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# Standing Committee on Health

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Chair: Mr. Sean Casey





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• (1100)

[English]

**The Chair (Mr. Sean Casey (Charlottetown, Lib.)):** I call this meeting to order.

Welcome to meeting number 62 of the House of Commons Standing Committee on Health.

Today, we will consider Bill C-293 during the first hour, before proceeding to committee business in camera during the second hour.

In accordance with our routine motion, I'm informing the committee that all remote participants, specifically Mr. Erskine-Smith, have completed the required connection tests in advance of the meeting.

It's now my pleasure to welcome Mr. Nathaniel Erskine-Smith, member of Parliament for Beaches—East York, who is joining us today via video conference to speak to Bill C-293, an act respecting pandemic prevention and preparedness.

Nathaniel, I know you have a few things going on in your life. It's very good to have you here with us. You know the drill.

You have five minutes for your opening statement. The floor is yours.

[Translation]

**Mr. Luc Thériault (Montcalm, BQ):** Mr. Chair, before the witness begins his presentation, to avoid cutting him off, I would like to inform you right away of a small technicality today with respect to the interpretation channel. The French channel is not working; the auxiliary channel is working. When there is a change of interpreter, this may change again. Until now, on the French channel, it was your lovely voice that we heard, Mr. Chair.

**The Chair:** Thank you, Mr. Thériault. I know we have to access it differently today, but we still have the interpretation. It's just a little different, compared with the usual way.

**Mr. Luc Thériault:** Okay, that works, as long as it stays that way throughout the meeting. It's different from the usual way of operating. We hear you in English on the French channel.

[English]

**The Chair:** Okay.

We'll go over to you, Mr. Erskine-Smith.

**Mr. Nathaniel Erskine-Smith (Beaches—East York, Lib.):** Thanks, Sean.

Thanks to everyone for the time today. I have to admit that it's a bit odd to be the one presenting instead of the one asking questions, so bear with me.

This bill is really straightforward in many respects. We've all just lived through a devastating pandemic. It upended our lives in so many different ways. It has taken lives. It has damaged businesses. It has undermined livelihoods. It has upset schooling, and on and on and on.

We don't want to live through another one. There are a couple of things we need to do. One is to take every step we can to reduce the risk of a future pandemic, and there are steps we can take, working here domestically and working with international partners. We need to make sure that, when the next one comes, we are the best prepared for it.

I don't propose that I've managed to include every single thing that should be included in this piece of legislation, but the architecture is there. It's an accountability architecture that would require the government every three years—and you could consider changing it to five, but it would be on a regular basis—to say, “Here is our pandemic prevention and preparedness plan” and table it in Parliament. Parliamentarians from all parties, working with experts, could then hold the government to account on its plan.

Is enough being done? Can we take additional steps to reduce risk? What are other countries doing that we aren't doing? What's in their plan that isn't in ours?

It is essential that we have that ongoing accountability, because if you look at the experience with SARS, there was a review, there was a report and there were recommendations. Some were even acted on, but not all were. There wasn't a recurring accountability so it fell off the table. When we came to the COVID pandemic, we weren't as prepared as we ought to have been. Frankly, we didn't take the steps we could have taken to prevent COVID in the first place.

The architecture is there. I almost called it the “one health bill”. It’s the pandemic prevention and preparedness act. I almost called it the one health bill because on the prevention side—and we already have a one health framework at Health Canada, working with agriculture—it is incredibly important that we keep in mind, we take to heart and we keep in this bill this idea. It’s grounded in science, grounded in international bodies and grounded in science here in Canada that animal health, environmental health and human health are interconnected ideas.

If we don’t have a clear-eyed focus on environmental health, that can impact animal health, which can then impact human health. It’s especially important when you consider the particular risk posed by zoonosis. If you have other experts who testify in the course of these proceedings on Bill C-293, you will hear over and over again that the core primary risk of another pandemic is a zoonotic disease and spillover risk from animals.

That’s on the prevention and one health side.

At a high level, I want to say there is a lot in this bill. I consulted with the United Nations Environment Programme’s report about preventing future pandemics. I consulted with the Intergovernmental Science-Policy Platform on Biodiversity and Ecosystem Services’ report about preventing future pandemics, including consulting with a Canadian expert involved in that report. I consulted with the independent panel, which has written reports on pandemic prevention and preparedness and worked directly with the researchers who wrote and put those reports together, and consulted with a range of other experts.

That’s how this bill came to be.

Again, I don’t propose that it’s perfect, and I would expect amendments are going to be forthcoming. I want to say that amendments should be forthcoming.

For one, I know the review section in the bill has caused some consternation, because there is some question about whether it should be independent. My view has generally been that there should be some more fulsome, searching independent review. This review is more focused on informing the plan, but I don’t want to get into the politics of it. I understand there’s an agreement to remove that section of the bill, and I’m comfortable with that. That seems right by me in terms of the conversations that have been had.

The second piece is on specific language in the bill. I would say, in everything that you do, improve it, take certain language out if you don’t like it and add other language in if there’s language missing. At all times, my ask, and it’s how I came to this legislation at all times, is to make sure that everything we do is going to put in place an architecture whereby a future government—this government, the next government and the government 20 or 50 years from now—is going to be required to turn its mind to certain issues that are core to pandemic prevention and preparedness, and follow the science.

I know I’ve received some questions. I engaged with the Ontario Federation of Agriculture, for example, on the agriculture amendments. They said it could perhaps be even tighter and more specific with the language. That’s fair.

• (1105)

I would encourage all of you, as you look at amending the legislation—I know amendments will be warranted—to make sure that we, at all times, focus on what is best in the science when it comes to prevention and preparedness.

I appreciate the time, Sean.

**The Chair:** Thank you, Mr. Erskine-Smith.

We’re now going to move to rounds of questions, beginning with the Conservatives.

Dr. Kitchen, you have six minutes.

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

Thank you for your presentation. I appreciate that.

In trying to get some understanding of what’s going on, I’m going to just throw some things at you and see what we can hear.

I’m going to read something to you and then I’m just going to ask if you believe that this is, basically, what’s part of the legislation:

Promote health;

Prevent and control chronic diseases and injuries;

Prevent and control infectious diseases;

Prepare for and respond to public health emergencies;

Serve as a central point for sharing Canada’s expertise with the rest of the world;

Apply international research and development to Canada’s public health programs; and

Strengthen intergovernmental collaboration on public health and facilitate national approaches to public health policy and planning.

Would you agree that this is what this legislation is about?

• (1110)

**Mr. Nathaniel Erskine-Smith:** In many respects, yes, Robert. At the same, though, the legislation is really focused on taking a set of ideas around public health and ensuring that they’re embedded in an accountability framework.

I want to emphasize that what the legislation is really about is ensuring there’s an accountability framework that would include many of the components that you’re talking about. I would liken it to the climate accountability law that we have, where the obligation is on the government to come up with a plan and to table the plan in Parliament on a recurring basis, and there are progress reports associated with it.

This, in a similar, parallel fashion, would require the government to come up with a plan, table the plan on a recurring basis and update the plan every three years.

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

I appreciate that, and I recognize the avenue for three years and five years, as you’ve indicated.

I will expand a little bit more on that and add some other parts to it, such as the following:

...develops and maintains national emergency response plans for the Public Health Agency of Canada and Health Canada; monitors outbreaks and global disease events; assesses public health risks during emergencies; contributes to keeping Canada's health and emergency policies in line with threats to public health security and general security for Canadians in collaboration with other federal and international health and security agencies; is responsible for the important federal public health rules governing laboratory safety and security, quarantine and similar issues; and is the health authority in the Government of Canada on bioterrorism, emergency health services and emergency response.

Other than putting in the time frame to check on those, would you agree that's part of what this legislation is about?

**Mr. Nathaniel Erskine-Smith:** It sounds like you're talking about an authority that has responsibility for some of the measures related to pandemic prevention and preparedness.

If I could, I'll ask a question back, so there's clarity here. From the office that you're suggesting and listing off a set of responsibilities for, where is a public-facing prevention preparedness plan available? Where does it reside and how can experts and third parties weigh in to say whether it's sufficient or it's insufficient?

**Mr. Robert Kitchen:** I will clarify that now.

Basically what I was just reading to you was the mandate of the Public Health Agency of Canada, which we already have in place, as well as the mandate for the centre for emergency preparedness and response structure. Those are already in place. The legislation, basically, is repeating those same things, which are already in place today.

We had the president of the Public Health Agency here just a couple of weeks ago. I asked for a plan, which the Auditor General had said should be put in place. She said there was a plan, but we never received it because it can't be found.

To me, the legislation is good if it's going to make certain that the Public Health Agency will put it on paper so that people can see that plan. That part I love about the legislation. It talks about putting...but when we already have it in place.... It was before 2016 that this came forward, and it still hasn't been done.

Why will this piece of legislation make it happen when it hasn't been done when it should have been?

**Mr. Nathaniel Erskine-Smith:** The short answer is that there's parliamentary accountability here, and there hasn't been to date.

You can put anything in a mandate letter to a minister. You can put anything in a mandate letter to a government official, but unless there's ongoing accountability.... At law here, what this bill would do is require that kind of accountability to us in Parliament. Where's the plan? What does the plan say? Is the plan sufficient?

Robert, we could go off and consult with our own experts and say, "This is missing. This should be worded differently. Not enough is being done." That's the very reason we have a climate accountability law. We need a law like this.

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

I hear you, and I see that. You and I have discussed it over time, over the years. Ultimately, how do we get that in place?

I agree. We're repeating things to recreate what we already have when what we need is accountability to have the agencies that are supposed to be doing this for us doing it.

Public Health Agency of Canada came into place in 2003 or 2004, after the SARS epidemic, as you indicated. It was put in place to do these steps, to be prepared for the pandemic and to prepare for it such that we could get it done.

To me, taking this legislation and saying, let's just make sure we have the report.... I think that what you're looking for is, let's just get this done and get a report on what's happened and where we succeeded and where we failed.

• (1115)

**Mr. Nathaniel Erskine-Smith:** It's not only that. The bill does ask for a report—I've mentioned that—and a review, but the core accountability architecture here addresses the primary concern you're raising, which is that it's not enough and it wasn't enough to say, "PHAC, here are your obligations. Prepare us for the next pandemic."

PHAC has a number of responsibilities. Who is the individual person in PHAC who is responsible for coordinating pandemic prevention and preparedness? Someone needs that core accountability, and this legislation sets that down.

It requires the government to table a plan to Parliament. When you ask PHAC for a plan, and they say, "We have a plan; don't worry about it", that's insufficient. We as the public have just lived through something we never thought we were going to live through and we never want to live through again. We'd better have ongoing accountability from not just this government but all future governments to ensure this never falls off the table and that there's ongoing accountability to Parliament.

[Translation]

**Mr. Luc Thériault:** Mr. Chair, there is no interpretation currently, at least not on the auxiliary channel. The problem I was apprehensive about at the beginning of the meeting just happened, didn't it?

**The Chair:** Indeed, the issue you raised at the beginning has been resolved.

[English]

Thank you, all.

We now have Dr. Hanley, please, for six minutes.

[Translation]

**Mr. Luc Thériault:** Mr. Chair, the French channel is not working.

**The Chair:** All right, just a moment.

**Mr. Luc Thériault:** Mr. Chair, the French channel has just started working.

**The Chair:** All right. Sometimes time is the best remedy. It's all taken care of.

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

[*English*]

**Mr. Brendan Hanley (Yukon, Lib.):** Thank you very much.

Thanks, Nate, for bringing this forward. You're passionate, articulate and effective in your role as an MP on a wide range of issues.

One of the ways I want to start this off is by saying that, of all the things that you might have taken on as a private member's bill at this time, you've picked this one. You've seen a need to put forward a private member's bill in addition to everything else that should be or is happening in terms of postpandemic reviews, preparedness and external reviews.

Tell me a bit more about what motivated you and what you saw was missing that led you to put this forward. I'm hearing accountability. That may be the key word, but I'll give you a chance to explain briefly some of the rationale.

**Mr. Nathaniel Erskine-Smith:** There were a few different things, Brendan. I appreciate the question.

First, I came to this idea really out of a lot of work with the climate accountability law. I think that is a really important piece of legislation. The U.K. had legislation like that in 2006 and really led the way. We've more recently caught up to that. I think it's a really important framework to have in place to ensure that, with an existential threat like climate change, we have ongoing accountability, no matter the government. Whether it's a future Conservative government, it doesn't matter. We have a piece of legislation in place that says the government has to continue to table plans and maintain progress reports. We can see whether action is sufficient or insufficient in clearer terms.

Similarly, with an existential threat like a pandemic, especially having gone through one, I wondered whether we needed similar architecture. I pitched it at one point, I think even into the 2021 platform process, and it didn't come to fruition. When I won the private members' bills lottery again, it seemed like a good place to start.

My experience with private members' business has not always been that they become law, when one considers the specific process of a private member's bill through the very arcane process that we live through as individual legislators, but oftentimes they do get picked up by governments. In a perfect world, a bill like this with an architecture like this would be picked up by the government and be part of government legislation.

• (1120)

**Mr. Brendan Hanley:** Thanks.

Another area I was really interested in and that you referred to in your five minutes was the one health framework. I think that would be really interesting to highlight, so I want to give you another chance to highlight the importance of that, whether we talk about antimicrobial resistance, for instance, as a global threat; climate change effects and the effects on animal or human health; or the

risk, and I would say the ever-increasing risk, of spillover events from animals to humans to trigger another pandemic.

Could you just talk about the importance of grounding this bill in that one health viewpoint?

**Mr. Nathaniel Erskine-Smith:** I appreciate the question. It's absolutely essential that, when we look at prevention in particular, everything runs through a one health lens. This is not my idea. This is an idea that, as I said, is already residing at Health Canada and Agriculture Canada by way of antimicrobial resistance.

I remember sitting through a World Bank briefing many years ago when Minister Philpott was still in that role. The risk of a superbug was highlighted even at that time. It wasn't just the human toll of a superbug but also the economic toll. We've seen first-hand now, having lived through a pandemic, the risk of these spillover events.

I can use a couple of examples. You can look at antimicrobial resistance. The risk of superbugs is brought on by the poor health of animals and the need for an overreliance on antibiotics. Resistance builds, and then there's a huge risk to humans as a result of initially poor animal health. When you look at the spillover risks that we increasingly face as a matter of climate change and deforestation, or when you look at deforestation, you look at the loss of habitat and the increased interaction, as a result, between animals and humans. There is a major spillover risk. Poor environmental health leads to poor human health and great risks to human health.

All of these things are interconnected. That's the primary focus that we have to hold onto here. Human health, animal health and environmental health are interconnected. To prevent the next pandemic, we have to take one health very seriously.

**Mr. Brendan Hanley:** I'd like to use my remaining minute to reflect a little bit on the pandemic that we have been living through.

If we just go back a couple of years, you and I were in very different roles. I was a regionally based CMOH for the Yukon Territory and relying certainly on federal support through the Public Health Agency for coordination of the response. You were an MP. I'm just wondering what you were observing as a sitting MP. Are there some key words in terms of what motivated you—i.e., that this was really important—given your experience as an MP during the pandemic?

**Mr. Nathaniel Erskine-Smith:** We witnessed the world fall apart. I don't want to ever see the world fall apart again.

It's pretty much as simple as that.

**The Chair:** Thank you, Mr. Erskine-Smith.

[*Translation*]

Now it's the Bloc Québécois' turn.

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

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

Welcome, Mr. Erskine-Smith.

I have read your bill and I understand its intent. However, while the intent is very commendable and you seem to have done a certain amount of research, I currently feel, as a legislator, that you are putting the cart before the horse.

I will give you a specific example. You were talking earlier in your opening remarks about the concept of one health. In fact, the director of the POPCORN collaborative research platform came to discuss this with us during our study on children's health. You are aware of the POPCORN research project, which will continue for two years and which is based on this one health approach. But we don't know what the findings are yet. We don't even have an outline of the research that these people are doing. I am talking about a simple aspect that you raised that I think is very relevant within what you called your architecture.

As a legislator, I don't have what it takes today, and I won't have it tomorrow or in two weeks, to do serious work to propose amendments and improve your bill. Why is that? Because an independent public inquiry is needed to highlight all the failures we have had. The idea is not to find fault, but to understand why all the things that were in place—and there were plenty of them—were not sufficient to properly prepare us for the pandemic. We need to understand the context in which all the reports and plans that existed since the SARS crisis were not sufficient.

There are indeed plans, aren't there? For example, a planning guide for the health sector has been published since 2004. The last update to this document was in 2018. The deputy ministers from each of the provinces have collaborated on and agreed to this plan. So this collaboration that you're talking about is already in place. So what is it about this planning guide and so on that has not been able to be implemented? I also want to understand why the National Emergency Strategic Stockpile was empty.

There are plenty of things that we need to put in place, independently, as far as the facts are concerned. I understand your legislative intent. I'm sure that what you want is to make sure that everybody is better equipped next time, but also that there is accountability. But I'm wondering what would lead one to believe that there wasn't an accountability capacity, given the structure and the measures that were in place. At this point, I do not have the answer to that question.

I can let you respond to my opening remarks.

I think your intent is good and your bill could become very interesting as a result of an independent investigative process where we can get real facts and understand why things did not work.

I'll let you respond to that.

● (1125)

[English]

**Mr. Nathaniel Erskine-Smith:** I have a few different things, and I appreciate that.

In terms of a one health approach, the evidence is in. I mentioned the United Nations Environment Programme. I mentioned the inde-

pendent panel. I mentioned the Intergovernmental Science-Policy Platform on Biodiversity and Ecosystems. I could have mentioned the Royal Society of Canada, which in June 2022 had a report, "Strengthening a One Health Approach to Emerging Zoonoses". It said, "A resilient and sustainable structure for a One Health approach must be tied to function and a clear One Health agenda for Canada, accompanied by established tasks, timelines, milestones, and support for execution."

This is not a debate about whether a one health approach is necessary, so there's no cart and horse when it comes to one health. We absolutely need a one health approach. It's a question of execution.

On the question of why we were unable to deliver on the plan that existed, we as parliamentarians are asking questions after the fact. The goal of this legislation is to ensure that as parliamentarians we turn our minds to asking questions and to bringing out the accountability function that we ought to be playing on a regular basis and in a number of different spheres to pandemic prevention and preparedness, and that we ensure we're doing our job and asking questions before the next pandemic. If this legislation is in place, that's exactly what's going to happen.

On the question of whether we wait for a review first, no, because a review is secondary to the architecture of this bill. In fact, a review wasn't even part of this bill when I initially drafted it. A review came about because the researchers at the independent panel said that what would be really great would be if we had a review that informed the plan. I thought, okay, let's do that. A review would be a great idea.

At the end of the day, we don't wait on some searching review of the impacts of climate change and what the best steps are of preventing climate change. There are already a number of reports out. Let's get the climate accountability law in place and make sure there's action. The same principles apply here. Do we need a searching review? Sure, of course we do. I'm not opposed to that. I agree with that, but that's neither here nor there.

● (1130)

[Translation]

**Mr. Luc Thériault:** You talk about accountability. Don't you think we need an independent inquiry, instead of an advisory committee?

**The Chair:** You have run out of time for another question. Your six minutes are up.

[English]

Mr. Davies, go ahead, please, for six minutes.

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

Thank you, Mr. Erskine-Smith, for appearing before the committee.

It's quite clear that there are two major parts to this bill. The first part is a cultural review of the government's handling of the COVID-19 pandemic, and the second part deals with the creation of a pandemic prevention and preparedness plan.

I'm going to congratulate you on half of it. I totally support the pandemic prevention preparedness plan and couldn't be more opposed to the review provision of the bill. I can tell you that I will be supporting the bill if the review portion of the bill is completely excised from the bill, which you and I talked about in the past.

I want to start by saying that, Mr. Erskine-Smith, you were quite correct that in 2004 the Public Health Agency of Canada was set up following SARS. It was specifically mandated to be Canada's lead organization for planning and coordinating a national response to infectious diseases that pose a risk to public health. That's exactly why PHAC was set up. Of course, Canadians expected that the federal government would build and maintain the capacity to protect them from future pandemic threats from that point on.

I think it's quite clear that this capacity mandate was replete with successes and failures during the COVID pandemic. I'll touch on a few of them.

The agency underestimated the potential danger of COVID, and they continued to assess the risk as low until a week after the WHO had declared a global pandemic. A scathing internal PHAC audit released in January of 2021 found limited public health expertise at the agency and a lack of epidemiologists. They found a lack of emergency response management expertise and capacity within the agency. Communications were identified as terrible. PHAC was missing sufficient skills and capacity for risk communications. Dr. Tam said that she received information in the wrong format with inaccuracies.

There were problems with Canada's emergency stockpile. The Auditor General confirmed that negligent mismanagement of Canada's emergency stockpile resulted in shortages of PPE for essential workers when COVID-19 hit. We had to throw out millions of expired PPE. There were problems verifying compliance with quarantine orders and, of course, the scandalous problem in Canada's long-term care homes showed a shocking failure in that regime.

The pandemic prevention preparedness plan is excellent. I want to stop there and talk about the review, though.

This bill would have the Minister of Health, who is in charge of PHAC, appoint an advisory committee—not even an independent committee with any real power but an advisory committee—to assess his or her performance and the performance of PHAC, which is under the aegis of the health minister. That is like the defendant appointing the judge. It is completely unacceptable on its own.

From the beginning, the NDP has wanted the federal government to launch an independent public inquiry under the Inquiries Act. We've passed the third-year anniversary of COVID. Rather than providing a transparent, independent and comprehensive review of Canada's COVID-19 response, this bill would not do that. The measures don't meet that standard. The legislation does not provide any powers of subpoena of documents or of people. It's not independent, it's not transparent, and it's not resourced.

I notice that a number of civil society actors have agreed with the NDP. Dr. David Naylor, who is chair of the federal COVID-19 immunity task force and former chair of the federal review of the SARS epidemic, has called for an independent review. Richard Fadden, former national security adviser to the Prime Minister, has called for an independent review. Dr. Adrian Levy, Dr. David Walker and Dr. David Butler-Jones have all called for such an inquiry.

My question to you is this: Are you okay with and will you support the NDP's motion when we move to excise clause 3 and paragraph 4(2)(e) of the bill to remove all parts of this bill that would have the government set up a review structure of its own and keep the part of the bill that establishes a pandemic prevention preparedness plan?

Will you agree with that amendment?

**Mr. Nathaniel Erskine-Smith:** In short, yes.

Don, I appreciate the proposal. Let me say that the intention was never to oust any kind of independent review. If you remember SARS in Ontario, we had an independent commission and then a properly independent judicial commission. We also had, at the federal level, a national advisory committee on SARS and public health, which was more what I was imagining. That was chaired by David Naylor.

I consulted with David Naylor, by the way, in the course of putting this bill together. At no point had I intended to oust some parallel, independent track. It was really to ask how we invest, form a plan and make sure a review is a component of that. I don't want any distraction. I don't want this to be a bill to point to and say that a review is happening so we don't need another more searching review.

To return to the short answer, yes, I completely support your proposal. Let's keep the core of the bill the core of the bill, which is the architecture of accountability.

• (1135)

**Mr. Don Davies:** Thank you for that. I really appreciate that honesty.



The problem is that, when I asked the health minister when he was at this committee if the federal government is prepared to launch an independent public inquiry, he said this: “We are currently discussing a bill in the House that is also pointing to the importance of having a review of COVID-19.”

The danger here and the NDP's concern is that we don't want the government to view this as the independent inquiry. In our view that would constitute a whitewash. We think it's very critically important that we have an independent review as well as your preparedness plan. That's how we'll be proceeding with this bill.

**Mr. Nathaniel Erskine-Smith:** I never considered, Don, that this would oust any kind of independent and more searching review. I don't think the government ought to be able to point to this bill and say, “This bill is happening so we're not going to do a more searching review.”

My conversations with the government—similar to the conversations I've had with you—have been around making sure we focus this legislative effort specifically around the pandemic prevention plan and coordinator and that accountability to Parliament, and that we leave the review out of this bill and leave it to another process.

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

The problem is that the government has not called such an independent review to date. That's the problem.

**The Chair:** Thank you, both.

Mrs. Goodridge, go ahead, please, for five minutes.

**Mrs. Laila Goodridge (Fort McMurray—Cold Lake, CPC):** Thank you, Mr. Chair.

Thank you for your presentation here today.

It's rather challenging when we find out that we're basically only talking about half of the bill. If you've already agreed and there's some kind of deal on the books to get rid of half of the bill, it would have been nice to just have that up front.

**Mr. Nathaniel Erskine-Smith:** I did mention, in the House at second reading, that I was open to that change as well. It's not news.

**Mrs. Laila Goodridge:** No, but saying that you're open to it and the deal has already been done is a little different.

That's fair enough. Thank you for that clarification.

I think one of the challenges I have with this is that, from my read, and as Dr. Kitchen laid out, PHAC already has this plan. The only real difference is that there is no requirement to report to Parliament. In my experience, I'm not sure what the requirement to report to Parliament would do if the plan isn't actually being done and listened to. You can have a brilliant plan. You can have an absolutely stunningly brilliant plan, but if you don't actually follow it, then what is the point?

I think this is part of where Conservatives agree with the NDP. We need to have an open public inquiry into this, so that we can actually look at what happened when, what worked and what didn't, how it worked, how we didn't apply our plan and what parts of our plan we ignored. Not every part of a plan will actually come to

fruition or make sense, because technology is changing so quickly. Things that could have been best practices two years ago are no longer best practices. If we look at the three years since the pandemic started, our information as to how to best prepare and protect ourselves against this infectious disease changed dramatically. I think that is critical.

I'm just curious. What piece of just having the reporting to Parliament do you think will make, somehow, a big difference in the lives of Canadians?

**Mr. Nathaniel Erskine-Smith:** In part, you just answered your own question when you said that the science changes on a regular basis and there ought to be recurring updated reports. At the moment, there's no obligation to say there ought to be those recurring updated reports. This imposes that kind of an obligation.

The second thing to say is that Mr. Kitchen listed off a series of measures that are in the mandate letter for PHAC. Some of them overlap with the bill, but not all of them overlap with the legislation. I point you to the responsibilities on the Minister of Industry, for example, in this legislation, including that the minister assess and improve the manufacturing capacity in Canada with respect to vaccines. We've had at my industry committee a really serious examination of the vaccine manufacturing capacity in this country and the need to make sure we have that kind of national security focus on vaccines.

That's not in the mandate of PHAC. To suggest that some things are in the mandate of PHAC so this legislation is unnecessary ignores the fact that there are many things in this legislation that are not housed within the mandate of PHAC.

• (1140)

**The Chair:** We have Mr. Jeneroux, please.

**Mr. Matt Jeneroux (Edmonton Riverbend, CPC):** Thank you, Mr. Chair.

I'll just be brief.

Nate, it's good to see you, even though it's virtual.

**Mr. Nathaniel Erskine-Smith:** It's good to see you too.

**Mr. Matt Jeneroux:** It's funny that you're here at this committee with this, because during the pandemic Don, Luc, me, Robert Kitchen, Darren Fisher, Sonia, Marcus and a lot of us had meetings every single day, I think, at the very beginning. We got to know each other really well, which was the bonus of it, but it was a real drag of information that we were trying to get out. We were looking for the solutions—like some of the stuff that Don indicated were surprises to the committee and a surprise to the minister.

Here, at that committee, for a good six to eight months—I think we might have been the only committee meeting for a while—it was always that we could collectively come together and say that eventually there would be an independent review of everything. Whatever information someone was not sharing, whatever information might be for whatever political purposes, or if it was for privacy purposes and they wanted it to remain confidential, again, we could say that this would eventually come out, so we'd keep going and pushing forward.

What I really worry about with your bill—and I don't think it's intended in this way whatsoever—is that I fear the government has the opportunity to use it in this way and say just exactly what Don indicated. The minister's response at our committee when we go and ask when this is going to happen, because we've been talking about this for so long.... They use your bill as a shield right now to say that it's already something that's being talked about.

You've answered a little bit, but I don't even know if I necessarily need a comment from you. I think it's more of a caution to it.

**Mr. Nathaniel Erskine-Smith:** I have that answer for you, though, Matt, which is—

**The Chair:** I hope the answer is short, because we're out of time.

**Mr. Nathaniel Erskine-Smith:** Sure.

The last time I checked the Liberals don't have a majority. If you want this bill to deliver an independent review, you can amend the bill accordingly. You can either delete it, as Don is asking, or you can work with Don and make it independent. It's up to you.

**The Chair:** Thank you, both.

Mr. van Koeverden, you have five minutes, please.

**Mr. Adam van Koeverden (Milton, Lib.):** Thank you, Mr. Chair.

It's good to see you, Nate.

Seeing that you probably had a longer answer to that previous question, I'll give you an opportunity to provide that now before Marcus and I share our time.

**Mr. Nathaniel Erskine-Smith:** I appreciate it, Adam.

One, on the independent side of the equation, I would leave it as I answered.

On the second piece, though—and I think Don correctly assessed this—there are two core parts to this. I would have said that the review is ancillary even to the pandemic prevention and preparedness plan and the obligation to table that in Parliament. That's the architecture that we're really talking about here. There are details in what should or shouldn't be in the plan. There are amendments, I have no doubt, that ought to be made to add things, to remove things and to adjust language. That's, I think, the core focus.

On the review side, delete it if it's a problem. That was ancillary to the core focus here. If Matt has a problem with it or if others.... Don obviously has articulated a sensible challenge with it. Remove it, or in your wisdom, make it a stronger review.

I think that can very easily be dealt with. Let's focus on the nuts and bolts of this, which is the obligation to table a plan and the

obligation to appoint a coordinator who is going to be responsible for the plan, and then really let's make sure the language is right for what ought to be in the plan.

**Mr. Adam van Koeverden:** Thanks, Nate.

I want to commend you on your willingness to come here and work collaboratively. You know as well as anyone—better than most, I'd say—that the House of Commons works best when we collaborate and work together. I think everybody in this room and certainly everybody in Parliament, and most people in Canada, believe in accountability, believe in preparedness and believe that we've learned some lessons through the pandemic and that we'd be best served as a country to learn from some of those.

Again, I commend you for coming here to express the willingness to work together, to collaborate and to change the bill if necessary.

I know that Marcus has a couple of good questions, so I'll leave it to Marcus, now.

Thanks, Nate.

• (1145)

**Mr. Marcus Powlowski (Thunder Bay—Rainy River, Lib.):** Thanks, Adam.

I really want to commend you, Nate, for having the *cojones* to take this on. This has been the number one issue facing our government for the last three years, and also the number one issue facing all Canadians for the past three years. You certainly chose the biggest topic you could have chosen for a PMB.

Our review of what happened with the pandemic and our plans to try to do better next time are really important for our government, but I think—and I think you realize—you have a really uphill battle doing this as a PMB and getting this passed.

I wonder what your thinking is in terms of where we go from this. Do you think this will become the basis for government legislation? Where do we go as a committee? Do we go straight...? I'm wrestling with what we do with this. Do we go line by line, clause by clause now, or should we be calling in witnesses? Where do you see this going?

**Mr. Nathaniel Erskine-Smith:** I really appreciate the question, Marcus. I would say there is an opportunity for this bill to become law by virtue of the timing of it, because I won this arcane lottery, as far as it goes.

Matt Jeneroux, by the way, knows more than anyone about the ability to get a private member's bill passed. I was happy to help with that effort. I'm hoping I get a little help in return.

On the question of what to do as a committee, I think it's, very simply, to get the review question out of the way. Delete that section, as Don said. I think that's a pretty fair way forward. It's causing consternation across the aisle. Just get rid of it, because that's not the principle focus of this thing. You can make it an independent review and away you go, but otherwise, bracket that off, delete it, get rid of it and let's focus on the nuts and bolts of it.

Otherwise, yes, bring in experts. I sent Sean a list of them. Bring in experts. They will disagree with some portions. They'll have better language for other sections, but go through the obligations in the plan, and if anything's missing, add it. If particular language is a problem, change it. Make sure that there's a strong, fulsome obligation on the government of what ought to be in that plan when they table it in Parliament every three to five years. You can have the debate about three to five years, as far as it goes.

I think that's where the focus of the conversation should be. We're putting in place a framework for not just this government but all future governments. What ought to be in it to make sure that you don't have those conversations that you all had with PHAC and others in the wake of the pandemic, and that we're having them before the next pandemic?

What are the answers to core questions around preparedness? What are core answers to questions around prevention, and how do we make sure these questions are being answered in a very proactive way?

**Mr. Marcus Powlowski:** Again, I want to thank you, Nate, for doing this. We certainly have to start on this task. I think you've started us on this. Where it goes I'm not sure, but I really thank you for having done all your hard work.

**Mr. Nathaniel Erskine-Smith:** Thanks, Marcus.

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

[Translation]

Mr. Thériault, you have the floor for two and a half minutes.

**Mr. Luc Thériault:** I'm going to provide a quick clarification, to put it on the record. I'm not saying that a one health approach isn't crucial. As you said in your preamble, it's a critical approach to preventing pandemic risk. I believe that as well. Having said that, I was referring to a study that is currently being done on children's health, but which has only been funded for two years. These people will soon be tabling their results. If this is a crucial approach, why not fund it for the long term? That's the point I was making earlier.

On the other hand, you say that we should drop the idea of an independent investigation into what went wrong despite all the measures that were already in place. However, that is a prerequisite, in my opinion.

Since Mr. Powlowski touted your freedom of thought, I'll ask you: do you support an independent, public inquiry?

[English]

**Mr. Nathaniel Erskine-Smith:** I would support an independent process, of course. That's an easy one.

The fact, though, is that an independent process isn't a necessary prerequisite to putting a plan like this in place. Of course, we

should have lessons learned and they should inform ongoing efforts, but there have been so many reviews. I've mentioned a few reports already, both from international institutions and from other countries that have taken undertaken reviews. There is so much already available for us to learn from. We need a piece of legislation with an accountability architecture in place very much like this to ensure that we have an obligation on the government to table plans in a public-facing way and update plans on a going-forward basis.

I don't think either one presupposes the other. Let's have an independent review. Let's also pass this legislation to ensure that there is pandemic prevention and preparedness accountability to Parliament.

• (1150)

[Translation]

**Mr. Luc Thériault:** There have been several failures with respect to quarantines, border management, the National Strategic Emergency Stockpile, and the Global Public Health Intelligence Network. There were also measures that some would call antithetical to freedom: vaccine passports for everyone on all transportation under federal jurisdiction, mandatory vaccinations for all federal employees without which they could not access employment insurance, and I could go on.

You would want us to skip over the findings of such an investigation, which might determine why our response to the pandemic didn't work when everything was in place to handle it well, other than the fact that it fell on us because we didn't believe it would cross continents.

[English]

**Mr. Nathaniel Erskine-Smith:** Why would one have to gloss over any conclusions? It makes no sense. The bill doesn't ask for them to gloss over any conclusions. The bill says that these factors have to be considered in a plan. Whatever conclusion an independent review comes to or any other review for that matter, this sets an architecture in place that can encapsulate that learning. This doesn't make a decision to say this should have happened or that should have happened and presuppose a review.

[Translation]

**Mr. Luc Thériault:** Is it because this accountability architecture does not currently exist?

**The Chair:** I am sorry, but your time is up.

[English]

Next is Mr. Davies, please, for two and half minutes.

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

I'm not going to belabour the point because, Nate, you've been very forthright. I want to thank you for that.

I just have to state again that what this country needs and what I think is required for public confidence is that there be a transparent, independent and comprehensive review of Canada's COVID-19 response. Nothing less than that will suffice. That's why the NDP has called for such an inquiry under the Inquiries Act.

We already have legislation that sets up a process for such an inquiry. It establishes an independent chair. It would empower the inquiry to subpoena witnesses, order the production of documents and hold evidence in public and under oath. It allows them to retain appropriate experts, including counsel and technical experts, to advise them.

To me, that's far beyond the scope of this bill. That's why only excising that part of the bill is acceptable.

I want to end on a positive. I think that the work you've done on the pandemic prevention and preparedness plan is superb.

You have other things to look at. You have requiring a plan to look at protection of vulnerable and marginalized populations, working conditions of essential workers, the availability and management of relevant stockpiles and protective equipment, and manufacturing capacity in Canada with respect to any product relevant to pandemic preparedness, including vaccines and PPE. It calls for us to look at antimicrobial resistance; disturbed habitats that could contribute to pandemic risk such as deforestation, encroachment on wildlife habitats etc.; measures to look at the impact of live animal markets; and the importance of global biodiversity. It calls on us to look at global health equity, co-operating with international organizations and even transport routes of pathogens.

I think it's a really comprehensive plan you've put forward. I'm going to support the second half of the bill. I'm curious to hear from other witnesses, if there are any.

I just want to tell you that I think you've done an excellent job in identifying the factors that ought to be looked at. If COVID taught us one thing, it's that PHAC was not able to deliver the mandate it was given. We would be remiss as parliamentarians if we didn't recognize that and come up with a new way of holding them accountable to make sure that, when the next pandemic comes—and I'm told it's not a matter of if but when—we are not caught flat-footed and that we learn from the lessons of COVID. I think the second half of your bill does that, Nate, so thank you.

**Mr. Nathaniel Erskine-Smith:** Thanks, Don.

Let me say I would also be remiss, because it's 4/20, if I didn't say that it's been great to work with you previously. I look forward to delivering on this with you together at the health committee.

• (1155)

**The Chair:** Thank you.

We'll go back over to the Conservatives.

Dr. Kitchen, you have five minutes.

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

Nate, again, thank you for being here and presenting to us. It is appreciated.

Further to what Don has talked about, when I look at the second part of it... We'll go to that second part as opposed to the first part. I think that's what Canadians want.

Number one is that, as I look at this, I see that you're pointing out things that I believe are already in place. That's part of why I brought up what I did in my first line of questioning. They are already in place. You are identifying that and making it such that, although the assumptions of Canadians are that PHAC would provide that information to the government, it appears that some of it may not have been provided. This basically puts that in place to say that it has to be done. It has to be done in this kind of time frame with that preparedness plan. That part, I think, is a good thing.

As we move forward, obviously, there are parts of it... For example, if we were to look at paragraphs 4(2)(f) and 4(2)(g), basically what they indicate is that we need to be on top of things. Perhaps what this will do is create the re-existence of GPHIN, which was the global public health intelligence network that was in place until 2019 and was then shut down. One of the things that we found out during COVID, when we first saw this on our table in 2020, was that this wasn't in place to monitor these aspects. These are things that I think are of value in there.

I'm just wondering about your thoughts along those lines.

Did you have any discussions with any particular people in dealing with, for example, the GPHIN, as you approached the legislation?

**Mr. Nathaniel Erskine-Smith:** I didn't have specific discussions with that organization, no. However, I take your point that we do need, and the bill specifically speaks to the need, to emphasize and describe the state of the research in relation to infectious disease prevention and preparedness, but also the establishment and inter-linking of surveillance systems inside and outside of Canada, which is critical for early-stage assessment of risk and making sure we're able to respond quickly to ensure that it doesn't turn into a pandemic in many cases.

It's a good organization to have attend as a witness, frankly. I would just say, if you are able to... I know it's always tough with private members' business, but if you are able to set aside a few meetings for witnesses, I think it will really help. Once you bracket out the review portion, which I know has been causing more consternation and focus, to Ms. Goodridge's point, I think if we really focus in on the contents of the plan and make sure we tighten up the language there—and experts will be able to help with that—we'll be in good shape going forward.

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

Ultimately, as we've heard around the table, I think everyone here truly understands that SARS wasn't the first. H1N1 was a scare that sort of petered out. COVID-19 came along and woke people up, and many people will say there's another one just around the corner.

The idea is to have in place legislation to make certain that, first, we're ahead of the game. Second, we're on top of it when it's there, and third, we're prepared for something coming down in the future. It doesn't matter which government it is, whether it's the present government or future governments or those, as has been indicated, a hundred years down the road. These need to be in place, so that we have done the right steps and can make certain that the wording is done appropriately such that people will not find ways to evade it and work around that.

Would you agree with that?

**Mr. Nathaniel Erskine-Smith:** I think everything depends now on getting that language right in terms of what the contents of the plan ought to be, and then you guys will have to decide if it's between three and five years, in terms of the tabling of the plan.

I just want to emphasize, I suppose, the wording of the plan. I'll use an example. The United Nations Environment Programme lists seven key disease drivers. Climate change is one, as an example, but two of them are actually more fraught. One is travel, the fact that we move around the world as freely as we do. That is a pandemic risk. Another is the increased demand for animal protein, because as Brendan Hanley mentioned, the challenge of AMR is just one example, but there is a greater pandemic risk in other countries that don't take biosecurity as seriously as we do. If there are unhealthy animals, it can lead to unhealthy humans and a real challenge on the pandemic side.

I do think we want to talk about managing risks. It's not about eliminating activities. It is about managing the risks and reducing the risks associated with those activities in a thoughtful way. If you guys can take that same thoughtful approach at each provision and say, "We understand what Nate's getting at, but here's a better way of phrasing it, while maintaining the core idea of managing and reducing risk," I think we'll be in a good place.

• (1200)

**The Chair:** Thank you, Mr. Erskine-Smith.

The last series of questions for today will come from Ms. Sidhu for five minutes.

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

Thank you, Nate, for the update of this bill and thank you for your sincere efforts.

My question is this. What is the role of surveillance and early warning systems in pandemic prevention in your view? How can this be improved through research and technology?

**Mr. Nathaniel Erskine-Smith:** I don't have a great answer, in some ways, other than I know that early surveillance is absolutely essential and technology as part of that is absolutely essential. We need to make sure governments—our government and all governments around the world working together—are taking this as seri-

ously as they can. That's really what this legislation is about. The establishment and interlinking of surveillance systems for infectious diseases is highlighted as a factor that needs to be included in the plan. I think that's an essential part of any preparedness and prevention plan, but the details will have to be worked out by those who are experts at PHAC and in the government, going forward.

**Ms. Sonia Sidhu:** I'll go to my next question. During the pandemic, we saw the key importance of our medical officers of health in different regions across the country. How can provincial, municipal and regional governments best be engaged when it comes to the legislation and pandemic prevention and preparedness?

**Mr. Nathaniel Erskine-Smith:** I'm really glad you asked this question because it's a section of the bill that I struggled with. I don't think I landed it perfectly, and I would welcome help in getting it to a better place.

When you look at paragraphs 4(2)(c) and (d), for example, there's an acknowledgement that we need sustained collaboration between the Minister of Health, provincial governments and indigenous communities in the development of the plan in order to align approaches and address any jurisdictional challenges, and, boy, did we live through many jurisdictional challenges in the course of our own pandemic response.

Paragraph 4(2)(d) is a section I think you guys could improve because it says "provide for training programs, including collaborative activities with other levels of government, Indigenous communities and relevant agencies". I didn't really mean training programs as it were.

David Naylor and others emphasized the need for tabletop and simulation exercises. It's the idea that you would work collaboratively as a federal government alongside provincial governments and municipal governments and would have simulation exercises to test the plan you have and improve the plan accordingly. That really isn't about training. You could talk about training, but what I really wanted to drive at is simulation exercises with other levels of government. That could be a section you could improve upon and would speak directly to that concern, Sonia.

**Ms. Sonia Sidhu:** Thank you.

I have a follow-up question. The health committee did a study on health human resources. We all know there's a shortage of nurses and doctors.

Did your bill also look into the human health resources?

**Mr. Nathaniel Erskine-Smith:** Yes. Don mentioned that paragraph 4(2)(i) speaks to the working conditions of essential workers across all sectors. That would include, obviously, PSWs, and that would include nurses.

Paragraph (h), though, is probably where it speaks to it most directly: “support local public health and primary care capacity building”. I know there are some jurisdictional challenges here. Primary care is ultimately delivered by provinces. Having said that, we just entered into bilateral health accords where we, as a federal government, are delivering dollars and emphasizing the need to use those dollars for primary care.

I think there is an opportunity here not to take on provincial jurisdiction—primary care is provincial jurisdiction—but to emphasize in the course of any plan, “Here is the work the federal government is doing,” including through PHAC, as an example. If you read the name of the report in the wake of SARS, they emphasized the need for PHAC to deliver funding directly to public health agencies in some ways.

There are ways of thinking about unique funding opportunities. There are ways of ensuring that strings are attached in some ways, but at all times I think we, as a federal government and all levels of government, need to work together to ensure, as you say, that we're addressing the health human resources challenge, and we're ensuring that there's capacity for contact tracing and capacity for all of the activities for responding to a pandemic, especially the health care response in relation to local public health and primary care.

• (1205)

**Ms. Sonia Sidhu:** Do you have anything else to say about your bill?

**Mr. Nathaniel Erskine-Smith:** Please bring experts in. Please improve the language where you can. Then let's make sure we pass this and kick it over to the Senate. Let's get this done.

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

Thank you, Mr. Erskine-Smith.

That concludes the questions for today.

It certainly has come as no surprise to me and probably to anyone else who knows you, Mr. Erskine-Smith, that you have been incredibly thorough and insightful in your presentation today. Congratulations on getting it to this stage. You have now handed it over to us and given us a fair degree of latitude as to where it goes from here. Thank you for that. Good luck with the challenges you have in front of you now. Once again, we really appreciate your work on this and the very informative and thoughtful way that you presented before the committee today.

**Mr. Nathaniel Erskine-Smith:** Thanks, Sean.

I trust in all of you to work together to improve it and get it done. I really do. I have full confidence in all of you to work together on it.

Thank you.

**The Chair:** Thank you.

Colleagues, we're now going to move in camera, so we're going to suspend for five minutes to allow for that to happen.

The meeting is suspended.

*[Proceedings continue in camera]*

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