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# Standing Committee on Health

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Chair: Mr. Ron McKinnon





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• (1100)

[English]

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

Welcome, everyone, to meeting number 30 of the House of Commons Standing Committee on Health.

Pursuant to the order of reference of May 26, 2020, the committee is resuming its briefing on the Canadian response to the outbreak of the coronavirus.

To ensure an orderly meeting, I would like to outline a few rules as follow.

Interpretation in this video conference will work very much like in a regular committee meeting. You have the choice at the bottom of your screen of either floor, English, or French. As you are speaking, if you plan to alternate from one language to the other, you will also need to switch the interpretation channel, so that it aligns with the language you are speaking. You may want to allow for a short pause when switching languages.

Before speaking, please wait until you are recognized by name, and during questioning the questioner will signal to whom the question is addressed. When you are ready to speak, you can click on the microphone icon to activate your mike.

As a reminder, all comments by members and witnesses should be addressed through the chair. When you are not speaking, your mike should be on mute.

I would now like to welcome our first panel of witnesses. As an individual, we have Professor Lawrence Gostin, O'Neill professor of global health law, Georgetown University, and director of the WHO Collaborating Center on National and Global Health Law; and from the Centre for Global Development, we have Jeremy Konyndyk, senior policy fellow.

We will begin with Mr. Gostin for 10 minutes.

**Mr. Lawrence Gostin (O'Neill Professor of Global Health Law, Georgetown University, and Director, WHO Collaborating Center on National and Global Health Law, As an Individual):** Mr. Chair, thank you. I'm very much honoured to be with you.

My charge today is to discuss the international dimensions and governance dimensions, particularly the role of the World Health Organization and the performance of the international health regulations.

I've worked with the World Health Organization now for over 30 years. I'm also on the director general's roster of experts for the international health regulations committees.

I've been closely involved in many epidemics and pandemics, ranging from AIDS, to SARS, MERS, Ebola and, of course, now the COVID-19 pandemic, so I'm going to give you the benefit of my many years of experience.

I consider myself a very close friend of the World Health Organization, but I'm also willing to be a friend, and state honestly when I think it could have done better, or should do better. What you'll get from me is a non-political, factual account of how I think the World Health Organization has performed, and how it can do better. I ask members to not take that as a political statement, because there's been so much politicization of the World Health Organization, particularly by my country, the United States, but also China.

Essentially, there have been several criticisms of the World Health Organization during this pandemic. The first is that it didn't report quickly enough to the outbreak of a novel coronavirus infection in Wuhan, in the Hubei province of China. The second is that it did not inform others quickly enough that there was rapid community spread in that province. The third is that early on in the pandemic it recommended against travel and trade restrictions.

Early on in the pandemic, China was reporting to the World Health Organization that there was very limited or no human-to-human transmission of this novel coronavirus. At that time, the World Health Organization reported the same data and conclusions it had received from China. In retrospect, should the WHO have done anything differently? At most, it could have said, "Here is the data we're getting from China, but we're not able to independently verify it."

Dr. Tedros, the director general, made the decision—and I respect and admire it—to push China quietly and diplomatically from the inside, but not to criticize China publicly. It should be very clear that under international law and the constitution of the World Health Organization and international health regulations, the WHO had no power to require China to report truthfully. It had no power to go onto Chinese soil without China's permission. Therefore, it's entirely unfair to criticize the World Health Organization for doing something that the world did not give it the power to do.

Going forward, I have a number of proposals, and many of my colleagues do, including those working in public and global health law in Canada, that could improve the situation remarkably and give the WHO the power and authority it needs the next time this kind of horrific event occurs.

• (1105)

The same is true with regard to community spread. There was no way for the WHO to independently verify China's report regarding that.

Then there was the question of travel. It certainly has turned out, for better or worse—and we can discuss that—that the world has now essentially closed its borders due to COVID-19. However, early on the WHO recommended against travel restrictions, even though many countries had already imposed them. After the SARS epidemic, when Canada was instrumental in the reform of the international health regulations, there was a balance between public health, trade and travel, and human rights. Canada was justly concerned that countries were too quick to have trade and travel restrictions during SARS. The same thing happened during the west African Ebola epidemic.

Many epidemics have triggered harmful and unnecessary travel and trade restrictions. In this case, it may very well be that travel restrictions were warranted, but at the time, the WHO was following the international health regulations in the way they were meant to be followed.

I might have done some things differently, but I cannot believe that in the middle of a pandemic it would be right to be casting blame and have finger pointing between countries that would harm the international rule of law and harm international institutions that are so vital to us, such as the World Health Organization.

The WHO is not perfect, but we as a collective community can make it better, and the reason I'm so pleased to be here in front of the Standing Committee on Health in the House of Commons is that I so admire Canadian leadership around the world. You have been a shining light, and I have a close connection in heart to you. My son was born at McMaster University and is a citizen of Canada, and I have very close connections with my colleagues in Canada.

In trying to forge unity in the world in the midst of this chaos, in the midst of conspiracy theories about the origins of the virus and all the blaming among the superpowers, we need to come together. We need to come together now even more than ever, because we're facing the most consequential set of actions in our lifetime, the race to find a COVID vaccine.

As a global community, we need to ensure that the vaccine is safe. Therefore, we don't cut corners and don't skip ethics. We also need to ensure that it's equitably and fairly distributed to all countries around the world, and that we do not see what we've seen in the case of personal protective equipment, testing kits and ventilators, which were a prize for intellectual property competition. I regard vaccines and therapeutics for COVID-19 as a global public good, and I look to Canada for your global leadership.

I find it a great honour to be in front of you and I will be very delighted to answer any of your questions.

• (1110)

**The Chair:** Thank you, Dr. Gostin.

We go now to Dr. Konyndyk. Please go ahead for 10 minutes.

**Mr. Jeremy Konyndyk (Senior Policy Fellow, Centre for Global Development):** Thank you so much.

Just echoing what Larry said, it's a real pleasure and a privilege to be speaking with you all today. I also have ties to Canada. My mother grew up in Hamilton and I still have a lot of family there in Ontario, so it's really nice to be speaking to all of you.

I have a few quick words on my background and how I come at these issues.

I come from a disaster response and humanitarian background and have worked on many health crises over the years. Most significantly, I was the head of international disaster response for the U.S. government during the Ebola outbreak in 2014 and 2015 and played a key role in leading the U.S. government's response to that outbreak.

As part of that, I became involved with WHO emergency reform and advised the then director general, Margaret Chan, on the post-Ebola reforms that were implemented. Along with Dr. Theresa Tam of Canada, I have served for the last four years on the independent oversight body that is overseeing and advising member states on the WHO's implementation of those reforms. I had a front-row seat both for the WHO's Ebola failures and shortcomings in 2014 and for their handling of this outbreak, this pandemic, and many of their other crises in-between.

To be clear, I'm speaking today in a personal capacity. I'm not speaking on behalf of the oversight committee or on behalf of WHO unless I otherwise say very explicitly.

I've been asked to speak about a few things: some of the emerging lessons from COVID-19 around the world, particularly in the developing world; WHO's effectiveness; and the support that is needed in the developing world going forward.

I would like to make first just a few observations of what, I think, we're seeing from around the world. We're seeing in many countries now that social distancing measures have worked, but they are hard to sustain. Particularly, the more drastic social distancing measures are very difficult to sustain economically, politically and socially. We're moving from a phase, I think, in which governments were largely imposing distancing measures to a phase in which we need communities and populations to voluntarily adopt distancing measures, whether governments are imposing those or not.

What we do see is that anywhere that people have let their guard down, the virus takes advantage of that. We're seeing that in real time right now in the United States. Some of the states that had not been badly affected early on dodged a bullet, concluded that they were bulletproof and began relaxing measures. Now we're seeing enormous spikes in Florida, Texas, Arizona and some of the other southern states. We're also seeing this in some of the areas of southern California where they relaxed measures too early.

I don't think we're at a point where we can go back to governments just imposing measures from the top down. They need to be adopted and owned by the population. That then becomes a matter not of governments imposing measures, but of governments communicating effectively with their people, and of public health authorities communicating effectively with their people. I think the countries that have done the best with clear communication and with building trust with their populations are the countries that have done the best and will do the best. The countries that have seen the most confusion, the most mistrust, are the countries that will do the worst.

The worst-performing countries in the world right now are the United States and Brazil, and in both of those countries, there has been horrible communication between the government and the public, a lot of confusion and a lot of mistrust.

The countries that have done the best job of communicating clearly—and I think Canada, from my observations, has done a better job of it—will do better and have done better. I will return to that point in a moment when I talk about the developing world in a bit more detail.

In terms of the WHO's effectiveness, I agree entirely with everything Larry said. Having closely observed the calamitous performance of the WHO in the early phases of the 2014 Ebola response in West Africa, I will say there's just a night and day difference between that and what they're doing now. At that time, it did not have a robust emergency capacity. Its leadership did not take the threat seriously from the beginning, and its country offices were disengaged and inattentive. There were problems at every level of the organization.

I think what we're seeing here is a very different thing. From the beginning, the organization was fully engaged. Within days of getting the formal confirmation from China of the outbreak, WHO was putting out technical guidance to all member states, at that time based largely on diseases like SARS and influenza—parallel diseases that we had seen before—because there was not much data to go on about the virus itself in those early days. That is not uncommon with a novel virus. There is always an inherent amount of uncertainty in the early phase of the emergence of a novel virus.

As Larry laid out already, there were some real challenges with China's initial reporting. I think WHO's handling of that was problematic not in terms of WHO's performance, but problematic in terms of what WHO was actually authorized to do.

The international health regulations tie the WHO's hands very tightly as to what it can say above and beyond what member states report to it. I think WHO's reporting in those early phases was.... If you read between the lines a bit, it was definitely hedging because

it knew that what it was getting from China might not be the full picture.

As that picture fleshed out, within about three weeks from the confirmation from China, the WHO's country office in China was authorized to do a mission to Wuhan and an on-the-ground investigation. Immediately after that, which was on January 20 and 21, the WHO came out and confirmed human-to-human transmission. Within another day or two, it convened the emergency committee to review whether to declare it a public health emergency of international concern.

• (1115)

At that time, the WHO confirmed a basic picture of the virus that still holds up pretty well today: It is a novel respiratory coronavirus that is transmitting efficiently from human to human; it has a reproduction number, or a transmissibility factor, that is higher than the seasonal flu; and it has a severity and death rate that are absolutely multiples higher than the seasonal flu. This initial picture of the virus is an extraordinarily scary picture.

Within another week of that meeting, the WHO took the step of declaring a public health emergency of international concern, which is the highest level of alert that member states have created for the WHO under the international health regulations. At that point, the WHO rung the loudest alarm bell it had available to it and provided a picture of the virus that holds up pretty well today.

This should have been very alarming, but what we saw was a huge amount of variance in how states reacted to that. Some countries, particularly the East Asian countries that had prior experience with SARS, took it extraordinarily seriously and began immediately implementing very drastic measures. South Korea, Taiwan, Hong Kong, Japan, Thailand and Vietnam all clamped down very quickly and began scaling up their testing, implementing distancing measures and so on. Western Europe and most of the Americas did not. You had different countries looking at the same information from the WHO and doing very different things.

I think that is more reflective of those countries than it's reflective of the WHO, but I think it also reflects something else. In a report that the committee I serve on published last month, we highlighted a few emerging takeaways from that period. One is that it's important to distinguish between where the failures were and where the weaknesses were. What were the things that the WHO, as a secretariat and institution, did poorly? There are some, but I think broadly they handled it well. What failings were due to countries' reactions to the information the WHO was providing? I think many countries were far too cavalier in assuming that this would be a problem in China and would not affect them. What problems rest within the international health regulations? For which problems was the WHO's ability to do more or ability to be louder and more forthright limited or inhibited by the restrictions member states have created within the international health regulations? I can go into more detail on that, but I agree with some of Larry's points on this from earlier.

In the committee report, we also noted that the public health emergency of international concern, this alarm bell that the WHO can bring, is far too blunt a tool. It is a binary, on or off. It does not have any gradations within it. It is declared for something like this, a world-threatening pandemic that could potentially kill millions of people. It's also declared for something like the Ebola outbreak that has been going on in eastern Congo for the past two years, which has killed 2,000 people and has not really gone beyond that sub-region of Africa.

There's a huge range of health crises that are included in that kind of a tool. We need more gradations so that countries can read those signals a bit more clearly to know what the level of threat is to them when a declaration of emergency is made.

We also found that the post-Ebola reforms have been effective, even though they were premised on a different sort of crisis. They were premised on the Ebola crisis in 2014 and the range of humanitarian emergencies that the WHO normally contends with, and something on this scale has hugely strained the bandwidth and capacity of the WHO. The WHO has not always done as good a job with managing some of the capacity trade-offs there as we would like to see, particularly when it comes to keeping an updated set of technical guidance and recommendations for countries. That's the last point I want to make there.

To pivot to the question of lower- and middle-income countries, I think the WHO and institutions like the CDC in the U.S. have been too slow to adapt the strategy and guidance that has been developed largely for rich countries to lower-income settings. One of the interesting characteristics of how this outbreak has played out is that it predominantly affected wealthy countries at first. China is a wealthy country with a very developed health system. Then it hit Italy and hit Spain and then the United States. All of these countries have a high capacity for clinical treatment, have a lot of resources to scale up testing and have a lot of resources to sustain large-scale social distancing and lockdown measures.

• (1120)

Few of those things are true in the developing world. The WHO, along with the rest of the UN system, did put out very good guidance on this in mid-May. It should have come out earlier, and that's partly a capacity issue within WHO. That left a lot of lower-income countries struggling to figure out the strategy they should apply, because scaling up ventilators, mass testing and PPE production was not something that was really available for them to do financially. The ability to sustain a lockdown when you have a large informal economy or a large grey economy is also very difficult.

One other point I would make about lower and middle-income countries is that there is very little money getting to front-line and local organizations in those countries. I published a piece this week that looked at the humanitarian aid flows that have gone for COVID, which amount to about \$2.5 billion now in response to the global humanitarian COVID appeals. Of that, less than \$2 million out of \$2.5 billion is reported as having gone directly to local front-line organizations.

That's a recipe for failure, because, as I said, we're at a point now where we need to transition this response from something that is government owned to something that is community owned and led.

If more than 99% of the money is going to international organizations and international partners, and the local community and local groups are getting only the scraps of the scraps of the scraps, it's going to be hard.

I'll stop there.

Thank you.

I look forward to your questions.

• (1125)

**The Chair:** Thank you, Mr. Konyndyk.

We'll go now to our first of two rounds of questions, starting with Ms. Jansen.

Ms. Jansen, please go ahead for six minutes.

**Mrs. Tamara Jansen (Cloverdale—Langley City, CPC):** Thank you so much.

I would like to begin my questions with Professor Gostin.

Based on WHO recommendations, Canada did not implement a travel ban early in the pandemic. In an article you published in the *The Lancet* on February 13, you claimed that Canada was legally bound to follow that recommendation when, in actual fact, that's not the case.

How much pressure did the WHO put on Canada to follow this non-binding agreement to the detriment of Canadian's public health?

**Mr. Lawrence Gostin:** The international health regulations are a binding treaty, and Canada is one of that's treaty's signatories, but you're absolutely right that when WHO makes recommendations and once it declares a public health emergency of international concern, those recommendations are recommendations. But they do have a strong, normative force, so we would expect countries to take them very seriously.

You're probably right. Being bound by it in a formal legal way is probably not true since it is stated specifically in the international health regulations that they are recommendations.

**Mrs. Tamara Jansen:** I'm just curious, have you heard of a single member state filing an article 56 dispute against another member state for instating travel restrictions due to COVID-19?

**Mr. Lawrence Gostin:** No, because we don't really have a lot of enforcement or compliance with WHO recommendations.

**Mrs. Tamara Jansen:** That is my concern. If WHO and people working with it give the impression that we are legally bound, and therefore we did follow those recommendations, it actually did hurt Canadians' health.

If you look at South Korea and Taiwan, both fared far better than Canada. They imposed travel restrictions on February 4 and 7, which was contrary to what WHO was recommending, whereas Canada waited until March 16.

If you look at South Korea, they had 5.4 deaths per million. Taiwan had a total of only 7 deaths, whereas Canada has had 228 deaths per million by comparison. That's an abysmal statistic, wouldn't you say, for a first-world country?

**Mr. Lawrence Gostin:** It's not ideal, but I would not blame the World Health Organization for the death rate in Canada; absolutely not. I know WHO well. The WHO is very, very unlikely to have put enormous pressure on Canada.

Remember, Canada was one of the major movers under the international health regulations to actually balance trade and travel with public health. Canada was rightly quite concerned, after SARS and during SARS, that there were so many travel restrictions placed...

Normally, travel—

• (1130)

**Mrs. Tamara Jansen:** But the thing is that travel restrictions would have actually saved Canadian lives. I think you can see that from the impact of South Korea, Taiwan and a lot of those other nations closing their borders.

**Mr. Lawrence Gostin:** No, I don't agree with that. I worked very closely with Taiwan, South Korea and others on their response, and the reason they did well—

**Mrs. Tamara Jansen:** If I consider Sam Ellis, the Taipei bureau chief for Bloomberg News, he believes Taiwan's isolation from WHO helped their country by forcing it to rely on its own judgment on health issues. They were turning away cruise ships and doing health checks at airports even though WHO was assuring them the risks were low.

**Mr. Lawrence Gostin:** No, the—

**Mrs. Tamara Jansen:** Would you agree that South Korea and Taiwan were far more successful at containing the virus than those countries who followed WHO advice?

**Mr. Lawrence Gostin:** Oh, no, they were following WHO advice, very much so. You're focusing on travel. Why Taiwan and South Korea, which is a WHO member—

**Mrs. Tamara Jansen:** There were also masks, right? There were many things that we were told by WHO wouldn't work.

**Mr. Lawrence Gostin:** I have to—

**Mrs. Tamara Jansen:** I know that Dr. Tam was telling us not to wear masks, they don't help—

**The Chair:** Mrs. Jansen, could you let the witness answer, please?

**Mr. Lawrence Gostin:** The major way in which South Korea, Taiwan and other countries dealt with this was by, very early on, using widespread testing and very aggressive contact tracing that included using electronic applications on smart phones, and isolation and quarantine. I worked extraordinarily closely with South Korea and also Taiwan on this, and that was the operative thing. It was not travel—

**Mrs. Tamara Jansen:** You're suggesting that it's only contact tracing. Closing borders would have made no difference. That's what you're suggesting. I guess that's the question here: Is that actually correct? I would put it to you that it might be incorrect.

I know that Vietnam imposed travel restrictions on February 1 and they suffered zero deaths due to the coronavirus.

**Mr. Lawrence Gostin:** No, I'm not saying that travel restrictions couldn't or wouldn't have been helpful early on. At that time, we were facing a novel virus. Most of the time, travel restrictions weren't used. I think we just don't have the evidence to make strong assertions. We do know that testing, tracing, isolation, quarantine and universal mask wearing are very effective. We need to—

**Mrs. Tamara Jansen:** You suggest that we don't have enough science, and yet Vietnam had enough science to be able to keep their deaths at zero. Why is that, when we're at 228 deaths per million?

**Mr. Lawrence Gostin:** Well, frankly—

**Mrs. Tamara Jansen:** We have our own—

**The Chair:** Mrs. Jansen, please let the witness answer.

**Mr. Lawrence Gostin:** You know, frankly, there are countries—mostly the United States, but less so Canada—that didn't take it seriously enough in the sense of really using their public health capacities. Many of the countries that had experienced SARs did do very, very well, as you said. Singapore would be another example of that.

I think the tenor of your conversation is what I don't accept. Deflecting the blame to an institution like the World Health Organization is not the answer. I—

**Mrs. Tamara Jansen:** I think I have to challenge that suggestion—

**The Chair:** Thank you, Mrs. Jansen. Your time is up.

Dr. Powlowski, please go ahead for six minutes.

**Mr. Marcus Powlowski (Thunder Bay—Rainy River, Lib.):** Thank you, fantastic witnesses. I am glad to see that you both have a connection with Hamilton. You're affirming MP Bob Bratina's assertion that the world actually revolves around Hamilton.

One would hope that the world would come together after the COVID crisis. After all, it doesn't matter where we are in the world—other than maybe some places in the South Pacific—because we're all experiencing the same things. We're all forced to socially distance and wear masks in public. People are staying at home worried about the health of their elderly relatives, worried about when their income is going to start to come in. This should bring humanity together, but in fact, there are suggestions that this is undermining globalism, undermining our common sense of humanity.

Borders are closing. We're trying to make sure that supply chains are domestic rather than dependent on foreign countries. We're seeing diseases as coming from other places and affecting us.

Certainly, globalism has done a lot to make the world a better place. There are so many people who lived in abject poverty before globalization. There are countries like Mexico, China and India where there was a lot of abject poverty and now it's quite rare as a result of globalization.

Similarly, the world has been a fairly harmonious place with not a lot of international conflict since the formation of the United Nations in 1945. I'm a little worried post-COVID-19 that we're becoming a little more fractionated, a little less together in terms of humanity. This is pulling us apart, rather than together.

My first question to the panellists is this: Do you think this is the case? Are we going to come out of this more united globally or less united?

Second, what can we, as Canada, do to ensure the former, that we come out of this more united and strong, that our international institutions are stronger, not weaker, and that we're not going back to the kind of world we were prior to 1945?

• (1135)

**Mr. Lawrence Gostin:** Jeremy, did you want to answer that or shall I?

**Mr. Jeremy Konyndyk:** I'm happy to take an initial attempt at it.

I think that is a real risk. One of the things that has been really striking so far about this crisis, in contrast to, say, the 2014-15 Ebola outbreak, is just the lack of a sense of a common global effort. I put some of that, frankly, to my own country. I think there's been a lot of insularity in the way the U.S. government has handled this. Usually, you'd look to the U.S. government to be trying to lead and convene those kinds of global efforts and we haven't seen that. That's reflective of some broader trends in the world, but it's really unfortunate and, as you said, very rare.

We're all facing a common enemy here, so we do need a more common approach. We're not going to be able to defeat this or be truly safe from this anywhere until it is controlled everywhere.

I think it ties back to the previous question on a travel ban. One of the concerns about travel bans is that, as all of the literature on travel bans suggests, at best they buy you two to four weeks of time to prep. They do not buy you enduring protection. They will delay, potentially, the arrival of an outbreak in a country, but they do not

prevent it. Unless you're New Zealand or Fiji, they're not going to prevent it.

The utility of a travel ban, if there is such, is to slightly delay the arrival of the outbreak so that you can prepare, but it still will arrive. I think we're at a point now where this is in every country in the world. For a country like Canada or the U.S., or any country, we're not going to be able to rely on travel controls to keep us safe. We need to suppress it at home and we need to simultaneously work on suppressing it overseas because as long as those...

Every country is going to have a lot of dry kindling until we get a vaccine. As long as there are sparks flying from anywhere in the world, there's a chance that that dry kindling will get hit again. That's what South Korea and China have experienced as well. The greatest threat—maybe not the greatest threat but a significant threat—for them since they got it back under control has been the reintroduction of travel.

I think we're right. If we want to be able to get the economy back on track, we have to be able to get global travel back on track. About 10% of global GDP depends on travel or tourism. That's a big hit. That's a really big hit if we have to sustain two to three years before there's a vaccine widely available, with huge damage to global travel. The best way to do that is to suppress it everywhere and that has to be a global effort. That's not something that countries can just do individually.

**Mr. Lawrence Gostin:** I agree with Jeremy on everything he said in terms of the current COVID response and the need for unity. I think it's absolutely essential.

Marcus asked about the post-COVID world. That really interests me a lot, because one day this is going to be over. What will the world look like, and what will Canada's role be in that world? This is really important. Will it be a world that's more splintered? Will it weaken or undermine international institutions or international treaties? Will it weaken human rights? Will we see the first flare-up lead to large-scale lockdowns, mass quarantines, and travel and trade restrictions?

We've been down that road before. We really have, and it doesn't work. I appeal to Canada, because I've seen from your southern border the country that, frankly, I sometimes wish we were in the United States: one that engages globally, one that leads, that talks about human rights, that talks about trade, travel, globalism and the rule of law. That's what I want to see, and we have a choice as a world. We can go down one path and close everything and become nationalistic and thump our chests the way many of the strong leaders do, or we can co-operate.



Truly, if COVID teaches us anything, it's that we're all in this together and that we need to work together. That's going to be even more important as we try to get vaccines and therapeutics.

• (1140)

**The Chair:** Thank you, Dr. Gostin.

[*Translation*]

Mr. Thériault, you have six minutes.

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

Mr. Gostin and Mr. Konyndyk, I'm very pleased to have the opportunity to speak with you today. Given everything that you told us earlier, I'd like to speak with you for six hours. Unfortunately, I have only six minutes. I would encourage you to provide documents that relate to your thoughts regarding the questions that we'll be asking you. Your testimony is very valuable to us as we look for solutions.

I'd like both of you to answer the first question. When mainland China was facing a massive contagion, very few people thought that the United States of America would become the largest source of infection on the planet.

Given your extensive experience with global pandemics and your knowledge of health care systems and plans, did you anticipate the magnitude of the pandemic affecting our neighbours in the United States, with whom we share a very large border?

What do you think are the main reasons for this?

[*English*]

**Mr. Lawrence Gostin:** Jeremy, do you want to go first, or shall I? I'm happy either way.

**Mr. Jeremy Konyndyk:** I'm happy to say an initial few words on that, Larry.

It's a really great question. One of the things that we have seen from many countries is an underestimation of the risk this disease poses.

I wrote an opinion piece in *The Washington Post* that was published on February 4 in which I called for a “no regrets” approach. I urged the United States government, and really the world, to look at what was happening in Wuhan, China, at that point, and ask themselves whether it could happen here. This is because, in my view, as soon as we saw hospitals being overwhelmed in a wealthy metropolis like Wuhan, a city of 11 million people with a very modern health care system in a fairly wealthy upper-middle-income country, there was very little reason to think that any developed country—whether that was in North America, western Europe, east Asia or anywhere—would be immune.

I think that at a minimum, every country should have been preparing from that moment for the possibility that the conditions in Wuhan could happen in their own country. There was no good reason to think that would not happen. Every country should have been asking itself two simple questions on January 23, when Wuhan began shutting down: One, could that happen here? The answer in every country was clearly yes—if it could happen in Wuhan, it could happen anywhere. Two, are we ready for that to

happen? Are we prepared if that does happen? That's the idea of a “no regrets” approach.

That was not the approach that the United States took. It was not the approach that most countries took. I think there was a certain magical thinking that somehow what happened in China would stay in China, but I don't think there was ever a scientific basis for believing that would be the case.

Therefore, yes, I did expect that this could happen in the United States. I was calling for preparedness and was disappointed to see that it didn't happen.

• (1145)

**Mr. Lawrence Gostin:** I thought that was a terrific question as well. Thank you very much for asking it in such a gracious way, I might say.

The global health security index—Jeremy and I are both involved in that—had the United States top of the list in terms of health capacities, and the International Health Regulations require all countries to develop core health system capacities to be able to rapidly detect and respond to novel outbreaks.

A very valid question is, why were high-income countries in North America, Europe and Asia hit so hard? I think the answer is that health systems are not enough. We need to prepare and plan, and we need leadership to act. As the Prime Minister of New Zealand says, “Act hard and act early.” We didn't do that. Certainly the United States and Europe and many other countries didn't do that.

I would come back to what Jeremy said in his opening statement. I was quite impressed—but I'm always impressed with what Jeremy says—about the idea, and I have said this, that trust is Public Health 101. You need to get the public's trust.

I note that there is something else we haven't discussed, which is the populist undermining of science and experts. One sees this in the attacks on WHO, one sees it in the undermining and sidelining of the U.S. CDC, and now even the White House coronavirus task force, and you see it in Brazil and other places.

Leadership matters, so we need two things. We need a strong health system, but we also need to take these things seriously and get the public on board with a consistent message of solidarity.

[*Translation*]

**Mr. Luc Thériault:** Thank you.

**The Chair:** Thank you, Mr. Thériault.

[English]

We will go now to Mr. Davies.

Mr. Davies, please go ahead for six minutes.

**Mr. Don Davies (Vancouver Kingsway, NDP):** Thank you, Mr. Chair, and thank you to both witnesses for being here.

Professor Gostin, could I start with you?

You've written recently that "The WHO has achieved so much, even with paltry funding. Out of the COVID-19 pandemic, the WHO could be reimagined as a stronger, more responsive international agency." Given the lessons learned from COVID-19, what reforms do you believe are necessary to strengthen the WHO?

**Mr. Lawrence Gostin:** I thought you'd never ask. Thank you.

There are a number of them. I'll start with sustainable funding. The World Health Organization now has a funding level that's less than one large U.S. hospital, one-quarter of the amount of the U.S. CDC, and it has a global mandate.

Even worse, of the paltry funds that it has, it only has control of about 25% to 30% of its budget. All the rest is directed to pet projects. No organization can succeed when it's funded at such a low level and when it isn't given discretion over focusing its resources on global priorities.

The second change I would make is just a basic one. The world has the WHO it deserves because it doesn't politically back the WHO. It puts the WHO in the middle of politics and in political fights. I'm working now closely with the WHO, and they're distracted just at the wrong time, so political backing would be the second change.

The third would be to strengthen compliance under the International Health Regulations to give the WHO tools for independent verification to the extent that we can, with state and official reports, partner with countries on the ground to get more clarity and compliance in terms of public health recommendations. I realize that those recommendations themselves have been in dispute.

Then there's the process for declaring a public health emergency of international concern.

I've said earlier that the WHO is not a perfect organization. Sometimes that can be so frustrating, but they are working really hard, and we need to make them the best global health organization we can, rather than tear them down.

• (1150)

**Mr. Don Davies:** Thanks.

If I could drill down a little bit on the funding, in a Vanity Fair article you were quoted as noting that the Trump administration's plan to withdraw from the WHO would "probably be the most ruinous presidential decision in modern history".

You also said in a recent article that if the U.S. were to withdraw, that would leave the prospect of the Bill & Melinda Gates Foundation becoming the WHO's top donor. You pointed out that if that were the case—leaving a private foundation to be the highest donor—it would be transformational.

I'm going to ask you two questions in one. Can you explain why, in your opinion, the U.S. decision to withdraw would be so ruinous, and what the implications of the top donor being a private foundation would be?

**Mr. Lawrence Gostin:** I think we may hear more imminently from the President of the United States on this issue, and I'm not at liberty to disclose exactly...

I now have over 1,000 signatures from leading public health people in the United States, urging Congress to block the withdrawal. I do believe it would be the most ruinous decision of a president in modern history to simply turn our back on the World Health Organization. I never thought I would see that in my country. I think it would weaken the global order. It would weaken public health, and I think it would put the United States itself at a higher security risk.

To your second question—they're both fantastic questions—the WHO is an intergovernmental organization. It's often been called the world's health democracy, because it's one country, one vote at the World Health Assembly. To think that a private donor... As much as I do admire Bill and Melinda Gates—and they do have their hearts in the right place and they're a wonderful foundation and wonderful human beings—we nonetheless can't let a private foundation that's unaccountable and non-transparent and has its own preferences to make decisions that could affect global health priorities. We do need countries to step up—

**Mr. Don Davies:** Mr. Chair, do I have time for one more quick question?

**The Chair:** You have 20 seconds.

**Mr. Don Davies:** Last, Mr. Gostin, you mentioned the accessibility of vaccines. How can the international community ensure equitable worldwide distribution of any COVID-19 vaccine or therapeutic that might result in the months and year ahead?

**Mr. Lawrence Gostin:** Thank you very much for that question. I'll send you a JAMA article that I co-authored on that very subject.

The idea is that we need to plan for it now. I would like to see that planning under the auspices of the World Health Organization, whereby all countries pledge to not have a price on intellectual property competition and to equitably share the vaccine, but it could be under the auspices of the G7, the G20 or the United Nations.

I think what we need is a coalition, and I can think of Canada as being one of the leaders of this coalition and trying to push countries. We need to plan for equity now, before anybody knows that they're going to win the race. Now everybody has an incentive to co-operate, so we need to plan for that equitable distribution very early on.

Thank you so much for those questions. I do appreciate them.

• (1155)

**The Chair:** Thank you, Mr. Davies. That ends our first round.

We will now start our second round with Mr. Webber. You have five minutes.

**Mr. Len Webber (Calgary Confederation, CPC):** Thank you, Mr. Chair. I have a point of order.

MP Davies took all these fantastic questions of mine and asked them, so now I'm scrambling. My questions may not be as fantastic as Mr. Davies' were, so bear with me.

My first question is for Mr. Konyndyk.

You mentioned that you served in the government and led the Obama administration's response to the 2014 Ebola outbreak. In a recent *Frontline* documentary, you speak about the political pressures public health officials are subject to and the pressure to downplay the bad news.

Canada is a country that is highly integrated and dependent on a close relationship with the United States. What words of advice do you have for us? Can we trust the U.S. government to provide accurate and thorough information to us when we need to make key decisions, such as reopening the border to non-essential travel?

**Mr. Jeremy Konyndyk:** Maybe we could go back to the other questions you had. That's a hard question. It's a very important question for Canada and, frankly, it's an important question for the United States.

It is abundantly clear that political pressure is curtailing public health advice from the U.S. government. There's no question. The President himself has effectively admitted it.

The President was asked earlier today if he was kidding when he said the government should slow down COVID testing; and his response was that he doesn't kid.

There is clearly intense political pressure on U.S. public health officials. I still have great confidence in the people of the CDC and the people of the NIH. I think we're not hearing nearly enough from them. I trust what I hear from the CDC, from people like Tony Fauci, but I think you have to triangulate. The CDC is clearly not being allowed to speak in an unfettered way. The last time we heard from the CDC in an unfettered way was late February, when Dr. Nancy Messonnier said there was going to be a lot of disruption to American lives. That so upset the White House that they spent days walking back that comment, but she was of course completely correct.

I would very much like to get back to a point when we can hear that kind of unfettered truth from the CDC again. We haven't heard it in a long time, and they clearly feel very curtailed politically, so I think it's best to triangulate on it. Just to complete the point, you have to triangulate between that and what you're hearing from public health commentators in the U.S. more broadly, and I think that's what the U.S. public is doing right now.

**Mr. Lawrence Gostin:** Obviously you can see that both Jeremy and I have deep concerns about our own government and how it has handled the situation and how it has muzzled science. There's no question about that, but on the other hand, we also need to express

the strengths of the United States. It's not in the White House; it's in civil society, in whistle-blowers, in the CDC, in the NIH, in our community action. I believe we have robust institutions, a robust civil society. We need to remember that President Trump doesn't speak for all America, and there are many sane voices in the United States that we can listen to.

**Mr. Len Webber:** Thank you for that.

Mr. Konyndyk, in your closing remarks you talked a bit about international monies not getting to the front lines. Of \$2.5 billion, \$2 million is going to the front-line organizations. Where is 99% of that money going? Can you give us some clarification, please?

• (1200)

**Mr. Jeremy Konyndyk:** Yes, certainly. It's not to say that the \$2.5 billion is not being well spent. It is going to really important work being done by large UN agencies, and some of that gets to front-line local organizations second- or third-hand. The problem is that this shouldn't be the main thing or the only thing. This is a broader critique that I have of the way that humanitarian work is financed, and that's the background I come out of.

The UN agencies do vitally important work, and they're doing vitally important work on this, but they're not the only ones. Making them the principal, almost sole, recipient of humanitarian financing for COVID, which is the habit that the humanitarian system has had for many years and is now being applied to this crisis, is not going to serve us well here.

Usually there's a comfort blanket in giving a lot of money to the UN, knowing it will look after it well. I think it is very important for donors like Canada and the United States to find creative ways and to take some risks they're not used to taking to get money not just to the UN but also to those front-line community organizations that don't normally get direct donor money, that usually have a lot of intermediary layers among them. Those front-line community organizations are going to do really vital work.

In the lesson we saw in Ebola in west Africa, those organizations were some of the most credible, the most persuasive and the most engaged in their local communities. We need to make sure they're getting the support they need from the big, familiar international groups.

**The Chair:** Thank you, Mr. Webber.

**Mr. Len Webber:** Great. Thank you.

**The Chair:** We go now to Mr. Fisher.

Mr. Fisher, please go ahead. You have five minutes.

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

Mr. Konyndyk and Professor Gostin, you both said it was a great honour to be here in front of our committee today. I will tell you that the honour is all ours. I thank you for being here today.

When I think of this pandemic, when I think of COVID-19, I think of the faces of public health. I think specifically of the importance of Dr. Tam, of the importance of Canada's relationship with the World Health Organization and of the absolute importance of trusting our experts. With regard to a novel virus, of course we are learning along the way as citizens, as the public and as health experts. I think of the importance of following science and data rather than politics. Personally, I feel that Canadians are very lucky to have Dr. Tam as Canada's chief public health officer.

Professor Gostin, I believe it was you who spoke of public trust and solidarity. How important is it that we continue to trust in science and experts through this pandemic and into the future, assuming there will be more?

**Mr. Lawrence Gostin:** I think that's really important. For me, trust in science and public health experts begins with really good health communication. I've been in close touch with the WHO about health communication, because we all know about their advice on masks, asymptomatic transmission and things like that. We're in an evolving science. This is a virus we've rarely confronted. It's really pernicious. It's hard to fully understand.

This is how good public health communication should be: We should, honestly, trust the public. We should be honest with them, tell them what we know and be clear and consistent on that without a political undermining of the science that we know. Tell them what we don't know, because there's a lot that we still don't quite understand. Then tell them what we're doing to find out what we don't know. If every politician and every scientist did that, we would be in such great shape.

You know, the White House at one point in this pandemic asked the CDC, the NIH and others to clear public health messaging with the White House. I would say it should be the exact opposite: Politicians should clear what they say with the scientists. Science is so important, and it's so easy to do.

The media have conspiracy theories. On social media, on one day something is said and the next day something different is said, but we have to rely on science and the objectives of science. Otherwise, we're lost.

• (1205)

**Mr. Jeremy Konyndyk:** Can I add something quickly on that?

**Mr. Darren Fisher:** Absolutely.

**Mr. Jeremy Konyndyk:** I think communicating uncertainty has been a weakness of virtually all public health authorities in this response. It's a really core part of good public health communication. I think the WHO has not done well enough in proactively communicating uncertainty.

With a novel virus, we don't know everything. At the beginning, we're working from the closest parallels we see. What do we know about influenza? What do we know about SARS? What do we know about MERS? Those are the closest things to this virus, so

we'll recommend what we know about those viruses, and then, as we learn more about this one, we can refine it.

I don't think that process was well explained or well communicated. It's really important—this is written into the CDC communications guidelines—to communicate up front the uncertainty, to say that the guidance will change, so bear with us. You will know what we know as we know it.

**Mr. Darren Fisher:** Yes. Thank you very much. I couldn't agree more.

So much has been said by both witnesses and members of Parliament about the World Health Organization. I expect that when this is all over, we can have a post-mortem. We can evaluate how we did as a country. You both mentioned how well Canada has done compared with some countries.

Professor Gostin, you said, and I quote, “The WHO director-general must have freedom to act in the best interest of public health and science without political interference.” Do you want to add anything else on that, or to elaborate on that quote?

**Mr. Lawrence Gostin:** Yes. I said at the beginning I worked with the World Health Organization for a long time. I think a good friend of the World Health Organization is a good friend. A good friend will tell you when you're wrong, but they won't try to blame you, tear you down, defund you, withdraw their membership or get you in the middle of geopolitical struggles between superpowers. That's not what the world needs right now.

We need constructive engagement with the World Health Organization. It's not perfect. We can make it better, but we don't want to tear it down. Anybody who thinks that the solution is to say, “My country would have done great if the WHO had only done this”.... That can't be the real world. Anybody who says we don't need a world health organization.... When you think of not just COVID-19, but polio eradication, safe childbirth, mental health, injury prevention and non-communicable diseases, you see these diseases are still there. We need a WHO to be more robust when we come out of it, not weakened.

**The Chair:** Thank you.

Ms. Jansen, please go ahead for five minutes.

**Mrs. Tamara Jansen:** Thank you. It's been very fascinating so far this morning.

I'm going to be sharing my time with MP Webber.

First, what I've heard so far is that we should trust the experts. Regular citizens are kind of like anti-science bumpkins, and they're going to weaken the global order. I really question that premise.

I would like to read to you an email that I received on January 29 from a regular constituent in my riding. He said, "MP Jansen, I'm hoping you can urge the government to have a more serious approach to raising the threat level assessment of coronavirus. I'm a screening officer at YVR. Most of the employees at YVR feel strongly we are not prepared to fight or prevent the spread of the virus. Since Health Canada determines the threat level is low, there are no face masks provided to the employees, and the official language is "not recommended but respected" towards staff's personal choice to wear the mask. We are only told to wash our hands more than 20 seconds but a lot of passengers and some employees don't wash their hands or the soap runs out during peak hours in some of the popular washrooms. Health Canada ensures the public that a healthy person will be safe from the virus by washing their hands and staying two metres away from others.

"Currently that's impossible. Our searches do not allow officers to keep two metres distance when conducting searches nor do we have space needed at checkpoints. I know for a fact that a lot of movement flow from YVR staff and inbound and outbound travellers are mixed together in certain areas. While China has gone so far to lock down cities and other countries like Britain - they've stopped flights to and from Beijing, it worries me and other YVR staff to see that the Canadian government is taking such an optimistic approach for something so contagious and dangerous. We're concerned and even if we want to help ourselves by wearing our own masks, they're sold out and I've even gotten teased on my choice of using my own mask by upper management."

Again, you need to understand that this was a regular Canadian sending me an email on January 29 asking me to beg that we take this more seriously. Who do I...?

You tell us we have to trust the experts, but I'm concerned that the experts were giving us the wrong information.

• (1210)

**Mr. Lawrence Gostin:** Jeremy, do you want me to answer that or would you prefer to?

**Mr. Jeremy Konyndyk:** I have some thoughts, but if you want, you can go first.

**Mr. Lawrence Gostin:** Okay, thanks.

I don't think any of us said quite what you suggested we said. I don't think that experts come down from on high and almighty and know all the answers. This is a process that we need to learn together and understand. You and all the members of this committee, and all Canadians, really have the same objectives. We really want to find the best way of doing this.

I don't know all the details of what Health Canada is saying. If they're saying, "You can be absolutely safe", I'd be very surprised. If they said you'd be safe by doing *x*, *y* and *z*, then that would not be right. What they can say is, "This is what we know: If there's universal mask use, if there's social distancing, if there's really good hand hygiene, we will have a reduced risk."

Right now I'm—

**Mrs. Tamara Jansen:** Sorry, but my time is a bit limited. I just want to point out that universal mask usage was not recommended by the WHO or by Health Canada until far past January 29, and that is the concern. If a regular fellow in my constituency wants to wear a mask, he should be able to wear a mask, and it would have made a whole lot more sense.

I want to make sure that Mr. Webber has time, and so if I could, I'll pass it on to him.

**Mr. Len Webber:** That's fine, MP Jansen.

Mr. Konyndyk, you had some comments to make on that.

**Mr. Jeremy Konyndyk:** Yes. The mask thing, probably more than anything else, is an area where the guidance has shifted, and I think it's important to understand why.

In the early phases of this virus, we knew almost nothing about it, and the public health guidance coming out at that point was based on the closest parallels that were available. It was also guided by the fact that there was not, in public perception, a distinction between medical and non-medical masks. There was a—

**Mrs. Tamara Jansen:** But under the circumstances, would it not have been wise out of an abundance of caution to use a mask? Why were we not able to?

**The Chair:** Mrs. Jansen, you no longer have the floor. Mr. Webber has the floor.

Mr. Webber, please carry on.

**Mr. Len Webber:** Okay, well I'm going to pass my questions back to MP Jansen then.

**The Chair:** Thank you.

Mrs. Jansen, your time is up.

We go now to Dr. Jaczek. Please go ahead.

**Ms. Helena Jaczek (Markham—Stouffville, Lib.):** Thank you very much.

The analysis that both of the witnesses have given has been very insightful for all of us who have been following this pandemic for a number of months. I assure you that I'll give you plenty of time to answer my questions.

I was in public health practice as a local medical officer of health for nearly two decades. Certainly the communication of risk and people's perception of risk do vary tremendously, and it's very difficult to communicate that.

Professor Gostin, you started by talking about trusting the experts, making sure that people understand that a lot is unknown, that you are trying to communicate honestly and so on. Going forward, what do you see as the role of the WHO in communicating risk and making sure that people voluntarily adopt physical distancing and the public health measures that are recommended? Can you give us what you would see as an ideal way forward?

• (1215)

**Mr. Lawrence Gostin:** The WHO is in a more difficult position in terms of risk communication and health advice than the national government would be, because its advice goes to every country.

I think Jeremy was right that the mask issue occurred because of evolving science, and some of it.... We just didn't realize that it was such a risk mitigation measure, particularly because there was asymptomatic transmission going on. On the other hand, there are some countries where mask use is not as easy and effective as it would be in other countries. The WHO is in a difficult position.

My advice to the WHO—and I'll state it publicly, and they know it—is exactly what I said before: to actually state honestly what we know and what we don't know, and to express that uncertainty.

If anybody tells you that we are sure of something in this COVID-19 pandemic, you need to take it with a grain of salt. I've said to myself, "Larry, we have to approach this virus with some humility." That doesn't mean we ignore science. We have to double down on science to try to find the answers, but we do have to have humility, and we don't want to be preachy. We want to explain what the levels of uncertainty are, understanding that people have different risk tolerances and different risk perceptions. They absolutely do. All the science tells us that.

**Ms. Helena Jaczek:** Mr. Konyndyk, would you have anything to add?

**Mr. Jeremy Konyndyk:** Yes, I agree with Larry.

I think partly what we're seeing here is the process of science playing out. We start with a lot of uncertainty and we make a best guess based on the closest parallels we have. There is a real challenge in public health communication in providing that information in a way that is authoritative without being overconfident or without being misleading. I don't think, frankly, that much of the world has done a good enough job of communicating that uncertainty.

As we understand more about the science of the disease, the recommendations evolve and change. I think that's what you're seeing. We are finding that to control COVID, we need to do things that are different from what we needed to do to control SARS, because SARS did not have the kind of asymptomatic transmission we're seeing here, and it is different from what we needed to control flu, but at the beginning, we had no way of knowing that. Recommendations were based on the closest known parallels we had. As we gather more data and more information, those recommendations have evolved.

I think that is a difficult thing. If you're a member of the public and paying only partial attention to this, and you see those changing recommendations without really understanding the rationale behind them, it is confusing and it does undermine trust.

**Ms. Helena Jaczek:** In Canada we have another complication, in that we have a very vast country with different geography and different demographics. One of the issues on which I think public trust was somewhat eroded was that there was a lack of consistency in public health guidelines in terms of allowable behaviours, and even now as we're opening up the economy.

There has been some suggestion that we would be best served with some national standard. In a way, Mr. Konyndyk, I think you alluded a little bit to gradations within public health emergency standards so that it's fairly clear that different jurisdictions might have different responses depending on where they are within the emergency gradation, so to speak.

Do you have some comment, Mr. Konyndyk, on how a vast country like Canada might ensure some more consistency?

**Mr. Jeremy Konyndyk:** Absolutely, and we are struggling with the exact same problem here.

One of the challenges is that for reasons we don't yet fully understand, it hits different places at different times. It's easy for the areas in the United States that locked down earlier, that locked down before they had a raging crisis, to then look at that and, rather than think they dodged a bullet, think they were bulletproof.

Some of the states that have now reopened, in my view too early and too recklessly, are paying a real penalty for that. Arizona is about to have its hospitals overwhelmed, as are parts of Texas, and I think Florida is not far behind. The reason was that they assumed there was some difference inherent in their states that meant they were not going to face the same sort of situation that New York faced eventually, or that this problem was unique to New York.

I think there are absolutely differences and there are gradations, but the fundamental thing we know is that if you give this virus oxygen, it will burn you down. If you do not have some way of controlling it....

You can't sustain a lockdown forever, and you shouldn't need to. I think what we see from South Korea, Hong Kong, Taiwan and some of the better performers in East Asia is that if you have good testing, tracing and strong public health measures and you're following science, you don't need these long-term, very crushing lockdowns, but you have to pass the baton to something if you're not going to keep the social distancing measures in place. If you lift social distancing without having the other measures in place, as much of the U.S. is doing, that's disaster.

• (1220)

**Mr. Lawrence Gostin:** I might just add two dimensions to this discussion as well.

Canada, the United States, and other countries, such as Russia, are federalist countries. How do you deal with a pandemic in a country that divides its powers and its influence among various jurisdictions?

Often federalism has strengths, because you can have local innovation and local experimentation, but you also need, as you said, consistent national guidance and a consistent national response, because if there is a fire in one place, it will spread to other places, so you do need that federal leadership.

The other thing we're seeing in Canada, the United States, Brazil and many other places is a political and cultural divide. A virus should make us all think that it doesn't matter what political party we are or what ideology we have, whether we're rural or urban, or what our culture is. We all need to respect that virus in the same way, but somehow this has become a political cultural symbol. It's very unhelpful when we start to do that.

**The Chair:** Thank you, Dr. Jaczek.

**Ms. Helena Jaczek:** Thank you.

[Translation]

**The Chair:** We'll now continue with Mr. Thériault or Mr. Desilets.

**Mr. Luc Thériault:** I'll be speaking, Mr. Chair.

**The Chair:** You have the floor for two and a half minutes.

**Mr. Luc Thériault:** Over nine million people were reported infected and over 472,000 people were reported dead. In the United States, over 2,300,000 people were reported infected, which amounts to a quarter of the population of Quebec. We have no vaccines or antivirals. Our strategy has only just been implemented. We have no serological test. In short, we know very little about the virus.

Right now, there's a lull, an in-between period. What worries me is the lifting of the lockdown. From a public health perspective, there's little reason to lift the lockdown quickly. The basis for lifting the lockdown isn't public health, but economic pressure.

Mr. Konyndyk, if we don't want to see a second and even more deadly wave on the planet, at what rate should the lockdown be lifted right now, given what you said about rich countries and poor countries?

[English]

**Mr. Jeremy Konyndyk:** That is the biggest question that I think every country is facing right now.

I would say a few things.

First, the lifting of confinement or stay-at-home orders needs to be very cautious, very gradual and driven by data. If some measures are lifted and this does not provoke a spike in the virus, then go to the next phase, wait, make sure it does not cause another spike in the virus. I've worked with other colleagues here in the U.S. in laying out a series of recommended steps for local areas to determine whether they are ready to safely reopen. That is based on a range of things. You need to understand what the virus is doing locally. What is the status of the local outbreak? Have incidents

come down to a low absolute level? Is testing positively down to a low absolute level?

Second, is there enough testing and contact-tracing capacity in place to then manage the spread of the virus so that if you see a rise in cases, you can use testing and contact tracing to begin containing that? Is there readiness in the hospital system for a future wave? These are all the measures that need to be in place in order to safely reopen. Then, by all means, have a conditions-based reopening with safety measures in place to contain the virus through other means. What's dangerous is a reopening that is not based on clear conditions and that does not have the tools to contain the virus through other means once the social distancing measures are relaxed.

The last thing I would say is that what we're coming to learn about the virus is that super-spreading events—these events where large numbers of people in an enclosed space become exposed at a single event—are probably the most dangerous and aggressive way the virus spreads. Those are the sorts of things that should be among the last things to reopen only once the virus is almost totally suppressed.

• (1225)

[Translation]

**The Chair:** Thank you, Mr. Thériault.

[English]

Mr. Davies, please go ahead for two and a half minutes.

**Mr. Don Davies:** Thank you.

I really appreciate the refreshing and frank advice. I can tell you that it really resonates with me that one of the lessons I think we ought to learn out of this is our need for public health officials to express uncertainty. I think almost every country is guilty of that to some degree. I know President Trump talked about opening by Easter. China, of course, famously didn't report it [*Technical difficulty—Editor*].

**The Chair:** Mr. Davies, are you there? It looks like your line or your session is frozen.

We will suspend the meeting for a brief time while we get Mr. Davies sorted out.

The meeting is now suspended.

• (1225)

(Pause)

• (1225)

**The Chair:** The meeting is now resumed.

Please carry on, Mr. Davies.

**Mr. Don Davies:** Bringing a whole bunch of threads together, I think it's very accurate to say this was a novel virus we were feeling our way through. Of course the essence of [*Technical difficulty—Editor*] predict and replicate results in a predictable fashion, which is difficult to do. I take the example of masks. We were strongly advised not only not to use them, but that they would be harmful. This is a lesson from the WHO.

Where does the precautionary principle intersect with science? If the WHO were to say they were not quite sure about the efficacy of masks, but they have been helpful in reducing the transmission of droplets [*Technical difficulty—Editor*] so they would recommend that we use them if we want to as opposed to a hard no, is that one of the lessons that comes out of this? Perhaps we need to adjust the public health advice we give when we're not sure.

• (1230)

**Mr. Jeremy Konyndyk:** I think that's a fantastic question.

One of the challenges with the masking was early on we knew that medical-grade masks were needed for health facilities to keep health care workers safe. We knew there were not enough of them, and we knew that masking guidance was being interpreted by the general public to buy an N95 mask from the hardware store. These are very common masks, and many people would normally have them.

There was an overreaction early on to try to deter people from buying masks because they were competing with critical health care supplies. I think this is a takeaway lesson. A better job should have been done of distinguishing between medical and non-medical grade masks, saying not to buy medical grade. Some of this was done but it was not forthright enough.

The science on the value of masking in the general population was uncertain. The science on the value of masking in the medical situation was certain, and that was what we were going on initially as the understanding of the virus evolved. I agree I don't think that was well-enough explained, and I think there are lessons there for the future about how that uncertainty and the state of the evidence, the state of understanding, is communicated with the public going forward.

**The Chair:** Thank you, Mr. Davies.

That wraps up round two, our first panel. I thank the witnesses; you've been enormously helpful. We certainly appreciate your time and expertise.

With that we will suspend as we bring in our next panel. We are changing interpretation so it will probably be a 20-minute suspension. We will start as soon as we can. We are running a little short of time.

• (1230)

(Pause)

• (1250)

**The Chair:** The meeting is now resumed.

I'd like to welcome the members back.

I welcome the witnesses to meeting number 30 of the House of Commons Standing Committee on Health.

Pursuant to the order of reference of May 26, 2020, the committee is resuming its briefing on the Canadian response to the outbreak of the coronavirus.

I would like to make a few comments for the benefit of the new witnesses. Before speaking, please wait until you are recognized by name. During questioning, the questioner will signal to whom the question is addressed. When you are ready to speak, you can click on the microphone icon to activate your mike.

I remind everyone that all comments should be addressed through the chair.

Interpretation in this video conference will work very much like in a regular committee meeting. You have the choice at the bottom of your screen of floor, English or French. As you are speaking, if you plan to alternate from one language to the other, you will need to also switch the interpretation channel so that it aligns with the language you are speaking. You may want to allow for a short pause when switching languages.

When you are not speaking, your mike should be on mute.

I'd like now to welcome our second panel of witnesses.

From Statistics Korea, we have Asaph Young Chun. Mr. Chun is the director general of the Statistics Research Institute.

[*Chair spoke in Korean*]

[*English*]

We have, from the Taipei Economic and Cultural Office in Canada, Mr. Winston Wen-Yi Chen.

[*Chair spoke in Mandarin*]

[*English*]

Thank you to both of you for being here. You each will have time for a 10-minute statement.

We will start with Statistics Korea.

Mr. Chun, please go ahead for 10 minutes.

**Mr. Asaph Young Chun (Director-General, Statistics Research Institute, Statistics Korea):** I'm so honoured to be speaking with the Canadian House of Commons at the invitation of the House standing committee. I prepared a PowerPoint slide, and I was just informed that it was not possible to share my screen at the moment. I will just rely on perhaps some of the talking points rather than a number of visualizations that I thought may be more informative to this committee.

I will just use the slides as my talking points. As a background, I titled my remarks "nudging data and science-based exit policy". I'm going to talk about partnership lessons from the crucible of the pandemic crisis, and that is the theme of my remarks today.



What do I mean by this title to begin with? Since the crisis that Canadians, Koreans and people across the globe are facing at the same time, I consider that this is a crucible because this is the trial that we can bear with and we can learn lessons from. Korea and Canada have crafted a very good partnership since last March. I'm going to talk about some of those partnership lessons that we have learned from it.

The partnership is based on data and science, and those are the main points that I'm going to talk about. Why science-based policy-making? This is very important. I think the best practice that I consider critical policy-making.... In today's 21st century, we need to have evidence and data for the science to inform our policy-making that includes this COVID-19 health policy-making that we all consider very important.

I'm going to make three points in this short presentation. The first point is about the data and science-based best practices to flatten the epidemic curve. Second, I'm going to talk about other sorts of innovation and the future that we need to plan in the post-corona period. Last I'm going to talk about the partnership ideas that I can suggest between Canada and Korea to deal with this coronavirus, but also I think there's some additional collaboration that we can partake in together.

In March, as I just briefly mentioned, the Statistics Research Institute and the University of Toronto, especially David Fisman's research team, worked together to model and then predict the life-course of this COVID-19, especially in Korea. In this [*Technical difficulty—Editor*] time, very critical to 51 million people in Korea back in February and in March. As director-general of the Statistics Research Institute, I've already been informing the good ground of a lot of good people to work together. We needed the scholars and then the models to work together.

David Fisman was very generous and very willing about the request that I proposed. We worked to get better, to model and then predict the life-course of this COVID-19.

In the past several months, we've been working together to plan a lot of these details about what the high point of—

• (1255)

[*Translation*]

**Mr. Luc Thériault:** Sorry to interrupt you, Mr. Chun.

Mr. Chair, there hasn't been any interpretation for quite some time.

[*English*]

**The Chair:** Mr. Chun, interpretation has stopped. With sound issues, it's very difficult for interpretation. I wonder if you're able to maybe speak louder; perhaps it might help. Just back up a bit and continue your statement from that point, if you could.

Thank you.

**Mr. Asaph Young Chun:** Okay, I'll try. I'll speak slowly and loudly so that the interpreter can catch it.

I was discussing the science and the database, the partnership. The scholars in Korea and in Canada have worked together in the past several months to model [*Technical difficulty—Editor*] of

COVID-19 and then predict the actual course of this COVID-19 so that we can plan our policy-making accordingly in advance. That is the point. When you have this certain data and you know the pattern of this COVID-19 for the rest of its [*Technical difficulty—Editor*] life-course, then you can plan things better. That is the sort of partnership that we have together, and we've actually been very successful in predicting the life-course of this COVID-19 in Korea. We've had about eight modellings so far together to put this life-course at a very reasonable level of certainty.

In this process, there are a few things I'd like to share. Once we know the life-course of this COVID-19, one of the things—

• (1300)

**The Chair:** I'm sorry, Mr. Chun, the interpretation has stopped again. It's very important that the francophone members are able to hear the translation.

Simultaneous translation is a very challenging undertaking. When there are issues with the sound quality and sound levels, it makes it even that much more challenging, so please bear with us.

The meeting is suspended.

• (1300)

(Pause)

• (1305)

**The Chair:** We will now resume the meeting. Due to some technical issues with Mr. Chun, he will be joining us later.

Mr. Chen, go ahead with your statement for 10 minutes, please.

**Mr. Winston Wen-Yi Chen (Representative, Taipei Economic and Cultural Office in Canada):** Good afternoon, Mr. Chair and honourable members of the Standing Committee on Health.

It is my great honour to provide a statement before this committee on such an important topic during such a challenging time.

It is my hope that during the course of this discussion I may be able to provide some insights as to how Taiwan has approached its fight against COVID-19 and that we will have the opportunity to discuss how countries such as Canada and Taiwan can share their experiences to better combat this virus. Allow me to take a moment to reflect upon Taiwan's experience.

Despite its proximity, close trade ties and tourist exchanges with China, Taiwan avoided the worst consequences of the pandemic. Indeed, with only 446 confirmed cases, seven deaths and 72 straight days without local transmission, Taiwan's success has allowed schools and businesses to remain largely open and operational as normal.

As Taiwan is neither a member nor an observer of the World Health Organization, this was all accomplished without the timely access to critical information that many other countries have benefited from. How then was Taiwan able to successfully fight the disease?

First, our fight began before the enemy was even present. Following the hard lessons of the 2003 SARS outbreak, Taiwan comprehensively reformed how it prepared for and would respond to eventual outbreaks.

Another key to our success was our government's quick and decisive action at the very beginning. When our Centers for Disease Control learned of atypical pneumonia cases in Wuhan, we began actively screening passengers as they arrived in Taiwan. This action started on December 31, 2019, more than three weeks before Wuhan entered its lockdown period.

At the same time, Taiwan warned the WHO about a potential novel virus in Wuhan with human-to-human transmission. Regrettably, this warning was ignored, and the global community lost valuable time in terms of preparing for and combatting the virus. It must be stressed that Taiwan's exclusion from the WHO remains an impediment to global health, so we are grateful for parliamentarians in Canada and throughout the world who have supported Taiwan's meaningful inclusion in this organization and other international fora.

As the situation in Wuhan worsened, the Government of Taiwan activated its central epidemic command centre, or CECC. The CECC established a clear chain of command and began holding press briefings that disseminated accurate, up-to-date and transparent information to the public a full three days before Wuhan entered its lockdown.

Moreover, the CECC was led by medical experts who jointly held important political offices. Minister of Health and Welfare, Dr. Chen Shih-Chung served as the chief for our CECC, holding daily press briefings and coordinating all public efforts at the national level.

Our approach to combatting the disease and informing the public was proactive and aggressive. This had the dual effect of stemming the virus early and combatting disinformation by gaining the public's trust.

Over the course of the pandemic, the CECC has initiated more than 120 COVID-19 countermeasures. These include various restrictions on movement and travel, health screening at points of entry, mandatory self-isolation and much more.

• (1310)

The CECC also coordinated communication in an orderly and clear fashion so as to provide the most accurate real-time information. Moreover, we applied innovative, data-driven information technology solutions to track the spread of the virus, combat community transmission and allow citizens to have up-to-date information on the availability of crucial supplies to avoid panic buying. This was only possible through the consolidation of real-time data from a variety of government ministries and through the active cooperation of Taiwanese citizens.

Importantly, Taiwan made every effort to secure its supply chains for crucial medical goods, such as masks. We implemented a system whereby each citizen was provided with a stable allotment of masks, while production was simultaneously ramped up so that we could maintain a steady supply of personal protective equipment, PPE, for our citizens and health care workers.

Taiwan's strategy has allowed for a daily production of up to 20 million masks. This has meant that our government has been able to provide masks and other crucial medical supplies to countries

around the world, including Canada. To date, we have contributed 1.5 million surgical masks, 100,000 N95 masks and 100,000 protective and isolation gowns to Canada in total, through the Canadian Red Cross, for distribution to front-line health care workers and indigenous communities.

We believe it is imperative that countries with the means to help one another do so openly, graciously and co-operatively. Taiwan is striving to do precisely that.

As for what can be done to further this co-operation, it is useful to consider the joint partnerships that our government has engaged in with other countries. For instance, Taiwan is conducting joint research and development of rapid tests, vaccines, treatments, information technology and more with our partners in the United States. We also maintain agreements with a variety of countries to ensure stable access to important medical supplies.

In any case, Taiwan stands ready to co-operate openly and in good faith with the Government of Canada. In that spirit, it our hope that countries like Canada can work with Taiwan to develop and share solutions. By working in concert with one another, I am sure that our two countries can promote better health outcomes for our societies and the world at large.

Honourable Chair and members of the committee, on behalf of Taiwan, I would like to express my sincere gratitude for your time and thoughtful consideration. I look forward to taking your questions later.

• (1315)

**The Chair:** The meeting is now suspended so that we can test Mr. Chun's sound.

• (1315)

(Pause)

• (1315)

**The Chair:** The meeting is now resumed. I invite Mr. Chun to carry on with his statement.

Please go ahead, Mr. Chun.

**Mr. Asaph Young Chun:** Let me get back to the main points. I was going to talk about three points in my presentation. First, we have had partnerships between scholars and officials of the Korean and Canadian governments since last March. Second, based on this partnership we have crafted, especially as we are going through this difficult time across the globe, we need to come up with an exit strategy. I'm going to talk about some data science and AI-based innovation in the digital economy. Finally, I'll talk about the next steps we can take to further enlarge and accelerate this Korea—Canada partnership.

When it comes to the first point of this partnership between Canada and Korea in the past several months, I'll talk about the important modelling activities we have done so we can plan things accordingly. Professor David Fisman and his research team based at University of Toronto and the Statistics Research Institute and many other research institutions based here in Korea have worked together since last March. We can model the course of this pandemic and then forecast some marginal data, and so we can plan a lot of things in advance.

As I recollect, the past several months this so-called idea-based model has been working really well, and we are able to forecast the maximum number of new cases we might have across Korea and in certain regions and the lowest point of the daily cases we are going to have, so we can plan a lot of non-pharmaceutical interventions accordingly. Because when you know the near future you are in good shape and can plan a lot of policy-making better.

For example, when you know how serious this epidemic is going to be and the extent to which it is going to impact families and kids, you can better plan all this online learning and school openings. When you have this kind of information you can encourage some of the teleworking sooner rather than later. When you know the course of the epidemic, you can find a good time to start mass gatherings, so the economy can still go on.

Those are the main lessons and the benefits we have learned from each other when we did this modelling together.

My colleague David Fisman and his research team also have picked up what we have gone through in the past several months when it comes to non-pharmaceutical interventions. This was the give-and-take, a very healthy exchange and partnership, so we can learn from each other and can handle our crisis better with data, evidence and science-based approaches.

I'll talk a bit about the non-pharmaceutical interventions we have institutionalized and have made best practices among the public. When we knew the three factors that affect non-pharmaceutical interventions, we tried to reduce the probability of infection at the personal level by encouraging the use of masks from the start, back in February, and hand-washing hygiene.

• (1320)

Second, when it comes to the societal level of nonpharmaceutical intervention, we knew that social distancing should be a very effective measure. Rather than waiting, we actually had sort of a proactive measure, a proactive sort of implementation of social distancing—like virtual education, teleworking and preventing mass gatherings—way in advance, back in March, so that this epidemic would not be as large as what other countries have gone through.

Third, this government-level intervention is using the 3T: testing kits, ICT-based tracing mechanisms, and treating patients with very good practices. We call this a 3T framework, and it has been working pretty well based on ICT-based tools, ICT-based guidance and a lot of these innovations that we started way in advance. That's the short of the main point.

When it comes to the second point I was going to tell you about, the exit strategy that we are considering at the moment, we've been actually discussing the so-called dynamic distancing. Once you know the cycle.... You know that this is kind of going down, but you're still uncertain whether it is going to come back, and you have this economy that you need to manage. You cannot simply lock down the whole country; you cannot continue to have a lot of the social distancing. We have come out with this sort of dynamic distancing, on and off. We keep the balance between a component of the economy to keep going and a moderate level of social distancing, while we have some other personal-level and government-

level interventions in place. That's what we call dynamic distancing, and it's been working pretty well so far.

**The Chair:** Mr. Chun, I apologize, but I wonder if you could wrap it up very soon.

**Mr. Asaph Young Chun:** Okay, sure.

That's the idea that we are currently experimenting with in real time. There are a lot of uncertainties here and there, but I think Canada and Korea have been working together to learn that this is actually going to work.

My last point is that this is not the end of our partnership. I think we can continue our partnership so that we can plan for this post-coronavirus period by working together with AI and data science-based innovation, and also some policies and collaboration when it comes to stemming the second wave or multiple waves of this coronavirus.

There are a lot of other things we can talk about, but I'll stop here and listen to your questions so that I can answer.

Thank you.

• (1325)

**The Chair:** *Kamsahamnida*. Thank you.

We will now start our questioning. We will only have time, unfortunately, for one round of questions. We will do six-minute time slots, and we will start with Dr. Kitchen.

**Mr. Garnett Genuis (Sherwood Park—Fort Saskatchewan, CPC):** I just have a brief point of order, Mr. Chair.

Given the technical problems—and this happens, I understand; it's nobody's fault—I wonder if these witnesses could be brought back at a later date in order to take further questions. The experiences of Taiwan and South Korea have been so critical to our understanding of what needs to be done that I think there would be a consensus to give them another opportunity for further questioning at a later date.

**The Chair:** Thank you, Mr. Genuis, for your point. We will take it up as a committee in due course, but thank you for your intervention. I apologize that we're not going to have a second round here. We just don't have the time.

Dr. Kitchen, please go ahead for six minutes.

**Mr. Robert Kitchen (Souris—Moose Mountain, CPC):** Thank you, Mr. Chair. I agree with my colleague's point of order, and hopefully that will be discussed.

Thank you, gentlemen, for being here today. It's greatly appreciated.

First of all, I would like to thank Ambassador Chen for his contribution, or Taiwan's contribution of PPE to Canada. It was greatly appreciated. Thank you for stepping up and doing that.

My first question is for you, Your Excellency. Taiwan leads the world as the most-prepared and best-equipped nation to fight the pandemic. We've seen that Taiwan can help and that Taiwan is helping. Could you describe what roles Taiwan can play in this unprecedented and challenging environment?

**Mr. Winston Wen-Yi Chen:** Thank you.

I think the COVID-19 pandemic is really a challenge, not only to my country but also to Canada and others around the world. In Taiwan, we try everything we can with our resources and power, and then work together with our international partners to make sure we protect the lives of our citizens. Given that the real situation is that we are not members of the World Health Organization and everybody understands the virus knows no borders, we cannot do our part by ourselves. It takes a lot of co-operation with neighbouring countries and international society.

That's the reason why the government and the people of Taiwan want to engage with the international community from time to time. Particularly in this pandemic, we noticed that our experience can be shared with our friends.

Nowadays, people are talking about the Taiwan model. With that in mind, I'd like to take a few minutes to share the real nature of the Taiwan model. To make a long story short, I'll say that number one is pre-pandemic preparedness; the second thing is quick, coordinated and proactive decision-making; third is health-forward policy-making, including by instituting border control, health checks at all points of entry and more; four is the application of big data, artificial intelligence and technology broadly; five is management of the production, purchase and dissemination of critical medical supplies; six is open, accurate, timely and transparent dissemination of information; and seven is productive and good-faith international co-operation.

In fact, we can use three words to describe it: transparency, technology and teamwork.

• (1330)

**Mr. Robert Kitchen:** Thank you very much.

Infectious disease expert Dr. Ronald St. John has recently been quoted as saying that he thinks Canada's response to COVID-19 in January was a bit slow, and he also stated that the situation probably should have been taken a little more seriously.

I would point out that Dr. St. John was the first director general of the Centre for Emergency Preparedness and Response at the Public Health Agency of Canada, and the national manager for Canada's response to SARS.

How important was speed when it came to the responses from Taiwan and South Korea, Mr. Chen?

**Mr. Winston Wen-Yi Chen:** As I mentioned earlier, given the proximity and the close exchange between Taiwan and China, for the government and people of Taiwan to prevent the spread of the virus in the early stage was essential. That was something the government had to take a quick decision on, and we did.

**Mr. Robert Kitchen:** Thank you.

Mr. Chun.

**Mr. Asaph Young Chun:** I think all the preparation is very essential, especially when you have some information that there is an asymptomatic part of the epidemic. You have to have very good tools in your hands when it comes to testing and tracing mechanisms. This is critical to the entire process of prevention.

This is where I think Korea was able to come up with some innovative ways of testing and tracing, way back in February, by creating some partnerships between government and industry. We gave more leadership to industry so they could come up with an innovative way of testing and tracing.

**Mr. Robert Kitchen:** Thank you, Mr. Chun.

Following the SARS pandemic in 2003, most countries developed pandemic response plans that could be put in place almost immediately, and we've seen that Canada struggled with this, even though that's part of why the Public Health Agency of Canada was created, to deal with the response to SARS.

Part of what they talked about was preparing, doing drills and simulations. Did your governments ever conduct reviews, drills or practices for a pandemic response plan?

Mr. Chun.

**Mr. Asaph Young Chun:** I would not necessarily say that is was the drills.

I think the more important thing here is that we came at it by asking what sort of legal framework we could use to help the population to go through a difficult time together. I think they worked with some of this individual liberty versus the collective group of lives at stake, and then it's question of whether they can handle that kind of balance.

This was the very important legal framework that Korea was able to handle, when the Korean people went through SARS and then the MERS crisis in the past.

**Mr. Robert Kitchen:** Mr. Chen, can we get a quick answer?

**The Chair:** Go ahead, Mr. Chen.

**Mr. Winston Wen-Yi Chen:** I think that in Taiwan's case, the general public and the government, we have a consensus that... Of course, we had a hard lesson. We learned a hard lesson from the SARS in 2003. We are isolated from the international health community, so we believed that we had to respond quickly, based on the scientific evidence and the expert advice.

We did not necessarily have a drill, but we had the legal framework already in place after SARS in 2003. That's the reason we could quickly establish the CECC and mobilize the private sector and government agencies to work together as a team, and then respond properly and quickly.

Also, the democracy... I think people are certainly worried about a loss of...even a very timid one. They worry about the loss of security and safety in this pandemic. I think that's the reason the government can get the trust of the people. You have to be open and transparent, with lots of communication. That would certainly give the government more power to proceed with the mechanism that is required.

• (1335)

**The Chair:** Thank you, Mr. Chen.

We'll go now to Mr. Van Bynen.

Mr. Van Bynen, please go ahead. You have six minutes.

**Mr. Tony Van Bynen (Newmarket—Aurora, Lib.):** Thank you, Mr. Chair.

Thank you to the witnesses for participating today.

The idea of a greater pan-Canadian network has been a recurring topic of conversation during these committee meetings. Witnesses have repeatedly stated that such an approach would increase collaboration in the health systems across Canada, to the benefit of the whole country. I heard that Mr. Chen indicated that what was important was a clear chain of command.

Is there such a network in South Korea or in Taiwan? If so, could you elaborate on how it was implemented and whether it has benefited your country's health system? If not, why would you say such a network has not been used?

I would invite a response from both of our witnesses, please.

**Mr. Asaph Young Chun:** I can go first.

Speaking of past experiences and crises that we've had to deal with—I'm thinking of SARS and MERS—Korea was able to institutionalize a very good system of governance when it comes to crisis management. Even before this pandemic, learning from those past lessons, we had a very centralized system around who is controlling this whole crisis, who is going to actually specialize in dealing with a lot of those issues on the ground, and how the central government and the local governments need to work together.

All those systems were already in place, so the Korean government did not take any time to plan or implement all those things; I think it was less than 24 hours. That's the sort of system that I think we were able to reinstitutionalize when we had this crisis really coming up on us, and then use that to deal with the crisis in a very proactive way, because we didn't have time to have any disaccord between the central and local governments. A lot of co-ordination was already in place and institutionalized.

**Mr. Tony Van Bynen:** Thank you.

Mr. Chen.

**Mr. Winston Wen-Yi Chen:** I think by the latter part of January our CECC was well established. The health minister was in charge of giving briefings on a daily basis, explaining to citizens the real situation about what was going on and the new regulations and mechanisms that were in place. I think that helped people a lot. They knew how to get PPE at the convenience store.

By using big data, I think the government can control and limit the number of confirmed cases and make sure people are well placed for quarantine. In suspicious cases as well, people know how to behave in terms of self-quarantining or self-isolating. I think it's a kind of teamwork. People have a sense that it's a crisis. They know how to do things for the public good.

There is a debate in society about using modern technology. Particularly in a democracy like Taiwan, people worry about losing their privacy. How to balance this is extremely important for the democratic institutions. In this area, I think our Parliament plays a very important role, checking the regulations on a daily basis, checking government mechanisms or new regulations, to make sure that people's privacy is secure.

In a civil society, we want the guarantee that we can handle the pandemic properly but that we won't lose, in the meantime, the most precious principles in a democratic society—our privacy and our civil rights.

● (1340)

**Mr. Tony Van Bynen:** Thank you.

It's great to see that both of you are now working with Canada on some research project. Based on your countries' experiences, do you have any lessons learned or any suggestions for Canada as we move forward to reopening the economy?

We'll start with Mr. Chun again.

**Mr. Asaph Young Chun:** Again, Canadians, Koreans and other people are really eager to reopen and revitalize their economies. This is very critical to many people, especially disadvantaged people in terms of the economy and in other ways. I think you need to have the system ready before you reopen a lot of economic sectors. If you do not have a system in place for testing, tracing and then treating patients with a very good health system, then I think you'll certainly experience a resurgence of this pandemic. That is what other countries have been experiencing.

Even in Korea, I think in the past few weeks we've been very concerned. Once we relaxed some of that social distancing and went after dynamic distancing, so that people could have more economic activities, we noticed that some cases were coming back and then quarantined some people in certain communities.

We are, to some extent, pretty content that we have a good system in place. Again, I would go back to the 3T system. We also have trust between government and the public, so that we can rely on each other. If you have those in control, and if you know that your public health infrastructure is very resilient so that the crisis is kept within the threshold, then you can certainly be prepared to reopen certain areas of your economic sector. However, I would recommend that you do it step by step, gradually, and not open up everything completely at the same time.

**Mr. Tony Van Bynen:** Thank you.

Mr. Chen?

**The Chair:** Mr. Van Bynen, your time is up, but Mr. Chen may respond if he wishes.

Please go ahead.

**Mr. Winston Wen-Yi Chen:** Yes. To make a long story short, how to revive our economy in the post-pandemic period is extremely important.

Our country also pays much attention to how we shape our economy model and how to revive the spirit of the economic power. Make sure society can sustainably develop. That's extremely important.

In the last three or four months, for the business community in Taiwan, although domestically it's business as always, for sure international tourists from abroad have been stopped from the border line. They are not allowed to visit.

At this point, the government has made it very clear. It has selected 15 countries. In the first stage, it will allow business people from those 15 countries to visit Taiwan. It will make the isolation time as short as possible, five to seven days, to encourage the business community to continue to come to Taiwan and engage with Taiwan.

I totally agree with what Mr. Chun mentioned, that we have to do that gradually, state by state, and make sure the pandemic doesn't come back a second time. That's extremely important. How to balance all this is certainly....

Each country has its model. As I said earlier, I tried to portray the real model of Taiwan to you, but Taiwan's model is not perfect for all countries and regions. It's certainly not a one-size-fits-all solution. Each country has its culture, background and customs, but I believe international co-operation is so important and so essential, because we can learn from each other and combat this terrible pandemic.

Thank you.

• (1345)

**The Chair:** Thank you, Mr. Chen.

[*Translation*]

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

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

Welcome, Mr. Wen-Yi Chen and Mr. Chun.

Your countries are often referred to as models of effectiveness in controlling this pandemic, which poses specific challenges. We're close to the largest source of contagion on the planet. This was also the case in Taiwan, with mainland China.

I'll speak to you first, Mr. Chun. You touched on this topic earlier with Mr. Van Bynen. You were among the first to act systematically and to not wait for analyses from other authorities before putting measures in place. You're currently anticipating a second wave. We expect the second wave here in the fall.

There are economic pressures. However, how do you explain the possibility of a second wave? In a way, it's necessary to lift the lockdown if we want to rebuild and restart the economy. Does the rate at which the lockdown is lifted necessarily lead to people becoming careless, which creates or revives sources of infection? What are you doing to address this? We want to learn from your best practices in order to fight the next wave coming our way.

[*English*]

**Mr. Asaph Young Chun:** Yes. I would not say that Korea is perfect. I think we try. I think we use the collective wisdom of—

[*Translation*]

**Mr. Luc Thériault:** Mr. Chair, there's no interpretation.

[*English*]

**Mr. Asaph Young Chun:** —different key practices, so I think we can come up with the most practical solutions to the problems that you are concerned about.

What are the impacts of this confinement, of staying at home, staying where you usually do not wish to spend the whole day? It has a lot of impacts on the mental and physical health of individuals and families, and it impacts a lot of people, so we are concerned about it. This is why we are also trying to have this sort of dynamic distancing, rather than complete social distancing, be granted. With dynamic distancing, you allow a certain level of relaxation when it comes to a small gathering, working at the office, spending some time in public places, and things like that.

Again, when you do relax, you certainly should be anticipating that this epidemic might be coming back. I think that's the trade-off that you need to be concerned about. This goes back to my earlier point.

We have a system in place to deal with it. When you know, the surge in cases isn't actually going to haunt you. If you are ready, you can handle it, and you can keep a sort of balance with economic revitalization and also the dynamic distancing.

You mentioned a second wave. What is meant by a second wave? I think people have different opinions. In my personal opinion—and this is also based on the collective wisdom that we are putting together in Canada and in Korea with the scholars and then best practitioners—I think a second wave, if it is coming, is also up to what we are going to do with it. It is not just coming as a second wave. It depends on our behaviour, our community actions, our government actions. If you have all these tools in place, you do not necessarily need to have a second wave in your country. That is my opinion.

I think that in the case of Korea—we have less than 50 cases per day these days—Korean people are very concerned about even a small number of cases every day. We try to keep this under 20, across Korea. That's the sort of the intelligence here in Korea, and I'm with them. I'm an American, actually, by legal status—

• (1350)

[*Translation*]

**Mr. Luc Thériault:** Mr. Chun—

[*English*]

**Mr. Asaph Young Chun:** —so I know what they are thinking about. This is not the sort of....

Go ahead.

[*Translation*]

**Mr. Luc Thériault:** Thank you, Mr. Chun.

Mr. Chen, you spoke at length, and rightly so, about international co-operation.

Where do things stand with regard to the research being carried out by researchers and scientists in your country in relation to this international co-operation? Are you in contact with them?

I imagine that the issues with the WHO prevented you from taking part in the solidarity clinical trial. I want you to tell us about this. Are you part of this? Are you concerned that this might affect your ability to participate in the trials and to access future treatments or vaccines?

Where do things stand with regard to research and your scientists in relation to the international community?

[English]

**Mr. Asaph Young Chun:** Yes. I think these are very important points that you have just brought up. Actually, between Korea and Canada, we are creating this AI—

[Translation]

**Mr. Luc Thériault:** Sorry. My question was for Mr. Chen.

If you'll excuse me, I don't have much time left.

[English]

**Mr. Asaph Young Chun:** Okay. Go ahead.

**Mr. Winston Wen-Yi Chen:** Yes, thank you.

I'd like to share Taiwan's experience. Taiwan's experience is unique. Even though we are not included in the WHO, we had lots of co-operation and tried to reach out to work with like-minded countries, particularly those with democratic institutions, and made sure that we could get the necessary information in time.

Also, sir, you mentioned research in the development of vaccines, or medicines or testing kits. That also involves teamwork with the international health community. In our co-operation, particularly with Canada, we not only shared our PPE, but we also tried to facilitate the private sector, both in Canada and in Taiwan, to work together to try to establish the PPE supply chain in this country.

I think our co-operation is everywhere. We try to find every avenue to work with our friends. In this country, Canada, we have a challenge in facing this pandemic, so we have tried to find a workable solution and to tackle the issues. I always say that no one should be excluded from the WHO because the virus could be transmitted from one area to other countries. We had to work together as a team. It is so important. That's the reason we think we are on the right side of history. We did the right thing. We have good friends who are continuing to support us.

• (1355)

[Translation]

**The Chair:** Thank you, Mr. Thériault.

[English]

We go now to Mr. Davies.

Mr. Davies, please go ahead for six minutes.

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

Thank you to both witnesses for being here.

Mr. Chen, when did the Taiwanese government recommend that its citizens wear masks? On what evidence did it make that recommendation?

**Mr. Winston Wen-Yi Chen:** I think there is a lot of debate on the issue of whether or not, and at what stage, people should wear masks to protect themselves. I think everything really depends on the science-based evidence, and also the experts' advice.

For instance, I, my family and my colleagues, we follow the guidance—

**Mr. Don Davies:** Mr. Chen, if I can just interrupt, my question was, when did the Taiwanese government recommend that its citizens wear masks? When was it? When did that happen?

**Mr. Winston Wen-Yi Chen:** I think that at the very beginning, in the early part of January, people had the sense to wear masks to protect themselves. As I have always said, we did it at the very early stage. There's a lot of debate on that, as I said, even in this country. Our customs and our culture helped us to convince people to wear masks. Certainly that helped us to be well prepared.

The one challenge that people didn't really touch upon is, how could you possibly provide that many masks? In particular, we're talking about the health care workers, the front-line workers, and even police and firefighters. They are in the public space. They urgently need face masks. For people who stay eight hours at home, they probably don't need face masks that urgently. I think the government in Taiwan, in the early stages, on a daily basis only produced two million masks. Certainly, we have a population of 24 million, and we were far short in our supply—

**Mr. Don Davies:** Mr. Chen, I'm sorry to interrupt. I have limited time. I will be asking about your mask production, but I want to turn to Mr. Chun.

Mr. Chun, when did the Government of South Korea recommend that its citizens wear masks?

**Mr. Asaph Young Chun:** I recollect that it was early February. At that time, I think we had only a few cases across the country, fewer than 30 I would say, but I think it was based on some evidence.

**Mr. Don Davies:** On what basis did the Government of South Korea make that recommendation?

**Mr. Asaph Young Chun:** It was based on the potential risk of the asymptomatic cases of this epidemic. When you do not know who is infected since they're not showing symptoms, then I think you have to wear a mask so you can actually protect yourself from this asymptomatic infection.

**Mr. Don Davies:** Do you think early adoption of mask wearing played a role in keeping the transmission rates low in South Korea?

• (1400)

**Mr. Asaph Young Chun:** Yes, I think that was one of the best mechanisms. As I mentioned earlier, it was these personal measures, non-pharmaceutical interventions, using face masks and also washing hands, that hygiene. Those two were very critical to the entire process of non-pharmaceutical intervention, and we made it very mandatory. Even today, when you come to Korea you will find that almost everyone is actually wearing face masks.

**Mr. Don Davies:** Thank you.

Now we go back to Mr. Chen in Taiwan.

I know that Taiwan was an importer of surgical masks before COVID-19. You created an onshore mask production industry just a month after registering your first infections. I know that's grown into a daily capacity of 20 million pieces as of May, and that initiative was led by the Government of Taiwan.

Could you outline for this committee how the Government of Taiwan was able to ramp up mask production so rapidly in response to the COVID-19 pandemic?

**Mr. Winston Wen-Yi Chen:** I just mentioned that the legislation is extremely important. After 2003, we had already passed the law, and that's why we could have the CECC in the very beginning, the early stage. That followed the rule of law, and the legislation and the follow-up mechanisms were in place, so certainly we could rally and try to support the private sector. I think society in Taiwan is also honoured to try to help the society and its citizens. That's the reason, I think, we, in very short weeks, could rapidly mass-produce face masks with a daily production of two million—and, today, up to 20 million—and not only supply our people's needs but also try to supply to international societies to help our friends.

You asked whether or not wearing a face mask is effective in preventing the spread of the virus. I'm not a medical expert, but I think in the society of Taiwan, it's the people's consensus that we not only protect ourselves but we also try to protect our friends and our family members. Up to today, there have been a very limited number of confirmed cases, but in public gatherings and indoors, for instance, at the subway station, and even when you have big spaces, people wear masks, not only to protect themselves but also to protect others. So, that's very important. I think that, particularly in Taiwan, we feel that we have the obligation to do that.

**The Chair:** Thank you, Mr. Davies.

That wraps up this panel. I'd like to thank both of our witnesses for so generously giving of their time to us.

I'd like to particularly note that for Mr. Chun, who I believe is in Korea, it's three o'clock in the morning, and so, on behalf of the committee, I really thank you for staying up late or getting up really early to be with us. Thank you.

[*Chair spoke in Korean*]

[*English*]

Mr. Wen-Yi Chen, thank you.

[*Chair spoke in Mandarin*]

[*English*]

I hope we have a chance to speak with you both again another time.

Thank you very much.

We will now suspend and bring in the next panel.

• (1400)

(Pause)

• (1410)

**The Chair:** We will resume the meeting now.

Welcome back, everyone. Welcome back to meeting number 30 of the House of Commons Standing Committee on Health. Pursuant to the order of reference of May 26, 2020, the committee is resuming its briefing on the Canadian response to the outbreak of the coronavirus.

I will go straight to the introduction of our witnesses. We have, from Global Affairs Canada, the Honourable François-Philippe Champagne, Minister of Foreign Affairs. We have Ms. Marta Morgan, deputy minister for foreign affairs. We have Ms. Heather Jeffrey, assistant deputy minister for consular, security and emergency management.

Minister, if you wish, you have time for a 10-minute statement. Please go ahead.

**Hon. François-Philippe Champagne (Minister of Foreign Affairs):** Thank you, Mr. Chair.

Dear colleagues, honourable members, thank you for the invitation to appear before your committee to speak about Canada's international response to COVID-19.

We are living, without question, through a consequential once-in-a-generation moment. The scope and scale of this pandemic have tested every community, country and international institution, and we have all been affected, both personally and professionally.

We will be sorting through the global health and socio-economic ramifications of this crisis for some time to come.

[*Translation*]

The ramifications of this pandemic will lead to increased emphasis on health care diplomacy, supply chain diplomacy and economic security diplomacy. No one can underestimate how much this pandemic affects the economy and cybersecurity, along with human rights, gender equality and, of course, inclusion.

[*English*]

We must also recognize that the pandemic has not occurred in a vacuum. Indeed, this crisis is exacerbating existing global trends, including geopolitical competition, rising protectionism, increased inequality and challenges to democratic values.



Here at home, this pandemic has forced the government to come up with solutions to problems of an unprecedented nature. At the Department of Foreign Affairs, the consular response has, of course, been the most visible and demanding one. Hundreds of staff at headquarters and at our missions abroad were redeployed to deliver the largest and most complex peacetime repatriation of stranded Canadian travellers in our nation's history.

While I speak today of the consular element of Canada's response, I also want to highlight more broadly Canada's leadership in shaping global responses to the COVID-19 pandemic on the diplomatic, trade and international assistance fronts, as they are critical and will only become more important as we go forward.

[Translation]

I'll start with the consular response.

Some people may forget that, before COVID-19 became a pandemic, Global Affairs Canada had already, by the end of January, brought hundreds of Canadians home from Wuhan and assisted hundreds more in Japan on the *Diamond Princess* cruise ship. Things only became worse after that. As the virus spread and countries around the world, including Canada, implemented strict border controls, we were facing airspace, border and airport closures, and even tight restrictions for Canadian travellers in various countries around the world.

[English]

As I have said before, when the world pressed "pause", we went into full gear. Here are just a few numbers that should give you an idea of the magnitude of efforts we deployed to meet the needs of Canadians in distress.

In March our emergency watch and response centre was fielding thousands of calls and emails a day. Early in the crisis, single-day totals peaked at over 5,800 calls and more than 9,000 messages. Staff from across headquarters were redeployed to help handle all these calls and emails. Our network of 178 missions abroad likewise shifted gears to provide critical on-the-ground support to Canadians. Ambassadors, trade commissioners and development officers found themselves working alongside their consular colleagues arranging flights, ground transportation, permission letters, quarantine exemptions and emergency loans. By June we had facilitated the safe return of over 48,000 Canadian travellers from 111 countries, including 42,000 on more than 400 flights and more than 6,000 who were at sea on board 197 ships.

Mr. Chair, I really want to take this time to congratulate and thank Heather Jeffrey, who is with us today, for what she did so marvellously as the chief consular officer. This was consular crisis management at a level never seen before in our country, a real-time illustration of Canada's strong and broad people-to-people ties around the world and a remarkable show of resilience by the Canadian foreign service.

● (1420)

[Translation]

At the same time, despite troubling signs of a lack of international action and solidarity, Canada has played and continues to play a leadership role in coordinating and developing the global response,

through timely diplomatic and trade action and international assistance programs. Our work is guided by the Prime Minister's clear commitment to defeating this virus everywhere and to emerging from this crisis stronger as an international community. With these priorities in mind, the Prime Minister, my fellow ministers and I have spoken by telephone and video conference with hundreds of our counterparts around the world.

[English]

**The Chair:** Minister, there seems to be a problem with your sound. All we're getting now is static. Could you try plugging in your headset again, please?

**Hon. François-Philippe Champagne:** Is it better now?

**The Chair:** Yes, it is.

Minister, please carry on. Thank you.

**Hon. François-Philippe Champagne:** Thank you, Chair.

Since the onset of the pandemic, Minister Gould, Minister Ng and I have issued 44 joint statements with international partners, in addition to working actively alongside other cabinet members to drive actions to forums like the G7, the G20, the UN, the World Bank, the IMF, the WTO and the OECD. No fewer than 18 G7 and 12 G20 leader-level and ministerial meetings have been held since March, aimed at laying out guiding principles for concrete actions, including addressing high debt levels in developing countries.

As part of these efforts, the Prime Minister has spearheaded two very important global initiatives.

First, Canada co-hosted a pledging conference on vaccines and therapeutics, alongside the EU and Japan, which raised \$8 billion U.S. to better test, treat and protect people and prevent further spread of the COVID-19 disease around the world.

Second, in partnership with the Jamaican Prime Minister Andrew Holness and the UN Secretary-General Guterres, Prime Minister Trudeau convened a special UN high-level meeting to advance solutions to the economic crisis and development emergency that have been precipitated by the pandemic.

For my part, I established a ministerial coordination COVID group at the very start of the pandemic. I wanted to make sure that we could discuss, coordinate and share best practices. I've done that with colleagues from Australia, Germany, Indonesia, Italy, Morocco, Peru, Singapore, South Africa, Turkey and the United Kingdom. The initial set-up was a venue to coordinate a response to multiplying travel restrictions, but this forum has become a key channel for exchange on the multinational response, where we discuss trade and emergency measures, and where we discuss maintaining the famous air bridges, maintaining transit hubs and ensuring that supply chains would remain open.

These efforts have been complemented by Minister Ng's support for Canadian businesses during this extraordinary time of global uncertainty and tightening credit conditions.

Minister Gould has also been at the forefront of international efforts on issues such as enabling the continued access to education during the pandemic, global health, food security and reducing the disproportionate impact that the pandemic is having on women and young girls around the world. By early April, our government had announced \$160 million in funding for tangible supports to fight the pandemic, from strengthening health systems in vulnerable countries to food security, education and combatting disinformation.

Mr. Chair, without global action, what started as a health crisis could easily turn into a food crisis, which would then lead to a humanitarian crisis in some parts of the world. With a crisis of this scope, it is important for us to reflect on the global architecture we would like to promote and contribute to for generations to come. The features of the international system have served Canadians very well over the past 70 years, and will continue to be fundamental to Canadian prosperity and security. Let me assure you that Canada will continue to play an active role in shaping this new era, as we have at other defining moments in history.

I will conclude my remarks by discussing two things that have recently been in the news.

First is Canada's bid for a seat on the UN Security Council. While the result we got on Wednesday was not what we had hoped for, we are proud of the campaign we conducted over the last four years. I want to thank all the teams that have spent so much passion and energy to promote Canada around the world. For Canada, this campaign allowed us to renew and strengthen many of our bilateral relationships, which will serve Canada well for years to come. We will continue to promote our values and our principles around the world to build a more peaceful, inclusive and sustainable world. I want to take this opportunity to once again thank the many officials, Ambassador Blanchard, parliamentarians and Canadians who worked so hard over so many years on this bid. You really made Canada proud.

Finally, there's been recent coverage regarding mortgages on two apartments I own and rent abroad. I would like to take a moment to address this issue here with you today. In keeping with my obligation as a public office holder, both mortgages have been disclosed to the Conflict of Interest and Ethics Commissioner and placed in the public registry since I first entered politics, more than four years ago.

• (1425)

Neither of these mortgages, nor any of my other liabilities, have ever had a bearing on my function as a public office holder. To avoid any distractions, both have been repaid in full and refinanced with a Canadian bank, and the public registry will be updated accordingly.

With that, Mr. Chair, I apologize for the technical glitches, and I will be more than happy to take questions.

• (1430)

**The Chair:** Thank you very much, Minister.

We will now start our questioning.

It may well be that we have only time for one round. We have the minister until the top of the hour. We'll do what we can. We may have a very shortened second round, but I think we'll only get a first round in.

**Hon. François-Philippe Champagne:** I will be happy to stay as long as you want, Chair. I know there were some technical glitches and I don't want to feel that colleagues don't have the time to ask questions. You decide, but I will oblige.

**The Chair:** That's very dangerous talk. You had better bring in a pizza; we'll keep you all night.

We'll try and do two rounds, then. Thank you very much, Minister, for obliging us. We're all working through these technical issues. I think it's working very well, but we do have to make some adjustments accordingly.

We will start round one.

Mr. Genuis, you have six minutes.

**Mr. Garnett Genuis:** Thank you very much, Mr. Chair.

I was experiencing some technical difficulties myself, so I do want to quickly confirm one piece of the minister's testimony.

Minister, did you say that you have refinanced those mortgages now, so you no longer hold mortgages with the Bank of China? Did I hear that correctly?

**Hon. François-Philippe Champagne:** Both mortgages have been paid in full and have been refinanced with a Canadian bank. The public disclosure will be reflecting that. I spoke to the Ethics Commissioner and we're in the process of filing a new version that will reflect that.

**Mr. Garnett Genuis:** Thank you very much, Minister, because many of your colleagues in the House had been saying this was not a big deal. I appreciate there is now an understanding that that is an issue and that has been addressed. This is something that, of course, we in the opposition were calling for.

I do want to clarify, though, one element of the disclosure. You had a disclosure from March 30, 2016. That disclosure referred to a mortgage, singular, it didn't make reference to multiple mortgages on multiple properties. When I checked your disclosures earlier this year, it may have been February or March, there was no reference to either mortgage on the website, and then there was a disclosure dated June 4, which lists those two mortgages.

Did you have both mortgages for the entirety of your time as the minister?

**Hon. François-Philippe Champagne:** Mr. Chair, I have a copy of the disclosure of the March 30 mortgages. Just to correct the statement you made, Mr. Genuis, the reason I did that is I think Parliament has other things to do than focus on my apartments. I have been forthcoming. I've been disclosing that since 2016, when I entered politics, and every year since then. To avoid any distraction to you, the opposition, Parliament and this committee, I decided to re-finance with a Canadian bank.

**Mr. Garnett Genuis:** Minister, I think it would be worthwhile if you tabled before the committee that record of the March 30 disclosure from 2016. I'm surprised to hear you say that because it's certainly not what I, and I think others, saw on the website. Maybe there was some information you gave to the Ethics Commissioner that was not publicly disclosed. Or maybe I'm wrong, but I think it's—

**Hon. François-Philippe Champagne:** Mr. Chair, do you want me to read the record, because I have it in front of me?

**Mr. Garnett Genuis:** Can you table the document? I have some other questions I do want to ask you as well, Minister.

**Hon. François-Philippe Champagne:** For sure.

Mr. Chair, I don't know how to table virtually, but I will make sure it's sent to you in whatever fashion is needed.

**Mr. Tony Van Bynen:** I have a point of order, Mr. Chair.

What does a mortgage have to do with COVID and the health committee?

**Mr. Garnett Genuis:** That seems like a point of debate, but I can respond just on the point of order.

The member should know well the motion that allowed this committee to meet online gave the committee explicit permission to go beyond the normal parameters of the health committee. Part of this is because the Canada-China committee has not been allowed to meet despite the majority of the members wanting to meet. The foreign affairs committee has not been called and is not able to meet. The minister wasn't in the House all of last week when I wanted to ask him questions about this.

On Mr. Van Bynen's point of order, I think it is well within the parameters of the unanimous consent motion passed by the House. I would love to be able to ask the minister more of these questions in the House or at the Canada-China committee, but we've been deprived of those fora to ask those important questions.

• (1435)

**The Chair:** Thank you, Mr. Genuis, on this point of order.

I think we are getting into debate. We are engaged in a study on the government's response to the coronavirus. While you are correct that the motion does allow us to deal with other things, that is not the study we're undertaking now.

Please carry on. Hopefully, we'll get more to COVID-19 kinds of questions.

Thank you.

**Mr. Garnett Genuis:** Thank you, Mr. Chair.

It's interesting that we have Liberals intervening, because it's the Liberal chair of the Canada-China committee who has—

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

**Mr. Garnett Genuis:** —refused to allow that committee to meet, even though a majority of members want that committee to meet.

I'm happy to continue with my questioning, unless Mr. Davies wants to intervene here.

**Mr. Don Davies:** Mr. Chair, I would only note, in addition to what Mr. Genuis said, that the minister raised the issue of his mortgages in his opening statement.

**The Chair:** Thank you to you both. We are getting into debate.

I certainly take your point, Mr. Davies.

Please, let's carry on with the questions.

**Mr. Garnett Genuis:** Thank you very much.

I have some other questions on important foreign policy matters that I want to ask the minister.

Minister, is it your view that Uighur Muslims in Xinjiang, China, are being subject to genocide at the moment?

**Hon. François-Philippe Champagne:** As Canada's foreign affairs minister, I can say that we're very concerned about human rights conditions in China. I have raised that personally with my counterpart, and the Prime Minister has done so. We will continue to do so, because human rights are a core pillar of our foreign policy.

**Mr. Garnett Genuis:** It was a very specific question: Do you think there is evidence to suggest that genocide is taking place in Xinjiang?

**The Chair:** Mr. Genuis, I would urge you toward relevance to our study, please, which is the government's response to the coronavirus.

**Mr. Garnett Genuis:** Mr. Chair, I think Mr. Davies was quite on point in terms of the fact that I'm responding to things the minister said. I think our view of genocide is quite germane, for instance, to our engagement with the United Nations. The minister referred to our Security Council bid.

I would ask you to take a view that's consistent with the unanimous consent motion that the House passed in terms of what is and is not germane.

**The Chair:** Mr. Genuis, we are engaged in a study on the government response to coronavirus. That is what the minister is here to address. I really hope you can bring your questions to the government response to the coronavirus. The plight of the Uighurs is very important, absolutely, but it's not the subject of our study.

Thank you.

**Mr. Garnett Genuis:** Does the minister want to address the genocide question, or should I move on to other points?

**Hon. François-Philippe Champagne:** I will oblige the chair and follow whatever he is directing. I'm here to testify.

I'm at your disposal, Mr. Chair.

**Mr. Garnett Genuis:** Minister, I would appreciate your making yourself available to the Canada-China committee as soon as possible. A majority of members of that committee want that committee to meet, but Mr. Regan, the Liberal chair, has consistently refused to abide by the majority wishes of the committee. I had to come and find you here at the health committee. Frankly, this was the only place I could find you to ask you some of these critical questions—

**Hon. François-Philippe Champagne:** Mr. Genuis, you were welcome to come with me to New York. It's a matter of public record that I spent a week trying to work with our officials at the UN to win a seat—

**Mr. Garnett Genuis:** It's also a matter of public record, Minister, that this is why we have a virtual Parliament. We have a mechanism by which you can answer questions anywhere. On Thursday the COVI committee sat. You chose not to be available to answer questions on Thursday, even though the vote had already taken place for our Security Council bid.

**The Chair:** Mr. Genuis, could you please—

**Mr. Garnett Genuis:** Let me ask you another question with respect to our relationship with China and with respect to the response to COVID.

To me, it seems very important that we have an international investigation into the international response to the COVID pandemic but also the response specifically of the Government of China, and that the investigation involve the capacity to have the investigation take place on the ground, in China, with unfettered access to Chinese experts. Are you supportive of having that kind of investigation take place?

**Hon. François-Philippe Champagne:** Mr. Chair, I'm very happy to respond to Mr. Genuis on that.

When the issue of an investigation of the WHO was first put forward, our Australian colleagues reached out to us. We have been front and centre in the discussions around that. As I said, I don't think it is wise to undermine the work of the World Health Organization at this time. They're doing important work in many parts of the world. I've been talking with about 130 of my colleagues around the world, and they're saying that at this point in time we need to work with the institutions that we have.

Definitely, there will be a time when we need to ask hard questions about the leadership, the financing, the mission and the alert system. I can assure Mr. Genuis that Canada is front and centre in

all these discussions, because colleagues around the world call us when these discussions are happening.

• (1440)

**Mr. Garnett Genuis:** Minister, that wasn't my question.

**The Chair:** Thank you, Mr. Genuis.

**Mr. Garnett Genuis:** My question was about the response of the Government of China.

Mr. Chair, you've been repeatedly interrupting my time. I think I have at least another minute because there's been so much back and forth where you—

**The Chair:** Mr. Genuis, I stopped the clock when we were dealing with the points of order. You're a minute past your time, so thank you for your interventions.

We will go now to Mr. Fisher.

**Mr. Don Davies:** Mr. Chair, before we do that, because I don't want to interrupt Mr. Fisher, I do have a point of order that I think will be helpful for future questioners.

I agree with you generally that, although I believe there's wide latitude for questioning before a committee, when the minister comes before a committee on COVID and spontaneously in his opening statements raises issues of Canada's rejection for a UN Security Council seat and his two mortgages, neither of which have to do with the COVID-19 study, he has obviously waived his right to restrict questions to COVID. A witness can't selectively decide which non-germane issues he wants to talk about and then restrict committee members from going into those. Just as a matter of policy, he's the foreign affairs minister; he has clearly raised issues beyond the COVID-19 issue, and I think committee members should be free to explore issues as they see fit. I think we should have that clarified before anybody goes further.

**The Chair:** Thank you, Mr. Davies.

Whether the minister speaks to these issues is not a matter of the rights to the minister; it's a matter of what the committee is studying. We need to be relevant to what we are studying. The plight of the Uighurs is not part of the minister's statement, for example. Whether the minister was present or not for the COVI committee is not relevant to our study. I give very wide latitude for questioning, but I do think we need to stick to the subject matter of our inquiry, which is the government response to COVID-19. I accept that the minister did introduce these other matters, and I think that it's fair to respond to them, but I really hope we can focus our interventions on the COVID-19 response.

**Mrs. Tamara Jansen:** I have a point of order as well.

I'd like to concur with Mr. Davies that if he's going to bring up these other issues, we should not have people's questioning being constantly stopped when we are asking questions on a different matter.

**Mr. Garnett Genuis:** On a point of order as well, Mr. Chair, on that, Mr. Davies made his point. It sounds as though you've made a ruling that you don't want to allow those kinds of questions to take place, and if that's the case, I'd like to move to challenge the chair on that. I think we need to hear the view of the committee as to whether the minister should have to answer questions that respect his opening statement.

**The Chair:** I have not, in fact, made a ruling; I'm just encouraging the members to stay on topic.

**Mr. Don Davies:** If I might, Mr. Chair, just very briefly, if the Minister of Foreign Affairs raises the rejection of Canada's application in a bid for a UN Security Council seat, then I think he's left it wide open to explore what the reasons for that might be.

**The Chair:** I've already granted that point, thank you. He did mention it in his statement, so fair enough, but let's try to bring it back to COVID-19. If you want to address matters brought up in his speech, then by all means, but let's really try to focus on COVID-19. Thank you.

**Mr. Garnett Genuis:** Mr. Chair, on my point of order, it sounds as though you're either making a ruling, which is subject to a challenge, or you're not making a ruling and you're just making a friendly recommendation. If it's just a friendly recommendation, then members are welcome to proceed to ask whatever questions they want. If you're making a ruling, then I'd like to proceed with a challenge.

**The Chair:** As I've said, I have not made a ruling—

**Mr. Garnett Genuis:** Okay. Great. Thank you.

**The Chair:** —but it is something I would encourage. If we get off topic, I will try to bring people back to the topic.

Thank you.

Let us continue with Mr. Fisher.

Mr. Fisher, you have six minutes.

**Mr. Darren Fisher:** Thank you very much, Mr. Chair.

Minister, welcome to you and your team.

I think I can speak for every MP on this committee, and all the MPs in the House of Commons. We had so many constituents who were stranded all over the world due to the pandemic. I can speak for Dartmouth-Cole Harbour. We had young firefighters in Peru, we had seniors struggling aboard the *MS Zaandam*, and I think, again, we can all agree that it was a very challenging few months.

Back home, we had families who were, rightly, very scared and nervous for their loved ones. The borders were closing, airlines were shutting down and it was a scary time. I want to take a moment to thank Global Affairs staff, consular staff and your team. Specifically, I want to thank your Parliamentary Secretary, Rob Oliphant, and his team.

Our office, much like the offices of the other 337 MPs, was inundated with these calls and requests from these frantic parents and constituents. What your group managed to do was absolutely incredible. I also want to thank my constituency staff for the work that they did, basically working from home. It was absolutely incredible.

Thinking about just how difficult this process was with all hands on deck, what was it like negotiating safe passage and eventual disembarking of passengers to get these Canadians home from dozens of countries from around the world? Tell us a little bit about some of the challenges that you and your amazing team encountered.

• (1445)

**Hon. François-Philippe Champagne:** Thank you, Mr. Fisher, for that.

I think it reflects on the team—this was a team effort like we've never seen before.

As I said in my opening statement, this was the largest repatriation effort in Canada's history in peacetime. We never thought that we would experience border closure, airport closure, airspace closure and martial law being imposed in a number of countries where we needed to bring people in.

I just want to give numbers that will make you reflect. Since March 13, we received 104,000 calls and 200,000 emails. This gives you a sense of perspective about the scope and magnitude of what we've done. I think there are a lot of lessons learned. We'll have to reflect on how we operate, what the role of honorary consuls is and how we've been able to do that.

I must say that Heather Jeffrey, who is here, and my deputy, Ms. Morgan, have been extraordinary. We've done things like we never did before. We did diplomacy by text message. I managed to get people out of Peru by texting my counterpart there and negotiating landing rights. We got people out of Morocco by texting the minister and saying we needed one more flight.

When I created the COVID ministerial group, it was really to try to tackle those challenges together. I invited Morocco and Peru to join our group. We, the European Union and many countries around the world were finding the same struggle.

Again, I want to say thanks to the front-line people and to our embassy staff. Everyone became a consular officer. We turned this around and I'm extremely proud of the work. We had 600 people at a time in our operations centre. This has been truly extraordinary and it just shows that when we want to, we're able to do big things together. All the merit and credit goes to the front-line people who spent countless hours helping other Canadians.

**Mr. Darren Fisher:** Thank them for me, if you would, please.

The numbers suggest that the measures we have in place in Canada are working. Of course, we're not out of the woods yet. People are starting to talk about international travel. We had airlines here yesterday.

I'm starting to think about business and pleasure travel again. I'm interested in your views on when that might be appropriate and what that travel might look like in a post-COVID-19 world, or in a potential second wave. Perhaps we're always going to be in a COVID-19 world.

**Hon. François-Philippe Champagne:** Thank you for that question, Mr. Fisher, and thank you for the work of all the parliamentarians.

To go back to your earlier question, this was really team Canada. I received the same number of questions from all sides of the House. We have helped all MPs. I think at some stage I was receiving 600 messages a day from MPs who were asking us to intervene to help their constituents, and I must say this was probably one of our proudest moments, when we, as parliamentarians, came together to help Canadians.

To your question about travel, I was in touch as recently as yesterday with my German counterpart. I've been talking to the High Representative of Foreign Affairs of the EU, Josep Borrell, who is my colleague. We've talked many times about what, for example, the EU is doing with respect to reopening borders.

Obviously, when it comes to us, our geography here requires us to take measures to protect the health and safety of Canadians—that's obviously paramount—but we're looking at what others are doing. We've been in touch, as you know, with our U.S. counterparts and with our European counterparts. We're looking at some of the best practices that have been put forward, for example, in the Nordic countries and in the Baltics, to see what measures others have been taking.

I'm also in touch with the airlines. I understand that for them re-summing international travel is important, so we're trying to balance all that, and I can assure you that first and foremost is the health and safety of Canadians, making sure we have all the processes in place and looking at a gradual reopening when the time comes, but this is a very live discussion between foreign ministers around the world.

● (1450)

**Mr. Darren Fisher:** Minister, my time is up. I do wish you a very happy birthday this Thursday—your 50th birthday. I hope you have a chance to get a little downtime.

Thank you so much.

**Hon. François-Philippe Champagne:** Thank you, my friend.

**The Chair:** We go now to Monsieur Thériault.

[Translation]

Mr. Thériault, you have six minutes.

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

[English]

**Hon. François-Philippe Champagne:** Let me switch to French, if you don't mind, Chair.

I've mastered French pretty well, so I want to get it in French, but my system it is a bit slower.

*Merci.*

**The Chair:** Absolutely, I think your French is coming along nicely.

**Hon. François-Philippe Champagne:** Now I'm on French.

[Translation]

Sorry, Mr. Thériault.

**Mr. Luc Thériault:** I'm sure that the chair won't count this time against me.

As Mr. Fisher said, it was a huge task. He was right to thank the team in his constituency office. I want to take this opportunity to do the same.

In a press conference that I held in January or February, I said that the 338 members of Parliament had to become information officers to help people get through the crisis. This is literally what happened in the 338 constituencies. It was a huge job. However, nothing is perfect. There were failures. We're here to find solutions so that we don't make the same mistakes again. We mustn't be complacent, because that will prevent us from properly addressing the other challenges that lie ahead.

I have four or five very specific quick questions that people still want answered.

My first question concerns the costs for Quebec and Canadian families, particularly the families who were in Africa. The only options for repatriating them were very expensive. The families were forced to purchase \$5,000 airline tickets. The airline tickets to return from India cost \$3,500. For a family of four, it cost \$14,000 to return from India and \$20,000 to return from Africa. These people had to go into debt and mortgage a large part of their future, a future that was uncertain when they returned home as a result of lost jobs and so on. Things are just starting up again. These people are being asked to choose between going into debt and staying healthy.

I spoke with Rémi Dion, who was in India. He said that the United States was providing a credit in the traveller's name and that the government was working on a financial arrangement when they returned from their trip.

Why weren't things done this way? Why weren't the families relieved of this burden?

**Hon. François-Philippe Champagne:** Thank you for your question, Mr. Thériault.

I'd like to recognize the work done by Mr. Bergeron, Ms. Alleslev and Mr. Harris. During the pandemic, we were receiving calls weekly to deal with issues as they arose.

The cost issue is obviously an important one. It was a consideration from the outset. In a number of cases involving emergency repatriation, the circumstances were such that, in most countries, airlines that were working with Canada couldn't take passengers who had travelled to countries in Africa or India, as you mentioned.

The airfare ended up being the price of a return trip. I personally negotiated with Qatar Airways, among others. I also spoke to people at Ethiopian Airlines, who did a lot to help us bring back Canadians as cost-effectively as possible. I can assure you that, every single time, the Government of Canada was committed to making that happen, in the circumstances—I repeat, in the circumstances. It's important to understand that, as countries around the world were trying to bring home their travellers, we were dealing with an unprecedented operating environment. Even finding carriers willing to fly there was complicated. That's why we set up the \$5,000 loan program. That's more or less in line with what the Americans did. Most countries took a cost repayment approach, because the demand was far beyond anything seen before in terms of repatriating citizens from abroad. We opted to do it through a loan. Some provided a credit, but most countries went with cost repayment.

• (1455)

**Mr. Luc Thériault:** People still had to pay out of pocket, which put a financial strain on them. Those who couldn't afford it had to stay where they were.

**Hon. François-Philippe Champagne:** People were entitled to receive a loan. The information I have shows that we issued 4,100 loans, lending nearly \$14 million to people. They could request a loan of up to \$5,000 to cover basic necessities or purchase an airline ticket. We can always do better, I agree. We will ask all the questions that need to be asked to do better next time. Nevertheless, in a time of emergency, we gave out more than 4,000 loans and we were able to bring back people from more than 110 countries. It was an undertaking of unprecedented scale. With the help of Air Canada, Air Transat, Sunwing, WestJet and foreign airlines, we were able to do it despite the extremely difficult circumstances. Getting the plane there is the easy part, but getting the passengers to the plane is the hard part.

**Mr. Luc Thériault:** That's very true, especially when some embassies don't return emails or telephone calls. Mr. Dion, for instance, said he received emails from Germany and other embassies, including the United Kingdom's, but none from the Canadian embassy. Clearly, something is broken on that end.

Many people are still in other countries right now. That's what matters. Their travel insurance ran out during the crisis, with no way to renew it.

How do you plan to compensate them for their expenses, which can really add up?

**Hon. François-Philippe Champagne:** As you know, Mr. Thériault, we said from the beginning that, despite our best efforts, we wouldn't be able to bring everyone home.

Our repatriation operation is largely complete. We managed to bring back more than 48,000 Canadians. That's on top of everyone who was able to come home on regular commercial flights. We are still working to bring people home from certain countries. We are working with our allies.

**Mr. Luc Thériault:** I'm talking about travel insurance.

Some people are still stuck abroad, unable to come back to Canada. They're incurring costs.

[English]

**The Chair:** Mr. Thériault, your time is up.

[Translation]

**Hon. François-Philippe Champagne:** Mr. Thériault, don't hesitate to call me. I'd be glad to speak with you.

**The Chair:** Thank you, Mr. Thériault.

[English]

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

**Mr. Don Davies:** Thank you.

Thank you, Minister, for making time for the committee.

I hadn't planned on asking a question about this, but you raised it, so I will ask you one question, Minister.

The optics of a foreign affairs minister having mortgages held by a state bank of a country with which he has to engage in diplomatic relations raises some questions. Do you acknowledge that the optics of that was problematic?

**Hon. François-Philippe Champagne:** Mr. Chair, since I entered politics, I have at all times disclosed this. I took a mortgage many years ago with a bank in London. That's what I've disclosed, and I've been transparent all along.

Like I said, to avoid any distractions—because we're in the middle of a crisis, and I think parliamentarians have better things to do—I've repaid it in full, and remortgaged with a Canadian bank.

I feel transparent because, as a lawyer, I take my ethical responsibility very carefully. I read the spirit of the law and the letter of the law, and at all times I've disclosed that. For the record, this is a bank in London with branches in London that was contracted many years ago, when I was not in politics. I've disclosed that every year since I've entered Parliament.

• (1500)

**Mr. Don Davies:** Thank you.

**The Chair:** Mr. Davies, we're having trouble with your sound. Could you maybe...?

**Mr. Don Davies:** I'll try that.

**The Chair:** Thank you.

**Mr. Don Davies:** Thank you, Minister. I cast no aspersions about your transparency. It's just the optics I was curious about.

Minister, on April 10, 2020, Global Affairs Canada issued an official statement in support of UN Secretary-General's March 23 call for a global ceasefire amid the COVID-19 pandemic. The day before, however, the department had announced it was lifting a moratorium on arms export permits to Saudi Arabia. Of course, that moratorium was issued after the brutal assassination of Washington Post columnist Jamal Khashoggi, described by the special rapporteur on extrajudicial, summary or arbitrary executions as a "pre-meditated execution, an extrajudicial killing for which the state of Saudi Arabia is responsible"—

[*Translation*]

**Mr. Luc Thériault:** Mr. Chair, there's been no interpretation since the beginning.

[*English*]

**The Chair:** Mr. Davies, we're having trouble with the sound, and we're not getting translation. It sounds to me, actually, like network bandwidth. Are you able to free up your network a little bit?

**Mr. Don Davies:** It's the same as what I've been using all morning, Mr. Chair. Maybe I was speaking a bit quickly. If I could make sure my time [*Inaudible—Editor*], I can finish the question.

To finish my question, Minister, why did your government choose to lift this moratorium in the midst of a public health crisis?

**Hon. François-Philippe Champagne:** Mr. Chair, as you know, when I came into this job, we did a couple of things. The Minister of Finance—because I'm sure you're referring to the GDLS contract—renegotiated a contract that we inherited, which is largely completed, more than 50% already completed, to improve the terms and conditions to allow disclosure. I believe Canadians are entitled to know that the Government of Canada was on the hook for billions of dollars.

At the same time, I appointed a panel of experts to guide future foreign ministers in their decisions when it comes to that. We are a party now to the ATT, and it is my duty, my role and my firm belief that we need to do everything we can to uphold the spirit of the ATT. We have an expert panel, and we're working with our international partners now to create an inspection regime to make sure that when we do make these decisions, we have the best possible advice, we consult widely, and we respect both the spirit and the law under the ATT, which is now Canadian law.

I would say, Mr. Davies, you can criticize the action, but what I've said is that we're going to look on a case-by-case basis. I would refer you to the number of permits I've approved, and you will see that all of those have been within the constraints of Canadian law and the spirit of the ATT.

**Mr. Don Davies:** Yes, it's the political—

**The Chair:** Mr. Davies, again we're having trouble with translation with you. Could you be very, very...? I'm not sure how to fix this. It really sounds like bandwidth, but if you could speak extra slowly and—

**Mr. Don Davies:** Okay, I'll try to speak more slowly. How's that?

**The Chair:** Thank you.

**Mr. Don Davies:** Minister, what I'm asking you about, though... One day Canada says it supports the UN's call for a global cease-

fire, and at the same time you end a moratorium, which then permits military vehicles to be exported to Saudi Arabia, which a UN panel has found to commit widespread and systematic targeting of civilians, which actually constitutes war crimes. Do you not see, sir, the contradiction there?

**Hon. François-Philippe Champagne:** I would say we've been transparent with Canadians, because three or four days before... I think it was on March 31 when the amended contract was signed. I think it was only appropriate in my duty as foreign minister to come to Canadians before, to be fully transparent about what the Minister of Finance had renegotiated in terms of the contract with GDLS, and on the other hand what kind of measures I was putting in place to uphold the spirit and the letter of the law as Canada signed the ATT, talking about the expert panel I put, and also what we're going to do for an inspection regime.

If you look at the timing, Mr. Davies, just look at the date the contract was amended. I did that a few days after, before permits were issued with respect to that contract.

● (1505)

**Mr. Don Davies:** If I could switch to another subject, the Government of Costa Rica has proposed that the World Health Organization set up a global pooling mechanism of intellectual property rights, research and data on COVID-19-related technologies. This is to ensure open innovation and support the production of COVID-19 technologies that will be equally open to all countries of the world. Has the Government of Canada made a public statement in support of that initiative, or what is your position on it, Minister?

**Hon. François-Philippe Champagne:** The fact that a vaccine should be a public good is something that has been talked about around the world. It's something that Canadians support and Canada supports. I think even the Prime Minister spoke about it. Certainly, we realize that, on this, we care for the most vulnerable in the world. As long as the virus is somewhere, we're all going to be at risk.

Canada has been at the forefront of the efforts. You may recall my opening statement. I was the one who said we need to amplify the voices of the most vulnerable, to make sure that what started as a health crisis doesn't turn into a food crisis, which is likely or may happen in some parts of the world. That would lead to a humanitarian crisis.



You may have seen the amounts that we committed when we were at the Gavi pledging conference, the amounts we put forward to strengthen the health care system in many countries. I certainly believe that this is a time for Canada to not only care for our country, but also show leadership around the world when it comes to the COVID crisis.

**Mr. Don Davies:** Thank you.

**The Chair:** That wraps up round one.

We do have a hard cap on our access to these video conferencing facilities at half past the hour. I think we'll have to do a somewhat abbreviated second round. Instead of five minutes, we'll do four-minute questions. For Mr. Davies and Monsieur Desilets, I believe it will be two minutes. Thank you for helping out.

With that, we will start our second round with Dr. Kitchen.

Dr. Kitchen, please go ahead for four minutes.

**Mr. Robert Kitchen:** Thank you, Minister, for staying and allowing us to have this second round.

Minister, I'm going to follow up a little bit on one of Mr. Thériault's questions. GAC has always had a mechanism for loaning money to Canadians who are stuck abroad and find themselves in financial distress, with the requirement that those loans be paid back to the government within 30 days of receiving an invoice.

According to the Global Affairs website, under frequently asked questions on emergency loans for COVID-19, there are a question and an answer as follows. The question is, "I have returned safely to Canada. How do I repay the loan?" The government's answer is, "Global Affairs Canada is establishing the repayment process and will provide more information soon. It is not possible for you to pay back the loan at this time."

Minister, when are they going to have to repay? When will the process be established?

**Hon. François-Philippe Champagne:** I will certainly look into that. I think maybe Ms. Jeffrey can comment on that. I'm not aware of that on the website of Global Affairs Canada. I'm sure either the deputy or Ms. Jeffrey can provide you with elements of response. Obviously, we want people to repay. To your specific question, why the Q and A has that, I'd have to defer to our officials.

**Mr. Robert Kitchen:** Then I would ask if the officials could send that to us in writing afterwards. I'd appreciate that.

**Hon. François-Philippe Champagne:** Sure.

**Mr. Robert Kitchen:** You also mentioned that people basically are entitled to the money to fly back, and therefore they should be able to get that money because they need that money to pay for a flight to get back. Most of these Canadians have flown outside the country and have a return flight. My question to you is, who gets the return flight refund once they apply for it?

**Hon. François-Philippe Champagne:** Well, that's a private matter between the traveller and whatever travel company they have, or airline. What we would provide—

**Mr. Robert Kitchen:** But GAC has paid for an extra flight; therefore, the Government of Canada has paid for this extra flight.

Why is it that the Government of Canada is not expecting someone to refund that flight?

**Hon. François-Philippe Champagne:** Just for the record, sir, we've never paid for any flight. Citizens who were embarking on all our flights were responsible for paying their fares.

What the Government of Canada did was to offer a loan. We had some Canadians who were in distress in some parts of the world. This has been done on a cost-recovery basis. I can give you the exact amount of what we have expended so far. We had an appropriation to repatriate Canadians, and so far we have invested only \$8.5 million on flight facilitation. We were providing a certain minimum guarantee to be—

• (1510)

**Mr. Robert Kitchen:** You just said you didn't pay for flights.

**Hon. François-Philippe Champagne:** No, but there were other incidental costs.

**Mr. Robert Kitchen:** I'll move on. Thank you, Minister.

On May 27, a representative from the Red Cross appeared at this committee. When asked about the support Canada has provided to other countries in terms of supplies, he stated, "We are also in partnership with Global Affairs Canada in supporting the shipping and receiving of international donations and protective equipment."

Can you tell us how many donations Canada has received to date?

**Hon. François-Philippe Champagne:** I know we received donations from China and Taiwan, but I'm sure we received help from many, many countries.

I can tell you, sir, that we would not have been able to repatriate thousands and thousands of Canadians if countries around the world were not facilitating. Some countries allowed Canadians to fly on their planes. Others opened their airspace, and some others granted facility, extended visas, etc.

I would say we need to thank a lot of people who helped our Canadians.

**Mr. Robert Kitchen:** We are talking about PPE here, and I'm basically questioning what sort of PPE items have been donated, either through the Red Cross or through any other channel.

**Hon. François-Philippe Champagne:** I would have to defer, if you want the exact.... I suspect that the things we received, the things that Canada needed most, were masks, PPE and hand sanitizer. You're right. We worked with the Red Cross, because that's the best way we could do that.

If you want an exact accounting, I'm sure the officials can get back to you, sir, and provide the exact breakdown of what we received.

**The Chair:** Okay.

**Mr. Robert Kitchen:** Thank you very much.

**The Chair:** Thank you, Dr. Kitchen.

**Mr. Robert Kitchen:** The Red Cross also went on to say, with respect to procedures of procurement of PPE—

**The Chair:** Dr. Kitchen, your time's up. Thank you.

We go now to Dr. Jaczek.

Dr. Jaczek, please go ahead for four minutes.

**Ms. Helena Jaczek:** Thank you, Chair. I will be sharing my time with Ms. Sidhu.

First of all, I want to thank the team at Foreign Affairs for all the incredible efforts they've made on repatriation. My constituents are incredibly grateful, and I think all Canadians have now become very aware of the consular service. Those of us who have travelled abroad have often seen the advice to register with the consular service. We now know why, so I extend a real heartfelt thank you.

I also have a special shout-out to Ms. Morgan. A year ago, you and I were in the same ICD class at Rotman, and I don't think we ever thought at that time that we would meet like this.

My question specifically relates to some of the international assistance that the government has provided. Minister Karina Gould has made a number of announcements: \$50 million in international assistance through the World Health Organization, and other partners for potential bilateral support for developing countries in response to COVID-19. Actually, the list is very lengthy.

Earlier today, one of our witnesses expressed a certain amount of concern that donations that went from Canada, or from any country, to the UN took quite a bit of time to actually get to the front-line services they were designed to support.

I wonder if Canada has a way of vetting whether aid goes where we want it to go.

**Hon. François-Philippe Champagne:** Thank you for your kind words. I really want to transfer that on. I'm happy that Deputy Minister Morgan is here to pass on the good words that you said to the whole team. They really did all the work, and MPs have been very helpful.

To your point about aid, we can certainly look into that. We have tried to work with a number of multilateral partners, whether in Africa, the Caribbean or the Pacific Islands. As you know, the best way to deliver some of this aid is through local agencies. We worked with the Atomic Energy Agency, for example, to provide some test kits in the Caribbean. We worked with PAHO to provide some health equipment in other parts of the world, so we have been engaging with partners around the world. I think other colleagues mentioned the Red Cross. We have been engaging with those that we think, along with our experts, are the best way to deliver aid. I want to make sure, as you said, that the aid is going where it is sent.

Having talked to foreign ministers in probably 130 countries in the last few weeks, none of them have heard the suggestion that the aid did not go to where it's supposed to be. We can certainly look into that further, but I would say that what matters... Nothing is perfect, as you know, when dealing with a crisis. I think some col-

leagues have highlighted ways we can improve. We'll certainly look into that. We'll look at best practices and what others have done.

We'll have to do a post-mortem about everything we have done in order to see how we can best prepare ourselves for the next crisis, but I certainly think we have worked with reputable international agencies.

We're happy to look into any case that may come to light if other witnesses have identified shortcomings. I am more than happy to take that up with our officials to see what may have happened.

● (1515)

**Ms. Helena Jaczek:** Ms. Sidhu.

**Ms. Sonia Sidhu (Brampton South, Lib.):** Thank you for joining us, Minister. I want to echo my colleagues and thank you and the whole Global Affairs team for their historical efforts in bringing thousands of Canadians back home. You also heard that when you joined Brampton virtually at the Brampton town hall.

Minister, my question is about Canada's global role in responding to the crisis. What has been achieved so far in working with our partners around the world in fighting COVID-19, particularly when it comes to vaccine research? How do you see this relationship moving forward now?

**Hon. François-Philippe Champagne:** I think during this crisis Canada has shown its best, and leadership in times of crisis is what people will remember. The Prime Minister, for example, participated at the gathering at the UN and the Gavi pledging conference. When the EU and Japan ask Canada to be there, that just shows the place of Canada in the world, the role we can play and the influence. I think we will build on that, and we have built relationships.

The foreign ministers' COVID meeting, which I referred to in my opening statement, is but one example of where we have led. We realized that we needed more coordination and to learn from each other and look ahead. I must say that I'm pretty proud that we have had our ninth call. If you look back at the history of Canada, it's not really common that Canada would be talking on almost a weekly basis with countries like South Korea, Singapore, South Africa and Brazil. We're trying to make sure we take into account what's going on and how we can work together. We're talking about air bridges, supply chains and transit operations. We've been trying to make a difference in very concrete ways for people.

At the end, Canadians expect us to rise to the challenge. I'm happy to say that we've been able to work together with members in a way that I think shines a very nice light on the work that parliamentarians can do when they work together.

**The Chair:** Thank you, Ms. Sidhu.

Mr. Genuis, please go ahead for four minutes.

**Mr. Garnett Genuis:** On a point of order, Mr. Chair, before I start, is it four minutes or five?

**The Chair:** It's four minutes. We have to cut this short. We have a fairly hard stop at half past the hour.

**Mr. Garnett Genuis:** Okay. Well, Mr. Chair, after your repeated interruptions, I'm disappointed to hear that this isn't the regular allotted time.

Minister, as far as it pertains to COVID-19, I think one of the core foreign policy issues here is that we had an outbreak of a novel virus in China, where there was a state-enforced cover-up that included the intentional suppression of the discussion of the virus on social media. Do you agree with that assessment?

**Hon. François-Philippe Champagne:** I am very concerned about disinformation, which I think I said at the beginning. I think we have seen some state and non-state actors who would try to influence public opinion with disinformation. I can assure you that this is something we're talking about at Five Eyes. We've talked at the G7, and we're talking with a number of foreign ministers. We are very aware of what some state and non-state actors are trying to portray in this crisis. We are engaging with eyes wide open—

**Mr. Garnett Genuis:** Sorry, Minister, but just because of the limited time, perhaps I could sharpen that question a bit.

I mean, what do you think of the Government of China's response in the early days? We're not talking about combatting disinformation. We're talking about a system of tracking and eliminating any comments from Chinese social media raising concern about the emergence of a new virus. We have a pandemic because the Chinese state was suppressing discussion that could have facilitated an earlier response.

**Hon. François-Philippe Champagne:** You know, I think you're right that questions will have to be asked. That's part of the review that we have supported—at the World Health Organization, for example—to say that tough questions will have to be asked. I don't want to prejudge the conclusion, but I can assure you that we've been front and centre in the discussions with our Five Eyes partners, with G7 countries, with Australia to look at how we can improve the system, the alert system, the leadership and the financing of the organizations that we need to prevent the next crisis.

**Mr. Garnett Genuis:** Minister, I didn't really get an answer to my last question on that. You're talking about the international investigation. I'm asking about the initial domestic response by the Chinese government, which I think was not critically analyzed or criticized by the World Health Organization to the extent it should have been.

Does the investigation need to include a look at the Chinese state's own domestic response, and in particular the suppression of the information about the virus?

• (1520)

**Hon. François-Philippe Champagne:** I would say that countries around the world want to get answers to a number of questions. I don't want to prejudge what the scope of the review will be, necessarily, but I think you're quite right that questions need to be asked. I've been forthcoming. I've been saying that from day one. I've been saying in private and in public that tough questions will have to be asked. Canadians and the international community deserve answers. This is a global pandemic. It's affecting everyone. It's affecting our way of life. Therefore, we have been supportive from the get-go.

You may not have been there, but I can assure you that when these discussions were happening, Canada was there. Certainly, we supported an investigation and inquiry to make sure that light would be shed on all of that.

**Mr. Garnett Genuis:** Thank you, Minister. I'm aware of what the specific text of the World Health Assembly resolution was.

I want to move on to something else. I had asked about the situation in Xinjiang. I want to further probe that point a little bit, because you didn't answer the genocide question specifically. I'd like to know if the government is contemplating the imposition of Magnitsky sanctions against those involved in gross violations of human rights in Hong Kong, in Xinjiang, or anywhere else in the People's Republic of China.

**Hon. François-Philippe Champagne:** I told you before, Mr. Genuis, that human rights, whether it's in Xinjiang or whether it's in Hong Kong... You've heard me speak pretty loudly when it comes to Hong Kong. We had three statements. The first one was with Australia and the U.K.—

**Mr. Garnett Genuis:** Minister, I'm running out of time, so would you please address the issue of Magnitsky sanctions? It was a specific question. We're going to run out of time. Is the government contemplating the use of Magnitsky sanctions against gross violators of human rights in China, yes or no?

**Hon. François-Philippe Champagne:** Mr. Genuis, if you want me to answer, I'd say we are at the forefront of the defence of human rights around the world. That includes China—

**Mr. Garnett Genuis:** Magnitsky sanctions, yes or no?

**Hon. François-Philippe Champagne:** —that includes Hong Kong. We will continue—

**Mr. Garnett Genuis:** Magnitsky sanctions, yes or no?

**Hon. François-Philippe Champagne:** —to defend human rights wherever around the world. And I thank you for raising—

**Mr. Garnett Genuis:** That's not an answer to the question, Minister.

**Hon. François-Philippe Champagne:** No, but I thank you for asking these questions and raising—

**Mr. Garnett Genuis:** Yes or no?

**Hon. François-Philippe Champagne:** —that because we're on the same page.

**The Chair:** Mr. Genuis, thank you.

**Mr. Garnett Genuis:** Are you contemplating the use of Magnitsky sanctions, yes or no?

**The Chair:** Mr. Genuis, thank you. Your time is up.

We go now to—

**Mr. Garnett Genuis:** The record is clear, I think.

Thank you, Minister.

**The Chair:** We'll go now to Mr. Van Bynen and Dr. Powlowski. You have four minutes. You'll have to manage your time accordingly.

Please go ahead, Mr. Van Bynen.

**Mr. Tony Van Bynen:** Thank you, Mr. Chair.

I want to thank you and your team, Minister, for the tireless work at Global Affairs Canada, for what they have done and continue to do in bringing Canadians home during these challenging times.

How has the pandemic affected Canada's diplomatic footprint around the world? These people are the face of Canada around the world, so it would be good to get a sense of how many have returned to Canada, how many have stayed abroad and what the plans are in the coming months and years to return to a steady state, because our consular assistance is vitally important to Canadians abroad.

**Hon. François-Philippe Champagne:** I want to take a moment, as I think all parliamentarians do, to thank the front-line people. Some of them had to go through extraordinary times to provide assistance to Canadians. Some of them were subject to the same health, safety and movement restrictions. I can think of some of our colleagues in South America and some parts of Europe who have gone beyond the call of duty to help Canadians.

Now, with the deputy minister, we have a plan in place. The health and safety and our duty of care to our employees are key. We are looking at gradually making the rotation we normally do, making sure our embassies and our missions are staffed appropriately.

To answer a previous question from Mr. Thériault, when you were seeing some people getting answers from other missions, we pull together. In times of crisis like that, we pull resources from wherever they might be to make sure we can serve Canadians. Our main goal is to resume normal operations as soon as it's safe to do so, while at the same time looking at the rotation we normally do with our consular people. It's really on a case-by-case basis, and I would say even region by region.

I can assure you that we're looking at that, because I know Canadians rely on us. We are doing our utmost to provide consular assis-

tance in many different ways. We know there are Canadians who are still stranded aboard, and we are doing everything we can to provide them help with medication and mental health support. We want to be there for them. We've been there for them since day one, and we'll continue to be there for them.

• (1525)

**Mr. Tony Van Bynen:** Thank you.

**The Chair:** Dr. Powlowski, you have a minute and 40 seconds.

**Mr. Marcus Powlowski:** I'll try to be quick.

Minister, we've had some great witnesses today who have shown that we can learn a lot from other countries in terms of management of the pandemic and that we're stronger as a country in dealing with this if we work together with other nations. Furthermore, we know that as long as this pandemic burns anywhere in the world, there are going to be sparks flying off and we're going to get a recurrence of cases here.

Global co-operation in dealing with the pandemic, I think, is really fundamental everywhere in the world managing the pandemic. Yet, we also heard from a witness today that the core funding of the WHO is less than the funding of some large hospitals in the United States. Would you be willing to consider Canada increasing its core funding to the WHO and encouraging other countries to also increase their core funding of the WHO in the future?

**Hon. François-Philippe Champagne:** First, let me thank you for the amazing work you have been doing. I learned of you recently, as a colleague. You've been doing amazing work in many places in the world. You have really made a difference, not only now, but previously in your life as a doctor.

Certainly, I think this is part of the review, as Mr. Genuis was asking me about. We are front and centre when it comes to the review of the alert system of the missions, of the financing and funding of these institutions. If we want them to prevent the next crisis, assuming the next crisis will be a health crisis, we need to make sure we are present and engaged, and we will continue to be, as part of this review.

Funding of these organizations is clearly front and centre in our mind, to make sure we can ensure the health and safety of Canadians, but also the rest of the planet. That's going to be part of the review. I would not rule out anything at this particular time. We want to make a difference.

**The Chair:** Thank you, Dr. Powlowski.

Next is Monsieur Desilets.

Monsieur Desilets, you have two minutes. I will have to be very strict on the time. Please go ahead.

[Translation]

**Mr. Luc Thériault:** I'll be using this time, Mr. Chair, if that's okay with you.

Minister, I have a question and I'd like a “yes”, “no” or “maybe” answer, since we are limited on time.

Earlier, the last question I asked you was whether you would be prepared to compensate people you weren't able to bring home, people whose travel insurance had run out and who had incurred major medical expenses. Is that something you'd consider?

**Hon. François-Philippe Champagne:** The relationship between an insured person and the insurance company is a private one. What we did was undertake emergency repatriation to help Canadians.

**Mr. Luc Thériault:** That's not what I'm asking.

**Hon. François-Philippe Champagne:** I understand what you're asking, but—

**Mr. Luc Thériault:** I told you that you weren't able to bring them home, that their insurance coverage had run out and that they would have to pay out of pocket for medical expenses. Are you prepared to compensate them? Please answer, “yes”, “no” or “maybe”.

**Hon. François-Philippe Champagne:** Mr. Thériault, if you're referring to people who are still in that situation, please say so and tell me where they are, because we are still bringing people home. As far as I know, we have brought the vast majority of Canadians home. Although the operation is largely complete, if people still need our assistance, please advise me in writing and we will definitely look at what we can do to bring them back to Canada.

**Mr. Luc Thériault:** Are you saying that there is no one left to bring home?

**Hon. François-Philippe Champagne:** I encourage you to look to the European Union, which completed its repatriation operation weeks ago. Canada's efforts are ongoing, making us one of the few countries still working to bring people home through emergency repatriation, and it will remain that way as long as necessary. If, however, you know of people in need of assistance, let us know and we will see what we can do to help them.

**Mr. Luc Thériault:** I hope that applies to all members and that they can call you as well.

**Hon. François-Philippe Champagne:** Absolutely.

At the height of the crisis, I was receiving 600 emails a day, so I've responded to quite a few members. If anyone is aware of outstanding cases, they can still let me know. We are continuing to help people, either to provide assistance where they are or to bring them home.

**Mr. Luc Thériault:** How do you explain the fact that, in Nepal—and probably other countries as well—you didn't take advantage of the emergency coordinators on site, volunteers all over the country who respond in emergencies?

Clearly, as soon as the crisis was declared, a swift response would have ensured travellers could return to Canada before countries closed their airspace. More than 60 people are still stranded in the country. How do you explain the fact that you didn't leverage that support?

**Hon. François-Philippe Champagne:** It's quite easy to explain, Mr. Thériault. We arranged a flight and the authorities changed their mind at the last minute, forcing us to start the whole operation over again. We had a plan in place, but as I said, plans change regularly depending on the restrictions imposed. I am very much aware of the situation in Nepal. That's how we came to work with Qatar Airways to bring people back home.

• (1530)

**Mr. Luc Thériault:** Thank you.

**Hon. François-Philippe Champagne:** Thank you.

[English]

**The Chair:** Thank you, Monsieur Thériault.

We go now to Mr. Davies for two minutes. Again, I will have to be fairly strict on the time.

Go ahead, Mr. Davies.

**Mr. Don Davies:** Minister, on May 29, Donald Trump announced that the United States will sever all ties with the World Health Organization. What is Canada's position on that announcement, and have you communicated it to your U.S. counterpart?

**Hon. François-Philippe Champagne:** Could you repeat that, Mr. Davies? I apologize; I could not fully appreciate your question. I was trying to change the interpretation as you were speaking.

**Mr. Don Davies:** I'll try it without my video on.

On May 29, Donald Trump announced that the United States will sever all ties with the World Health Organization. What is Canada's position on this announcement, and have you communicated it to your U.S. counterpart?

**Hon. François-Philippe Champagne:** We believe in the World Health Organization. We believe they're doing important work. We believe we should not undermine an institution that is providing essential data and support to many parts of the world. I've heard it from colleagues in Africa, in the Middle East, in the Caribbean and in the Pacific Islands. We will continue to work with the WHO.

As I said, there will be a time when we need to ask hard questions, but this is not the time. Now we need to support the organization that is helping millions of people around the world during this pandemic.

**Mr. Don Davies:** Turning to the UN Security Council seat, Canada received fewer votes in our bid this time than the Harper government did when its bid was rejected in 2010. Does this pattern of rejection say anything to you about Canada's foreign policy, and if so, what?

**Hon. François-Philippe Champagne:** There are obviously lessons learned, Mr. Davies, but I don't think it's a rejection of the fundamental principles we put forward, if you think about gender equality, climate change, economic security and multilateralism. I'm a firm believer in the values and principles and human rights that we've been defending. They are worth standing up for, our values and principles, and we'll continue to do so at the G7, at the G20 and at la Francophonie.

I think it is right for Canada to stand up for our values and our principles, which include human rights. I can tell you that we've formed a new alliance. The fact is that we've renewed with countries we have not engaged with in quite some time. This is value, and we'll have dividends for years to come. I am encouraged by what I've heard from foreign ministers around the world. We'll continue to engage with the world, defending what we believe is right, to improve the life of people on this planet.

**The Chair:** Thank you, Mr. Davies.

That brings our questioning to a close. I thank you all. We are actually over time, but the translators have graciously given us a few extra minutes.

Thank you, Minister, for being here.

**Hon. François-Philippe Champagne:** Thank you, sir.

**The Chair:** We certainly appreciate the opportunity to speak with you and your willingness to stay longer. We appreciate that.

Thank you to the members as well.

Certainly, thank you to the translators. You worked once again very conscientiously and through some difficulties. Thank you for staying late for us.

We do have a small item of committee business. An interim budget has been distributed to all the members. If everyone is familiar

with that and is willing to vote on adopting that, then perhaps we could do that shortly.

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

**Mr. Don Davies:** Mr. Chair, I so move.

**The Chair:** Thank you, Mr. Davies.

Seeing no further discussion, we'll go to a vote.

**Hon. François-Philippe Champagne:** Mr. Chair, as this is committee business, I'm guessing you would like me to leave.

**The Chair:** We don't want you to leave, but you're certainly welcome to do so. It is committee business, and we will be done momentarily.

• (1535)

**Hon. François-Philippe Champagne:** Okay.

Thank you, everyone.

**The Chair:** Thank you.

(Motion agreed to: yeas 11; nays 0 [*See Minutes of Proceedings*])

**The Chair:** Once again, thank you very much to all the members.

We are adjourned.









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