her.

With that, we'll start with the Chinese Canadian National Council for Social Justice. Please go ahead.

● (1645)

Ms. Kennes Lin (Community Member, Chinese Canadian National Council for Social Justice): I would like to thank you for the opportunity to address the Standing Committee on Health regarding Canada's response to the outbreak of the coronavirus. My name is Kennes Lin, and I represent the Chinese Canadian National Council for Social Justice. I am also co-chair of the Chinese Canadian National Council Toronto Chapter. With me is Avvy Go, the clinic director of the Chinese and Southeast Asian Legal Clinic.

Since the formation of the Chinese Canadian National Council, or CCNC, exactly 40 years ago, the organization has spoken out against racial discrimination against Chinese in Canada. Among other things, CCNC took the leadership role in the campaign to redress the Chinese head tax and exclusion act, which led to a parliamentary apology for the head tax payers and their families. Building on the legacy of CCNC, the Chinese Canadian National Council for Social Justice was launched in 2019 to educate, engage and advocate for equity and justice for all in Canada. Specifically for the Toronto chapter that I speak for, we are currently an organization of Chinese Canadians in the city of Toronto that promotes equity, social justice, inclusive civic participation and respect for diversity.

CCNC-SJ's mission for equity and justice has been especially important to me in the past week as co-chair of CCNCTO and personally as a Chinese Canadian living in Toronto. Since the announcement of the hospitalization of two individuals with the coronavirus in Toronto, for Chinese Canadians it not only meant the arrival of an outbreak of fear, which all Canadians have, of catching the new virus. This fear was also immediately layered on with the pandemic of fear of being singled out, blamed for, and suspected of transmitting the virus, all for simply being Chinese.

What makes the recent upswing of racism and xenophobia toward members of the Chinese Canadian community especially triggering is that it invokes our collective memory of similar mistreatment and discrimination we faced during the SARS pandemic in 2003: “The SARS epidemic in 2003 had serious health consequences for many in Canada, with 438 suspected cases and 44 deaths. But for Chinese and Southeast Asian communities in Canada, it was compounded by serious social and economic implications.”

Mainstream media constructed a media event out of SARS and fuelled public fear and panic, contributing to the racialization of SARS. When anti-Chinese presumptions circulated, Chinese and Southeast Asians already working in precarious working conditions lost their jobs and were left with no livelihood. When customers stayed away from Chinese businesses and restaurants, this led to an estimated 40% to 80% financial loss in Toronto's Chinatown. When many were assumed to be Chinese, they faced daily incidents of verbal harassment and physical violence.

Today, 17 years on from the SARS pandemic, I witness the unfolding of a similar rerun of anti-Chinese racism with the novel coronavirus outbreak. This past week, my organization received angry phone calls, messages and emails placing blame on the Chinese community for the coronavirus pandemic. This time, however, anti-Chinese racism is fuelled by the powerful and dangerous tool of social media. In the past week, a CTV journalist was fired for posting an Instagram selfie with a Chinese hairdresser wearing a mask, stating in the caption, “Hopefully ALL I got today was a haircut #CoronaOutbreak #Coronavirustoronto”. Still, in the past week, a video post was shared multiple times showing a customer walking into a Chinese restaurant named Wuhan Noodle with a caption reading, “The Wuhan virus has spread to Markham”, a city just north of Toronto with a large Chinese Canadian population. As the World Health Organization has declared the coronavirus outbreak a global health emergency, we can only expect more racist incidents.

I will now turn to Avvy Go to talk about her clinic's involvement during the SARS outbreak and our recommendations for the committee on how to address the rising xenophobia and racism.

Ms. Avvy Go (Community Member, Chinese Canadian National Council for Social Justice): Thank you.

As Kennes mentioned, I'm with the Chinese and Southeast Asian Legal Clinic, which is a community legal clinic that provides free legal services to low-income members of the Chinese and Southeast Asian communities.

During the SARS outbreak, our clinic saw first-hand how racism and xenophobia affected the Chinese Canadian community. For instance, we were contacted by tenants who were evicted simply because they were Chinese. There were clients coming to our clinic who lost their jobs because the Chinese restaurants where they were working were laying off people due to business downturn. We also heard from Chinese workers who were terminated or were told to stay home because of perceived fear from their non-Asian colleagues. As a result of that, many had to leave their job without any compensation. Some were not able to access EI payments because of their status. Many were working in a non-unionized setting. There were also the IRB—Immigration and Refugee Board—staff who insisted on wearing face masks during hearings concerning Chinese refugee claimants. Even an MPP from Brampton at that time suggested that SARS was caused by the federal immigration policy, as if the transmission of SARS should be blamed on immigrants.

Right now, with the coronavirus, we are already hearing similar stories. This is happening even in the legal profession. A legal clinic in Toronto is imposing a quarantine on a Chinese Canadian lawyer who just came back from China, even though he was nowhere near Wuhan and had no signs of having contracted the virus.

At the same time, we know that in Canada every year we have about 12,000 people hospitalized and 3,500 deaths because of influenza. No one has ever suggested that we should quarantine people just because they have the flu.

While Public Health Canada and the local public health organizations are working very hard to stop the spread of the coronavirus, we need all levels of government to take the lead to stem the virus of racism. We need the government to provide support not only to those who suffer physically due to the coronavirus but also to those who suffer economically as a result of racism.

We have a number of recommendations for this committee. Not all of them deal with health issues, but we would like this committee to bring them to the government's attention.

First of all, we are calling on the government to set up an emergency fund to assist workers and help them recover a share of wages lost as a result of coronavirus-induced job loss. It could be modelled on the wage earner protection program we have currently, which is reserved for employees of bankrupt businesses.

Second, we are suggesting that the government should consider setting up a fund to assist small businesses that are losing business as a result of lost business.

Third is a recommendation for the Public Health Agency of Canada and the provincial ministries of health. We are asking them to set aside funding for public education campaigns to provide accurate and consistent information about the coronavirus, in different languages, not just English and French. This kind of multi-language public service announcement must also be disseminated through social media, as well as first-language media.

Finally, the campaign to provide information about the virus must be accompanied by an anti-racism campaign. To that end, we are calling on public health to work with the office of the national anti-racism secretariat to combat racism and xenophobia arising from the coronavirus outbreak, and to provide immediate support through funding to Chinese Canadian community groups working on anti-racism. Also, it should develop some long-term sustainable funding to combat anti-Chinese racism and hate in Canada.

Thank you.

● (1650)

The Chair: Thank you very much.

We will go to Dr. Eileen de Villa, medical officer of health, from Toronto.

Dr. Eileen de Villa (Medical Officer of Health, City of Toronto): Thank you very much.

As you've just heard, I'm Dr. Eileen de Villa, medical officer of health for the City of Toronto. Thank you to the members of the committee for giving me this opportunity to address you this afternoon. I will keep my remarks very brief.

As you've heard, I'm the medical officer of health for the City of Toronto. This allows me the privilege of leading Toronto Public Health, which is Canada's largest local public health agency, looking after the almost three million people who reside in the city of Toronto.

I'm going to tell the committee a little bit about public health, as I'm not certain as to your familiarity with the field of public health. I think it's one of best-kept secrets we have.

When you look for textbook definitions of public health, what you'll often see is the description of public health as “the art and science of preventing disease, prolonging life and promoting health through the organized efforts of society.” It's an interesting definition, technically very correct, but I find it's not particularly explanatory.

When I talk to audiences about what public health is and what it does, I try to boil it down to its main objectives. There are three major objectives of public health: first, to improve the health status of the population; second, to reduce disparities in health status; and third, and perhaps most relevant in this case, to prepare for and respond effectively to outbreaks and emergencies. Those are the three major objectives of public health.

What's interesting is that in public health, if we're successful at achieving those three objectives, by definition we achieve a fourth objective, and that's enhancing the sustainability of our health care system.

That's a bit of a primer on public health and what we do.

The other way I like to characterize public health is to describe it as that area of practice which is, to my mind and in my case, a particular branch of medical practice that looks at the entire health of the population. It takes a population health approach and focuses on prevention, so as to help ensure that people start life healthy and stay that way for as long as possible.

It is premised on a system. It actually has to be a system in order to be effective as public health. It requires a great deal of expertise. It requires a broad range of skill sets, everything from technical medical knowledge and epidemiology to an understanding of behavioural science, sociology and, yes, politics. There are a broad range of skills that are required in order to be effective in terms of public health practice, and those skills need to be resident in the various levels of government. It is a co-operative and collaborative endeavour among the local, provincial and federal levels of government, and it engages a broad range of participants, many of whom are outside of the formal health system.

What I will comment on at this stage of the game is that when we look at the novel coronavirus outbreak that we're currently facing, it's through these kinds of events that you can see very tangibly from a public perspective the value of public health, particularly in achieving that third objective: preparing for and responding effectively to outbreaks and emergencies. I think you also see the relevance of that interplay and system perspective, that there is a value and a role for the federal government and for federal public health agencies. There is a value and a role—a significant role—for the provincial health agencies, and, of course, there is a value and a role for those of us who work at the local level of government.

With that, conscious of your time, I'm going to wrap up my remarks. I'm happy to take any questions that members of the committee may have.

● (1655)

The Chair: Thank you, Dr. de Villa.

We'll start a round of questions.

Dr. Henry may come online later. Unfortunately, it's not ideal for the questioners, but when she comes online, we will interrupt to hear her statement and take the questioning from there.

We'll start with Mr. Kitchen, for six minutes.

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

Doctor de Villa, Ms. Go and Ms. Lin, thank you very much for your presentations. I'm going to apologize to you for taking a second to do something procedurally, and then I'll get back to ask you a question.

Mr. Chair, I would like to put a notice of motion for the following two motions, to be discussed in public forum. The first is:

> Pursuant to Standing Order 108(1)(a), that the committee order all documents, including briefing notes, memos, emails, text messages, and summaries of phone calls prepared for the Minister of Health, Minister of Transport, Minister of Public Safety, Minister of Foreign Affairs, and Minister of National Defence regarding the outbreak of the Coronavirus no later than February 28, 2020.

The second motion I'd like to put forward is this:

> Pursuant to Standing Order 108(1)(a), that the committee order copies of all correspondence between the Government of Canada and provincial and territorial governments regarding the outbreak of the Coronavirus no later than February 28, 2020.

● (1700)

The Chair: Thank you.

Carry on with your questions.

Mr. Robert Kitchen: Thank you very much

Sorry, ladies. I appreciate your time and your presentations. Your comments are very pertinent to the issue we talked about.

Doctor, I'm wondering if you can enlighten us or expand on the issue of the testing process that's before you. In the city of Toronto, as big as it is, you will have a huge concern about that, and obviously when we have people who are concerned about that.... Can you tell us about that testing process? How does it work provincially, the testing process that you do?

My next question about that is, because you're doing that provincially.... I do believe that the testing process is valid and reliable, but you then have to send that to Winnipeg. Can you explain to us that difference? Are you comfortable that you could actually do that without having to do the follow-through to Winnipeg?

Dr. Eileen de Villa: Thank you for the question.

I will do my very best to respond to it, not being a laboratory medicine specialist myself.

The short version of the story is that you have a new virus. This is a virus that was only identified about a month ago. In the world of lab medicine, and microbiology in particular, they're very precise. They're scientists. We have a test here in Ontario that's conducted by the provincial lab, the Public Health Ontario laboratory. The fact that the virus was identified only a month ago and that we have a test is a remarkable accomplishment in and of itself. That's not unique to us. There are other labs around the world that have this.

Effectively, what happens is that the tests are conducted on the patients here. The results go to the provincial lab. It gives us what's called a "presumptive confirmed" test because it's a first test. If the test indicates the presence of the virus, it's positive. Because we're talking about a newly identified virus, a second test needs to be conducted. It is a different test, but it also tests for the presence of the virus, and that test is done at the National Microbiology Laboratory in Winnipeg.

Because you have a new virus and a new entity, you need two tests in order to precisely identify and confirm that it is a positive test for this new coronavirus.

Mr. Robert Kitchen: Thank you.

The Americans have basically come out saying that they will recognize testing only from the CDC. Are you aware of that?

Dr. Eileen de Villa: I'm not particularly familiar with what's happening in the U.S. laboratory system. I apologize for that.

Mr. Robert Kitchen: That's okay. I appreciate that.

I don't know if you're aware that the World Health Organization has asked for $675 million to assist them. That's a huge amount of money, obviously. We want to make certain that we're protecting countries that can't protect themselves, so we need that assistance.

I guess the question is this. Where would you see that money being utilized? Would it be possibly in testing procedures? Do you have any thoughts on that?

Dr. Eileen de Villa: Again, as I am not familiar with what circumstances WHO is seeking to address, it's difficult to comment on that.

However, as with many infectious diseases, often the best strategy is to strengthen the capacity of those other nations and other jurisdictions where the capacity doesn't exist. Infectious diseases don't respect geographic boundaries. The stronger we can make all the links in the chain, the better we are in terms of protecting not only ourselves but also everybody else around us.

● (1705)

Mr. Robert Kitchen: Thank you.

Earlier today, we heard from the military on the evacuation of Canadians from China to Canada and how they will be brought into Trenton and then isolated and quarantined in that area. Has that been part of your discussion within the City of Toronto? Is that something that's actually being talked about? I'm wondering if you could elaborate on any of that for us.

Dr. Eileen de Villa: Certainly we've had some discussion around that. It's a matter of interest, being part of the public health response to the novel coronavirus situation. Again, since we are not a jurisdiction directly impacted by that, I can't tell you that we've had in-depth conversations on that.

Certainly we anticipate that some of the people who will be arriving in Trenton may be residents of Toronto. We're a large city with a large number of residents, and we would expect that some of them might eventually come our way, so we've certainly had some conversation.

The Chair: Thank you, Mr. Kitchen.

[*Translation*]

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

Mr. Luc Thériault: Welcome, ladies. I will speak slowly.

[*English*]

The Chair: Oh, it's my mistake. It's the Liberals.

Ms. Sidhu, go ahead for six minutes.

Ms. Sonia Sidhu (Brampton South, Lib.): Thank you to all the panellists for answering our questions.

I represent Brampton South. Our city recently declared a health care emergency. Our only hospital is functioning at more than capacity. While the risk of coronavirus is low, is there any plan in place such that, if an outbreak happened...? A health emergency has already been declared. We have a population of 650,000 and only one hospital. What kind of plan is in place?

My question is for Dr. Eileen de Villa. You have served in the Peel area. We already have a shortage of health care services.

Dr. Eileen de Villa: Having been a medical officer of health for Peel region, I am quite familiar with the circumstances in Brampton and the challenges with respect to health care access.

With respect to how the situation is being managed, I would defer to my provincial colleagues. Suffice it to say that I am having a conversation.

To give you a little bit of a flavour, as I said, in public health responding to outbreaks and emergencies is part of our role. I can tell you that in Toronto, in particular, we have moved into what we call the incident management structure, which is a very standardized approach to responding to emergency-type situations, to ensure that we are bringing enough resources to bear.

One of the functions, as we seek to respond to an emergency using this structure, is what we call a planning function, looking forward, trying to imagine where the situation will be in a few days, rather than just focusing on the emergency in front of us right now.

One of the issues for the city of Toronto, which we have been actively discussing, is that right now, as you said, the risk is low, and you're quite right, but what if the circumstances change? How would we manage that? What sorts of health care facilities might we need in order to address that? We're having those conversations here in Toronto. I have raised them with our provincial partners and our hospital partners as well, outside of Toronto, at least through the member association.

I don't have all the answers for you, but I do know that there are active conversations happening on that. There are multiple solutions that could be put into play, and they're actively being discussed.

Ms. Sonia Sidhu: Thank you.

Mr. Chair, I want to share my time with Tony Van Bynen.

Mr. Tony Van Bynen (Newmarket—Aurora, Lib.): How much time do I have?

The Chair: You have three minutes.

Mr. Tony Van Bynen: Thank you.

I'm equally concerned about things that we can't treat with medicine, and that is the discussion that we've had around the discrimination. In addition to making up-to-date, evidence-based information available on the canada.ca/coronavirus web page and the travel.gc.ca website, as well as through a toll-free number, what can my colleagues and I do to address the misinformation that is circulating online to ensure that our Asian Canadians feel safe in their own communities?

● (1710)

Ms. Avvy Go: I'll go first, and I'm sure Kennes will have some other comments as well.

I really appreciate the question and the fact that you have identified that this is a concern that we should all address. In a way, having gone through the SARS experience, we are much more willing this time around to start talking about this issue as the outbreak just begins to emerge. I think the duty is upon all of us to find ways to disseminate correct and accurate information to counter some of the misinformation that is out there.

What we have done so far in Toronto is work very closely with Toronto Public Health. I would certainly encourage all MPs, within their own ridings, within their own cities, to work with the local public health agencies to develop a plan and disseminate information through the local networks.

At the same time, we think about utilizing different forms of media, because a lot of the stuff is going on through social media. Whatever information we develop must also be disseminated through social media. Even within our own community, within the Chinese Canadian community, there is this misinformation. That is why I emphasize that it's very important that all of the information—the science-based, evidence-based information—must be made available in different languages so that people will be able to access it. I'll be very frank. Many of my clients will not be going to the government website. They will be getting their information through other kinds of websites. For instance, 51.ca is a very common website that many Chinese immigrants access.

We have to make sure that our information is being delivered to other websites or that links are provided to other websites, working with the Chinese-language media and other language media to make sure that people in different communities are able to understand and access that information as well.

The Chair: Thank you.

Ms. Kennes Lin, be very quick, please.

Ms. Kennes Lin: In addition to what Avvy said just now, I think that what we see currently is that social media has become such a powerful and dangerous tool. With the new coronavirus coming out, social media has become a platform that has allowed racism to be more overt, whereas a lot of the ideas these people have had in mind have been more covert racist kind of ideas. They use this unknown time to fuel moral panic, and now we see that social media becomes that platform. Ongoing anti-racism funding to support the work and organizations that have already been doing work on anti-racism also needs to happen.

The Chair: Thank you.

[*Translation*]

Now we go to Mr. Thériault.

You have six minutes.

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

Welcome, ladies.

First, I will make a comment, if I may. As representatives of the people and, therefore, as elected officials and legislators, when faced with a public health crisis, we must proceed according to the principle of accountability. No one here has anything to gain from stirring up sensitivities and suspicion around the spread of a virus.

We must speak in measured terms and we must all ask questions, because we represent the people, who are asking themselves questions. Our questions must, however, always be about forward-looking accountability, that is, what will happen tomorrow. We are accountable for what happens tomorrow.

When it comes to contamination and propagation—we are not talking about a pandemic yet and perhaps it will never get to that point—our words must be measured.

Fortunately, ladies, viruses certainly do not recognize gender or race, and they do not discriminate. Their one prominent feature is that they can mutate. I wanted to make one thing clear: we must not play petty politics here. Let us do politics in the noble sense.

The Public Health Agency of Canada told us to work closely with the various provinces and territories, as well as Quebec, particularly with public health services. We have an Ontario public health official with us. Here is what I want to find out.

We have heard about response and contingency plans. Do you have those plans? Could we get a basic idea of these response plans?

We have heard from people and been given updates, but no one has submitted anything to us in that regard. Would you be willing to table your response plan here, given that you represent one of the key public health services in Canada, as you said earlier?

● (1715)

The Chair: Is your question for a doctor?

Mr. Luc Thériault: Yes, I am asking Dr. de Villa.

[*English*]

The Chair: Go ahead, please.

Dr. Eileen de Villa: Like most public health units, we do have obligations. Let me speak to the Ontario context. I'll start there. In the Ontario context, we have something called the Ontario public health standards. All local public health departments are expected to adhere to those standards. One of those standards includes having emergency preparedness and response plans for all kinds of emergencies and all kinds of health hazards. As a local public health unit, we do indeed have an emergency response plan to deal with these kinds of situations.

I think the other important point to note is that it is within the regular work of public health to respond to infectious disease so as to mitigate the risk or the negative impact associated with infectious diseases. This is part and parcel of our work. It is what we do on a daily basis. Novel coronavirus is a new infectious disease for us.

[*Translation*]

Mr. Luc Thériault: I am sorry to interrupt.

Are you telling us that you have no specific response plan for the coronavirus? You have plans that you set up to deal with epidemiological issues. If you have such a plan—my question was very specific—could you send it to us?

To date, we have nothing on hand to measure public health response plans, either from Health Canada or the different provinces and territories.

[*English*]

Dr. Eileen de Villa: To answer the question specifically, I'd be happy to share with you what we have with respect to responding to infectious diseases. I will tell you that this novel coronavirus was identified a month ago, but I will remind you that infectious disease response and management has an approach and framework that we use for virtually all infectious diseases. It does change, depending on the nature of the infectious disease and how it's spread. However, there are basic principles and a framework for responding to infectious disease outbreaks and how to manage those particular risks. I'd be very happy to share that.

The Chair: You have 22 seconds left.

Mr. Luc Thériault: Thank you.

The Chair: I see that Dr. Henry has joined us. However, I believe that we should go to Ms. Kwan for her six minutes, and then unfortunately there won't be very much time for Dr. Henry to speak to us. We'll do our best. We're going to be kicked out of this room in about 10 minutes, so thank you for coming, and hopefully we'll get to hear from you.

Ms. Kwan, you have six minutes.

Ms. Jenny Kwan: Thank you very much.

I'm going to ask some questions of Dr. Henry, if I may.

We understand that a second case, a presumptive case, has been identified in the metro Vancouver area. I'm wondering if the person who spread the disease to the family members in metro Vancouver was asymptomatic at the time of travel. Would you be aware of that, Dr. Henry?

● (1720)

Dr. Bonnie Henry (Provincial Health Officer, Office of the Provincial Health Officer, British Columbia): Yes, and we are very cautious with details of personal health information, but there was no concern about anybody being symptomatic during travel.

Ms. Jenny Kwan: Thank you.

Do we have the information on when she travelled, when she first boarded the plane to come to metro Vancouver?

Dr. Bonnie Henry: There were visitors who arrived in Vancouver several weeks ago.

Ms. Jenny Kwan: From my understanding, from reading the news report, the travel took place prior to China closing the city of Wuhan, so the visitors arrived several weeks ago, and she was asymptomatic at the time of arrival. This would be a demonstrated case—

Dr. Bonnie Henry: [*Inaudible—Editor*] visit from Wuhan, more than one. They all left Wuhan before the travel restrictions were put in place. None of them were symptomatic during travel.

Ms. Jenny Kwan: Okay, that means they were asymptomatic when they came here, and the secondary transmission occurred here to the families in metro Vancouver. That means we have a case where someone was asymptomatic and the virus was passed on.

Dr. Bonnie Henry: That is not correct. I said they were asymptomatic when they travelled, and there was transmission within a household with very close contact. They became one person. A number of people travelled. One person who travelled developed symptoms and then there was transmission within that household.

Ms. Jenny Kwan: I see.

Dr. Bonnie Henry: The person we've identified has not travelled. They got the infection from close contact with a person who developed symptoms while they were here, who had travelled from Wuhan.

Ms. Jenny Kwan: I see. Is there any concern for the other passengers on the plane who might have been in contact or close contact with this individual or individuals?

Dr. Bonnie Henry: Not at all.

Ms. Jenny Kwan: Okay.

In terms of preparedness for the virus here in British Columbia.... Someone approached my constituency office asking us to buy masks. There's that sense of concern in the broader community, and I'm just wondering if you could share information with us that we can pass on to our constituents about our state of readiness so that people can hopefully allay their concerns.

Dr. Bonnie Henry: That's one of the reasons why I was late coming here, because we've been doing press briefings about what people can do and what they don't need to do within our community. I spent the weekend talking with a lot of the ethnic media in Vancouver about the issues and risks here in Vancouver. We have a lot of materials, and they're available through the BCCDC website. That is our source of truth, if you will, here in British Columbia. There's a lot of information there. We also have information that we've been giving out through a variety of different sources.

If there are specific things you're looking for, we're happy to provide them.

Ms. Jenny Kwan: Thank you.

You have updated, Dr. Henry, from the previous media appearance to say that individuals who may have been in contact with...or may have travelled from Wuhan to British Columbia should self-isolate for 14 days. That's what I've read in the media. Is that correct?

Dr. Bonnie Henry: That is slightly nuanced. What we've said is that.... We know that during this very critical time there are people who have been in Hubei province, so not just Wuhan but the other cities where there is a lot of ongoing transmission. From watching what is happening and the evolution of the outbreak in China, it's becoming very apparent that that is where the concentration of transmission continues to be.

We're in that time period where there are still small numbers of people coming from that area and where some people who have come prior to the travel restrictions being put in place are still within that incubation period, some of them at the very end.

We want everybody to be exceptionally careful right now, so we have recommended that people who have come from Hubei province self-isolate at home, and we will support them in doing that. That means not going to school and not going to work until they are 14 days away from that contact in Hubei province.

● (1725)

Ms. Jenny Kwan: Is that just limited to Hubei, or does it extend to other areas of China as well?

I ask this question because British Columbia has a lot of individuals whose home province historically is Guangdong province, and the virus has spread to Guangdong as well. I ask this question in that context.

Dr. Bonnie Henry: Right now what we're talking about in the messages we've put out is focusing on Hubei, because we know that as the numbers increase, the percentage of cases that are related to Hubei is still going up. That tells us that the transmission there is what is really driving this right now, so we have focused on Hubei.

We've focused on everybody who has travelled to China or has had contact with somebody from Hubei. They need to be exceptionally careful, particularly right now because we know we're in that incubation period of time when people can develop symptoms. We're putting out the message for everybody who has travelled to be really careful and to monitor themselves and their children for any symptoms, and then to self-isolate and contact us immediately.

The focus about staying home, even if you are well, is focused around Hubei province.

Ms. Jenny Kwan: Thank you.

The Chair: Thank you, Ms. Kwan.

Regrettably, we've come to the point where we have to bring this meeting to a close. I apologize.

Is there anything you can leave us with, a quick one-minute statement that we can take away?

Dr. Bonnie Henry: Sure. We have been working very closely with our colleagues across the country and have talked to Dr. de Villa and others and the Public Health Agency of Canada to try to have a coordinated approach to this. We are watching this very carefully, and we have stood up what we call our emergency response structure with our EOC provincially here in British Columbia to make sure we have those common messages that go to everybody.

I think the detection that we found of these two cases so far—I expect there may be others—really shows us that our public health system is working, that we have what we need in place and that we have the laboratory testing we need, at least in British Columbia. It's going to be a bit of watching what's going on in the rest of the world and hoping, in many ways, that what is happening in China will prevent this from becoming a widespread pandemic.

The message that I have been putting out to everybody is that the things we do at this time of the year, all the time, are the things that are going to protect us from this virus right now. That is washing your hands regularly, keeping your hands away from your face, covering your cough, and staying home and away from others when you are ill.

The Chair: Thank you, Dr. Henry, and thank you to all of our witnesses.

With that, we'll adjourn the meeting.