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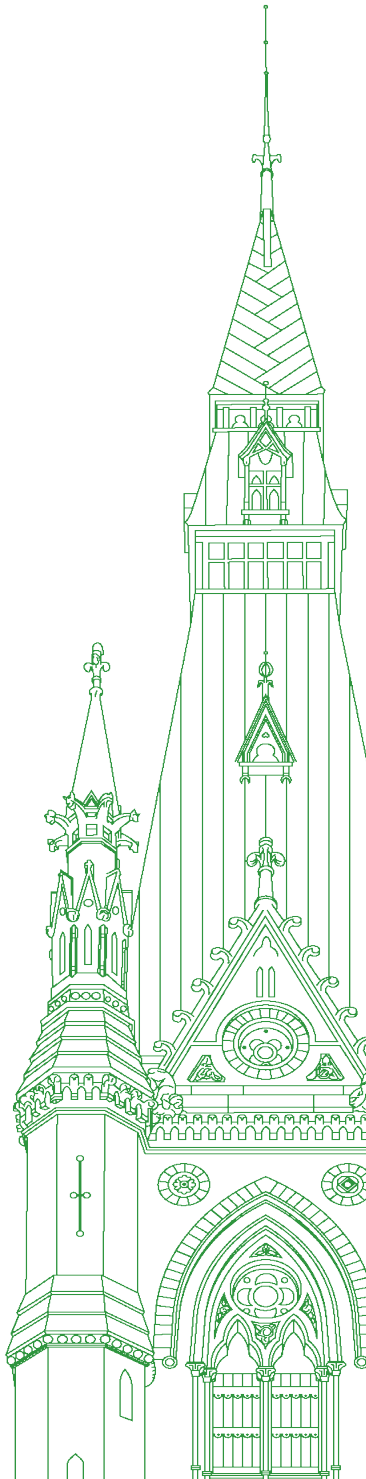

Chair: Mr. Ron McKinnon

Standing Committee on Health

Tuesday, March 31, 2020

● (1410)

[*English*]

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

I'd like to welcome everybody to meeting number nine of the House of Commons Standing Committee on Health.

Pursuant to the order of reference of Tuesday, March 24, the committee is meeting for a briefing on the government's response to the COVID-19 pandemic. Today's meeting is taking place exclusively by teleconference and the audio feed of our proceedings is made available via the House of Commons website.

I'd like to note parenthetically that this is the first time ever a House of Commons committee has met virtually, and while the meeting today is purely audio, members of the House of Commons technical staff are working diligently to deliver a quality video conferencing solution, which hopefully will be available to us for our meeting next week.

I'd like to thank the technicians and all the people who are working so hard to make this happen on short notice.

In order to facilitate the work of our interpreters and to assure an orderly meeting, I would like to outline a few rules to follow.

First, before speaking, please wait until I recognize you by name. When I recognize someone by name, the operator will turn on the audio of that person; however, this may take a few seconds. During the questions and answers, I ask that members identify the witness to whom they are addressing their questions rather than simply directing their questions to the entirety of the panel. This will allow me to recognize the witness and give them the floor. All comments by members and witnesses should be addressed through the chair.

I should add that when I recognize a witness to respond to a question, if other witnesses wish to respond to the question, they should dial *1 to let the moderator know that. Should members want to request the floor outside of the designated time for questions, please dial *1 and the moderator will signal this to the chair as well. Hopefully, unless there are technical issues, we won't need to do that because it will interrupt the questions and/or answers.

When speaking, please speak slowly and clearly and avoid using the speakerphone. I also ask that members and witnesses speak in the language that they have chosen for the meeting, so whatever line you have dialed in on. If you have dialed in on the English line, speak only English. If you have dialed in on the French line, speak only French. If you have dialed in on the main floor line, you can speak in either language.

Should any technical challenges arise, in particular in relation to interpretation, please dial one to signal this to the chair and the technical team will work to resolve the issue. Please note that we may need to suspend during these times as we need to ensure that all members are able to participate fully.

During this meeting we will follow the same rules that usually apply to opening statements and the questioning of witnesses during our regular meetings. Each witness will have 10 minutes for an opening statement, followed by the usual rounds of questions from members.

Before we carry on, since this is a purely audio meeting and we can't see who is in the room, I'd like to acknowledge who is in the room in the public portion of this meeting.

I am Ron McKinnon, the chair. We have our clerk, Mr. Jacques, and our analysts, Karin Phillips and Sonya Norris.

From the Conservative Party we have Matt Jeneroux, Dr. Robert Kitchen, Len Webber, Tamara Jansen, and Pierre Paul-Hus. From the Bloc we have Mr. Thériault and Mr. Champoux. From the NDP we have Mr. Davies. From the Liberals we have Mr. Van Bynen, Ms. Sonia Sidhu, Dr. Powlowski, Mr. Kelloway, Mr. Fisher and Dr. Jaczek.

As witnesses we have, from the Public Health Agency of Canada, Ms. Tina Namiesniowski and Ms. Cindy Evans. From Health Canada we have deputy minister Stephen Lucas. From the CBSA we have Mr. John Ossowski and Mr. Denis Vinette. From Global Affairs we have Heather Jeffrey.

Each group has a 10-minute opening statement. We'll start with the Public Health Agency of Canada. I recognize Ms. Namiesniowski to deliver a 10-minute statement.

Thank you.

Ms. Tina Namiesniowski (President, Public Health Agency of Canada): Thank you, Mr. Chair.

Thank you for the opportunity to update the committee on the Public Health Agency of Canada's efforts to respond to the novel coronavirus pandemic in Canada. I will give you a short overview of the situational update. As of this morning there were 719,758 confirmed cases globally, and 33,693 deaths worldwide. Cases are being reported from 197 countries and jurisdictions and from aboard international conveyances. The United States of America now has the greatest number of cases relative to the overall outbreak. As of March 30, they had 164,610 cases, and that number will be greater as of today. They are reporting 10,781 total deaths. As you're aware, things continue to evolve rapidly in terms of the spread of the illness and response efforts both globally and here in Canada. As of noon today, we have tested 236,000 Canadians and have 7,708 confirmed cases and 89 deaths. The situation in Canada is evolving daily.

In terms of the overall Canadian response, since we are seeing a daily increase in cases both globally and here in Canada, the risk to Canadians is considered high. We are already seeing a significant impact on our health care system as facilities are activating their pandemic plans and moving forward aggressively with preparations. Our health system is adjusting on an ongoing basis to respond to the situations, working alongside provincial, territorial and municipal counterparts. We at the federal level are continuing to monitor the situation and are working extremely closely with our provincial and territorial partners. In that context, as I think many of you know, we do have formal governance in place at the federal/provincial/territorial level, which includes the special advisory committee that is co-chaired by Dr. Tam and which is at the centre of the public health response from a pan-Canadian perspective.

Dr. Tam could not be here this afternoon because as we speak she's actually meeting with her provincial/territorial colleagues. Federally we are also continuing to adapt our border and travel measures as the Canadian and global situation evolves. We want to make sure that individuals, as they enter Canada, know and have the information they need to protect themselves as well as fellow Canadians. I can speak generally to some of these measures, and I'm sure my colleague, the president of the Canada Border Services Agency, will touch on some of these as well.

As you may know, as of March 21, Canada and the U.S. agreed to temporarily restrict all non-essential travel across the Canada-U.S. land border for 30 days. This timeline may be extended as needed. There is an exemption for workers who are essential for the movement of goods and people. Those include healthy workers in the transportation sector, for example, who move goods and people across the border on a continuous basis. The Government of Canada has also closed its border to people who are not citizens or permanent residents of Canada, and there are few exemptions to this rule. In addition, as of March 25 at midnight Canada implemented another emergency order under the Quarantine Act, which means that any person who enters Canada by air, sea or land must now mandatorily isolate or quarantine for 14 days.

Prior to that, this measure was being undertaken on a voluntary basis. Quarantine facilities have been identified to prevent the spread of COVID-19 and are being used to lodge symptomatic people who do not have private transportation or who are unable to get to their own dwelling to isolate since no symptomatic person is being allowed to move forward within Canada upon their arrival using any means of public transportation. The Government of Canada is also working very closely with provincial and territorial partners to promote the appropriate use of personal protective equipment, to identify areas of priority, and to collaborate on procurement of that equipment and other medical supplies such as ventilators. The government is working hard and exploring all avenues to secure supplies.

● (1415)

On March 27, the Prime Minister announced $137 million dollars of procurement of medical supplies, which will include an immediate purchase of 20 in-stock ventilators and a purchase order for 500 more. This also includes options to continue to buy additional ventilators. In addition, the procurement will also include an immediate purchase of 55 million surgical masks and a conditional purchase of test kits currently going through approval for certification, which has implicated our National Microbiology Lab.

The Prime Minister also announced an investment of at least $50 million from the NGen supercluster. This investment will support the development of products and equipment that are in high demand for health care workers. These are in addition to previous announcements made earlier towards the purchase of personal protective equipment and other necessary medical supplies.

We and other representatives of the federal government are working very closely with Innovation, Science and Economic Development Canada, as well as with colleagues at Public Services and Procurement Canada, to identify domestic manufacturers, to look to see how we can accelerate domestic production and to safely accelerate regulatory review and time frames to make sure that equipment is ready and available for our front-line health care workers.

I think it is true to say that in the context of this crisis, we've seen many individuals come forward in the manufacturing sector to aid Canada. We've been amazed by the responses we've received and are working around the clock to triage and assess opportunities. We've had vast numbers of offers of direct support from businesses, and we've also had some offers, through various organizations, to provide donations to Canada.

In addition to personal protective equipment, as I mentioned earlier, there has been a focus on testing within Canada. We are working hard, collectively across the country, with all jurisdictions, to advance testing. The National Microbiology Lab continues to support provinces and territories needing assistance with testing and other reference services.

Finally, Canada is also participating in the context of research and development investments. We're participating in the World Health Organization's solidarity trial, which is a multi-country clinical study looking at potential drug treatments for COVID-19, as but one example.

As you will see and hear on a regular basis, Canada is very much focused on advancing an approach that is looking to flatten the epidemic curve in Canada. As part of that, there are measures in place across the country that are focused on having individuals socially distance themselves from each other, stay at home to the extent possible, avoid crowded places and practise all of the good respiratory hygiene that Dr. Tam has talked about since the start of the development of COVID-19 globally.

From the Public Health Agency's perspective, we are very focused on continuing to support all efforts throughout the country to do just that. As Dr. Tam talks about constantly, the time is now to double down on our efforts and really work in a concerted way to do everything that is possible to flatten the epidemic curve.

The time has come for all Canadians to do what's necessary to help us get through this pandemic. I think everybody recognizes that these are difficult times for everyone who is experiencing this crisis worldwide, and there is no exception; the same holds true within Canada.

I will just conclude by saying that as the situation continues to evolve and as PHAC's response continues to evolve to adapt to the situation, we remain committed to providing updates and information as it becomes available. We're pleased to be here this afternoon. We'll do our utmost to answer any questions that any of the members of the committee may have.

Thank you, Mr. Chair.

● (1420)

The Chair: Thank you, Ms. Namiesniowski.

We'll go now to Mr. Lucas, deputy minister, for a 10-minute statement, please.

Dr. Stephen Lucas (Deputy Minister, Department of Health): Thank you, Mr. Chair. Thank you for the opportunity to speak to the committee today about Health Canada's role in the government's response to COVID-19.

I'll just start by echoing the comments that President Namiesniowski concluded with in terms of the critical importance of us all working together, and all Canadians, to support the effort now. Certainly Health Canada and all of our staff across the country are fully dedicated to this effort.

The COVID-19 pandemic is unlike anything we have seen in recent history. I can assure you that Health Canada is taking all the measures we can to protect the health and safety of Canadians. Health Canada plays a vital role in the government's response as the regulator of health products. Core to our regulatory mandate is the review of health products for safety, quality and efficacy. During this critical period, it is very important to get drugs and medical supplies quickly to the front lines. We are focused on expediting the review and approval of drugs and devices to address COVID-19, while continuing to ensure that these products are safe and effective for Canadians. We're using all the tools in our tool kit.

Last week, the government welcomed the passage of amendments to the Food and Drugs Act and the Patent Act, to streamline processes and provide the government with additional powers to help prevent and mitigate shortages of drugs and medical devices, to seek additional information from companies to confirm that products are safe for Canadians, as well as to make, use or sell a patented invention, such as a medication or a ventilator, that is needed to respond to the pandemic. These amendments help position us to adapt quickly. Our goal is to ensure that Canada is prepared for whatever challenges come our way in the coming days and weeks.

Another critical regulatory tool we have is the use of interim orders. An interim order is one of the fastest mechanisms available to the Government of Canada to help make health products available to address large-scale public health emergencies such as the one we are experiencing now. Earlier this month, the Minister of Health approved an interim order to allow quicker, more flexible approval of the importation and sale of medical devices necessary for Canada's response to COVID-19. This order made two new diagnostic tests immediately available to Canadian laboratories, and we continue to approve additional tests.

Despite all these efforts, we anticipate there will be shortages of health products, given global demand. Health Canada is working proactively to identify and mitigate the impact of drug and medical device shortages on Canadians and health care professionals during our ongoing work to combat COVID-19. We have stepped up our surveillance efforts and, as I have mentioned, have adopted new, more agile, rapid processes to help ensure that Canadians have access to the drugs and medical devices they need.

We've increased the frequency of our engagement with industry, provinces and territories, health care and patient groups, and international partners. We're doing this work to have signal identification and coordination of key mitigation efforts as early as possible.

As the president of the Public Health Agency mentioned, we're using all of the tools at our disposal to expedite the supply of safe and effective personal protective equipment. Protecting our front-line workers, those who care for the sick and keep our communities running, is one of our top priorities. Health care workers need a reliable supply of appropriate PPE to do their job safely. To that end, we're expediting approval of licence applications related to PPE products, sanitizers and disinfectants, and facilitating expedited access through the interim measures I noted. This work is critical to ensure that Canada is able to benefit from the latest advancements and to support both our domestic production that President Namiesniowski noted, as well as supplies coming in from wherever we can get them abroad.

As we know, no jurisdiction is immune to the threat and impact of COVID-19 and no individual government can respond alone. Co-operation and collaboration are critical to our response and have been part of our work from the start with provinces and territories, as well as with health care professionals, patient groups and industry. The Minister of Health and I, as well as Dr. Tam and President Namiesniowski, speak with our counterparts at the provincial and territorial levels very frequently, and certainly our deputies and officials do every day. This is critical for us to ensure coordinated efforts and regular communication.

In this context, we're working to understand the assets and potential pressure points on the health care system and to mobilize resources to support provinces and territories wherever possible.

● (1425)

We're using data and modelling to help understand the progression of the COVID-19 pandemic and where we can expect the pressure points.

As you may be aware, all the case data we have now is made available publicly through daily epidemiological reports on the Covid.ca site and through a Statistics Canada portal where the detailed data was made available to researchers yesterday.

Another key area for collaboration with provinces and territories is in the area of digital health.

Right now we are asking Canadians to stay at home as much as possible and to practice physical distancing. For many, this means they may have to access medical professionals and social supports in alternative ways.

Provinces have been mounting tools, and we're working with them to augment them. We recently launched an online health assessment tool for Canadians who are experiencing symptoms of COVID-19. It complements those already available in some provinces and territories and helps users determine whether they need medical attention or testing.

We're also developing, and plan to launch, an online mental health support that provides comprehensive psychosocial support to Canadians as they manage through this exceptionally stressful time, working with a variety of resources.

Finally, I would like to speak briefly about Health Canada's role in protecting the health of federal employees in the workplace.

Through our public service occupational health program and in collaboration with the chief human resources officer for the Government of Canada, we have advised federal departments on how to manage the risk of COVID-19 in the workplace. We have provided advice for a wide variety of work settings and have developed targeted advice for specific workplaces, including for the agents of the Canada Border Services Agency on the front line. This is critical to ensure they are protected as they perform their functions in helping Canadians and all of us combat the disease.

In conclusion, at Health Canada we're committed to doing everything we can to protect the health and well-being of Canadians, from people in communities to health care workers to federal public servants. The magnitude of this responsibility has never been clearer and the imperative for action now has never been stronger. We are working around the clock to help protect the health and safety of Canadians.

Thank you.

● (1430)

The Chair: Thank you, Mr. Lucas.

We'll go now to the Canada Border Services Agency and John Ossowski, president, for 10 minutes, please.

Mr. John Ossowski (President, Canada Border Services Agency): Good afternoon, Mr. Chair and members of the committee. Thank you for the invitation to participate in today's proceedings and for providing me with the opportunity to discuss with you the important work being done by the Canada Border Services Agency in the midst of this global health crisis. Also participating in the call is my vice-president of our travellers program, Mr. Denis Vinette, who has been leading the measures at all ports of entry with respect to the traveller stream.

Mr. Chair, I'd like to begin by saying I'm very proud of the men and women at the CBSA, who are working tirelessly both on the front lines and behind the scenes to help contain the spread of COVID-19 while keeping essential goods flowing to Canadians. The health and safety of our workforce is paramount and we continue to work closely with Health Canada, the unions and our employees to ensure they are protected.

You are all aware that the situation has evolved rapidly and we continue to adapt our operational posture to respond. As the Minister of Public Safety outlined in presentations before the House of Commons and the Senate last week, the CBSA has a dual mandate to protect the safety and security of Canadians while facilitating trade and commerce at the border. In the face of COVID-19, I can assure the committee that we are working hard on both fronts.

From a safety and security perspective, the Government of Canada has put in place a number of enhanced border measures to help mitigate and contain the spread of the virus. These measures, which began on January 22, have resulted in a dramatic decrease on the inbound flow of travellers to the country. As a result of the prohibition of foreign nationals, including United States nationals, from entering Canada by air, land, rail and marine for non-essential or discretionary purposes, we have seen an overall decline of travellers by 79% in all modes, including air, since the prohibitions came into force, and 94% when compared with the same period last year.

Regardless of how and where they arrive, all travellers are being assessed upon their arrival into Canada. Travellers who are deemed to be symptomatic are provided with surgical masks and information on mandatory self-isolation by the CBSA, and are required to complete the contact tracing form. They are then directly referred to a Public Health Agency of Canada officer for assessment and follow up.

As Minister Blair mentioned, Transport Canada has also increased the responsibilities of air carriers flying into Canada. Air carriers are required to conduct a health check of every traveller at the gate prior to boarding, and must ask the traveller if they are exhibiting a fever, coughing or difficulty breathing. If a traveller is symptomatic, air carriers must also ask the traveller if they have been denied boarding in the past 14 days due to a medical reason related to COVID-19. Travellers answering affirmative to either of these questions, or if they refuse to answer the questions, will be denied boarding by the air carrier, which will then advise the CBSA. Travellers who have a medical certificate stating that the symptoms are not related to COVID-19 will be exempted.

The CBSA now informs travellers that it is mandatory to self-isolate for 14 days upon entry into Canada. The CBSA also has measures in place to assist the Public Health Agency of Canada in its efforts to monitor and enforce compliance of the mandatory self-isolation orders, through contact tracing for all travellers arriving in Canada in land and air mode and through temporary lookouts in our systems.

The contact tracing form captures basic biographical data and contact information for the passenger while in Canada. Once completed it is provided to the Public Health Agency of Canada, which determines when and how to share this information with provincial authorities and/or law enforcement. Mandatory contact tracing applies to all travellers by land or air.

The CBSA also creates temporary lookouts in its system to support Public Health Agency efforts to ensure that asymptomatic travellers comply with directions on self-isolation following entry into Canada, and that symptomatic travellers who are issued a quarantine order under the Quarantine Act comply with those orders. The temporary lookout measures are already in effect.

Lookouts will not be issued on all asymptomatic travellers, but rather on those the CBSA believes may not have respected the requirement to self-isolate and have given indications that they may be unwilling to comply. The CBSA will notify the Public Health Agency every time it encounters an individual who it believes has failed to comply with the order to self-isolate. The lookout information will be maintained for a period of 14 days. The CBSA will share that information with United States Customs and Border Protection.

The CBSA will support compliance with the Public Health Agency travel and public health order issued under the Quarantine Act, including providing information at the border.

● (1435)

Turning to our facilitation mandate, I also want to assure the committee that the CBSA understands the critical nature of ensuring that essential goods and services, food, medicines and workers continue to be able to move across the border.

Let me be clear that while we have seen a reduction in truck traffic, overall the supply chains for Canadian industry and businesses remain intact. In fact, 114,032 truck drivers have been permitted to enter Canada since restrictions took effect on March 21. This is why there are important exemptions to the recent travel restrictions that were put in place. Whether it be first responders, truck drivers or workers supporting the agricultural and transportation sectors, these are some among us who are providing the essential services necessary to keep Canada's engines running.

To this end, I recently wrote to the secretary general of the World Customs Organization on March 17 to—

The Chair: Mr. Ossowski, pardon me.

Mr. John Ossowski: Yes?

The Chair: You're at 13 and a half minutes. Could you wrap it up soon, please?

Mr. John Ossowski: Sure. Sorry about that.

I'll finally say, Mr. Chair, that as the Prime Minister announced on March 27, we have been able to respond to requests for relief from importers and businesses by extending to June 30 the time frame for importers to pay duties and taxes that are normally collected by the CBSA.

To conclude, I'd like Canadians and parliamentarians alike to know that the CBSA is working at home and with international partners to provide maximum support to COVID-19 efforts, whether directly supporting Government of Canada-led repatriation efforts or in screening all travellers who seek to enter Canada.

I will end my remarks here. I'm happy to take any questions.

The Chair: Thank you, Mr. Ossowski.

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

Please go ahead for 10 minutes.

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

The scale and scope of the COVID-19 pandemic is unprecedented for us and is probably the most complex consular emergency we've had to manage, in that it's limited not just to one country or region but has global impact, including here at home at our headquarters.

We are providing consular assistance to Canadians in all countries of the world simultaneously, and at the same time we've had to redesign how we work in order to keep our own staff abroad, and their families, safe and healthy.

Since we last met, Global Affairs has been working around the clock to facilitate the safe return home of thousands of Canadian travellers who found themselves stranded because of the sudden imposition of border measures to prevent further COVID-19 spread.

Our efforts have included coordinating flights and logistics for air travel and the travel by air, sea and road that's required in order to reach those flights. We've been operationalizing constantly changing global travel advisories and travel information updates. We have stood up a new COVID-19 emergency loan program abroad and we are continuing to provide our normal emergency consular services while coping with the additional caseload related to COVID-19.

In the last 10 days, we have facilitated 42 flights back home from 29 countries, enabling thousands of Canadians to return, and we have flights planned for an additional 20 destinations in the coming days, including flights later this week from India and Pakistan.

At the same time, we're contributing to the government-wide efforts to keep essential goods and services that Canadians depend on moving across borders, preparing for the future by sustaining our international alliances, sustaining global supply chains and responding to urgent calls for assistance from the international community.

Information is critical for good decision-making. To this end, we have issued an official global travel advisory for Canadians to avoid all non-essential travel abroad and to avoid all travel by cruise ship.

Hundreds of updates have been made in real time to our country-specific travel advice to help Canadians make well-informed decisions and be aware of border closures and restrictions.

We continue to urge all Canadians outside of Canada to register with the “registration of Canadians abroad” service so they can receive important updates and check the entry and exit requirements of the countries through which they might need to transit. In addition, Canadians in need of emergency consular assistance can contact our 24-7 emergency watch and response centre by email or by phone.

We know that in many regions there are still Canadians trying to get home. We are continuing to work with other governments, local authorities and commercial airlines to find new options. In countries where commercial flight options are no longer available, we've been facilitating access to special flights and we have worked with domestic authorities to unlock restrictions on domestic movement that have been imposed due to local quarantines.

We continue to monitor cruise ships still afloat with Canadian passengers and crew. We have updated this committee in the past on our efforts with the *Diamond Princess* and the *Grand Princess*, and we are continuing to work around the clock to ensure the safe passage of citizens back home from the ships that remain at sea.

In the past week we have had successful repatriations from ships docked in Brazil, Argentina, South Africa and Chile, and we are working right now with our international partners to secure the passage of the *Zaandam* and *Rotterdam* through the Panama Canal and to assist with disembarkation once they make their way to Florida.

We have dramatically increased the number of Global Affairs Canada staff in our emergency watch and response centre to respond to the high volumes of calls and emails that we're receiving from Canadians abroad. After a peak of around 10,000 calls and emails a day, in the last few days we have been receiving an average of 5,000 calls and emails. We've been increasing staff to respond to demand and have been able to keep wait times over the last four or five days to around two minutes.

As part of our consular efforts we've put in place the COVID-19 emergency loan program for Canadians who have no source of funds available to return home or to sustain them while they are forced to remain abroad. This is an emergency repayable loan that helps either to facilitate their return to Canada or to cover their basic essential needs. To date approximately 500 loans, totalling $1.4 million, have been approved, and we are prioritizing pending applications that are required for urgent flights.

Despite the challenging circumstances, all of our Canadian diplomatic missions abroad remain open, and we are providing full consular and emergency services to Canadians even as we take the necessary precautions to protect the health and safety of our staff, their families and visitors to our missions.

Of course, we have to respect the guidance and rules imposed by local health authorities. We have adapted our service delivery models to local conditions and constraints on accessibility.

● (1440)

While we continue to make extraordinary efforts to assist travellers in returning, as Minister Champagne has made clear, with mounting restrictions abroad it is becoming increasingly difficult to bring Canadian travellers back home. To that end, we have developed a new page with advice for Canadians who are remaining outside of Canada on their safety and security. Having learned from our experiences in China, Japan, Italy, and other lockdown situations, we've provided new guidance to all of our missions on the unique demands of quarantine situations and on the kinds of services we need to provide in those circumstances.

We're also continuing to work with external stakeholders to try to address emerging challenges, for example, by encouraging travel insurance providers to continue to support Canadians impacted by COVID-19, especially those who are unable to return to Canada through no fault of their own, by renewing or extending insurance policies.

In conclusion, since the beginning of this crisis we've been focused on trying to take concrete actions to ensure that Canadians remain healthy and safe so that we can assist those who are affected and repatriate those we can. The situation has evolved over the past two months from our response to quarantines in specific regions, countries and aboard specific ships to what is a global consular effort in mobilizing the resources of our entire department and our mission network in every country as well as here at home. We are going to continue to rely on our dedicated and professional staff to respond to these new challenges and to serve Canadians in the best way we can.

Thank you, Mr. Chair.

The Chair: Thank you, Ms. Jeffrey.

Before we go on, when I mentioned the list of participants in the meeting, I failed to mention, I believe, Ms. Jenica Atwin of the Green Party. My apologies.

We'll go now to questions from the committee. I will point out that we will follow the regular rounds of questions according to our routine motions. I believe we will have enough time for three rounds.

We will start with Mr. Jeneroux.

[*Technical difficulty—Editor*]

The Chair: Go ahead for six minutes, please.

● (1445)

Mr. Matt Jeneroux (Edmonton Riverbend, CPC): Thanks, Ron.

This is just to highlight the problems we've had. At the beginning of this committee it took us 13 minutes to get this off the ground, and now another couple of minutes here to get to the questions. I certainly believe we should look at extending it so that we get more than three rounds in.

To begin my questions, because I have limited time, I want to first thank our front-line workers and essential service workers, and everyone who is doing their part to contain COVID-19. As cases continue to mount, I would imagine hospitals are starting to prepare for an influx of cases.

Not to be too critical of the government's work, but there's no doubt that some of the measures were implemented much too late. Canadians are asking whether the government is prepared for the next surge.

I'll provide some examples. On January 29, many members in the House of Commons asked for Canada's borders to be closed in high-risk areas. The government implemented this measure only on March 16. On March 9 members again pushed the government to enact the Quarantine Act and to enforce mandatory quarantine for incoming travellers. It wasn't until March 25 that the government rushed an announcement that mandatory quarantine would be enforced—again, weeks too late. On March 23 our colleagues called on the government to cover 75% of wages following the government's announcement that it would cover only 10%. Then on March 27 the government backtracked and increased the wage subsidy to 75%.

This is all on top of how, on February 4, the government sent 16—

The Chair: Hold up, there, Matt. The interpretation has.... Is interpretation available again? Can you not hear Mr. Jeneroux speaking?

Okay. Go ahead, Matt.

Mr. Matt Jeneroux: On top of all this, on February 4, the government sent 16 tonnes of medical supplies to China. This was after medical supplies were selling out here in Canada and after the health officials told Canadians that there would inevitably be more cases in Canada, so there are reasons why Canadians are worried.

The Chair: Interpretation, you cannot hear Mr. Jeneroux. Is that correct?

Matt, your time has been adjusted for all this stuff, so please carry on and we'll see if we're better off.

Mr. Matt Jeneroux: Mr. Chair, Canadians are worried that the government is not prepared to support our front-line workers and sick Canadians when we do reach our peak.

Until two weeks ago, this government was still advising Canadians that risk was low. We're already hearing about hospitals being overwhelmed, supply shortages across the country and, honestly, just a lack of preparedness for a pandemic. Even though the Minister of Health stated that the government has been treating COVID-19 like a pandemic from the beginning—

● (1450)

The Chair: We'll suspend the meeting and wait to reconnect Mr. Jeneroux.

● (1450)

_____(Pause)_____

● (1450)

The Chair: We'll see if it works better for interpretation.

Mr. Matt Jeneroux: Again, Mr. Chair, thanks for the time. There are obviously some hiccups that we're working on here. I certainly hope they make those adjustments at the end of this meeting so we all get our quality time from all members of the committee.

First, I want to again thank our front-line workers, essential service workers and everyone who is doing their part to contain COVID-19. As cases continue to mount, I would imagine hospitals are starting to prepare for an influx of cases. Not to be too critical of the government's work, there is no doubt that some measures were implemented too late and Canadians are asking questions about whether the government is prepared for the next surge. I'll provide some examples.

On January 29, many members of the House of Commons asked for borders to be closed to high-risk areas. The government implemented this measure only on March 16.

On March 9, members again pushed the government to enact the Quarantine Act and enforce mandatory quarantine for incoming travellers. It wasn't until March 5 that the government rushed an announcement that mandatory quarantine would be enforced.

On March 23, our colleagues called on the government to cover 75% of wages following the government's announcement that it—

The Chair: I'm sorry, Matt, interpretation is still a problem.

Matt, please go ahead and slow down a bit.

● (1455)

Mr. Matt Jeneroux: Mr. Chair, honestly, this is ridiculous. We're able to have Zoom meetings. We're able to use all this other technology. To not be able to get through some simple questions, there certainly seems to be a lack of preparation for this committee.

Considering we're already an hour into the meeting, I'll jump right to my questions, because I want to make sure that other members also have the opportunity to ask questions.

The Chair: For your information, I'm adjusting your time. Everybody will get their proper amount of time.

Go ahead.

Mr. Matt Jeneroux: I have five questions. In recognizing that we have very little time, I'm hoping that the Public Health Agency and Health Canada can answer these questions. I'll list them.

Does Canada have the medical equipment and the supplies to handle the massive amounts of cases expected across the country?

Do you expect the country to peak all at once or will individual provinces peak at different times?

How many beds are currently available across the country for COVID-19 patients?

Are hospitals across the country converting ICUs into COVID-19 units?

Finally, knowing that the Deputy Prime Minister said this morning that this is going to get worse before it gets better, does the government have a plan for temporary hospitals?

The Chair: Ms. Namiesniowski, I believe that question is for you.

Ms. Tina Namiesniowski: Thank you very much, Mr. Chair.

I think this is a question that actually is shared between me and my colleague at Health Canada, in that we've been working very closely together with our provincial and territorial partners as well as other federal organizations to make sure that, collectively, we will be ready and are ready in the context of the response that is necessary to deal with the pandemic in Canada.

The Chair: Ms. Namiesniowski, again we're having a problem with the interpretation. Please try to speak loudly and a little more slowly and we'll see how it goes.

Ms. Tina Namiesniowski: Let me start again.

In the context of the work that is being done at the federal level as well as with the provinces and territories, we've been working for weeks in the context of ensuring that Canada is prepared and equipped to deal with the impact of what may transpire in Canada as a result of having COVID-19 within our borders.

In relation to the questions, I will start, Mr. Chair, and then ask my colleague, the deputy minister of Health Canada, to also speak to the work that's being done at Health Canada in terms of some of the questions that are being asked.

As everyone knows, in the context of the Canadian system, front-line health care services are provided by the provinces and territories. We work with them very closely in turn, and we are working with them very closely, to ensure that they have the kinds of supplies and equipment that will be necessary at a local level to respond to the crisis.

Regarding the question as to whether we will have the same thing happening all across the country at the same time, based on what is transpiring across the country, there are differences that can be seen from an epidemiological perspective. At this point things are different in different jurisdictions, and even within jurisdictions things are different depending on where you may be within any particular jurisdiction. Our expectation is that it will continue in the same way it has in relation to other countries that are experiencing the same crisis.

In response to the questions asked about the availability of beds, and hospitals converting and making more room available, and whether or not there are additional steps being taken to add capacity at a local level, from the conversations that are taking place with all of our provincial and territorial partners, all jurisdictions are definitely planning and taking steps to ensure there's a level of readiness. Each jurisdiction has a plan that's in place, and they're in the process of actually implementing their plans.

My colleague, the deputy minister of health, could also speak about some of the work that we're doing to ensure there is a level of transparency around what is happening at a jurisdictional level to ensure that we are able to support, where necessary, the efforts of the provinces and territories.

Mr. Chair, I will stop there and ask my colleague Mr. Lucas if he has anything he would like to add.

● (1500)

Dr. Stephen Lucas: As President Namiesniowski noted, we are working with health officials in the provinces and territories to assess the full capacity available of key assets, including ICU beds, ventilators and other essential assets, to work with them to ensure we have an understanding of their utilization. We're sharing best practices on the work each of them is doing as they manage their health systems.

As for creating additional space through cancelling elective surgery and moving patients who can be moved into alternate facilities, each jurisdiction has done that to allow for additional admission of patients with COVID symptoms. Provinces and territories are taking steps in creating wards for COVID patients and in other ways to minimize the donning and doffing of personal protective equipment to ensure proper infection prevention and control methods.

Through this work they are endeavouring, and we're providing additional support and resources, to ensure that alternate hospital facilities and assets can be deployed.

The Chair: Thank you, Mr. Lucas.

We will now go to Mr. Fisher for six minutes, please.

Mr. Darren Fisher (Dartmouth—Cole Harbour, Lib.): My question is for the Canada Border Services Agency. First of all, I want to thank the folks at the Canada Border Services Agency for what they do, ensuring that goods get into Canada, that goods get out of Canada and that Canadians are safe.

I'm curious about screening. We've all received text or Facebook messages from constituents saying, “I feel I haven't been screened properly at the border.” I guess I'd like to know from CBSA what we do for screening, what don't we do, what others do and maybe what you think Canadians think screening actually is. We've heard about the ineffective and inefficient taking of everyone's temperature. We've seen pictures of airports with potentially 6,500 to 7,000 people lining up just to get out of the airport.

Maybe you could give me a bit of a rundown. I know you talked about assessments in your opening remarks, but what exactly is “screening”? What are we doing and what don't we do?

● (1505)

Mr. John Ossowski: I'll describe the process for the air mode so that people can understand the continuum here.

First of all, the air carriers are being asked to prevent anyone who is symptomatic from getting on the flight. During the flight, if somebody is identified as becoming symptomatic, they're identified before the plane lands in Canada so that we can segregate them immediately upon arrival. Those people would immediately be turned over to Public Health Agency officials to assess their situation. That's our hand-off point with them.

For the rest of the travellers, for the asymptomatic people, they would proceed into the customs hall, where if you've travelled internationally recently you would see our PIK machines. These are our primary inspection kiosk machines. The advantage we have with these machines is that they ask the questions in 15 different languages, so we're able to carry a very broad spectrum of travellers into the country.

After answering the questions about whether they have a cough, a fever or other symptoms, they also acknowledge that they are subjecting themselves to mandatory isolation for 14 days upon arrival in the country. As they're in the baggage hall, there are additional border service officers roving and looking for people who are displaying symptoms. We have referred people through these functions to the Public Health Agency.

Upon departure from the customs hall, they're all given forms about how to conduct themselves should things happen after they leave and to acknowledge once again that they're being subjected to mandatory isolation.

It's very layered. It's very complete. It covers more than just French and English.

You're right in your point about the temperature scans. People are expecting different things, but we've not been advised by public health officials that it's something we need to do at the border. We are guided in all of these actions by the advice of the Public Health Agency of Canada on the efforts it wants us to deliver at the border on its behalf.

Mr. Darren Fisher: That's air. Now tell me a bit about somebody who is driving across the border or perhaps coming in by rail.

Mr. John Ossowski: Rail has virtually stopped in terms of travellers right now.

On land, basically you would arrive at the PIL booth. An officer would ask you the same three questions about your overall health and would observe you for other symptoms. If there were symptoms, you would be referred to secondary inspection where you would be referred to a Public Health Agency official for a further assessment.

Everyone is given a written document on the mandatory requirement for isolation and they're asked to acknowledge that. They understand they're being asked to mandatorily isolate. The only difference would be with what we would call an “essential traveller”. They are largely in the commercial vehicle world or essential workers who need to cross the border on a daily basis. If you are subject to the 14 days of isolation, you're expected to comply. As I mentioned in my remarks, if we find there are people who are travelling back and forth, we have lookouts in the system for those people.

Mr. Darren Fisher: When you're suggesting that those folks are agreeing to comply, is there an enforcement measure, or a checkup measure, a check-back measure for those folks? Are you taking licence plates when they're crossing the border?

Mr. John Ossowski: We capture all of the information as part of the normal capture of information when they cross the border. We're actually capturing extra data right now and providing that to the Public Health Agency of Canada, which would then pass that on to provinces and law enforcement.

It's important to understand that we do not have inland enforcement powers under the Quarantine Act, so it really is between the Public Health Agency and local law enforcement about enforcing this once people have gone inland. However, if we're advised of somebody who seems to be abusing the system, we would put lookouts on the system and we could potentially arrest somebody at the port of entry if we find that they're not abiding by the mandatory isolation, and then call local law enforcement to proceed with potentially laying charges.

● (1510)

Mr. Darren Fisher: Do I have any time left, Mr. Chair?

The Chair: Five seconds, so I'll call it done. Thank you.

Mr. Darren Fisher: Thank you, Mr. Chair.

The Chair: Mr. Thériault, please go ahead for six minutes.

[*Translation*]

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

First of all, I'd like to say that I'm glad we're having this meeting. Today, I will not try to find those responsible, or guilty parties. We have to manage a crisis and it will take everyone's efforts to get through this.

I also want to recognize the outstanding work that front-line responders do, whether they are hospital workers or people who respond to multiple requests. I would also like to acknowledge the work of all of my colleagues in the House who work on the front lines. Indeed, we have become front-line responders so that together we can get through this crisis, a deadly global pandemic.

That being said, the analyses of when and how we should have done this or that can be done in due course. Count on us to do those analyses. However, today, in the face of a pandemic of this nature, we need to work on our ability to respond to the threat. Many people are calling us from different places. In different parts of Quebec, entrepreneurs and people are ready to push forward to provide what is called personal protective equipment. I would like to know what we are doing to speed up these projects. It would be important to have specific answers on this subject.

There are people who can serve parts of the territory. In Quebec, we try to promote local purchasing. If suppliers are able to supply regions with materials, I think we should encourage that, notwithstanding today's announcements about large orders, the delivery of masks, and so on. I'm talking about other types of supplies, such as disinfectant.

I would like the answer to be addressed to the entrepreneurs who are waiting for an answer in order to be able to contribute to the fight against the current crisis and to help their compatriots. That's my first question.

[*English*]

The Chair: I'm sorry, to whom was that question addressed?

[*Translation*]

Mr. Luc Thériault: Mr. Chair, I did not hear the answer to my question.

[*English*]

The Chair: I'm asking to whom you are asking the question.

● (1515)

[*Translation*]

Mr. Luc Thériault: I am speaking to the people from the Public Health Agency who told us about the provision of equipment and expedited procedures.

[*English*]

The Chair: Okay. Thank you.

Ms. Namiesniowski, could you please respond?

Ms. Tina Namiesniowski: Yes. Perhaps I can start and then my colleague from Health Canada can also offer any comments he may have.

The Chair: Yes, go ahead.

Ms. Tina Namiesniowski: In relation to the overall strategy, the Government of Canada has a multi-pronged approach. That includes acquiring and contracting suppliers globally that produce the kind of equipment Canada needs.

[*Translation*]

Mr. Luc Thériault: That is not my question.

[*English*]

Ms. Tina Namiesniowski: No, and the second—

[*Translation*]

Mr. Luc Thériault: Mr. Chair, that's not my question. I don't want to know if we're communicating with multiple suppliers. I'm talking about the war effort of every one of our entrepreneurs in the field.

How can these people get answers quickly so they can contribute?

[*English*]

Ms. Tina Namiesniowski: In addition, we have many efforts under way in the federal government to work with local suppliers to do exactly what the member who asked the question was requesting. There are various efforts under way at the industry, science and economic development department, for example, as well as at Public Works and Government Services, where anyone who believes that they can contribute is asked to contact those two organizations.

Perhaps my colleague at Health Canada wishes to add more.

The Chair: Mr. Lucas, please go ahead if you wish.

Dr. Stephen Lucas: We would be happy to provide the honourable member asking the question and the committee with a list of the key contact points for entrepreneurs. There's a web portal established with members of the National Research Council, the industrial research program, who review every request coming in and follow up with entrepreneurs in terms of either their ability to produce things now or the support needed to transform their current production for specific equipment or materials as inputs.

In addition, there's funding available to support making the adjustments in businesses to produce locally. Then, as noted, there's also a contact point for Canadians and businesses who have information on potential suppliers overseas, which is triaged on a minute-by-minute basis by Public Services and Procurement, and we'll provide that information as well.

The Chair: Thank you.

We go now to Mr. Davies for six minutes, please.

Mr. Don Davies (Vancouver Kingsway, NDP): Thank you, Mr. Chair.

I'd like to take this opportunity, on behalf of the New Democratic Party of Canada, to thank all of those Canadians, health care workers, transport workers, cleaners, allied health workers, everybody who is working in trying circumstances and helping to keep us all safe. I think I speak for all parliamentarians when I say how important your work is and what a debt Canadians owe to you.

I'm going to ask my first question to Mr. Lucas of Health Canada. On March 9, Deputy Prime Minister Freeland wrote to the provincial and territorial premiers, asking them to inform the federal government of any critical gaps in supplies or in their capacity to deal with the COVID-19 pandemic, things like ventilators, N95 masks, testing equipment, face shields, etc.

I'd like to know what the major gaps identified to the federal government were. Can you give us an approximation of the size of those gaps, please?

● (1520)

The Chair: Mr. Lucas, go ahead please.

Dr. Stephen Lucas: Thank you, Mr. Chair.

We have had an ongoing process supported by the Public Health Agency of Canada to understand the needs of provinces and territories and to contribute to the bulk purchases the Government of Canada is making on their behalf. Certainly, President Namiesniowski can speak to that further.

From the information in the letters coming in that you referred to, we have reinforced areas where the provinces have been seeking additional support in the form of N95 masks and ventilators, and we have moved proactively to order those from all available suppliers, as well as have been noted in the comments already made, and to work with Canadian businesses either on existing production or in areas where they can create new production to address those needs. We are monitoring this on a day-to-day basis and are in constant dialogue, on a daily basis, with provinces and territories to understand those needs and to work to address them.

In addition, provinces and territories have provided information on other areas of focus including support for Canadian unemployed workers and businesses, and those have been addressed through measures announced to date and with work under way.

I'll turn now, Mr. Chair, to President Namiesniowski for any further comments.

The Chair: Thank you.

Mr. Davies, would you carry on?

Mr. Don Davies: I would like to direct my questions to the witnesses whom I'd like to answer, please. We have very limited time.

I'm disappointed by your answer, Mr. Lucas. I asked you a very specific question about what gaps the provinces told you about and their extent. I think Canadians have a right to know that information.

I'm going to turn to something else. On March 27 in The Globe and Mail, Dr. David Naylor, professor of medicine at the University of Toronto, wrote the following:

> However, we could be far better informed. Our rate of testing has accelerated, but the coverage is still well below that needed to give an accurate picture of the epidemic. Thousands of test results have been backlogged at various times, leading to intermittent and confusing spikes in case counts, even as tardy delivery of provincial case reports to the Public Health Agency of Canada has blurred our view of national outbreak demographics.

This was written four days ago.

To the Public Health Agency of Canada, is that an accurate assessment by Dr. Naylor?

The Chair: Ms. Namiesniowski, please go ahead please if you wish.

[*Technical difficulty—Editor*]

The Chair: We will suspend for a couple of minutes.

● (1520)

_____(Pause)_____

● (1525)

The Chair: Ms. Namiesniowski, please go ahead.

Ms. Tina Namiesniowski: Mr. Chair, in response to the question, at the federal level we have been working with all of our provincial and territorial partners on the issue of testing within Canada. I think there is broad recognition of the importance of testing and the need to ramp up testing across the country. There is a commitment that collectively there will be increasing numbers of tests taken to enable us to have a fulsome picture of the state of COVID-19 within Canada. It's hard for me to speak to what may be happening within a particular jurisdiction, which is really a question better directed to a jurisdiction. I can say that we have collective commitment to ramp up testing overall, and as we have every single day, we making increasing efforts at testing and ramping up our overall approach across the country.

This is a question that also implicates my colleague at Health Canada, so he may wish to add more, Mr. Chair, if that's of interest to the committee.

The Chair: Mr. Davies, do you wish to hear from Mr. Lucas?

Mr. Don Davies: I'd appreciate just directing the questions if I could.

Today the Italians actually came out and said very clearly that putting COVID-19 patients in hospital with other patients was one of the main causes of transmission and a leading contributor to excessive deaths. We know that public health experts are suggesting that Canada can significantly decrease the risk of medical facilities becoming centres of amplification by setting up facilities dedicated only to COVID-19 patients.

Mr. Lucas, does the Government of Canada have plans in place to establish separate facilities for COVID-19 patients? I would specifically ask that in the context of delivering service to indigenous communities in this country as well.

● (1530)

The Chair: Mr. Davies, who was that question directed to?

Mr. Don Davies: That's for Mr. Lucas, please.

The Chair: Mr. Lucas, please go ahead.

Dr. Stephen Lucas: As I noted, we are working closely with the provinces and territories on managing their health care systems. A number of them have established COVID-specific parts of hospitals as well as alternate facilities, to allow patients to move out of those hospitals, so they can focus efforts in the ICU on COVID patients. This is critical, as you noted, to ensure that the risk of infection from donning and doffing protective equipment as health care workers move between wards is minimized to the greatest extent possible. Additional assets are being defined in terms of facilities to help support efforts as needed, including working through Indigenous Services Canada's first nations and Inuit health branch to ensure the supports needed for indigenous people. I'll stop my response there, Mr. Chair.

The Chair: Thank you, Mr. Lucas.

We'll go now to our second round of questions, with Mr. Webber for five minutes.

Go ahead, please.

Mr. Len Webber (Calgary Confederation, CPC): I want to thank all of the witnesses for being here today and for all of the work you're doing to help us get through this pandemic.

I have a few questions for Ms. Namiesniowski from the Public Health Agency of Canada regarding our nation's supply of personal protective equipment. I appreciated her comments in her initial presentation on the details of securing personal protective equipment. Thank you for that.

Of course, we are all hearing concerns about the rationing of personal protective equipment and the warnings of outright shortages in this country. This of course would lead to our frontline workers being unprotected. I understand that just recently, announced today even, the government has committed $2 billion to purchase medical equipment and supplies. That's great news, but it leaves me to wonder why the government would allow 16 tonnes of personal protective equipment to be shipped to China last month, leaving us here in Canada in a very vulnerable situation.

I have just a few questions regarding that shipment. Was it part of a formal contractual agreement? Did China promise to repay that shipment with an equal or larger shipment? If so, when was that repayment negotiated for?

Also, Ms. Namiesniowski, has the federal government either shipped or facilitated the shipment of equipment to other countries, and if so, to whom, when and how much?

Ms. Tina Namiesniowski: Thank you for the question.

As has been raised during previous appearances at the committee, Canada was approached, as were a number of other countries, by China for assistance in the context of China responding to the crisis that was happening in the country. In the context of Canada's response, there were supplies made available, but I believe there were supplies beyond simply what the federal government offered in the context of the request that was made. That is something I do not necessarily have the details on.

In the context of the request that was made to the federal government, at that point in time it was very clear that there was a direct benefit to Canada to respond in a positive way. Every effort was being extended within China to contain the virus and what was happening on the ground. From a Canadian perspective, that was very important, in the sense that any effort that could be made to limit the exportation of cases to the rest of the world was directly of benefit to all countries, including Canada.

Canada's donation was positioned in the context of being helpful to a country that was in crisis, but there was also a broader benefit to Canada as well as to the rest of the world.

● (1535)

Mr. Len Webber: Thank you for that.

Were there other shipments of PPE made to other countries around the world, or was it just China?

Ms. Tina Namiesniowski: I will have to confirm, but to the best of my knowledge, we have not had requests from other countries. However, it is possible that my colleague from Global Affairs Canada is aware of other requests made to us.

Mr. Len Webber: I will move on to Mr. Lucas. If you have information on any other shipments sent out to other countries, it would be appreciated if you could share that with the committee.

I have a question for Mr. Lucas from the Department of Health. Yesterday I donated blood at the Canadian Blood Services here in Canada, and I was shocked to see that the CBS personnel and health care workers there were not wearing any type of protective masks at all. I posted a picture of that on my Facebook. I asked them why, and they told me that CBS did not deem it a requirement for their workers, and therefore didn't even have a supply of masks on hand. I'm shocked that the Canadian Blood Services does not mandate the use of masks in their blood collection facilities, and I'm wondering why. Is it because we are in such a short supply here currently? Should they not be wearing masks at the CBS?

Also, I've been contacted by flight attendants who live in my riding. They are scared to do their job, and they are scared to lose their job. That is a horrible position to be in, for sure. They see medical staff needing full personal protective equipment to interact with possible COVID-19 cases, especially those who have returned to Canada, and yet they're asked to do their job without personal protective equipment. Why are they not wearing masks? Is it again because we're in short supply? Should they not be wearing masks?

The Chair: Mr. Lucas, go ahead.

Dr. Stephen Lucas: Thank you for the question, Mr. Chair. We have been working with the Canadian Blood Services and the council of federal-provincial-territorial deputy ministers to ensure that they are aware of and follow the guidelines in terms of the use of personal protective equipment. I have indicated that they are working in terms of means of ensuring physical distancing, and we will continue to work with them to ensure that they are supported on this essential service for Canadians, to ensure that our blood supply continues, and that the workers involved have the necessary protections as per the guidelines.

In terms of other areas, the Public Health Agency of Canada, working with provinces and territories through the Pan-Canadian Public Health Network, has developed and publicly posted guidelines for the use of personal protective equipment for essential services. There is work under way to ensure that people are aware of those, as well as guidelines for the use in health care settings. I'd be happy to provide those to the committee if you wish.

Mr. Len Webber: Thank you, Mr. Lucas.

Back to Ms. Namiesniowski—

The Chair: Mr. Webber, your time is up.

Mr. Len Webber: Okay, thank you.

The Chair: Mr. Kelloway, it's over to you for five minutes, please.

● (1540)

Mr. Mike Kelloway (Cape Breton—Canso, Lib.): Thank you, Mr. Chair. Hello to my colleagues.

I want to thank the witnesses for coming today. I'd echo what everyone has said so far about the incredible work of Canadians from coast to coast to coast over the past month or so. I certainly want to acknowledge that.

Along the same lines, Canadians have been banding together to stay home in an attempt to flatten the curve. Do we have any data yet as to whether or not social distancing and self-isolation have been effective in the past few weeks? That would be directed toward the folks from the Public Health Agency and Health Canada.

The Chair: I'm sorry. I missed to whom that was directed.

Mr. Mike Kelloway: It would be to the witnesses from the Public Health Agency and Health Canada.

The Chair: Ms. Namiesniowski, maybe you'd like to start.

Ms. Tina Namiesniowski: Okay. Thank you, Mr. Chair.

Perhaps I can start, and my colleague from Health Canada can follow.

In relation to the measures that have now been instituted across the country, I think that if Dr. Tam were answering this question, she would say that generally it takes a few weeks to be able to ascertain the impact of those measures. I think at this point it is hard to comment, in terms of the data that we're seeing, as to the impact.

But that being said, I think from the point of view of our awareness of the extent of those measures taking place across the country and the data that we have to date, it is looking positive in relation to the impact that we expect those measures to have locally on the ground across the country.

As I think I said in the context of my opening remarks, now is not the time to lighten up; now is the time to ensure that Canadians are very seized with the importance of those measures and that they continue to follow the direction that's offered, both federally and by their jurisdiction and local public health, to double down to ensure that we're all doing everything we can to flatten the overall epidemic curve.

Perhaps I will now turn it over to my colleague from Health Canada.

The Chair: Dr. Lucas, go ahead.

Dr. Stephen Lucas: What I would just note briefly is that there is some evidence coming in, as provinces provide more detailed epidemiological data, of the impact of measures, and in particular of the social distancing measures. British Columbia did release some data last Friday that showed that their curve was able to be bent as a consequence, through their interpretation, of that continued focus on physical distancing.

However, as was just noted, it is critically important now to sustain those measures as all Canadians can contribute to the effort to protect health and safety and to save lives by not undertaking any mass gatherings and by ensuring that physical distancing between us to stop the spread.

The Chair: Mr. Kelloway, go ahead.

Mr. Mike Kelloway: This question is for the same people from Health Canada and the Public Health Agency.

In terms of vaccines, I know we're doing a lot of work both in-country and globally with research and development with respect to vaccines, but do we have any sense of how close we are to a vaccine, understanding that it is a process and that it's trial and error and a lot of testing and whatnot?

A lot of Canadians, a lot of people in my riding, have been asking about work being done with respect to vaccines.

I'm wondering if you can comment on that to those here on the committee and to Canadians in general.

The Chair: Ms. Namiesniowski, maybe you'd like to start.

Ms. Tina Namiesniowski: Thank you, Mr. Chair.

Again, I think this is an answer that will involve both a response from me and a response from my colleague at Health Canada.

At the federal level, we have been working very closely together with key organizations that are involved in research and development, which involves both our National Microbiology Laboratory and other federal players, including another member of the health portfolio beyond Health Canada—the Canadian Institutes of Health Research, CIHR—and some of our colleagues at the National Research Council, to name but a few.

Certainly in the context of different initiatives, there are efforts under way to support researchers in Canada and abroad in the context of the development of a potential vaccine for COVID-19.

This question has come up a couple of times at committee in the past, and I think we all recognize that it will take a number of months before any vaccine may be developed, trialed, proven to be successful, and then potentially produced and rolled out for the general population. I think when Dr. Tam was asked that question, which I think was the first time we were at committee together, she talked about an 18-month window.

Perhaps I will ask my colleague from Health Canada if he would like to add anything.

● (1545)

Dr. Stephen Lucas: I would simply note that efforts are being made on a broad number of fronts in Canada, from working with firms and research labs that have potential vaccine candidates, to providing support to researchers not only to do the research but to ensure that we can participate in clinical trials, and then to ensure that we have a rapid process to approve clinical trial designs as well for the different phases of candidate vaccines as they emerge, to ensure their safety and effectiveness. All of these efforts are being coordinated through work between federal agencies, as noted.

That timeline of 12 to 18 months for a vaccine is what is being discussed globally, but there is no certainty on that, which is why every effort is being made not only on vaccine development in Canada and Canadian participation as candidate vaccines emerge globally, but also on the development of treatments or therapies that can help manage the symptoms. The solidarity trial that was noted is important in that regard as well, as is work by Canadian firms and researchers across the country.

The Chair: Thank you, Mr. Kelloway.

Dr. Kitchen, would you like to go ahead?

Mr. Robert Kitchen (Souris—Moose Mountain, CPC): It was my understanding that Mr. Paul-Hus was supposed to be the next person on the speakers list. I will fill in for him until he can get in, and he can take my spot when it comes, if that's okay.

● (1550)

The Chair: Please go ahead for five minutes.

Mr. Robert Kitchen: Thank you very much, everybody, for being here.

Perhaps with the telecommunication issues we're having, maybe down the road we can get these same witnesses back at a future date as well.

First off, thank you, everybody, for all that you're doing in stepping up along these lines and trying to make certain we do everything we can to protect Canadians. I will direct my first question to Mr. Lucas because it has to do with the interim orders. I realize that Ms. Namiesniowski also talked about the interim orders. The reality is that on March 18 the minister signed the interim order to allow for two new diagnostic tests to be used in Canada. These were the Roche Molecular Systems cobas SARS-CoV-2 diagnostic device, as well as the ThermoFisher Scientific TaqPath COVID-19 combo kit.

Without going into the issues of nucleic acid tests, etc., can you tell us what sorts of results we have gotten since the final approval of these tests?

Dr. Stephen Lucas: In regard to the approval, indeed we've approved these, and we are in the process of approving and have approved other diagnostic tests. We are working with a Canadian company, Spartan, to approve their rapid test kit and have conditionally ordered with them to ensure that it can come to market as soon as the regulatory approval is completed.

We have placed orders with a number of companies to obtain tests, including the ones enabled through the interim order, and are working with suppliers on determining delivery dates for those as we work, as well, to ensure that we can produce the reagent necessary to enable the DNA validation of tests in laboratories across Canada.

Mr. Robert Kitchen: I assume, based on the answer you gave, that we don't have any results following these tests. I'll move on.

At our last meeting, on March 11, I asked the minister how many test kits we had in Canada. Both the minister and Dr. Tam were unable to give me a number, although Dr. Tam's answer was that we have the capacity to do at least 2,400 tests a day and that ramping up, the estimate is that we can do 16,000 a day.

Are we doing the estimated 16,000 tests per day? If we're not, is that due to the lack of availability of the testing kits and the agents, etc., that we need to provide in creating those kits?

Dr. Stephen Lucas: The actual testing rate in Canada, as was noted, is that we're up to over 225,000, or about 6,000 per million population, which is very much in the very top tier, testing globally. We want to continue to improve on that.

In terms of the testing, it varies day to day but it is on the order of approximately 15,000. Some days it's higher. Work is under way with provinces to expand that lab capacity further.

As noted, we are working on multiple solutions to manufacturing in Canada, and on import of those test kits, as noted via supply arrangements that have worked to contract to ensure we can continue to increase our level of testing.

Mr. Robert Kitchen: How quickly are we getting results as to positives or negatives? How quickly are we responding to those Canadians?

Dr. Stephen Lucas: The ability to turn around specific test results—the timing—varies province by province as they optimize their lab systems and ensure a turnaround as quickly as possible to Canadians. Work is under way in some provinces to clear the backlog of tests and to optimize their system.

Many weeks ago we moved away from the additional confirmatory tests at the National Microbiology Lab as provincial systems were validated, and they are working on additional efficiencies within them to help ensure that Canadians get their test results as quickly as possible.

● (1555)

Mr. Robert Kitchen: Thank you.

As I am sure you are aware, following the SARS epidemic in 2003, the country came up with a number of testing protocols, etc., on how to [*Inaudible—Editor*] up. That was not only the Public Health Agency of Canada, but also the provincial public health agencies. They developed programs and protocols to be followed as to when another epidemic should happen.

The minister stated that the Public Health Agency of Canada is working closely with provinces and territories to ensure that there is a consistent, evidence-based approach to addressing this crisis.

If this is the case, why are we seeing varying protocols from province to province? Why is there no standardized testing across the country? What steps did the Public Health Agency take to ensure that every hospital in Canada, no matter where it is—local, in rural areas, urban areas, etc.—had in place protocols and procedures to be followed from the very moment this happened?

The Chair: I'm sorry, that was directed to whom?

Mr. Robert Kitchen: It is for the Public Health Agency, please.

The Chair: Ms. Namiesniowski, please go ahead.

A voice: I am sorry to interrupt.

Mr. McKinnon, just to confirm, Pierre Paul-Hus has joined the call. He is now present.

The Chair: Okay, thank you.

Mr. Paul-Hus will have a speaking slot in the next round.

Ms. Namiesniowski, please go ahead with your response.

Ms. Tina Namiesniowski: Mr. Chair, in relation to the question that was just asked, since the outset the National Microbiology Laboratory has been working extremely closely with all provincial health labs across the country. From the very beginning they have been worked together to ensure that there was a common approach across the country in terms of a commitment to testing, and quality assurance around the nature of the test that was being undertaken. Members may recall that at the beginning the approach required the National Microbiology Lab to actually confirm the results of tests done at a provincial laboratory level. Since then there has been enough advancement to allow a number of jurisdictions that have the capacity not to have to refer samples to the National Microbiology Lab to be certified as being positive. That now has taken place, and in that context, there have been efforts at a provincial level to allow for tests to happen at a more local level and down to a hospital level. There has been considerable effort expended from the outset to ensure a common approach across the country so that collectively we have a good line of sight as to what is happening at a local level in terms of transmission and level of COVID-19 in various locations across the country.

The Chair: Thank you, Dr. Kitchen.

We'll go now to Dr. Powlowski for five minutes.

Go ahead, please.

● (1600)

Mr. Marcus Powlowski (Thunder Bay—Rainy River, Lib.): Let me begin by again saying thank you to all the very many people who are involved in this, including all the witnesses. I know it's difficult work. I know you're trying hard to keep up the good work.

The response to Mr. Kitchen's question was that we're trying to take a common approach among the provinces. Maybe we should have national standards as to who gets tested for COVID-19 and national benchmarks as to how quickly the tests get done. For example, I know with respect to testing that until recently tests that were done in Thunder Bay were taking up to seven days to come back, whereas I was hearing vastly different numbers, such as one day in other parts of the country. So maybe we need to look at setting up those national standards so places like Thunder Bay or Nunavut don't end up with much inferior services compared to other places.

The situation we want to get to is basically something like the one in Singapore, which seems to do a lot of testing. Basically everyone who has cold-like symptoms gets tested. If you look at their numbers, you'll see that they've done exceedingly well. That's more a comment than a question.

Mr. Lucas, in a response to an earlier question, you said that provinces sought help from the federal government with respect to bulk purchases of N95 masks and ventilators. Where are we with that now? I know Ms. Namiesniowski in her earlier remarks said something about the number of ventilators, but the line was very poor and full of static, and I didn't really catch that. Could you give us some specifics on what we're doing with N95 masks and the ventilators? Are the purchase orders in, and if so, what kind of ventilators, how many ventilators and how many N95 masks are we talking about?

The Chair: That was a question for Ms. Namiesniowski.

Mr. Marcus Powlowski: It's for both Ms. Namiesniowski and Mr. Lucas.

The Chair: Let's start with Ms. Namiesniowski. Please go ahead.

Ms. Tina Namiesniowski: Thank you, Mr. Chair.

Certainly, as I referenced in my opening remarks, there has been incredible effort from early on to work with provinces and territories to come together and, on Canada's behalf, to work the international marketplace to secure needed product for front-line health care workers. As everybody has underscored throughout today's conversation, it's critically important that we're able to equip those individuals who are working on the front line, who are so essential to our ability to be successful in the context of COVID-19.

Certainly from the point of view of which items are being prioritized for purchase, very early on—even in advance of potentially getting requests from provinces and territories—the federal government focused its efforts on key items that we knew would be necessary, including the N95 masks and ventilators, among other things.

Those orders are in and have been in for some time. Our colleagues at PSPC, Public Services and Procurement Canada, are working incredibly hard around the clock on behalf of everybody to secure supplies in a global marketplace that has many actors who are also looking to do the same thing.

In addition to the international marketplace, as we've highlighted during this conversation, there are efforts under way also to make sure that we are taking full advantage of domestic capacity and looking to see how, domestically, we can also produce products locally, taking advantage of the exceptional entrepreneurial spirit we have in Canada and using companies, their knowledge and their know-how to also produce product in Canada. That includes ventilators, for example. There has been a lot of effort expended to ensure that we are able to secure the supply that's necessary.

Maybe at this point, Mr. Chair, I could turn to my colleague, Deputy Minister Lucas.

● (1605)

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

Dr. Stephen Lucas: Thank you.

I have perhaps just a couple of notes further to the response. One, as I have noted, is that we are working with provinces and territories as well to ensure that there is guidance on appropriate use to protect our front-line workers and to ensure that there is no unnecessary utilization of these critical products. That's why the earlier questions pertaining to establishing COVID-focused hospitals or facilities were critical in terms of the use and protection of our front-line workers.

As noted earlier, we are in daily contact with provinces and territories to understand their needs and to ensure their ability as the supplies come in. As noted, we are working around the clock through PSPC to identify those critical products, to arrange transport and to bring them to Canada so that they can get out to places where they are needed.

I would just note in closing, Mr. Chair, on testing that throughout the pandemic, there has been work on COVID with the provinces and territories through the public health network to establish and update testing protocols as we go along. They have different lab capacity, but we have been working hard to support them to augment it and to optimize their work to ensure there is as fast as possible turnaround for Canadians and that the increasing number of Canadians who need to be tested are tested. That work will continue.

The Chair: We will go now to Mr. Thériault for two and a half minutes. Please go ahead.

[*Translation*]

Mr. Luc Thériault: I would like to put a brief question to the consular representative from the Department of Foreign Affairs. We are all working hard to ensure that our citizens can be repatriated. I would like to know how many citizens are waiting to be repatriated.

[*English*]

The Chair: Ms. Jeffrey, please.

Ms. Heather Jeffrey: [*Technical difficulty—Editor*] waiting all the time. People change their minds. They are registered with us, but they don't necessarily register their intention for repatriation, as opposed to other services, so I don't have an exact number overall. Each mission in each country is continually monitoring and in contact with Canadians in their jurisdiction. I can say that to date we've repatriated around 7,000 to 8,000 and we will have that many more lined up in the coming weeks. The situation changes from day to day as Canadians take different decisions about what their intentions are.

The Chair: Mr. Thériault, go ahead.

[*Translation*]

Mr. Luc Thériault: What are the reasons given for their decision to change their minds and not return? Is it because of problems that you can't solve, or is it their decision to stay?

[*English*]

The Chair: Ms. Jeffrey.

Ms. Heather Jeffrey: What we find is that people assess where they feel they are going to be safest and most secure, and where they feel they have the most support mechanisms. Obviously the situation on the ground in different countries is changing from day to day. Different people feel more or less willing or able to travel, and more or less secure in terms of the environments they're in. For that reason, we are trying not only to help those who are looking to return to Canada, but also to provide a range of services for those who choose of their own free will to stay in the places where they are. In some cases, where there are quarantines in place and where Canadians might have been exposed to the virus, for example, or where they're in communities that are on lockdown, it is not possible for them to leave those areas until their quarantines are completed, and we are working to provide consular services to those who stay in place where they are.

● (1610)

The Chair: Thank you, Mr. Thériault.

We'll go now to Mr. Davies for two and a half minutes, please.

Mr. Don Davies: Thank you.

This is for the Department of Health. A recent article in the British Medical Journal asserted that the public use of cloth masks or other homemade masks could help limit the spread of COVID-19 infection, even if there are only modest benefits. I know the director general of the Chinese Center for Disease Control and Prevention has just said that he believes it's a mistake not to require a mask, at least in close quarters, such as in offices or on transit, and we see that the Czech Republic and Austria have recently made nose and mouth coverings mandatory in public spaces.

Perhaps the Public Health Agency of Canada can answer this. Is the Public Health Agency of Canada considering similar recommendations with respect to masking in public?

The Chair: Was that for Ms. Namiesniowski?

Mr. Don Davies: Yes, please.

The Chair: Go ahead, Ms. Namiesniowski.

Ms. Tina Namiesniowski: Mr. Chair, I think from our perspective we always are open to what the science is telling us. We also recognize from the point of view of individuals that they make personal choices about what makes them feel comfortable. We're fully supportive of individuals making that choice, and if they feel the need to wear a mask, we believe that is something which individuals have a right to do. We certainly watch the science very closely.

Dr. Tam has offered that if people are to wear a mask, it's important that they know and understand the importance of wearing it properly and to think about how they should be putting on and taking off a mask. She has offered comments in the past about the importance of doing that correctly. In the context of all of the advice that we've given from a public health perspective, it's really important to do the right kind of respiratory hygiene: wash your hands and keep your hands away from your eyes, nose and mouth. Of course, as you're putting on and taking off the mask, you're certainly putting your hands near your eyes, your nose and your mouth. I think my colleague made reference to donning and doffing of personal protective equipment and the importance of doing that effectively from the training perspective. That would be our position in the context of wearing masks.

Certainly if individuals are sick or are symptomatic and are out and have the potential to interact with anyone else, we highly encourage wearing a mask, because that is one way to potentially restrict the transmission of whatever an individual may have to another person. Generally, we believe it's very important in the context of anybody who is symptomatic. Also, in the context of the air environment at an airport, I think my colleague Mr. Ossowski mentioned earlier that if there are individuals who are arriving in Canada and we believe that they are symptomatic, we ask them right away to put on a mask.

I'll stop there, Mr. Chair.

The Chair: Thank you.

Thank you, Mr. Davies.

We'll go now to our third round.

Mr. Don Davies: Mr. Chair, if I might. I pressed start one about 10 times through that answer. I only have two and a half minutes and I was trying to get my next question in. I was just wondering if I would be permitted one more question since that was a very long answer to a fairly short question.

● (1615)

The Chair: Make it quick please.

Mr. Don Davies: It has to do with the Emergencies Act. I don't know if I can make it super quick but I'll try to summarize it.

We know that the Emergencies Act is not just a modernized War Measures Act, but actually deals with broader emergencies, like a public welfare emergency. I'd like to read the definition of that.

A public welfare emergency is defined under the act as an emergency that is caused by a “real or imminent”...“disease in human beings” and that “results or may result in a danger to life or property, social disruption or a breakdown in the flow of essential goods, services or resources, so serious as to be a national emergency.” The act defines a national emergency as an “urgent and critical situation of a temporary nature that (a) seriously endangers the lives, health or safety of Canadians...”.

It gives the government a number of powers, many of which would be—

The Chair: Maybe you could cut to the chase.

Mr. Don Davies: I'll just ask the Department of Health, what part of the definition does not apply, in the government's view, to the current COVID-19 situation? If COVID-19 is not a public welfare emergency, when would there be one?

The Chair: Ms. Namiesniowski, if you wish to answer, go ahead.

Ms. Tina Namiesniowski: Perhaps I will start and my colleague from Health Canada may wish to add.

I think it's important, as we consider the Emergencies Act, that we also consider the context in which it is something a government may wish to choose to trigger, which is really in the event where we would need additional powers beyond what we potentially already have from a legislative perspective and/or where we are getting significant requests from provinces and territories for the federal government to come in directly and intervene in support of a request for assistance.

At this point, I think we have the authorities we need to deal with the situation that is currently before us.

Maybe I will just stop my answer there, but I would ask my colleague from Health Canada if he has anything to add.

The Chair: Mr. Lucas, please go ahead.

Dr. Stephen Lucas: I would just note briefly that critical to this work is ongoing collaboration with provinces and territories and other key partners who can supply needed materials and resources to help address the pandemic. That collaboration is essential, given that provinces and territories run the health system and have tools in their jurisdictions to manage emergencies.

As was noted, critical to this is ensuring that all the federal tools and those provincial and territorial capabilities are utilized. There is ongoing engagement with provinces and territories about what is needed to address the pandemic at all levels, and it's in that context that if it were to come to it, the Emergencies Act could be considered, but that requires consultation and assessment of steps taken. That's why we're working in strong collaboration with provinces and territories and other partners now to use the tools that we have to take all steps necessary to address this pandemic.

The Chair: Thank you, Mr. Lucas.

We go now to our third round. We'll start with Mr. Paul-Hus for five minutes, please.

[*Translation*]

Mr. Pierre Paul-Hus (Charlesbourg—Haute-Saint-Charles, CPC): Thank you, Mr. Chair.

My first question is for Mr. Vinette of the Canada Border Services Agency.

Several weeks ago, there were no cases of coronavirus in Canada. So the border was our first line of defence. As we've seen, cases have finally crossed the border, particularly in Quebec, so that today we now have several thousand cases.

I understand this is a huge burden for the Border Services Agency. However, I would like to know immediately, without waiting for a report in six months' time, whether stricter procedures could have been put in place a few weeks ago.

Is it still possible to change procedures to ensure that future passengers arriving in Canada will be better screened, as we see in some countries?

● (1620)

[*English*]

The Chair: I'm sorry, to whom was that question addressed?

[*Translation*]

Mr. Pierre Paul-Hus: My question is for Mr. Vinette.

[*English*]

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

Mr. Denis Vinette (Vice-President, Travellers Branch, Canada Border Services Agency): From the onset of the situation, we began to explore and work with the Public Health Agency of Canada on what measures we needed to put in place both at the land-air borders and at Roxham Road.

We began to introduce measures to effect the screening of all individuals, as requested. Recently we began to implement, with the RCMP at Roxham Road specifically, the review and questioning of individuals. We have always questioned all of those I would call “irregular arrivals” at Roxham Road, from a health perspective. In instances where an individual was not of well-being or was ill, we also had the services of the Red Cross to whom we could refer an individual for further verification.

Since we began the measures back on January 21, we've gradually increased our posture, informed by the Public Health Agency of Canada, in terms of what was required. We have continued to sustain an enhanced level of screening of individuals throughout that period.

In the event that someone was demonstrating symptoms of COVID-19, we would refer them to the Public Health Agency of Canada for additional screening and engagement with a quarantine officer.

The Chair: Mr. Paul-Hus, go ahead.

[*Translation*]

Mr. Pierre Paul-Hus: My question was general. It wasn't just about Roxham Road.

In addition, we are told that Health Canada quarantine officers are not always on the ground. When there is a case at an airport, a call is made and the person gives instructions over the phone.

Is there no way to designate border services officers as quarantine officers, as the Government of Quebec has done for Sûreté du Québec officers?

[*English*]

The Chair: Is that question for Mr. Vinette or for Mr. Ossowski?

Mr. Vinette, do you wish to respond to that?

Mr. John Ossowski: Sir, it's John Ossowski. I'll respond to that.

We have worked out with Public Health a way to make sure that their agents, who are better placed than our officers, are available either by telephone or in person to assess the health of these individuals. It depends on the port of entry and the volumes we're working with. So far we're satisfied that people are getting the right medical advice with respect to the symptoms they are speaking about with the public health officials.

The Chair: Thank you, Mr. Paul-Hus.

We now go to Ms. Sidhu for five minutes.

Go ahead, please.

● (1625)

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

I also want to thank all front-line workers, including the witnesses who are here today, for everything they do.

My first question is for the Public Health Agency of Canada.

I want to ask you about the hospitals that are already running at overcapacity, that have been accommodating and treating all patients during COVID-19. How can they get access to the national emergency stockpile? Can you update us on procurement efforts for medical supplies in Canada?

The Chair: Is that question for Ms. Namiesniowski?

Ms. Sonia Sidhu: It's for the Public Health Agency of Canada, yes.

The Chair: Ms. Namiesniowski, would you like to respond?

Ms. Tina Namiesniowski: Thank you, Mr. Chair.

I had a little bit of difficulty hearing the question that was asked, but I think it was about whether hospitals are able to come to the national emergency stockpile and seek access to supplies.

Ms. Sonia Sidhu: Yes.

Ms. Tina Namiesniowski: Okay. That's great.

Regarding how we've been working with provinces and territories, we do not deal directly with every single health care institution in the country. We do deal directly with provinces and territories, who in turn, within their own jurisdiction, are interacting with all of the institutions that might exist in a particular jurisdiction. It's through that interaction that a province or territory would have an understanding of what might be necessary and whether inventory shortages or gaps might exist. Following the analysis done by jurisdictions, we get requests from those who have chosen to come to the federal government, who seek to join us collectively to do bulk procurements.

Mr. Chair, that's generally how the approach works.

The Chair: Thank you.

Ms. Sidhu, go ahead.

Ms. Sonia Sidhu: Thank you.

I'm also concerned about the mental health of Canadians during this stressful and unprecedented time. Is the federal government taking any measures to support the mental health of Canadians?

The Chair: Ms. Namiesniowski, go ahead.

Ms. Tina Namiesniowski: I will turn this question over to my colleague at Health Canada, who is doing work in the context of providing that type of support.

The Chair: Mr. Lucas, please go ahead.

Dr. Stephen Lucas: Thank you, Mr. Chair.

As I noted in my opening remarks, the Government of Canada has put out a request for proposals and is going to be awarding a contract to a group of providers who can provide an online mental health portal to allow comprehensive psychosocial supports for Canadians. We hope this will be launched in the coming days, and I can certainly update the committee when that happens. The aim is to ensure that Canadians have support through this stressful time by using a variety of online resources to enable them to address their mental health challenges and build resilience as we work through this pandemic.

Ms. Sonia Sidhu: Thank you.

I'm from Brampton. Yesterday I had a conversation with the chief medical officer of Peel region, Dr. Lawrence Loh. Today I was talking to the CAO of Peel region, Nancy Polsinelli. Last weekend we also heard about nine deaths in one seniors home last week in Ontario, which has since risen to 13 deaths in long-term care homes. Clearly this is a tragedy in the community. How are we addressing this issue of long-term care home outbreaks? Are there any extra precautions?

● (1630)

The Chair: Go ahead, Ms. Namiesniowski or Mr. Lucas, whoever chooses to respond.

Ms. Tina Namiesniowski: We may do a bit of a tag-team approach perhaps.

In response to that question, certainly in the context of the discussions that are taking place among the chief public health officers, the Canadian chief public health officer and all of Dr. Tam's colleagues across the country, there is widespread recognition of the vulnerability of older Canadians, particularly those with underlying medical conditions, and the importance of trying to prevent any kind of introduction of the virus within a setting such as a long-term care home, given what could potentially happen. The tragedy that happened in the nursing home in Ontario is one that we all feel terrible about in the sense that it is not what anybody would ever want to see for elderly loved ones, or anyone at all for that matter. We have had a few instances, across the country, of clusters of patients within long-term care homes. In that context, there was work very early on among the chief public health officers to establish guidelines around infection prevention and control, which is a critical piece when it comes to dealing with those types of institutions.

In terms of the broad national guidance that obviously is taken by each jurisdiction and also interpreted by the kinds of institutions you would find within every single jurisdiction, right down to the level of an institution such as a long-term care home, which also would have plans and protocols in place for what should be done from the point of view of infection prevention and control, it is something that is discussed regularly in an effort to ensure that all are putting the necessary emphasis on trying to prevent those types of incidents that were described.

Perhaps I'll ask my colleague at Health Canada to see if he has anything he would like to add.

The Chair: Go ahead, Mr. Lucas.

Dr. Stephen Lucas: It's just to emphasize the critical importance of all jurisdictions and all of these facilities working very carefully to ensure that all of those measures that were noted are put in place. It is critical to protect the residents and to ensure that the workers in those facilities are healthy and that strong infection, prevention and control measures are in place. This is certainly an area that has been emphasized by Dr. Tam in her comments, and the provincial medical officers of health. We strongly support that and see the urgent need to continue that messaging and, when there are residents who are infected, take all the necessary steps to stop any spread within those facilities.

The Chair: Thank you.

We go now to Mrs. Jansen.

Mrs. Jansen, please go ahead for five minutes.

Mrs. Tamara Jansen (Cloverdale—Langley City, CPC): Unfortunately, the way this teleconference is going is a very good example of how the emergency relief program has been rolled out, just complete chaos. Hopefully, it will still work.

It's a good segue to my first question. When Minister Champagne told Canadians who were abroad to come home, they had to begin organizing their own emergency evacuation flights, which ended up including several transfers over multiple countries. Travellers were forced cheek by jowl in busy airports where it's impossible to practise social distancing.

I'm just wondering, what was the thought process in having people do their own organization? Especially, why couldn't the government have organized, perhaps, charter flights, where we could have had more direct travel for repatriating Canadians?

The Chair: I believe that's a question for Ms. Jeffrey.

Mrs. Tamara Jansen: Ms. Jeffrey, yes.

The Chair: Go ahead.

Ms. Heather Jeffrey: Given the situation we're facing right now, with travellers in all the countries of the world trying to get back at the same time and the consequent shrinking of airspace, the need to negotiate the entry and exit permits, as well as the local transit arrangements, it's simply not possible to charter flights back from everywhere all at the same time. The most effective and efficient way to move people is for people to use the commercial means at their disposal.

We have a wide variety of solutions. Each country is different. Each country has different regulations. Each country has a different distribution of Canadians inside the country and different local restrictions on movement. They require different forms. We have a wide variety of different means—

● (1635)

Mrs. Tamara Jansen: Thank you.

I have a second question. This would be for Ms. Namiesniowski.

Front-line health care workers have been reporting to me here in my constituency. They're very concerned about their safety and the way PPE is being rationed. I spoke to someone from an OR who said they were being asked to use masks between patients, and so forth. I also had someone who returned from overseas and had symptoms. That person phoned 811 and was told to just stay home and self-isolate, as opposed to getting tested.

I'm just wondering, how can we ensure best practices and ensure that proper safety protocols are being followed?

The Chair: I believe that's a question for Ms. Namiesniowski. Go ahead, Ms. Namiesniowski.

Ms. Tina Namiesniowski: Thank you very much, Mr. Chair.

From the point of view of the proper usage of PPE, there was guidance that was issued, developed from the work that was done through the FPT governance framework. There was guidance that was developed early for the appropriate use of PPE, which is continually re-examined to ensure that it remains current in the context of the science and its evolution. It's guidance that was adopted through the special advisory committee—

Mrs. Tamara Jansen: The guidance that the health care people were being given was to continue to wear their mask all day, if they could, to save on masks.

I have a third question. It's in regard to a statement made by the Canadian Association of Emergency Physicians. It was released on March 12. It highlighted the fact that Canadian hospitals don't have surge capacity to handle the pandemic. I wonder if you can explain, Ms. Namiesniowski, what measures were implemented to increase surge capacity.

The Chair: Ms. Namiesniowski, please go ahead.

Ms. Tina Namiesniowski: This is actually a question that I will turn to my colleague at Health Canada, who has been working on some of those issues.

The Chair: Mr. Lucas, please go ahead.

Dr. Stephen Lucas: In regard to surge capacity, we've been working with provinces and territories. They have been taking steps to rapidly bring on and relicense retired physicians and other health workers and to work with students. We're encouraging and supporting them to consider foreign-credentialled health workers and other health human resources who can help support efforts in that surge. We'll continue to work with them.

In addition, efforts have been taken to cancel elective surgeries and move patients out of hospitals and to other facilities to free up beds where possible. These steps have been taken across the country in addition to identifying other locations.

Mrs. Tamara Jansen: Thank you.

I have one more question.

There have been reports here of shortages of PPE in hospitals. Despite the assurances that they are well stocked, we actually have local doctors putting out messages on social media. We even have the chambers asking for donations and so on.

As Vancouver is one of the four designated airports for international flights, it puts a heavy burden on our providers who are seeing shortages. When can we see that hospitals will be fully stocked and remain that way?

The Chair: Is that a question for Mr. Lucas?

Mrs. Tamara Jansen: It could be.

The Chair: Mr. Lucas or Ms. Namiesniowski, please respond, if you wish.

Dr. Stephen Lucas: As has been noted, we are working in a combined effort with Public Services and Procurement Canada to proactively order and secure supplies, and to arrange transport for supplies, wherever we can find them in the world—masks, gloves, N95 masks and other essential goods. We are working to ensure that as they arrive in the coming days and weeks, they're distributed as efficiently as possible across the country. We will be doing that to enable that the urgent need be considered and allow provinces to address stocks to cover any surge and the ongoing need.

● (1640)

The Chair: I'm sorry, but the time is up.

We'll go now to Mr. Van Bynen.

Mr. Van Bynen is splitting his time with Dr. Jaczek. I will give Mr. Van Bynen two and a half minutes.

Mr. Tony Van Bynen (Newmarket—Aurora, Lib.): First of all, let me say thank you to everyone for their dedication and commitment to responding to this unprecedented global crisis not only in dealing with the health and safety of Canadians, but also in bringing them home especially when things change on a daily and hourly basis. I'm reminded of the words of Rudyard Kipling, who said that it's important if you can keep your head when all about you are losing theirs and blaming it on you.

Having said that, my question is for the deputy minister, Heather Jeffrey. Your team has been doing great work to help Canadians come home, and as you mentioned in your earlier comments, the reality is that it's not possible to facilitate everyone to come home. What advice is being given to those Canadians remaining abroad, and what services are being made available to them?

Ms. Heather Jeffrey: I think the unique demands of quarantines and lockdowns require a different approach, and we saw this with Canadians who were in Wuhan, and again those to whom we were providing consular services during the *Diamond Princess* quarantine in Japan. They require assistance in making the right contacts with local governments; they require support with interpretation sometimes in making themselves understood with foreign doctors; and they need to know where to reach out for help, and what kind of help is available to them.

We're providing instructions on preparedness, things that you can do, which are similar to what public health officials are telling Canadians here at home: to make sure that you have adequate supplies, that you have prescription medication you might require, that you are able to sustain yourself and that you have a local SIM card and a phone. There are a lot of very practical tips in our material.

Also, there is information on who you can reach out to at the embassy, the things that should cause you to reach out, for example, if you become ill or believe you might be sick. There is also information on the local restrictions and what will happen to you in different circumstances and on how to reach out to us 24-7.

Then if and when people are hospitalized or need medical care, it's about facilitating their communications with their families. It's about trying to make sure, even in environments where isolation and quarantine are necessary, that they can receive the essential goods and things they need. It's a different kind of consular service for someone who is required, by quarantine, to be at a distance, but we're equipping our missions to be able to provide those services in situ.

At this stage it's really about preparedness, just as it is here in Canada, to get through a few weeks of mandatory isolation until the quarantines are lifted around the world.

Mr. Tony Van Bynen: Great. Thank you.

Helena, I'll turn it over to you.

The Chair: Thank you.

Go ahead, Dr. Jaczek.

Ms. Helena Jaczek (Markham—Stouffville, Lib.): Okay. Thank you.

I think, as Tony has said, it really deserves re-emphasizing that we're all in this together and we need to collaborate and work together, each and every one of us, and we will get through it, of course.

My question is for Mr. Lucas from Health Canada.

It relates to the fact that while we're in the midst of this pandemic, of course life goes on, and people are sick with many other health issues. We're hearing about elective surgery here in Ontario being deferred.

I would like to hear from Health Canada how they are looking at the supply of prescription over-the-counter drugs and medical devices. Are there any supply disruptions? What does Health Canada do in the face of potential shortages?

Also, we've heard from south of the border about some of the potential therapies like chloroquine, hydroxychloroquine. I'm sure there are patients on Plaquenil for arthritis who are very anxious about shortages, so could you please address what Health Canada does?

● (1645)

Dr. Stephen Lucas: Certainly, I'm pleased to do that.

We have an ongoing challenge with drug shortages, exacerbated now given the pandemic situation and the impact on global supply chains.

To that end, we have a team dedicated to working on this. They work with a network of people in the provinces and territories—industry, distributors and patient groups—to make sure we have a line of sight as far in advance as possible on shortages. We are cooperating with regulators in the United States, Australia, Europe and other places to identify where there are potential disruptions in supply chains of active pharmaceutical ingredients and other key elements in producing needed medicines and medical equipment.

In addition, steps are taken to find substitutes and to allow for the importation of other products that can help address it with an ability, through interim orders, to look at alternative labelling requirements to ensure that the needed medicine can get to Canadians.

In addition we are working with manufacturers here in Canada on moving to producing pharmaceuticals if we need to. The powers provided last week through the bill will further enable that to help manage shortages and to have domestic production if we need to, to ensure that the needs of Canadians are met.

Ms. Helena Jaczek: Could you address the Plaquenil situation, the potential shortages, specifically, of chloroquine and hydroxychloroquine, because of some therapeutic merit that is being touted?

Dr. Stephen Lucas: On that, we are working actively to secure additional supply and to look at opportunities to produce in Canada to augment it. Indeed, that's a global challenge we are working very actively to address.

Ms. Helena Jaczek: Thank you.

The Chair: Thank you, Dr. Jaczek.

We go now to Mr. Thériault for two and a half minutes, please.

[*Translation*]

Mr. Luc Thériault: Thank you.

We know that the key to success in fighting the coronavirus is the ability to act quickly.

Mr. Lucas, you mentioned earlier that companies could register online. What I'm interested in is how many companies have been converted so far? How many companies have received permission to convert and how many are waiting at this time?

[*English*]

The Chair: This question is to whom?

[*Translation*]

Mr. Luc Thériault: The question is for Mr. Lucas.

[*English*]

Dr. Stephen Lucas: Innovation, Science and Economic Development Canada, with work supported by the National Research Council, as I've noted, has received well over 3,000 indications of companies that have an ability to contribute to domestic supply production. Each of those is being looked at rapidly. A number of—

[*Translation*]

Mr. Luc Thériault: I'm sorry to interrupt, but how many have been converted as we speak?

[*English*]

Dr. Stephen Lucas: Today and in recent days the Prime Minister has announced a number of companies that are producing equipment. Thornhill Medical, Medicom and Spartan are three examples. Others are being looked at to ramp up production, from ventilators to masks.

We're certainly happy to provide further information as it becomes available. All opportunities are being looked at aggressively. In particular, where they're ready to go to production, we will secure production orders and procure those products.

● (1650)

The Chair: Go ahead, Mr. Thériault. You have a few more seconds.

[*Translation*]

Mr. Luc Thériault: I'm good, Mr. Chair.

[*English*]

The Chair: Thank you, Mr. Thériault.

We're going to go to Mr. Davies for two and a half minutes, please.

Mr. Don Davies: Thank you, Mr. Chair.

We know that millions of Canadians report unmet mental health care needs each year. We know that the Mental Health Commission of Canada's mental health strategy for Canada recommends raising the proportion of health spending that's devoted to mental health to 9% by 2022, over the current 7%.

Earlier this week I spoke with the Mental Health Commission of Canada. They said to me, “You don't need a crystal ball to forecast increased mental health challenges, including depression, anxiety, perhaps even suicides or attempted suicides due to job loss, money problems, social isolation, etc., over the next months.”

I heard a reference to setting up a phone line, but Mr. Lucas, will the government be committing any additional resources to an expedited implementation of a Canadian mental health strategy, in light of the COVID-19 stress on Canadians?

Dr. Stephen Lucas: Indeed the government is certainly committed, as indicated in the mandate letter of Minister Hajdu, to support and work with the provinces and territories and other partners to increase the financial support and resources to help Canadians get mental health services and, indeed, develop standards so they know what to expect. That commitment stands.

The government will work forward on that, building on the investment of $5 billion through bilateral agreements going back to 2017 providing direct support to provinces for things such as increased support for children and youth.

In addition, the immediate focus now is ensuring that the resources are available and accessible to Canadians as they stay at home and self-isolate if they are symptomatic. In that regard, as I noted, we will be launching soon, working with a consortium of companies, a mental health app that provides access to needed services.

Mr. Don Davies: Thank you.

If I have time to squeeze in one more quick one, there are some indigenous bands in Manitoba that don't have access to health care professionals and have requested assistance from Cuban physicians. Cuba has offered to send some doctors to help serve these areas that don't have a physician. In fact, one of the bands is waiting for a doctor from Cuba and it's just a visa that needs to be issued.

My question is for the foreign affairs deputy minister. Is there any reason why Canada wouldn't be accepting assistance from Cuba to send in physicians to areas where we desperately need them?

The Chair: That is for Mr. Lucas, I guess.

Mr. Don Davies: No. That would be for Ms. Jeffrey, the deputy minister of foreign affairs.

The Chair: I'm sorry.

Ms. Jeffrey, go ahead.

Ms. Heather Jeffrey: I am sorry. Could I ask the member to repeat the question? Unfortunately, the line cut out as I was listening.

The Chair: Go ahead, Don.

Mr. Don Davies: Sure.

Ms. Jeffrey, a number of indigenous nations in Manitoba don't have access to physicians or medical care and are desperate. They are seeking to have Cuban doctors come help them. One band, I think, has received a specific offer from a particular Cuban doctor and it's just waiting for a visa.

I understand Cuba has offered to send doctors if Canada will accept them. Is there any reason why Canada wouldn't accept physicians from Cuba to help areas or indigenous nations that don't have access to health care professionals, and if not, why not?

The Chair: Ms. Jeffrey, go ahead.

Ms. Heather Jeffrey: Mr. Chair, unfortunately, with respect, the question is outside of my mandate. It would be more appropriately answered by IRCC. We don't really have a role in granting visas.

The Chair: That wraps up our third round.

I'd like to thank the witnesses for joining us.

As always, you have provided excellent information. We appreciate your time and all the work you're doing on this crisis.

I would like also to acknowledge again the House of Commons conference service, which has taken on this challenge of providing, for the first time ever, a fully virtual committee meeting. It has never happened before. There are certainly challenges, but I think we've been able to work through them quite successfully. There are particular challenges involved with doing a meeting of this kind that are not found in normal business communications, such as having to interface with ParlVU for public access, as well as having three different channels for language and translation, so I appreciate their effort. I know they are working around the clock to get us a video conference solution, hopefully for next week. I would like to thank them for responding so quickly. They have had less than a week to work on this, so I really appreciate what they are doing.

Members of the committee, I would like to remind you to get your priority list of witnesses for the next meetings to the clerk, hopefully by 4 p.m. eastern time tomorrow. The analysts will collate them into a single document and I will have my staff arrange a conference call among the members of the subcommittee to discuss witnesses for the next meeting.

With that, I would like to thank everyone for participating. I hope we're all doing well during this crisis.

The meeting is adjourned.