



HOUSE OF COMMONS
CHAMBRE DES COMMUNES
CANADA

43rd PARLIAMENT, 1st SESSION

Standing Committee on Health

EVIDENCE

NUMBER 006

Wednesday, February 26, 2020

Chair: Mr. Ron McKinnon



Standing Committee on Health

Wednesday, February 26, 2020

• (1545)

[English]

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

I thank the witnesses for being here, but we just have a little bit of committee business to take care of first. Hopefully that won't take very long. Thank you for being here.

In committee business, we met yesterday as a subcommittee to prioritize our four studies. That report has been distributed.

I'll read this into the record.

Your Subcommittee met on Tuesday, February 25, 2020, to consider the business of the committee and agreed to make the following recommendations:

1. That the committee proceed to its future studies in the following order:

1. Palliative care
2. Primary care models
3. Assisted dying and mental illness
4. National dental care program

2. That, in relation to the study of palliative care in Canada, committee members submit their prioritized witness lists, with the witnesses' complete contact information, to the Clerk of the committee no later than Tuesday, March 3, 2020 at Noon.

3. That, with regards to the meeting of Monday, March 9, 2020, one hour be dedicated to a briefing with officials from the Department of Health in relation to the study of palliative care in Canada, and one hour be dedicated to the consideration of the work plan prepared by the analysts in relation to this study.

Respectfully submitted,

Ron McKinnon

Chair

Is it the will of the committee to adopt this recommendation?

Mr. Fisher.

Mr. Darren Fisher (Dartmouth—Cole Harbour, Lib.): Thank you very much, Mr. Chair. I want to thank the subcommittee for their hard work on this. I can't let it pass that I kind of hoped we would do the dental study first, but that is the will of the subcommittee, and if that is the will of the committee, then so be it. I can always hope for a speedy committee report, then off to the next one.

The Chair: Thank you.

Are there any other comments?

(Motion agreed to)

Is there any other committee business before we carry on?

Dr. Kitchen.

Mr. Robert Kitchen (Souris—Moose Mountain, CPC): Mr. Chair, I apologize to the witnesses, but there is a little more committee business that I would like to get done. I would like to bring forward my motions today.

I move:

That, pursuant to Standing Order 108(1)(a), 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 Chair: Okay. Do you wish to speak to the motion?

Mr. Robert Kitchen: Certainly. I know we put this on notice earlier, and I understand there have been some discussions about it. As we're dealing with the issue of COVID-19 and how important it is that we're on top of the facts and moving forward, it's very important for all of us to understand what's been going on so that we can put those pieces together as we look further at the issue of COVID-19.

The Chair: Mr. Kelloway.

Mr. Mike Kelloway (Cape Breton—Canso, Lib.): Mr. Chair, we strongly support transparency on this very important issue, but, as drafted, the motion seems to put a heavy strain on the Public Health Agency, the chief public health officer Dr. Theresa Tam, and other departments actively managing the situation. It seems that a lot of pages, a lot of sensitive documents, ranging from patient information to cabinet confidence, are being tabled for the public realm.

We've engaged ministers who are connected to this motion, and they are prepared to provide briefing notes and memos to the committee, when requested.

Certainly it's exceptionally important that transparency is there, but we're looking to see if we can make some move in terms of issues related to cabinet confidence and national security, and focus on the motion but with some modifications.

The Chair: Is there any further discussion?

I'm sorry, I was distracted. Did you make a motion to amend?

Mr. Mike Kelloway: Yes.

The Chair: Is there any discussion on the amendment?

Did we hear the amendment?

Mr. Mike Kelloway: Not yet. Oh, I'm sorry. I can read the modifications:

That, pursuant to Standing Order 108(1)(a), the committee request briefing notes and memos 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 March 26, 2020;

The addition would be:

that matters of Cabinet confidence and national security be excluded from the request; and that any redactions to protect the privacy of Canadian citizens whose names and personal information may be included in the documents, as well as public servants who have been providing assistance on this matter, be made by the Office of the Law Clerk and Parliamentary Counsel of the House of Commons.

I believe this is being circulated around in both official languages.

The Chair: Is there any discussion on the amendments?

Mr. Jeneroux.

Mr. Matt Jeneroux (Edmonton Riverbend, CPC): The service of the parliamentary secretary here passing out amendments is wonderful.

Obviously, we have some concerns. It gets away from the intent of the motion as we intended it to be, although I'm curious as to why the date also changed. I heard you say February 26, I think. What we got passed out here by your parliamentary secretary says February 28. I'm not sure if that was just a mishap.

Mr. Mike Kelloway: Did I say February?

The Chair: I believe you said March.

Mr. Matt Jeneroux: It says here February 28.

Mr. Mike Kelloway: It's March 26.

Mr. Matt Jeneroux: Okay.

• (1550)

Mr. Darren Fisher: We'll never be able to do anything in two days.

Mr. Matt Jeneroux: It gets back to the point of our motion. A number of witnesses, some representing departments that are here in front of us again today, have indicated that there were significant meetings and working groups in the lead-up to this. I believe one witness even said that each day there is a call within all departments on this file. It is certainly a file where I think a lot of Canadians are looking for that transparency right now, because there has been a significant amount of confusion from the beginning on what Canada is doing in relation to the rest of the world when it comes to this.

We would certainly not support removing things like emails, text messages and summaries of phone calls, largely because we know, as history will show through the SNC-Lavalin communications, that there were a significant number of text messages, which were really a preferred way to communicate by certain ministers and certain senior-level bureaucrats. We want to make sure that we have those three in there.

With regard to the rest of the motion, the addition of "that matters..." we are okay with that, with the exception that we would remove the "cabinet confidence" piece of that, because with an issue as serious as this, as we have seen, the nation is essentially seized with daily updates on what's going on. The reasons for full transparency and accountability, I believe, are second to none.

We would accept pieces of this amendment, however, with the pieces I have highlighted, Mr. Chair. I would suggest a subamendment to his amendment: that the amendment be amended to replace the words "request briefing notes and memos" with the words "order all documents, including briefing notes, memos, emails, text messages, and summaries of phone calls";

The amended motion would read:

That, pursuant to Standing Order 108(1)(a), 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 March 3, 2020; that matters of cabinet confidence and national security be excluded from the request, and that any redactions to protect the privacy of Canadian citizens whose names and personal information may be included in the documents, as well as public servants who have been providing assistance on this matter, be made by the Office of the Law Clerk and Parliamentary Counsel of the House of Commons.

I'll quickly speak about the date we've indicated there. We put this motion on notice a number of weeks ago. This is certainly something that we've been made aware that the ministers' offices have been aware of. There should be no hesitation in terms of getting those emails, text messages, briefing notes, memos and summaries of phone calls, as there has been significant time in the lead-up to this.

The Chair: The discussion is on the amendment to the amendment, the subamendment.

Mr. Jeneroux, as the clerk pointed out, it seems that you just reread your original motion.

Mr. Matt Jeneroux: No, we wanted to keep—

• (1555)

The Chair: The subamendment is to amend the amendment by replacing the words "request briefing notes and memos" with the words "order all documents, including briefing notes, memos, emails, text messages, and summaries of phone calls".

That stays the same, except to delete "cabinet confidence".

Are we clear on the subamendment?

Mr. Don Davies (Vancouver Kingsway, NDP): Mr. Chair, I'm not.

Can you read the entire subamendment as it's proposed?

The Chair: Do you mean the changes or the amendment?

Mr. Don Davies: Read, if you would, how it's going to read.

The Chair: It reads:

That, pursuant to Standing Order 108(1)(a), 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 March 3, 2020; that matters of national security be excluded from the request, and that any redactions to protect the privacy of Canadian citizens whose names and personal information may be included in the documents, as well as public servants who have been providing assistance on this matter, be made by the Office of the Law Clerk and Parliamentary Counsel of the House of Commons.

Is that clear now?

Mr. Don Davies: Thank you.

The Chair: Mr. Kelloway.

Mr. Mike Kelloway: It's just a comment. I'm thankful for the member opposite's comments.

In terms of transparency, obviously we're all supportive of that. In terms of efficiency in getting to transparency, I think that's equally important. I just want us to be aware that, if my understanding is correct, if it is the chief public health officer who has to accumulate those emails and other public health and safety officials' emails and phone calls. It's actually the person; it's not the staff doing it.

My concern is that that's going to take time away from the work at hand. That's my concern.

The Chair: We have Dr. Powlowski now.

Mr. Marcus Powlowski (Thunder Bay—Rainy River, Lib.): Mike basically said what I was going to say.

I think our concern on this side is that these are all ministries that have this added—and pretty excessive—burden of dealing with the coronavirus on top of the work they had before. Presumably, they were all pretty busy before. Now they're really busy, and then this diverts their attention away from what, hopefully, they ought to be doing, which is dealing with the emerging threat of coronavirus. Instead, it is diverting them to doing an administrative task of pulling up all these old emails and texts.

The Chair: Thank you.

We have Mr. Fisher, Mr. Davies, Mr. Van Bynen and Mr. Jeneroux. I would also caution everyone that we are hoping to have a briefing here, so if we can wrap this up soon, that would be good.

Mr. Fisher, please.

Mr. Darren Fisher: Thanks, Mr. Chair.

Mike and Marcus said very much what I want to say. The amendment that Mike read gives so much. There's no way we can do it by the 28th, but perhaps we could consider it by the 15th. We had 23 days from February 5—from the original motion being logged. The fact that it was on the table doesn't mean that all of the departments were accumulating all those things in the expectation that this motion was going to come forward.

We certainly want to be very transparent. This is important stuff. It is important that Canadians get to hear and see all this stuff. I'm happy to support Mike's amendment, but I won't be supporting your subamendment. But I love you, man.

Voices: Oh, oh!

• (1600)

The Chair: Okay. Mr. Davies.

Mr. Don Davies: I have a few things. One is that we may need a friendly amendment in either event, because the language that purports to protect the privacy of Canadian citizens whose names and personal information may be included probably should be changed to something broader or include the words “permanent residents”. My understanding is that permanent residents have been impacted by this and we wouldn't want their personal information to be disclosed.

It's been my experience that speeches that begin with profound commitments to transparency often end with a conclusion that calls for less transparency, but I think that the subamendment actually provides a good compromise because it has added the Liberals' concern over national security.

I have a comment and a bit of a question on cabinet confidence. I personally would support an exclusion of cabinet confidence, but I'm wondering if we can get a quick piece of advice from the clerk.

I understand that your original subamendment excluded national security and cabinet confidence matters, but you've taken out “cabinet confidence”. I think that should be in.

My question would be, would that not be an “anyway”? Without us specifying, I think cabinet confidence would always be a reason for government to redact, whether that's specified or not. If there is any doubt on that, I would suggest that “cabinet confidence” be put back into the motion, because I don't think the purpose of this committee here is to try to get at cabinet confidence or issues of national security.

What we should want to get at is full transparency, in terms of helping us understand the real health issues facing Canadians. I think that's the spirit behind Mr. Jeneroux's motion.

I also prefer the word “order”. I don't know what the term “request” means. If we mean for this to be complied with, then we may as well say “order” because a request can just be denied. If that's the case, we'll just come right back with another motion that says “order”. If we mean to get the documents, then we should say so.

Finally, I would just say that I think asking for all the documents requested, as specified by Mr. Jeneroux, is a broader list that will give the committee a more fulsome picture of what's going on. It also satisfies my Liberal colleagues' concerns that national security and cabinet confidence and privacy matters be protected. I think that's a good compromise.

I don't know whether to say I'm supporting the subamendment exactly as written, because I am suggesting that we add the permanent residents portion and that we put "cabinet confidence" back in. I'm hesitant to move a subamendment to a subamendment to an amendment to a motion.

I think if all of us agree by friendly amendment, at least on the subamendment to put "cabinet confidence" and "permanent residents" in, we can at least vote on that. I understand it may still not be enough for my Liberal colleagues to support the subamendment, but I think we all should agree that cabinet confidence as well as protection for permanent residents should be part of the subamendment before we vote on it.

I would offer that as a friendly amendment to Mr. Jeneroux.

The Chair: We can't officially amend the subamendment, but procedurally, we can ask for unanimous consent to withdraw the subamendment, and then Mr. Jeneroux could move it as he likes.

Do we have unanimous consent to withdraw the subamendment?

Mr. Darren Fisher: Sorry, to what end?

The Chair: So that the changes that Mr. Davies proposed could be in the subamendment....

Do I have unanimous consent to withdraw the subamendment?

Mr. Darren Fisher: We would like to get to the briefing as well. That's my only concern if this is going on. Why don't we vote on his subamendment, and then we can vote on the amendment?

The Chair: Okay, so we can't withdraw the amendment, and we can't change it. The vote is on the subamendment as moved.

Mr. Van Bynen.

• (1605)

Mr. Tony Van Bynen (Newmarket—Aurora, Lib.): My questions were answered, thank you.

The Chair: Okay. Mr. Jeneroux, you're on the list.

Mr. Don Davies: Mr. Chair, I have a point of order.

I'm unclear. There wasn't a very clear vote there. Mr. Fisher was being distracted at the time. I'm not quite clear if we're all clear on what we were trying to do.

What we're trying to do, Mr. Fisher, is that, if everybody is in agreement, we put back in "cabinet confidence", which I think you want, and we just clear up the "Canadian citizens" to include "permanent residents". Then we can vote on the subamendment.

It's just that, procedurally, I can't amend the subamendment. To speed up time, if we just allow Mr. Jeneroux to withdraw it and re-submit it with those changes, then we can vote on the subamendment.

I thought that might help get unanimous consent.

The Chair: Okay.

Do we have unanimous consent to withdraw the subamendment?

(Subamendment withdrawn)

The subamendment is withdrawn.

Mr. Jeneroux, do you wish to re-move your subamendment?

Mr. Matt Jeneroux: I would, with the changes indicated by my colleague. I would also look across the table, and perhaps amend the date as suggested by Mr. Fisher to March 15. I believe that's what he said was a more acceptable date. We could certainly work within that as well.

Do I need to read it again? I think we've debated it.

The Chair: I think it's clear now. It's clear to me.

Is it clear to everyone what the subamendment says now?

Mr. Matt Jeneroux: Then I would like to move to have a vote on this, but ensure that the vote is also recorded by the clerk.

The Chair: Is there any discussion on the subamendment?

Monsieur Thériault.

[*Translation*]

Mr. Luc Thériault (Montcalm, BQ): Mr. Chair, I'd like you to reread it.

[*English*]

The Chair: The subamendment in its finely honed form is as follows:

That, pursuant to Standing Order 108(1)(a), 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 March 15, 2020; that matters of Cabinet confidence and national security be excluded from the request, and that any redactions to protect the privacy of Canadian citizens and permanent residents whose names and personal information may be included in the documents, as well as public servants who have been providing assistance on this matter, be made by the Office of the Law Clerk and Parliamentary Counsel of the House of Commons.

If it's clear, shall we vote on this subamendment with a recorded vote?

(Subamendment agreed to: yeas 6; nays 5 [*See Minutes of Proceedings*])

Okay, so the subamendment carried.

We're back on the amendment as amended by the subamendment, which reads as I just read it.

Mr. Jeneroux.

Mr. Matt Jeneroux: Thank you, Mr. Chair. I just want to make sure that we get a recorded vote on this one as well.

• (1610)

The Chair: Okay, so on the amendment as amended by the subamendment, is there any discussion?

Yes, Mr. Fisher.

Mr. Darren Fisher: If I can get this straight, are we looking at tasking some of the busiest people in the country with ordering all documents, including briefing notes, memos, emails, text messages and summaries of phone calls, in 15 or 17 days? Are we really interested, as a committee, in tasking the busiest people in Canada with all of this?

This will be thousands and thousands of documents. This is beyond transparency; this is a fishing expedition. I think what we should be doing here is.... Mr. Davies talked about “order” not “request”, but we've never asked for anything that we haven't received. I feel that we should request prior to an order, and if we don't get what we seek, then order it. Use the power of the committee to order it then.

This is such an overreach for a committee that's been so far working really, really well. Our officials, who are sitting here waiting to brief us, have been amazing on short notice. We had a conversation a day and a half ago about inviting them back, because it's important. Mr. Kitchen and Marcus talked about the importance of having them here, and we all agreed.

We have had conversations where we were supposed to have a minister for an hour. We heard that it's important to members that the minister be invited for two hours, and we said yes, okay, if that's what folks around the table want.

It just feels like this is a real overreach, and, again, taking the busiest people in the country and asking them to dig down from the last four weeks everything that they've done, said, talked about on the telephone—everything. To me this just seems ludicrous.

If that's what the committee determines they want, we'll task these incredibly busy people with this. But if this isn't a fishing expedition, then I don't know what is.

I'm interested to hear from some of the members across the way what it is specifically that they feel they're searching for.

The Chair: We have Mr. Jeneroux, followed by Mr. Davies.

Mr. Matt Jeneroux: It's hard not to point out the hypocrisy of taking up time by just...everything we just talked about being within the subamendment that we just had the committee vote on and support, so I won't litigate everything he just went through.

Mr. Kelloway started his speech by saying that we intend to be transparent and accountable to the full extent. We know from history.... All you have to do is look back at the last Parliament with the SNC-Lavalin affair and see the number of text messages that went back and forth between the minister and deputy minister. Obviously, the chief public health officer and the minister are certainly well staffed. We know that they essentially would be the ones getting and going through these text messages and emails. At the end of the day, we know that this is how this particular cabinet likes to operate. It's through that sort of communication.

That's why it's important that we keep all of that in there—to really pursue the full transparency and accountability that these members said they're looking for.

The Chair: Mr. Davies.

Mr. Don Davies: Just briefly, I think Mr. Fisher does make a good point about this being an onerous request. It is. But I think the onerousness of the request is commensurate with the seriousness of the issue. I think the COVID-19 virus right now is probably the number one public health issue facing Canadians. It's on their minds.

I don't know that there are thousands of pages. He may have seen some documents that I haven't seen. This says that we're after documents that were prepared for the Minister of Health, the Minister of Transport, the Minister of Public Safety, the Minister of Foreign Affairs and the Minister of National Defence. I don't know how many memos, briefing notes or phone calls were made. We're asking for the summaries that would have been prepared.

The thing about accountability is that it is onerous, but we are the health committee. I think the government has done a credible job, up to now, of managing this crisis, but I think it's also fair to say that there have been some shifting sands. I'm not even putting that at the foot of the government, but first we weren't sure whether this virus was only transmitted by particulates. Then we found out that it could be transmitted by surface. We weren't sure whether it could be transmitted person to person. Now we understand that it could be transmitted person to person. We understand now that it's coming into Canada from not only people from China but maybe from Iran or elsewhere.

I think the time has come for us, as the health committee, to get a very good idea of what has happened so far in order to help guide us in terms of doing our work as the body of Parliament that is to keep a close eye on the health portfolio.

For those reasons, I think the motion is a sound one. I'll be supporting it.

• (1615)

The Chair: We have Mr. Kelloway, and then Ms. Sidhu.

Mr. Mike Kelloway: Thanks, Mr. Chair.

Again, I've only been here three or four months, so I'm very much a neophyte here with respect to panels and committees like this that bring in top-notch experts who are dealing with fundamental challenges, not just in Canada but around the globe. When I was back home, which I go back to every weekend when a flight will allow—or a snowstorm, for that matter—I speak to a lot of my constituents, and a lot of these constituents tell me of the work that we're all doing here in terms of bringing the panels together to speak to health, to speak to transport, to speak to global security. To me, this is transparency; this is openness. Using words like “order” as opposed to “request”, I just think that speaks to.... I guess on one side, people across the way may believe that's not cynicism, but I believe we're feeding into a machine here and it's not an overly healthy one. I'll go back to a hypothetical suggestion here.

Maybe it's not a thousand documents, maybe it's two thousand, maybe it's three thousand, so we're going to ask Dr. Theresa Tam to personally go through her phone log and her texts, and at the same time we're asking for a very efficient and expeditious review and triage of a very serious problem, with her at the helm. That was one of the original things that I brought up in our own pre-committee around this amendment.

Again, when I say I believe that this committee is transparent, I believe wholeheartedly in that. That's not a qualifier. I believe that's what we're all doing here.

My concern is the workload that we're going to put on individuals who are actually trying to triage this problem right now. I wanted to put that out there publicly on the record. Of course we're for openness and transparency. We have a difference of opinion here, but it should never be said that I don't think anyone on this committee is for a lack of transparency. We're for transparency and efficiency and getting work done.

Thank you.

The Chair: I should point out that the motion is as is, before us. We will vote for it or not, or amend it. As it stands, this is the motion before us and these are the amendments that we're going to have to decide on.

I'll go to Ms. Sidhu, followed by Mr. Jeneroux and Mr. Thériault.

Ms. Sonia Sidhu (Brampton South, Lib.): Thank you, Chair.

I just want to add to what my colleague said. With what we are digging out as a committee, I think transparency is here and the panel is here. We really want to listen. We are wasting their time as well. My colleagues said they had to come back and they are here. I don't know what we are reaching out for, what we are digging for here.

Another comment is about the changing virus. As you know, WHO did not.... They are just finding out; it is coming, and then we will all know. It's not like Canada is going to change anything. It's just a new virus; we all don't know. There is research coming out and we know this thing is happening.

Everything is transparent here. I just want to ask my colleague what the purpose of that is. I think we are wasting the panel's time as well.

• (1620)

The Chair: Mr. Jeneroux.

Mr. Matt Jeneroux: Mr. Chair, they could end this right now by just having a vote. We have seen now three speakers reiterate arguments that were made in the arguments of the subamendment. I would simply say to the members across the way that we simply vote on the matter before us. If it's uncomfortable to some of them, then I would suggest they vote against it. However, there is no longer a majority Parliament in this House of Commons.

If this is uncomfortable for you, simply vote against it, and we'll see what the results of the vote are. I would encourage the remaining Liberal speakers on the list to consider the argument that there are speakers here in front of us. It certainly can be ended.

Right away we can move to the speakers if we simply go to a vote, Mr. Chair.

The Chair: Mr. Thériault, go ahead, please.

[*Translation*]

Mr. Luc Thériault: Mr. Chair, my apologies to the witnesses. I wanted to hear them address the committee, but, in all likelihood, I'm going to miss it since I have to be in the House. Unfortunately, I won't be able to hear what they have to say today.

Nevertheless, I'd like to try one last time to reach a consensus and move a subamendment.

I move that, after “emails”, the words “from high officials” be added. We would strike “text messages, and summaries of phone calls” and keep the rest. We want information and transparency, but if we ask for text messages, it'll be a lot. Reviewing it all within the prescribed time frame will be challenging. The same goes for summaries of telephone calls.

What I'd like is information, but if we don't specify whose emails we are looking for, we could get the emails of 300, 400, 500 or 600 people. We'd be inundated with information, and I want to be able to review it in a reasonable amount of time. We are dealing with a crisis here.

That's my subamendment in a final attempt to reach a consensus.

[*English*]

The Chair: Could you clarify what you mean by “high officials”?

[*Translation*]

Mr. Luc Thériault: Mr. Chair, do I really have to explain what I mean by “high officials”?

It refers to “emails” without specifying whose.

[*English*]

The Chair: I understand “senior officials”....

[*Translation*]

Mr. Luc Thériault: I'm talking about high-ranking officials in the departments concerned, which is implicitly understood. I'm talking about those who are closely involved in the file.

I'm not looking for the emails of all high-ranking officials across government who have nothing to do with managing the coronavirus. I have no desire to read that. This isn't a stalling tactic. We have to deal with this seriously.

I have no aspirations to be Inspector Clouseau, but what I do want is to have all relevant information that will set the stage for us when we hear from witnesses, so we can ask thoughtful questions on behalf of the public. That is my goal, so this is what I'm proposing.

I got the feeling earlier that Mr. Fisher had acquiesced in the face of Mr. Davies' reasoning. He seemed to be in agreement. He gave it the thumbs up. I thought everyone was onside. They didn't present any counter-arguments.

I realize we need to hear from the witnesses, but at the same time, I think there's a way to come to an arrangement and reach a consensus. Perhaps the clerk could help you read the amendment, if necessary.

It isn't all that complicated. I move that we request the emails of senior officials, that we remove the reference to text messages and summaries of phone calls and that we keep the rest. We could be even more specific by adding “emails from senior officials involved in the coronavirus crisis”, but I think that's understood in the request. We are talking about senior officials involved in the various departments.

• (1625)

[*English*]

The Chair: Okay.

With Monsieur Thériault's subamendment, the amendment looks like this: “That, pursuant to Standing Order 108(1)(a), the committee order all documents, including briefing notes, memos and emails from senior officials involved in the”—

[*Translation*]

Mr. Luc Thériault: It would read “memos, emails from senior officials”. I didn't hear that.

[*English*]

The Chair: I've dropped “text messages, and summaries of phone calls”. It's “memos and emails from senior officials” involved in the file. All the rest is the same: “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” and so forth.

Does everybody understand the subamendment?

I also had an indication from Dr. Powlowski that they would like a brief suspension to discuss this.

Mr. Marcus Powlowski: Yes, I am proposing five minutes for us to consider the amendments.

Mr. Mike Kelloway: Mr. Chair, can I ask one question of Mr. Thériault?

Mr. Thériault, are you speaking of deputy ministers? I want to clarify the word “minister”. Was it “deputy ministers” you were referring to, sir?

[*Translation*]

Mr. Luc Thériault: I can't hear, Mr. Chair. I don't have any sound.

[*English*]

Mr. Mike Kelloway: Are we good now?

[*Translation*]

Mr. Luc Thériault: Go ahead.

[*English*]

Mr. Mike Kelloway: Okay, I'll repeat it anyway. Hopefully, this will work for Mr. Thériault.

In terms of the terminology, “ministers”, are you speaking of deputy ministers? I just want to clarify.

[*Translation*]

Mr. Luc Thériault: You're asking whether I'm referring to high-ranking officials?

[*English*]

The Chair: By “senior officials”, do you mean deputy ministers and assistant deputy ministers, or...?

[*Translation*]

Mr. Luc Thériault: By “senior officials”, I mean anyone who was involved in or who participated in the command centre, anyone who was part of the chain of command. If you're saying the deputies and assistant deputies were the ones most involved, it should include deputy ministers and assistant deputy ministers. I think that would be fine.

[*English*]

The Chair: Okay. We have a motion to suspend.

(Motion agreed to)

We will suspend for five minutes.

• (1625)

(Pause)

• (1635)

The Chair: Everyone, I call this meeting back to order.

Monsieur Thériault has left us, in favour of by Monsieur Beaulieu.

We'll start by reading the motion as amended by Mr. Thériault's subamendment so we're clear on what we're doing:

That, pursuant to Standing Order 108(1)(a), the committee order all documents, including briefing notes, memos and emails from senior officials 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 March 15, 2020; that matters of Cabinet confidence and national security be excluded from the request, and that any redactions to protect the privacy of Canadian citizens and permanent residents whose names and personal information may be included in the documents, as well as public servants who have been providing assistance on this matter, be made by the Office of the Law Clerk and Parliamentary Counsel of the House of Commons.

Are we clear on the motion as amended by the subamendment?
Are we ready to vote on this subamendment?

Sorry, Mr. Jeneroux.

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

Again, this is obviously a completely watered-down version of the intent. As we know full well through the SNC-Lavalin scandal, the ministers communicate via text message. I'm not sure what they're trying to hide on the other side over there, because to remove that specifically would likely remove a lot of the pertinent information that Canadians are looking for and would look for in terms of a fully transparent and accountable government.

I certainly don't support this subamendment, and it's unfortunate that it's gotten this far today.

The Chair: Are there any other comments?

A recorded vote has been requested.

(Subamendment agreed to: yeas 7; nays 4 [*See Minutes of Proceedings*])

The Chair: We're now discussing the amendment, which is fundamentally what I just read. Is there any discussion?

Mr. Jeneroux.

Mr. Matt Jeneroux: No, I'm not going to belabour the point. I just ask for a recorded vote again.

Thank you.

The Chair: Is there any discussion on the amendment?

Mr. Van Bynen.

Mr. Tony Van Bynen: I'm sorry, I thought we were voting on the motion. I thought the amendment was adopted and what we're dealing with now is the motion.

The Chair: We voted on the subamendment to the amendment. Now we're on the amendment, and then we'll go back to the motion. It will be the same thing, probably, if this passes.

Mr. Tony Van Bynen: Thank you, I appreciate the clarification.

The Chair: Is there any further discussion on the amendment?

Dr. Powlowski.

• (1640)

Mr. Marcus Powlowski: I'm not sure what we're voting on. Are we voting on the original before it was changed?

The Chair: We're voting on the amendment as amended by the subamendment. What I just read at the resumption of this meeting is what we're voting on right now.

Mr. Marcus Powlowski: It's the same thing we voted on last time.

The Chair: Yes, it's process.

Is there any discussion on the amendment as amended by the subamendment?

(Amendment as amended agreed to: yeas 7; nays 4 [*See Minutes of Proceedings*])

We now have a vote on the motion as amended by the subamendment and the amendment, which is exactly what we just voted on. Is there any further discussion?

Mr. Fisher.

Mr. Darren Fisher: I still think this is really onerous, but I will support it.

The Chair: Mr. Jeneroux.

Mr. Matt Jeneroux: I would like a recorded vote, Mr. Chair.

The Chair: A recorded vote has been requested.

(Motion as amended agreed to: yeas 7; nays 4)

Thank you.

Dr. Kitchen.

Mr. Robert Kitchen: Thank you, Mr. Chair.

In light of how long it's taken to get to where we are right now, I will defer the second motion to a later date.

The Chair: Very well. Thank you.

That being the case, we will move to our witness testimony.

Once again, thank you all for being here, for putting up with the interesting life that is Parliament, and for your patience. Some of you I have seen before and I welcome you back.

We have four groups. Each group is able to present a 10-minute opening statement, and once all groups have made their statements, there will be one or more rounds of questions, depending on time.

First off is the Public Health Agency of Canada, with Dr. Howard Njoo, deputy chief public health officer, and Cindy Evans, acting vice-president, health security infrastructure branch.

Please go ahead.

Dr. Howard Njoo (Deputy Chief Public Health Officer, Public Health Agency of Canada): Thank you, Mr. Chair, for the opportunity to update the committee on the Public Health Agency of Canada's efforts to respond to the novel coronavirus, COVID-19, in Canada. A lot has happened since the last briefing on February 5.

As you are aware, things continue to evolve globally in terms of the spread of illness and response efforts. There are now more than 80,000 confirmed cases globally and more than 2,500 deaths worldwide. Although China remains the epicentre of the outbreak, accounting for 97% of cases and the majority of deaths related to COVID-19, the spread of the virus is now occurring at the community level in several countries, and that is concerning.

[Translation]

To date, Canada has 12 confirmed cases: seven in British Columbia and five in Ontario. The three most recent cases—two in British Columbia and one in Ontario—are different from the others thus far in that there is no connection with travel to China. Rather, they are linked to travel to Iran. Despite the increase in global cases and the fact that there are more confirmed cases in Canada in recent days, the risk of the virus spreading in Canada remains low for the time being.

[English]

Prudence and planning are important, though, as it is impossible to know the exact trajectory that the outbreak will take. That is why, as we continue to monitor the situation and learn more about the spread of this virus, we are also planning for all possible scenarios and basing our response on evidence and science.

We continue to believe that Canada's public health system is well equipped to contain cases coming from abroad, which will limit the potential for their spreading within Canada. Our system is working as it should to protect Canadians against this novel coronavirus. We are ready to respond should we find ourselves in the midst of a global pandemic.

We are acting now to ensure that we can shift our approach quickly if necessary from delaying spread as long as possible to pandemic preparedness and response. The Public Health Agency of Canada is working collaboratively with partners at all levels of government to respond to COVID-19 and to plan and prepare and adapt our response to this rapidly changing situation.

● (1645)

[Translation]

We continue to adjust our border measures as the international situation evolves, ensuring individuals have the information they need to protect themselves and their fellow Canadians.

We continue to ask travellers arriving from Hubei province to go into voluntary isolation and travellers arriving from China to monitor their health for signs of symptoms. These individuals are given documents with essential information and instructions in airports. The information tells them what to do should they develop symptoms.

General information is provided in all airports, and a general document is handed out to all travellers arriving from other coun-

tries. They are asked to monitor their health for the development of symptoms related to the COVID-19 virus and to contact a local public health authority should they develop symptoms.

[English]

This information is also available on Canada.ca/coronavirus, along with the latest travel health advisories on travel.gc.ca, so that all travellers prior to departure and upon returning to Canada can stay informed and know what to expect.

This includes, for example, updated travel health notices for affected areas such as South Korea, Iran, Italy, Hong Kong, Japan and Singapore. As the cruise ship season opens in April in Canada, the Public Health Agency of Canada will be proactively engaging with operators to reinforce obligations under the Quarantine Act and provide public health travel advice to cruise ship passengers on infection prevention and control and on what measures they can take if they become sick. We have also assisted Canadians in returning to Canada from highly affected areas.

[Translation]

To date, Canada has chartered three flights to bring people back from Hubei province, China, as well as individuals aboard the *Diamond Princess* cruise ship that was docked in Japan.

I'm pleased to announce that everyone in quarantine at Canadian Forces Base Trenton has now been released.

All the individuals in quarantine remained in isolation for a period of 14 days. They pose no risk to others and can resume their normal activities.

[English]

We worked with provincial and territorial partners, as well as local public health authorities and non-governmental organizations, to ensure that social services were in place to support these Canadians and their family members after they left CFB Trenton. Repatriated Canadians from the *Diamond Princess* cruise ship remain in quarantine at the Nav Centre in Cornwall, Ontario, where they continue to receive the same regular health assessment and mental health supports as those who were under quarantine at CFB Trenton.

To date, four individuals have reported symptoms similar to COVID-19. Samples from all four individuals have been tested and confirmed negative. We will continue to provide updates to the community and all Canadians regarding these repatriation efforts and the health and safety of our fellow Canadians during their stay at the Nav Centre.

[Translation]

As we look to the future, we are concerned by recent developments in the world, which underscore the importance of examining when and how we adjust our approach.

Now, I'd like to tell you about our broader approach, which is aimed at reducing the spread and impact of the virus in Canada.

[English]

When it comes to the Government of Canada's response, there are three phases: containment, delay and preparation, and mitigation. While Canada's enhanced border measures and ability to detect, treat and, through isolation and quarantine, limit the spread of COVID-19 have been effective to date, it is prudent for Canada to ramp up planning and preparations to be ready for all potential outcomes, including the possibility of a more widespread outbreak. This means shifting to a containment-and-delay phase. This does not mean that we currently think the risk to Canadians has changed. As I mentioned earlier, the risk within Canada remains low at this time.

- (1650)

[Translation]

However, our efforts now need to focus on getting the health care system, communities and families ready to deal with the virus and its continued spread in Canada.

This shift in our planning and response effort is part of Canada's existing framework to manage public health events as they evolve.

[English]

This is not a new approach. Its foundation is in our planning and preparation for pandemic outbreaks that we're constantly working on with partners from all levels of government. The "Federal/Provincial/Territorial Public Health Response Plan for Biological Events" and "Canadian Pandemic Influenza Preparedness: Planning Guidance for the Health Sector", for example, serve as anchors in coordinating our domestic planning and response. These plans were tested during our response to H1N1, and they were effective.

However, we recognize that every event is different, and we must be ready for a variety of scenarios. We also recognize that it takes more than governments and the health sector to protect the health and safety of Canadians.

[Translation]

Now is the time for all Canadians to really think about getting prepared to cope with a general outbreak in the community. Everyone—from individuals, families and communities to schools, employers and operators of essential infrastructure—has a role to play in preparing for the potential spread of COVID-19 at a broader level.

[English]

In the event of widespread illness, it will be especially important that individuals continue to take actions to stay healthy and prevent the spread of respiratory infections, including washing their hands frequently, coughing into a sleeve or tissue and staying home when sick.

Being prepared also means staying informed. For the latest and most up-to-date information, Canadians should visit Canada.ca/coronavirus or call our toll-free phone line at 1-833-784-4397 to get answers to questions about COVID-19.

[Translation]

As the situation evolves and the Public Health Agency of Canada adapts its response accordingly, we are committed to providing updates and information as soon as they become available.

[English]

We are working vigilantly with our partners across Canada to ensure that the Government of Canada's response is comprehensive and effective, including being prepared for the possibility of a pandemic in the coming weeks and months.

We would be pleased to answer your questions.

The Chair: Thank you, Doctor.

We go now to the Department of Foreign Affairs, Trade and Development. We have Ms. Heather Jeffrey, assistant deputy minister of consular, security and emergency management.

Welcome and thank you. You have 10 minutes.

Ms. Heather Jeffrey (Assistant Deputy Minister, Consular, Security and Emergency Management, Department of Foreign Affairs, Trade and Development): Thank you, Mr. Chair.

As we've heard, overall the preparedness and response activity for COVID-19 is being led by the Public Health Agency of Canada in close co-operation with Health Canada. Global Affairs Canada is a part of those efforts, with a specific mandate for the international dimensions of the response under the federal emergency response plan. Our primary responsibilities include the provision of consular services to affected Canadians abroad, management of the international emergency responses that might be required in that regard and the provision of travel information and advisories to Canadians.

At our last meeting, we spoke of the complexity inherent in any infectious disease outbreak and of some of the barriers faced in delivering consular assistance to Canadians in these difficult circumstances. Over the past weeks, we have responded on multiple fronts: providing up-to-date travel advice updated on a 24-7 basis to supplement the travel health notices being issued by the Public Health Agency of Canada; providing information and consular services to travelling Canadians or Canadians resident abroad; repatriating Canadians in some instances; and developing new methods to extend consular support to those Canadians in quarantine abroad.

In the case of Hubei province, China, following the decision of local authorities to close transportation routes in and out of the province on prolonged basis, the Government of Canada arranged two charter flights and also worked to place Canadians on U.S. charters. That transported a total of 404 Canadians and their families from Wuhan, China, to Canada. As noted earlier, all these Canadians have now completed their 14 days in quarantine.

Global Affairs continues to provide consular services to Canadians in China through the embassy in Beijing, our network of consulates in China and the 24-7 emergency watch and response centre in Ottawa.

Global Affairs Canada also worked to assist Canadians affected by the quarantine of the *Diamond Princess* cruise ship. Following the approval by the Government of Japan for the departure of foreign nationals, Canada worked quickly to charter an aircraft to repatriate 129 Canadians who were quarantined on the *Diamond Princess*. Those Canadians are currently serving a 14-day quarantine in Cornwall, Ontario, at the Nav Centre. All the Canadians who have been repatriated were screened by medical personnel from the Canadian Armed Forces prior to their departure and were asymptomatic. To date, there have been no cases of coronavirus confirmed amongst those passengers.

Consular officials continue on the ground to deliver assistance to Canadians from the *Diamond Princess* who remain in Japan. There are 54 Canadians hospitalized across 24 Japanese hospitals. Of those, 43 are hospitalized for reasons related to coronavirus, while the remaining 11 have other medical issues or are accompanying family members in their quarantine. Eleven Canadians have now recovered and been released.

To assist in this response, our consular response team in Tokyo has been supplemented with additional specialized personnel from the consular standing rapid deployment team, personnel from the Public Health Agency of Canada, medical personnel from the Canadian Armed Forces and a medical liaison and psychosocial support team from the Canadian Red Cross. This integrated team is providing comprehensive consular services to affected Canadians, including visits to hospitals, medical liaison, translation, communications, addressing essential needs, psychosocial services and a wide variety of other elements tailored to the individual needs of our consular clients. Our consular service is being constantly adjusted in line with the unique context of quarantine and isolation requirements for Canadians who find themselves abroad.

As noted by the Public Health Agency, a growing number of countries have reported cases of coronavirus. I think it is 33 at last count. We've also seen additional border and travel restrictions in

many affected areas, as well as flight cancellations by commercial carriers. Our travel advice is being updated continually in this regard. We are urging Canadians to check the travel advice and travel health notices for their destinations before travelling, given that this situation remains extremely fluid. The travel advice pages for all destinations carry a link to the Public Health Agency's latest information pages and allow travellers to see how the country they are travelling to may have been affected. In addition, specific travel advice for China, Italy, Hong Kong, Iran, South Korea and Singapore has all been specifically updated in response to the coronavirus.

Where Canadians encounter challenges abroad, our emergency watch and response centre, as well as our embassies across the world, stand ready to provide further assistance as might be required.

● (1655)

[*Translation*]

Since the outbreak began, our consular officials in Ottawa have been working 24/7 to answer questions and provide services and information to Canadians seeking assistance. Our call centre and emergency response team in Ottawa are working non-stop. They receive and answer a high number of calls and emails, communicating directly with Canadians looking for help.

We are also working with our health partners across the Government of Canada to confirm that all necessary procedures and protocols are in place to keep our consular staff deployed around the world safe.

[*English*]

Despite these challenging aspects of the situation, all essential services continue to be offered at our embassies abroad, including in particular full consular and emergency services on the ground to support Canadians.

In closing, I'd like to add that Global Affairs Canada officials are continuing to work closely with health experts and our like-minded partners and are engaging fully in the medium- and longer-term planning for responding to the eventual development of this outbreak.

Thank you, Mr. Chair.

The Chair: Thank you, Ms. Jeffrey.

We will go now to the Canada Border Services Agency, with Calvin Christiansen, director general, travellers operational guidance and support, travellers branch.

Welcome, and thank you.

Mr. Calvin Christiansen (Director General, Travellers Operational Guidance and Support, Travellers Branch, Canada Border Services Agency): Good afternoon, Mr. Chair and members of the committee. I'd like to thank you for the invitation to appear today to provide an update on the additional measures that the Canada Border Services Agency has put into place since our last appearance here on February 3.

As you know, we are the first point of contact for all incoming international travellers. As such, we support an effective multi-layered system that keeps Canada and its people safe.

I would like to reiterate that under the Quarantine Act border services officers are designated as screening officers as part of their normal day-to-day duties. International travellers also play an important role by holding responsibility to inform our border services officers if they are feeling unwell.

Since the outset of the COVID-19 outbreak, the CBSA has added enhanced screening and detection processes to our robust border measures to keep our officers and Canadians safe. We continue to maintain an open line of communication with Health Canada, the Public Health Agency of Canada and Global Affairs Canada in this whole-of-government effort.

As the CBSA briefed this committee on February 3, the following measures were put in place: targeted signage in CBSA arrival halls; additional health screening to identify individuals who may have been in Hubei province in the last 14 days; the referral of travellers to PHAC officials at ports of entry; the dissemination of information brochures advising travellers what to do should they become ill following their arrival in Canada; and also, ensuring that our officers are provided with and trained on how to use the personal protective equipment recommended by Health Canada.

Travellers who answer positively to the enhanced screening question were and still are subject to additional screening in order to help prevent the possible spread of the disease. Those experiencing flu-like symptoms are referred to a PHAC staff member, and all others are provided with information and permitted to continue their travels.

The CBSA also took steps with our colleagues at Transport Canada to remind airlines that under the Quarantine Act they are required to report as soon as possible whether ill passengers are on board. This allows adequate time to put the proper precautions in place before the aircraft arrives at its destination in Canada.

I'd now like to turn your attention to the additional precautions that we have put in place since February 3.

On February 8, as mentioned by our colleagues from the Public Health Agency of Canada, the CBSA issued a new information brochure, with more specific instructions for travellers who have been to the province of Hubei, China, to monitor themselves for symptoms, to self-isolate at home for 14 days and to contact local public health in their jurisdiction within 24 hours of their arrival. Also, they are to contact again if they develop any symptoms within those 14 days.

On February 9, the enhanced border measures that we outlined before were expanded to all Canadian international airports.

On February 14, the CBSA provided its officers with updated occupational health and safety advice from Health Canada on the processing of mail from China, which includes the wearing of nitrile gloves and handwashing each time gloves are changed or discarded. The agency is communicating regularly with our employees and with the Customs and Immigration Union on the occupational health and safety measures, and we are ensuring that the appropriate personal protective equipment is readily available to be used where required.

Also, as mentioned previously, as of February 17, all travellers who indicate that they have been in the province of Hubei are required to fill out a Public Health Agency of Canada contact form to allow health authorities to monitor and track those who have been in the impacted region. The form captures basic biographical data, flight data and contact information for the passenger while in Canada. Once it's completed, the Public Health Agency determines when and how to share this information with provincial authorities if required.

As of February 19, at the direction of the Public Health Agency of Canada, border services officers began issuing surgical mask kits to all travellers who report that they have been in the province of Hubei.

Throughout this period, the CBSA has been supporting federal partners in the repatriation of hundreds of Canadians from China impacted by this outbreak. On the ground in Wuhan, CBSA officers verified the identities and documents of passengers and ensured that a risk assessment of all passengers was completed prior to their departure, to ensure that no high-risk travellers from a security perspective were boarding the aircraft.

On their arrival, CBSA officers processed the travellers through our normal border clearance processes. During this process, all appropriate measures were taken to ensure the health and safety of our employees and Canadians.

To close, we continue to work in lockstep with our partners in ensuring that our responses at the border are in line with the current situation while protecting our workforce.

Thank you.

• (1700)

The Chair: Thank you.

We will now go to the Department of National Defence. We have Major-General Cadieu, director of staff, strategic joint staff; and Major-General Downes, surgeon general, commander of the Canadian Forces health services group.

Thank you, gentlemen.

Go ahead, for 10 minutes.

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 Department of National Defence and the Canadian Armed Forces in the whole-of-government response to the evolving COVID-19 situation.

With me again today is Major-General Andrew Downes, our respected surgeon general.

[*Translation*]

When I last reported to you on the 5th of February, our team was poised to support Global Affairs Canada and the Public Health Agency of Canada with the first assisted return of Canadians from Wuhan, China.

[*English*]

Mr. Chair, my colleagues have briefed you on the details of the assisted returns already, and in the interest of time, I will not repeat that information. As part of these assisted returns, your military has provided the following support to Global Affairs Canada, Canada Border Services and the Public Health Agency of Canada over the last several weeks.

First, we deployed multiple Canadian Armed Forces medical teams with each of those flights. These six-member elements were tasked to conduct health screening of returnees as part of the aircraft boarding procedures, and to monitor the health of returnees during their return flight to Canada. Two Canadian Armed Forces health professionals currently remain in Japan and are assisting Global Affairs Canada with the approximately 54 Canadians who remain in hospital.

At home here in Canada, Canadian Forces Base Trenton provided the logistical framework within which the Public Health Agency was able to coordinate public health measures, emergency social services and security services with the Province of Ontario for this period of the quarantine, as per the emergency order. That support included infrastructure for use by federal and provincial authorities for the conduct of their tasks associated with the quarantine period; ground transportation and accommodations; food services, which included the preparation and packaging of meals that were delivered by the Canadian Red Cross; and general duties support and limited augmentation to security services as contracted providers surged into Canadian Forces Base Trenton.

For the most recent assisted return from Japan, DND and CAF personnel provided the following additional support beyond the medical teams that I have already mentioned, and that support is ongoing now. We planned and conducted the road move of all returnees by bus from Canadian Forces Base Trenton to Cornwall. In addition to providing the buses and drivers, CAF provided returnees with personal protective equipment and medical support throughout their journey. In Cornwall, we're providing the architecture for a command and control node that's being used by our whole-of-government team, as well as continued general duties support.

• (1705)

[*Translation*]

In all, nearly 200 CAF personnel have been deployed to support this whole-of-government effort, with countless staff also committed at various echelons.

[*English*]

Finally, I will speak to some of our DND/CAF planning efforts that we're undertaking right now.

DND/CAF continues to support whole-of-government planning, which is being led by Health Canada. That includes efforts to contain, delay and mitigate the impacts of COVID-19.

Internally, our planning is focused on ensuring that we remain postured to provide support to other government departments while putting in place measures to protect the force. This could include additional directives and advisories, changes to the posture of the Canadian Armed Forces, preventative health measures and the mobilization of additional materiel and personal protective equipment for our teammates. We are currently refreshing contingency plans for a larger domestic response and, of course, business continuity planning.

In closing, Mr. Chair, nothing is more important to DND/CAF than our "home game". We remain poised to assist federal and provincial partners moving forward.

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

The Chair: Thank you, General.

Thank you all for being here and for your excellent information.

I think we have time for one round of questions.

We will go to Mr. Jeneroux, for six minutes.

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

It's unfortunate that Dr. Tam couldn't join us today. I know we were expecting her. It was a last-minute change to the agenda. We're hoping that doesn't preclude her from coming back to future meetings if we see fit.

She made a statement the other day on CTV, when she was asked about whether we should shut down our borders. I am hoping, Dr. Njoo, that you'll be able to answer this. She stated that the more countries are infected, the less effective and feasible it is to close our borders.

I am curious if this is some sort of admittance that the government should have shut down the borders when China was—from what we understood at the time—the only country that was heavily infected.

Dr. Howard Njoo: Not at all. We certainly understand that border measures are just one layer in a multisystem approach to preventing and hopefully controlling the spread of COVID-19 in Canada.

It's never been understood or recognized that border measures alone will stop it. We know that with this disease—as with many other infectious diseases—there is something called an “incubation period”. Someone could actually be harbouring the disease, virus or bacteria and come into Canada feeling totally well, having no symptoms at all, and then only declare and come forward with symptoms once they have actually entered the country.

Our current measures, in terms of the Quarantine Act, have always been in place. Any sick traveller needs to present to a quarantine officer—or at least a border agent and then a quarantine officer—for further assessment. If appropriate, under the Quarantine Act, they can be forwarded for further medical assessment.

The supplementary measures that we put in place were certainly appropriate for what's happening in China right now. I won't go into the details in terms of the advice we're giving specifically for travel from Hubei province and also for mainland China, but I think the proof is in terms of what's happened in Canada so far.

We have contained the virus. There have been 12 cases to date in Canada. That's a relatively low number compared to other countries. All of the cases, I would say, are isolated or at least isolated to travellers coming to Canada or their very close contacts. Nine of the cases coming to Canada were all linked to travel to China. Now the three most recent ones—which is quite interesting in many ways—are linked to travel from Iran.

That's also reflected in what's happening globally in other countries and regions around the world. Canada is well positioned to actually address any COVID-19 that may come to Canada.

• (1710)

Mr. Matt Jeneroux: Great. Thank you, Dr. Njoo.

Just to clarify the comments, she indicated in her statement that the more countries are affected, the less effective and feasible it is to close the border. This is essentially alluding to the fact that if there is only one country, then closing the borders would be an effective mechanism for containing the virus.

In hindsight, possibly as part of this discussion afterwards, I would think that looking at when we close the borders and where we move to make sure that the borders are closed is pertinent for your department to consider, going forward.

Because my time is short, I am going to move on to the next point I want to raise.

There was some concern raised at the beginning of the government's lack of a plan. We know the minister has been doing scrums and news conferences. Dr. Tam has been making the rounds, but it seems not everything the minister or Dr. Tam has been saying has been satisfying Canadians in terms of the concern that's been raised.

Yesterday, the Minister of Health stated that we're no longer in a containment phase. I ask you two questions: What phase are we in now, if it's not a containment phase? Being that the government's containment phase plan was unsuccessful—and I would say poorly communicated—can you share with us the plan for the next phase, so that Canadians know exactly what's going on?

Dr. Howard Njoo: Let me respond to the previous comment about the border measures. I can't speak for Dr. Tam—I'm sure she'll have the opportunity to maybe clarify or speak for herself in terms of border measures—but it's not about closing the borders. From a public health perspective, closing the borders has never proven to be effective in terms of stopping the spread or the introduction of disease into any country.

I think what Dr. Tam might have been thinking about with the border measures was in terms of looking at what's happened in other countries, such as Italy now, and the spread to many other countries and regions. The supplementary border measures that we've had up to date include giving additional information to travellers from China, from Hubei province. You can imagine how if that list gets expanded—to Japan, South Korea, Italy and so on—obviously, there will be a trickle-down effect in terms of what provincial authorities may need to follow up on. That's the issue that I think Dr. Tam was addressing.

To your point about Minister Hajdu reflecting on containment, yes, in Canada we're still in a good position to maintain our containment approach, but we do recognize and are cognizant of what's happening at the global level. Dr. Tedros at the World Health Organization did indicate that the window of opportunity is closing. At the same time that Canada is still maintaining its containment posture, if I can put it that way, we're also starting to prepare for a possible pandemic. We can't do this with our eyes closed and not recognize what might happen weeks and months from now, which has nothing to do, maybe, specifically with Canada but with what's happening internationally.

As I said in my opening remarks, we have two foundational documents. There is a federal/provincial/territorial public health plan for biological events in terms of a response plan. Lots of things are already under way, including a special advisory committee of the chief medical officers of health for each of the provinces and territories. We meet with them regularly, multiple times during the week, to look at issues, guidance, policies and programs we need to put in place to address COVID-19. As well, there's something called the Canadian pandemic influenza plan. This was based on previous experiences, including with H1N1. That's what we're now looking at in terms of forward planning.

To give you an example of the kinds of things we're looking at—I think it's the same for other countries around the world—should there be widespread transmission in Canada and in many other parts of the world, we would be looking at such measures as what we call “social distancing”. Do we need to start looking at cancelling mass gatherings and public events? Would there be things like looking at what we need to do with schools, and students attending schools, and people sick in the hospitals and so on?

That's all in the future. We're certainly not there yet, but we are actually taking a close look and making sure we're prepared for that.

• (1715)

The Chair: Thank you, Mr. Jeneroux—

Mr. Matt Jeneroux: Mr. Chair, just to clarify, I asked if there was a containment phase. We've now moved on. I believe the word he used was containment “posture”.

Dr. Howard Njoo: Yes. We're still in the containment phase—

Mr. Matt Jeneroux: The minister said we're not, but you said we are.

Dr. Howard Njoo: Yes, we're still in a containment strategy, but we're not solely fixed on that. We're also, as I said earlier, preparing for a possible pandemic and further spread.

Mr. Matt Jeneroux: Okay.

So there might be a text message we might want to see on that, maybe.

The Chair: Dr. Powlowski, you have six minutes.

Mr. Marcus Powlowski: Thank you, Chair.

I'm not sure to whom I should address this question. Am I correct that the enhanced measures—the brochures, the masks, the forms that people have to fill out—apply only to people who specifically have come from Hubei province? The same goes for the recommendation to self-isolate. Is it only Hubei province?

Ms. Cindy Evans (Director General, Centre for Emergency Preparedness and Response, Public Health Agency of Canada): That is correct, yes.

Mr. Marcus Powlowski: Why not the rest of China? I mean, clearly there are numerous other provinces with thousands of cases of coronavirus. Why not them? Why not South Korea? Why not people who've specifically come back from Qom in Iran or the Lombardy region of Italy, places where we know there have been outbreaks?

Dr. Howard Njoo: To add to what Ms. Evans said, the direction or the advice for self-isolation is for travellers coming back from Hubei province, but for mainland China up to now, there's also been advice given that they should be monitoring for symptoms in the next 14 days—obviously, that's if they've come from mainland China in the past 14 days—and that, should they be coming down with symptoms consistent with COVID-19, they should contact local public health.

We had a discussion, as I mentioned, with our special advisory committee with regard to our travel health advice. We will now go forward and give that same advice to travellers who come back from the other six countries that we're now adding to what we call an “affected region” list—Hong Kong, Singapore, Japan, Italy, Iran and South Korea.

Mr. Marcus Powlowski: There's a second thing. I kind of question your reference to our containment with respect to H1N1 as being the model and as having been effective. Having been an emergency doctor at the times of both SARS and H1N1, I know that the precautions we took in terms of infectious diseases with SARS were totally different from those for H1N1. With SARS we gownned up; we masked and we did everything. With H1N1, I can't recall anything very much.

I would have thought that if we were looking for something to compare it to, it would be what we did with SARS rather than with H1N1. To go along with that, how much are we using the expertise of the people who were involved with SARS to inform the decisions on how to deal with the coronavirus?

Dr. Howard Njoo: I am actually also a veteran of SARS, so I guess I'm one of those people who were involved with SARS and H1N1, as were many other physicians and public health experts across the country. I would say that, yes, we are leaning on people who have gone through those, in terms of their experience, and we are using their expertise.

One of the key things we're doing right now, as I mentioned before, is to have a special advisory committee, which consists of the chief medical officers of health from each of the provinces and territories, and they, obviously, have their own experts and their own staff supporting them.

A layer below that, I'm actually the chair of something called the technical advisory committee. Many of the scientific questions, the recommendations, the programs and the policies that need to be developed and then sent to the special advisory committee for their review, consideration and approval are actually worked up at this technical committee. For that, there is representation on this technical advisory committee from the three key provincial health agencies—the British Columbia Centre for Disease Control, Public Health Ontario and the INSPQ from Quebec.

So we are harnessing all of the expertise across the country.

• (1720)

Mr. Marcus Powlowski: The question I'd really like to get in is this: Do you have enough resources, with both the Public Health Agency and the provincial ministries of health?

Given my experience, I don't feel that there is a lot of excess fat in the health care system as it is. Certainly, if there is any substantial outbreak, there is going to be a lot of work for a lot of people in public health in terms of contact tracing and ensuring that people who may have been in contact and have symptoms self-isolate. Certainly, it's going to be a massive burden on the hospitals and hospital resources in terms of the number of beds, negative-pressure rooms, ICU beds, ventilators....

I know we don't know where this is going, but I think you certainly have to be gearing up for the possibility that things are going to get worse. Even at this stage, in terms of gearing up, do you have enough resources in terms of people and money to be doing your job adequately?

Dr. Howard Njoo: That's a tough question. For me, personally, I could always use more resources and more money, but that's just me.

As part of the Public Health Agency of Canada and also the Government of Canada, I would say we're doing well. As I said, it's always nice to speculate about what you could do with more resources, but, certainly, as you can see in terms of the whole-of-government approach and what we've been doing to date, I think we've been successful to date. I don't want to predict what might happen in the future if the global situation changes, but so far so good.

As far as the health care system goes, it's difficult for me to comment, because, as we all know, health care is a provincial responsibility in terms of the system, the resources and so on. We are, obviously, discussing that with our chief medical officers of health, and they are also very cognizant. They're in contact with their physicians and front-line workers to see what could or should be done and what can be adjusted.

Mr. Marcus Powlowski: Maybe the bigger question is that this may be the case in the Public Health Agency of Canada, but when it comes to the individual work at the public health level, it's going to be done by what are basically municipal agencies in the hospitals in the provinces. Do they have any added sources of funding to start addressing the possibility that things are going to get worse, let alone to actually put into place some backups so they can respond?

Certainly I don't think Canada has the capacity to build a thousand-bed hospital in a week, as China did. For ventilators, you can't just go buy—

The Chair: Dr. Powlowski, can you wrap it up?

Mr. Marcus Powlowski: Do they have the resources?

Dr. Howard Njoo: It's difficult for me to comment, because it's a provincial responsibility. I would say that at the Government of Canada and the Public Health Agency of Canada, we do have what we call surge capacity support, so, should a province require additional support, maybe for some of the equipment we have in our national emergency stockpile system, we're certainly able to meet that request. However, in terms of speaking to the resource requirements, etc., in individual or provincial health care systems, I can't comment.

The Chair: Thank you, Dr. Powlowski.

We'll go now to Mr. Beaulieu.

[*Translation*]

You have six minutes.

Mr. Mario Beaulieu (La Pointe-de-l'Île, BQ): Thank you, Mr. Chair.

Dr. Njoo, you said numerous times that you had good communication with health authorities in Quebec, the other provinces and the territories. However, Karl Weiss, a well-known virologist at Montreal's Jewish General Hospital, told Radio-Canada on Monday that he had not seen any effective coordination by the federal government.

How do you explain that? What tangible steps have you taken to ensure coordination? Can you give us the details of your plan?

Dr. Howard Njoo: It's difficult for me to comment on what someone else said on Radio-Canada, but I can tell you that we are working closely with our provincial and territorial counterparts.

I co-chair a national technical committee with representatives from every province and territory. My co-chair is Dr. Horacio Arruda, Quebec's chief medical officer of health. We work very well together. He and his colleagues contribute to some excellent discussions within the technical committee, which provides advice and recommendations to the special advisory committee. I would say that's part of the plan.

• (1725)

[*English*]

That is the FPT response plan for biological events.

[*Translation*]

It's part of the governance mechanism to manage the COVID-19 situation in Canada. I would say it's well-established. The level of co-operation is high.

Mr. Mario Beaulieu: The same virologist from the Jewish General Hospital, Dr. Weiss, didn't rule out the possibility of putting entire Canadian cities in quarantine, if necessary. In fact, that's being done in certain cities in northern Italy right now.

Where do you stand on that?

Dr. Howard Njoo: It's difficult for me to comment. I respect Dr. Weiss as a physician and specialist. For my part, I work closely with public health specialists. That's my area of expertise. Other specialists may have other opinions. I'm okay with that.

In Canada, we're not at that point. It's tough to predict the future should the outbreak become more widespread in Canadian communities. Thus far, the measures in place have been effective. Other than the cases imported to Canada, the virus hasn't spread further.

Mr. Mario Beaulieu: Should it become necessary, do you have a plan?

Dr. Howard Njoo: Yes, that's something the special advisory committee discusses. If a situation arises anywhere in Canada, we are always ready to respond as the circumstances warrant.

For the time being, however, it's hard for me to say what exactly would need to be done should this or that happen. Facts, circumstances, information, evidence and scientific data will guide our decision-making, just as they do now.

Mr. Mario Beaulieu: My next question is for the Canada Border Services Agency official.

A few days ago, a woman on a flight from Iran flew through the Montréal-Trudeau International Airport on her way to British Columbia. She was diagnosed by authorities in British Columbia as having COVID-19.

That makes people wonder just how effective the measures in place are when it comes to screening travellers with connecting flights in airports. She wasn't diagnosed at the Montreal airport, even though that's where she arrived first.

Can you tell us why she eluded the detection of border authorities given the measures in place? How will you make sure there aren't other cases?

[English]

Mr. Calvin Christiansen: The traveller arrived in Montreal from Iran. The information we have is that she arrived on February 14.

Around that time, we had no prior indication of what was going on in Iran, and we weren't paying any special attention, other than what we had in our primary inspection kiosk questioning for Hubei province.

We did go back and look at the situation of when she came through and the type of contact she had with our officers before she then moved on for her flight onward to Vancouver. It was a very brief interaction she had, as it is with many travellers who come through Canada.

She wasn't asked specifically if she had been to Hubei, obviously. She wasn't observed as having any outward illness of any sort at that time, and she progressed through the border clearance processes, as many travellers would on a daily basis. There was nothing abnormal about her when she arrived. Then she became symptomatic, I believe. I'm not sure whether she was symptomatic at the time she crossed or whether she became symptomatic later.

Just as a follow-up, when we did receive information regarding this particular traveller, we went back into our systems to see exactly when she arrived and how she was processed through the airport. We contacted our officers who encountered her to just advise them that they had been in brief contact with the person and to advise them to take appropriate precautions, to call a local health authority if they started to notice any change in their physical condition.

• (1730)

[Translation]

The Chair: Thank you, Mr. Beaulieu.

[English]

Ms. Kwan, you have six minutes.

Ms. Jenny Kwan (Vancouver East, NDP): Thank you very much, Chair.

Just to follow up on that, since [Technical difficulty—Editor] the B.C. medical health officer has just made this public. Notices have gone out to schools in Coquitlam, Port Coquitlam and Port Moody, which is the tri-city in British Columbia, as well as other Fraser health areas in British Columbia. This is to do with the case of the woman from Iran, and I think they warn folks about potential concerns for anyone who has been in close contact with this woman in British Columbia.

Given that this is the case, there are now notices in schools in British Columbia about this, precisely to the point.... Their screen-

ings could be missed. A person could be asymptomatic or have mild symptoms and be missed because they are not travelling back from Hubei province, and now that person is in an area in British Columbia potentially wider than what we anticipated to begin with.

In light of that, what measures should Canada be undertaking to address these kinds of concerns? We now hear the issue may well be a pandemic. The Minister of Health just today is encouraging Canadians to stockpile food and medications in their homes in case they or a loved one falls ill with the novel coronavirus.

I have a question about that too. If the minister is encouraging people to stockpile food and medications, how much food should they be stockpiling? How much medication should they be stockpiling? Should they be stockpiling surgical masks as well? In Hong Kong, in China and elsewhere, the shelves have become empty, and people are desperate to get these items.

I'm trying to get a sense of what statements like this mean for Canada.

This is for anybody on the panel, please.

Dr. Howard Njoo: There are several elements to your question, so maybe I will start with the last one about the pandemic. If there is a pandemic, it has yet to be declared by the World Health Organization at the global level. As I mentioned earlier, Dr. Tedros Adhanom Ghebreyesus, the director general, is indicating that the window of opportunity for containment is closing, but at the present time, it is not, in his opinion, a worldwide pandemic.

Having said that, we recognize that there is certainly a widespread outbreak in several parts of the world but not yet in Canada. With our twelve cases in Canada, we're still in containment mode.

Obviously, I can't speak for the minister, but certainly my sense is that part of her job, along with that of Dr. Tam, myself and other officials, is to sensitize the public to the fact that while we are still in a containment phase, we have to start preparing. We have to look at all potential outcomes. If that includes making sure that you have your medications up to date and that you have an adequate supply at home, that's all part of it; so that's one thing.

To your other point, about about what the B.C. health officer did with school notices, I can't speak for Dr. Henry, the B.C. health officer. My sense is that, if anything, it might be in terms of education and awareness for parents, in terms of trying to dispel any sort of fear, stigma or discrimination. From what we know, as soon as this case was identified and diagnosed, this person was put into isolation. Then, contact tracing was undertaken by B.C. officials, doing a close investigation of people who were in close contact. That resulted in another case.

Other than that, my understanding is that everything else is being followed up appropriately by B.C. officials. There is no evidence at the present time that it's widespread in British Columbia.

Ms. Jenny Kwan: On the question of stockpiling, from your medical expertise point of view, how much should people be stockpiling? Is it one week's amount of food, two weeks? Should they be loading up on surgical masks as a preventative measure? I'm just trying to understand what exactly that means from a medical point of view.

• (1735)

Dr. Howard Njoo: At this point, I would say that those kinds of questions about what kinds of measures individual Canadians can take would probably be a good topic, as I said, in terms of our ongoing discussions with our counterparts, the provincial and territorial authorities. In terms of what kind of recommendations we would make, both at a government and organization level but also for individual Canadians, I'm not in a position to comment.

Ms. Jenny Kwan: Okay, thank you. All right, so we don't have an answer for that, despite what the minister said.

My other question is this: In terms of preparing for the potential spread of the virus, what measures are undertaken to prepare communities that might have insufficient resources to deal with a potential outbreak? For example, in indigenous communities or lower-income communities, what measures are being undertaken to ensure that they are preparing for a potential outbreak?

Dr. Howard Njoo: At this point, I don't have all the details, but there is a whole-of-government approach. There are regular, ongoing interdepartmental meetings to look at issues such as this. Even within the public health community, we are working closely with our partners at Indigenous Services Canada to look at issues that might apply to remote indigenous communities. The same kinds of issues that came up during H1N1 are certainly part of our thinking moving forward.

Ms. Jenny Kwan: Is anybody in contact with other departments? We're asking people to self-isolate and self-quarantine, which would mean that people would have to miss work. There are also potentially implications for their being fired.

Last week in Toronto, we actually heard of those kinds of situations occurring. Is the whole-of-government approach dealing with other departments in terms of looking at potential support for employees, employers and businesses that are impacted by this? For example, we know that the restaurant business—

The Chair: Ms. Kwan, could you wrap it up quickly?

Dr. Howard Njoo: The short answer is yes. We are having discussions.

Ms. Jenny Kwan: If the answer is yes, I wonder if that information can be brought back to the committee and shared with the committee.

On that note, last time I was here, I asked a question about asymptomatic cases and about contacting China directly about the potential spread of the virus for people who are asymptomatic. I wonder if we got a response for that, because I'm still waiting. I think that all of this information would be very useful, and it would be helpful for us to know the facts.

Dr. Howard Njoo: I can respond. In terms of the question of asymptomatic transmission, but also about the request to China, as we all know, there was a special WHO mission. There were a lot of experts, led by Canadian Dr. Bruce Aylward, who has just recently returned from China. There were a lot of intensive discussions, and it was much more effective in terms of gathering data and working with Chinese officials. Imminently, a report will be coming forward from that special mission. We, and people around the world, will obviously be looking at that report carefully.

Ms. Jenny Kwan: Sorry, I just want to quickly respond. I know that WHO is intensely working on this and trying to gather information. My question the last time was asking the Canadian government to contact the Chinese authorities directly for this information.

The Chair: I recommend that you follow up with the minister.

Ms. Jenny Kwan: Sorry, Mr. Chair, this was brought up at the committee the last time I was here, to you and to the committee, and I think the committee undertook to seek that information on behalf of the committee.

The Chair: I did say that we would ask the minister about that, and I believe the minister and her department have contacted you directly on this matter since.

Ms. Jenny Kwan: No, they have not. I have not received a response on that.

The Chair: Thank you.

That brings this meeting to a close. Our time is up.

Thank you all very much for coming here on such short notice and giving us excellent information, and thank you for your patience. Perhaps we'll see you all again.

The meeting is adjourned.

Published under the authority of the Speaker of
the House of Commons

SPEAKER'S PERMISSION

The proceedings of the House of Commons and its committees are hereby made available to provide greater public access. The parliamentary privilege of the House of Commons to control the publication and broadcast of the proceedings of the House of Commons and its committees is nonetheless reserved. All copyrights therein are also reserved.

Reproduction of the proceedings of the House of Commons and its committees, in whole or in part and in any medium, is hereby permitted provided that the reproduction is accurate and is not presented as official. This permission does not extend to reproduction, distribution or use for commercial purpose of financial gain. Reproduction or use outside this permission or without authorization may be treated as copyright infringement in accordance with the Copyright Act. Authorization may be obtained on written application to the Office of the Speaker of the House of Commons.

Reproduction in accordance with this permission does not constitute publication under the authority of the House of Commons. The absolute privilege that applies to the proceedings of the House of Commons does not extend to these permitted reproductions. Where a reproduction includes briefs to a committee of the House of Commons, authorization for reproduction may be required from the authors in accordance with the Copyright Act.

Nothing in this permission abrogates or derogates from the privileges, powers, immunities and rights of the House of Commons and its committees. For greater certainty, this permission does not affect the prohibition against impeaching or questioning the proceedings of the House of Commons in courts or otherwise. The House of Commons retains the right and privilege to find users in contempt of Parliament if a reproduction or use is not in accordance with this permission.

Also available on the House of Commons website at the following address: <https://www.ourcommons.ca>

Publié en conformité de l'autorité
du Président de la Chambre des communes

PERMISSION DU PRÉSIDENT

Les délibérations de la Chambre des communes et de ses comités sont mises à la disposition du public pour mieux le renseigner. La Chambre conserve néanmoins son privilège parlementaire de contrôler la publication et la diffusion des délibérations et elle possède tous les droits d'auteur sur celles-ci.

Il est permis de reproduire les délibérations de la Chambre et de ses comités, en tout ou en partie, sur n'importe quel support, pourvu que la reproduction soit exacte et qu'elle ne soit pas présentée comme version officielle. Il n'est toutefois pas permis de reproduire, de distribuer ou d'utiliser les délibérations à des fins commerciales visant la réalisation d'un profit financier. Toute reproduction ou utilisation non permise ou non formellement autorisée peut être considérée comme une violation du droit d'auteur aux termes de la Loi sur le droit d'auteur. Une autorisation formelle peut être obtenue sur présentation d'une demande écrite au Bureau du Président de la Chambre des communes.

La reproduction conforme à la présente permission ne constitue pas une publication sous l'autorité de la Chambre. Le privilège absolu qui s'applique aux délibérations de la Chambre ne s'étend pas aux reproductions permises. Lorsqu'une reproduction comprend des mémoires présentés à un comité de la Chambre, il peut être nécessaire d'obtenir de leurs auteurs l'autorisation de les reproduire, conformément à la Loi sur le droit d'auteur.

La présente permission ne porte pas atteinte aux privilèges, pouvoirs, immunités et droits de la Chambre et de ses comités. Il est entendu que cette permission ne touche pas l'interdiction de contester ou de mettre en cause les délibérations de la Chambre devant les tribunaux ou autrement. La Chambre conserve le droit et le privilège de déclarer l'utilisateur coupable d'outrage au Parlement lorsque la reproduction ou l'utilisation n'est pas conforme à la présente permission.

Aussi disponible sur le site Web de la Chambre des communes à l'adresse suivante :
<https://www.noscommunes.ca>