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# Standing Committee on Public Accounts

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Chair: Mr. John Williamson





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• (1110)

[English]

**The Chair (Mr. John Williamson (New Brunswick South-west, CPC)):** I call this meeting to order.

Welcome to meeting number 13 of the House of Commons Standing Committee on Public Accounts.

Pursuant to Standing Order 108, the committee is meeting today on “Report 15: Enforcement of Quarantine and COVID-19 Testing Orders—Public Health Agency of Canada”.

Today's meeting is taking place in a hybrid format, pursuant to the House order of November 25, 2021. Members are attending in person in the room and remotely using the Zoom application.

[Translation]

Given the directive of the Board of Internal Economy on March 10, 2022, all those attending the meeting in person must wear a mask, except when members are seated at their place during parliamentary proceedings.

To ensure an orderly meeting, I would like to outline a few rules for the witnesses and members to follow.

Before speaking, please wait until I recognize you by name. If you're on the video conference, please click on the microphone icon to unmute yourself. When you aren't speaking, your microphone should be on mute.

[English]

Interpretation is available. Those on Zoom have the choice at the bottom of their screen of either floor, English or French audio. Those in the room can use the earpiece and select the desired channel.

As a reminder, all comments should be addressed through the chair.

[Translation]

Honourable members, if you're participating in person and would like to speak, please raise your hand. If you're participating remotely using the Zoom application, please use the “raise hand” feature. The committee clerk and I will do our best to maintain the order of speaking. Thank you for your patience and understanding.

[English]

In accordance with our routine motion, I am informing the committee that all witnesses have completed the required connection tests in advance of the meeting.

I'd now like to welcome our witnesses.

From the Office of the Auditor General, we have Karen Hogan, Auditor General of Canada, and Carol McCalla, principal.

From the Public Health Agency of Canada, we have Dr. Harpreet Kochhar, president; Brigitte Diogo, vice-president, health security and regional operations branch; and Jennifer Lutfallah, assistant vice-president, border measures operations, health security and regional operations branch.

Witnesses will each have five minutes to make their opening statements.

Ms. Hogan, you have the floor for five minutes, please.

**Ms. Karen Hogan (Auditor General of Canada, Office of the Auditor General):** Mr. Chair, thank you for this opportunity to discuss our report on the enforcement of quarantine and COVID-19 testing orders by the Public Health Agency of Canada, which was tabled in the House of Commons on December 9, 2021.

I would like to acknowledge that this hearing is taking place on the traditional unceded territory of the Algonquin Anishinabe people.

Joining me today is Carol McCalla, the principal who was responsible for the audit.

This is our second audit of the border control measures that were used to limit the spread of COVID-19. This time, we found that the Public Health Agency of Canada had improved its ability to check whether travellers complied with mandatory quarantine orders. With the move to collect travellers' contact information electronically in late 2020, the agency was better able to follow up to determine if travellers quarantined as required.

Nonetheless, between January and June 2021, the agency was still unable to confirm whether 37% of travellers complied with quarantine requirements. While this is a decrease from the 66% reported in our previous audit, it is not a success story. Thirty-seven per cent of travellers is still a large number of people to lose track of.

In addition, the agency did not know what happened in most cases where individuals suspected of non-compliance were referred to law enforcement as a priority for follow-up. In any public health emergency, the agency needs quality information to know whether its approaches are effective and what adjustments may be needed to manage the situation.

We also found that the Public Health Agency of Canada did not adequately administer two new border control measures introduced in early 2021 to respond to the risk of variants entering Canada. Incoming travellers were required to take a COVID-19 test on arrival, followed by a second test eight days later.

We found that the agency was either missing or unable to match 30% of test results to travellers between February and June of 2021. Even more concerning was that the agency never contacted more than 1,000 travellers who tested positive to inform them of their test results and related isolation requirements.

*[Translation]*

The second additional border measure we examined was the requirement that travellers flying into Canada stay at a government-authorized hotel while waiting for the results of their COVID-19 test. At the time of our audit, the agency had records to verify hotel stays for only 25% of these travellers. Again, because of gaps and duplications in the way traveller information was collected, the agency wasn't efficiently administering quarantine requirements.

In setting up the border measures, the agency conducted a gender-based analysis plus assessment that covered age, language and digital literacy of travellers subject to quarantine orders. We found that only some of the recommendations from that analysis had been implemented. For example, anti-bias training for quarantine officers wasn't in place by the end of our audit. Overall, it was unclear how the agency used the gender-based analysis plus to mitigate potential negative impacts of quarantine measures on diverse groups.

Lastly, we found that the agency's ability to ticket people for not complying with quarantine orders varied across the provinces and territories. Almost all the tickets were issued to travellers who refused to quarantine at a government-authorized hotel after they had landed at two of the four international airports that were open. Few or no tickets were issued to travellers arriving at the other two airports, or in any of the other provinces or territories.

At the end of our audit, the agency still didn't have a plan to improve its enforcement capability across the country. The Public Health Agency of Canada accepted our recommendations and prepared an action plan to address them.

• (1115)

Mr. Chair, this concludes my opening remarks. We would be pleased to answer the committee's questions. Thank you.

*[English]*

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

Turning to the president of the Public Health Agency of Canada, Dr. Kochhar, you have the floor for five minutes, please.

**Dr. Harpreet S. Kochhar (President, Public Health Agency of Canada):** Thank you, Mr. Chair.

Thank you for the opportunity to talk about the work that the Public Health Agency of Canada is undertaking in response to the audit of enforcement of quarantine and COVID-19 testing orders.

Joining me today are Ms. Brigitte Diogo, vice-president of the health security and regional operations branch, and Ms. Jennifer Lutfallah, vice-president of border measures operations at the health security and regional operations branch.

Since the beginning of the pandemic, the Public Health Agency of Canada has directed the implementation of border restrictions and border control measures to help prevent travellers from spreading the virus that causes COVID-19 in Canada. While our approach has evolved, our guidance and advice continue to be based on the latest available science, epidemiology and expert opinion. The agency, however, accepts both of the Office of the Auditor General's recommendations as outlined in the audit report. The work is already under way to address them.

As you are aware, the Auditor General's audit covered the period of July 1, 2020, to June 30, 2021. Since that time, the Public Health Agency of Canada has developed an action plan to address the audit recommendations. I will take a minute to highlight the key components of the plan.

The agency will continue to engage with its provincial and territorial counterparts to ensure maximum collaboration when following up with travellers. In particular, we will continue to focus on those who have tested positive.

We're renewing our efforts to engage law enforcement partners and working to identify barriers to reporting as well as some interim and possible long-term solutions that will increase reporting on referral outcomes. For example, we are providing an option for police to report if a visit is not completed, so that the Public Health Agency can assess how many referrals have or have not been actioned, and focusing law enforcement referrals on high and urgent priorities only.

The agency is working with testing providers to develop innovative solutions to better reconcile traveller data provided to the Public Health Agency with test result data in the near term, while also developing requirements for an improved end-to-end system to enhance automated tracking and improve overall data quality. For example, to mitigate unmatched test results due to errors or inconsistencies in data submitted by travellers, the Public Health Agency worked closely with CBSA and testing providers to improve the completeness and quality of data fields used for matching.

I must mention, Mr. Chair, that within just over four months of the launch of the Canada border testing program in February 2021, on-arrival and post-arrival test completion increased by 20%, to 95% and 82% respectively. This was a direct result of efforts by the agency, in conjunction with testing providers, to address the barriers to test completion, such as reducing virtual appointment wait times and ensuring that materials were available in a diverse set of languages. We're also looking at how we can improve and streamline methods for assessing data quality internally.

We are also implementing GBA+ considerations to mitigate any potential adverse impacts that existing and future programs have on diverse or vulnerable groups.

Throughout the pandemic, the Public Health Agency has developed and implemented mitigations to identify disparate impacts of border measures on vulnerable groups, such as providing tailored accommodation where possible and making amendments to orders in council to create exemptions for several cohorts of potentially vulnerable travellers.

Finally, we are updating plans for administering and enforcing emergency orders in future outbreaks. This work will include incorporating lessons.

Some of the work I have just outlined has already begun, and some will begin as the pandemic winds down.

• (1120)

As I mentioned, the Public Health Agency of Canada agrees with both of the recommendations made in the Auditor General's report. However, I would like to note that by focusing only on select metrics—for example, the record of stay for travellers who stayed at government-authorized hotels—the report's findings do not account for all the layers of the compliance and enforcement program and how they work together. Together, these layers work to reduce the risk and limit the spread of COVID-19 by travellers.

[*Translation*]

We'll also review recommendations from other audits, evaluations and lessons learned. This information will help inform our planning process so that the agency is in a better position to respond to any future global health events.

While Canada began a phased approach to easing border measures in July 2021 for fully vaccinated travellers, the agency took quick action at our borders in November 2021 to mitigate travel-related importation of the Omicron variant, through enhanced testing and quarantine requirements and travel restrictions.

The situation at our borders is fluid. We'll continue to develop our measures when and where necessary to protect the health and safety of all Canadians.

Thank you, Mr. Chair.

[*English*]

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

We'll begin our first round and I'll turn now to the official opposition.

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

**Mr. Philip Lawrence (Northumberland—Peterborough South, CPC):** Thank you, Mr. Chair.

I'll just start with a little statement here. In accordance with the report from the Auditor General, "The objective of this audit was to determine whether the Public Health Agency of Canada administered quarantine requirements for incoming travellers to limit the introduction and spread of the virus that causes COVID-19 and its variants...."

Ms. Hogan, your scope surrounded what restrictions were put in at the border. It is clear that the controls were not as effective as they could have been for slowing the spread and reducing the transmission of COVID-19. However, my line of questioning is actually going to be focusing on the scope of the audit. I have some questions with respect to that. Many of the questions will be put to the Auditor General.

Ms. Hogan, I'm concerned that, despite numerous media reports, your scope did not include the numerous terrible conditions and the civil liberties that were violated within the quarantine hotels and under the enforcement procedures. I would cite the article by Christopher Nardi in the National Post from December 7, 2021, in which he cited evidence of individuals complaining about going hungry and living in dirty clothes.

Also, and even more troubling, there were multiple allegations of sexual misconduct, both within the quarantine hotel system and at compliance checks. I'll quote the Canadian Press article from the National Post on February 24, 2021, which cited police saying, "The accused informed the victim that they were in violation of the quarantine order and demanded that a fine be paid in cash. When the victim declined to pay, she was sexually assaulted by the accused."

Moreover, I'll quote the Canadian Press article on CTV News on March 10, 2021, which read, "Operators have been telling single women not to tell people of their location and...in some cases there are no locks on the doors within those quarantine facilities".

Ms. Hogan, given these blatant civil liberty violations, why did you not include the operation of the quarantine facilities, the enforcement checks and the potential abuses of Canadian civil liberties within the scope of your audit?

• (1125)

**Ms. Karen Hogan:** I will ask Ms. McCalla to add to this with a little more detail.

Part of our work included looking at the security measures that the Public Health Agency had in place to monitor the quarantine facility and the government-authorized hotels. During the scope of our audit, we were aware of one issue that had been investigated in rather detailed fashion, I believe, by the agency, and measures were being taken to address it.

I am going to see if Carol wants to add a bit more flavour to that response.

**Ms. Carol McCalla (Principal, Office of the Auditor General):** Thank you.

We looked at the security measures that the Public Health Agency of Canada required of the quarantine hotels that it had approved to receive incoming air travellers, as well as the arrangements that were put in place at its quarantine hotels. We saw that in both cases the agency had established the security requirements for these hotels and put in place measures to verify that they were in place and functioning as intended.

Following an incident at one of these hotels, the agency had conducted a review of its security procedures and put in place recommendations to improve the security. During the course of our audit, we saw that the agency was working to institute that across its quarantine hotels.

**Mr. Philip Lawrence:** Thank you for those responses, but my concern is that it doesn't appear as though... Although there may have been policies put in place, at the end of the day it's the results that matter, and the impact.

How many people in the media or otherwise who reported a complaint did you interview? How many members of the general population—not just government officials—did you interview to see what the experience was truly like at the enforcement checks and quarantine hotels?

**Ms. Carol McCalla:** We didn't interview members of the public or travellers who had stayed at quarantine hotels. We contacted different agencies that were involved in setting these up—for example, hotel organizations—and they talked about the situations they saw at the hotels that were put in place and the extent to which they were consulted in those measures.

**Mr. Philip Lawrence:** As I think you might have mentioned in your statement, it's clear that vulnerable populations, such as women, BIPOC individuals and members of the LGBTQ2+ community, might have been disproportionately impacted by the misconduct of government officials. To what extent did you review and analyze and apply a GBA+ analysis to the impact on vulnerable populations of the quarantine hotels and enforcement checks?

**Ms. Karen Hogan:** During our analysis, when we looked at what the Public Health Agency had done for gender-based analysis

plus, we saw they had collected information but really not used that information or analyzed it to see whether or not adjustments needed to be made.

One of the other recommendations we saw that came out of their own analysis and hadn't been implemented was the bias training for many officials. As you know, training and awareness are the first key places to start in order to drive a change here. We saw that certain measures hadn't been applied and we weren't sure why.

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

We'll turn now to Ms. Yip. You have the floor for six minutes.

**Ms. Jean Yip (Scarborough—Agincourt, Lib.):** Thank you, Chair. I appreciate the witnesses for coming in today and for their work done on this important study.

I remember that at the time the quarantine hotel stays were introduced, there was a lot of reporting on who just walked on by without quarantining and those who were compliant. There was an inconsistency and, in the public's eye, an unfairness, and there were even worries about border measures not being strong or effective enough to prevent the spread of COVID-19.

Dr. Kochhar, can you provide some examples to give us a sense of the breadth of the programs that PHAC had to establish in the implementation of the emergency travel and border measures during this pandemic?

• (1130)

**Dr. Harpreet S. Kochhar:** Mr. Chair, I would say PHAC was able to rapidly mobilize, adapt and respond to the evolving COVID-19 situation, including administering an unprecedented border and quarantine measures program.

There are a few examples. The agency established the program to follow up with travellers required to quarantine following March 2020. The agency was able to establish a Quarantine Act compliance verification program, which made over four million live agent phone calls, sent 13 million promotional emails, made 6.5 million robocalls, and also conducted in-person compliance checks, which were directed at 540,000 travellers.

In addition, Mr. Chair, we also established a compassionate exemption program. This allows travellers who would otherwise be prohibited from entering Canada to attend funerals and provide care or support to critically ill persons. We established that program and processed over 64,000 applications.

We also had the Canada border testing program, which we talked about, through which we were doing surveillance to see how many travellers were coming in. This was launched in February 2021. We did 4.38 million on-arrival and post-arrival tests, and we analyzed them so we could successfully detect and isolate infected travellers. Then, as of August 2021, we moved on to mandatory random testing.

Now, in addition, Mr. Chair, we continually expanded and enhanced Canada's ability to limit importation by establishing emergency travel and border measures under different acts. The Quarantine Act designated quarantine facilities and data monitoring.

I must mention the ArriveCAN app, which is an application to capture the key public health information of travellers. As of August 2020, over 80% of weekly travellers entering Canada had started to use that digitally. Now, those actions were really conflated to the point where we could mitigate travel-related importation, specifically in November of the omicron variant, through our enhanced testing and quarantine requirements and travel restrictions.

On top of everything, all of these measures, including the testing program, allowed us to really concentrate on identifying any variant of concern by genomic sequencing in our laboratory. This involved a whole array of things.

I could go on, but I think that captures what we did in the Public Health Agency to support that.

**Ms. Jean Yip:** Thank you.

I would like you to expand on that. In terms of the recommendations from the audit, what changes were made and also, as you just said, what lessons were learned to better combat the January omicron surge?

**Dr. Harpreet S. Kochhar:** I will turn to my colleague Brigitte on this one, because, as I mentioned, there were some very specific aspects that were put in place in respect of the omicron wave that hit us in November. Brigitte will probably be better able to explain and articulate them as they were rolled out.

**Ms. Brigitte Diogo (Vice-President, Health Security and Regional Operations Branch, Public Health Agency of Canada):** Thank you.

Indeed, in November 2021, when omicron came to light, the agency worked diligently to take some concrete actions. One of the first actions was to impose country-specific measures. Those required enhanced screening at the border, including the requirement for travellers from particular countries to go to the designated quarantine facilities.

The government also looked at increasing testing at the border, so there was a significant ramping up in the testing on arrival to determine which travellers were positive and required to go into quarantine. I would say that in doing so, we also had to ramp up our compliance and our follow-up activities in response to omicron.

• (1135)

**Ms. Jean Yip:** Do you feel that PHAC is better prepared to deal with the BA.2 variant and other future variants, especially with the random testing and removal of molecular testing?

**Dr. Harpreet S. Kochhar:** Let me start by mentioning that we have had experience over the last year and a bit in looking at testing at the border, looking at an extensive testing regime and shifting ourselves to mandatory random testing. This mandatory random testing is one of the key components that has allowed us to really focus on one aspect. We haven't had an opportunity to test everyone, but we can use a random sample based on an algorithm that was developed by the CBSA. It is based on travel history and the

epidemiology of the country the traveller is coming from. That allows us an insight into the positivity rate of importation through travellers and into identifying any variant of concern. In the testing we do, any positive is 100% sequenced for genomic analysis. That's why we're able to identify things very early.

**The Chair:** Thank you, Doctor. I suspect we'll probably come back to that issue.

I'm turning now to Madame Sinclair-Desgagné.

[*Translation*]

Ms. Sinclair-Desgagné, you have six minutes.

**Ms. Nathalie Sinclair-Desgagné (Terrebonne, BQ):** Thank you, Mr. Chair.

I want to thank all the witnesses here today. I also want to congratulate the Auditor General for reaching an agreement and ending the strike in the audit services group.

I want to begin by providing a brief context for the role that the government played in its delayed response that facilitated the spread of the virus.

There has been the damning observation that the government has been consistently slow to take the necessary steps to slow the spread of the virus. Here is the first example that came to us that outraged people deeply.

It was the mayor of Montreal, Ms. Valerie Plante, who, faced with the absence of any border control, had to send city people to try to delay the arrival of travellers at one of Canada's busiest airports, Montreal-Trudeau International Airport. Absolutely nothing was done and the federal government just waited.

On March 15, 2020, the mayor called Montreal's airport a sieve and deployed about 60 employees from Montreal's public health department to offer travellers clearer guidelines on health measures. This is the first finding.

Then the government established a 14-day quarantine, and that was fine. However, this is where I think the Public Health Agency of Canada could have made a bigger contribution.

Canada has always lagged behind. After several months of the pandemic, and given the evolution of knowledge, many countries, particularly in Europe, were now imposing a 6- or 7-day quarantine, while Canada's was still 14 days. After almost a year of the pandemic, science was telling us that things had already evolved. In these countries, there was a test on the first day, and another one after a week. If both tests were negative, the traveller was free, whereas in Canada, we still had the old measures and were extremely cautious. The Public Health Agency of Canada had not transmitted the data or, alternatively, the government had decided simply to do nothing about it.

I experienced this situation very personally. My father and uncle, on day 10 and day 12 of their quarantine respectively, were unable to say goodbye to my grandfather. This could have been avoided. The Public Health Agency of Canada could have done a much better job of monitoring and putting better practices in place.

There have been improvements, and I thank the Office of the Auditor General for conducting a number of studies on controls and so on. Even in the measurements, there was a lot of progress to be made and we were still lagging behind. This is unacceptable for a country as developed as ours.

On that basis, my question is this, Ms. Hogan. In your opinion, could the data and information collected during these quarantine and screening programs have helped to correct or improve the measures decreed by the government?

• (1140)

**Ms. Karen Hogan:** First of all, I am pleased to report that we have reached an agreement and all employees are back in the office as of yesterday. We will now enter a period of healing and I am very much looking forward to a new normal that will allow us to better support the work of Parliament.

You are right that the requirements were clear. However, the department had not done a good job of monitoring and control. It did not gather the necessary data to demonstrate that the requirements were effectively limiting the spread.

We observed improved practices for contacting travellers. However, the agency did not learn lessons and automate the process to improve data collection. As a result, there was insufficient data to determine whether the measures were effective and whether they needed to be adjusted during the pandemic.

**Ms. Nathalie Sinclair-Desgagné:** Madam Auditor General, it's still interesting to learn that at this point.

I would now like to get a clarification regarding the 8,061 travellers who arrived in Canada and tested positive. Were 14% of them contacted by the agency or were 14% of them not contacted by the agency?

**Ms. Karen Hogan:** Are you talking about individuals who tested positive?

**Ms. Nathalie Sinclair-Desgagné:** Yes.

**Ms. Karen Hogan:** I would ask Ms. McCalla to answer this question.

However, I know that just over 1,000 people who tested positive were not contacted.

Ms. McCalla, could you give us the exact percentage of people who were contacted?

[English]

**Ms. Carol McCalla:** Certainly. Of the 8,000 incoming travellers who had tested positive, we found that the agency had not contacted 14% of them, or 1,156.

[Translation]

**Ms. Nathalie Sinclair-Desgagné:** Do you know...

**The Chair:** I am sorry, Ms. Sinclair-Desgagné; your time is up.

[English]

**Mr. Blake Desjarlais (Edmonton Griesbach, NDP):** Thank you very much, Mr. Chair. I want to thank all the members today for joining us. I also especially want to add my congratulations to the Office of the Auditor General for ensuring that the workers who were on strike previously are now back in the office. Hopefully we can begin a good process of ensuring that they can continue to have a good, safe and dignified workplace. Thank you very much for that hard work.

Regarding this audit, I think what we're seeing here is something very clear and very blatant, which is that we don't have a nationwide quarantine system at our borders. That seems to be a very obvious fact. As an Albertan, I am particularly troubled by the situation in Montreal that was mentioned by my colleague from Quebec, with the mayor having to send support to the airport in order to see some confidence in public health. That's simply unacceptable.

I want to draw some comparisons with my home province, where this didn't happen. We didn't have a city authority who had the ability to do that. I want to draw particular attention to the fact that Calgary was also one of the four cities—along with Toronto, Vancouver and Montreal—accepting international flights during this period, yet there's no record of any hotel quarantine violations in Alberta. Most Albertans know there were violations. People were upset about these violations. Members of the airport and the city themselves tried to address these concerns.

I understand from reading this report that there was some requirement for co-operation by provincial authorities in order to make sure there was a particular level of enforcement. Provincial leadership in Alberta, and also in Saskatchewan in this case, had either refused or did not want to really tackle this issue by adopting the regulatory procedures or the authorities required to enforce some of this, such as the ticketing system, for example.

Despite having had years of the global pandemic, despite understanding that we didn't have this co-operative system, we're at the point where we've had this kind of hodgepodge of jurisdictions when we really need a nationwide one. There's really a large concern. My concern is with PHAC's ability to work with provincial governments to sign on to things like the Contraventions Act, so offences under the Quarantine Act can be dealt with in other provinces through this simple process of issuing tickets. It is my understanding that Alberta and Saskatchewan have refused to sign this—or maybe some clarity can be provided here—to severely limit the ability of police to enforce quarantine measures and issue fines for infractions.



The audit clearly shows that the results of this gap were...in B.C., for example, a jurisdiction just west of Alberta, over \$3 million in fines were issued for quarantine infractions, so we know they were happening. In Ontario, there was almost \$18 million in fines, but in Alberta, despite the fact that it was home to one of the country's four airports that accepted international flights, the authorities issued \$0 in fines. This shows a massive gap in our ability to enforce public health measures, and it leaves Albertans in particular more vulnerable to new variants when we can't understand or enforce these things.

Could the Auditor General perhaps comment on the follow-up on some of this work? Also, could Dr. Kochhar comment in relation to what the ministry plans to do about this huge, obvious inequity?

• (1145)

**Ms. Karen Hogan:** Mr. Chair, I'll go first and then I'll leave some time for Dr. Kochhar.

The purpose of the ticketing regime was really to see national enforcement of quarantine measures across the country, and it was clear from our findings that the Public Health Agency hadn't worked through the cohesive enforcement requirement across the country. You're right that some provinces and territories did not sign on to the Contraventions Act; hence, ticketing could not be done.

When you put in a requirement, you really have to think through monitoring and enforcing. Many tools could have been used, and that is something that needs to be improved to deal with better planning for another health crisis, should one occur.

I'll leave it to Dr. Kochhar to add to that.

**Dr. Harpreet S. Kochhar:** I will just add, Mr. Chair, that as much as we were working very closely with the RCMP and provincial and municipal law enforcement agencies to verify compliance with the quarantine functions and obligations order, there was very good co-operation. Specifically, failures to comply with quarantine, isolation and other obligations are actually offences under the Quarantine Act.

Those who received their test results directly from the companies and from provinces and territories also received the same information for follow-up. This happened electronically and immediately.

We continued to work with them. Of course, the Contraventions Act is something that in that context is very specifically not in certain provinces, but we continued to make sure that there were multiple layers where we could reach a traveller regarding the result and ask them to do the right thing, not only with the fines and enforcement but also through compliance promotion, by calling them and advising them about their obligation to have those periods of isolation, quarantine or the daily testing.

Those were the components that we tried to institute in addition to our ability to really identify positive individuals through the border testing.

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

For the second round, we turn to Mr. Duncan. You have the floor for five minutes, sir.

**Mr. Eric Duncan (Stormont—Dundas—South Glengarry, CPC):** Thank you, Mr. Chair, and thank you to our witnesses for being here today.

I want to follow up. I'm a bit rattled—I think that would be the right word—about the lack of information or response on some of the allegations in the hotel quarantine program.

The title of the report is “Enforcement of Quarantine and COVID-19 Testing Orders”. Ms. Hogan, through the Chair, can you explain why this program was not studied more in this report? I will maybe provide you with an opportunity. Is this something that perhaps your office is looking at or will do a study on going forward?

We talk about the effectiveness of government programs or policies. Is this something you're going to be studying or you could confirm to this committee that you're going to study? If not, why not?

• (1150)

**Ms. Karen Hogan:** We currently don't have any plans to look at other border measures. That is considering where we are in the pandemic. That can obviously change as we move forward. We monitor the environment and make decisions based on that.

When it comes to speaking with Canadians directly, we found in other audits that there's sometimes a hesitancy to want to speak to us, especially when it's a very personal matter.

We looked at how the Public Health Agency was ensuring security. It really is the agency's responsibility to ensure that there is adequate security at these facilities. As I said, we found that they were following up on incidents.

If we decide to look at another audit on border measures, we will obviously consider it, but since the government-authorized hotels are gone and since now there are just quarantine facilities, we could consider that as we move forward. As I said, however, our current plan is not to do a third audit on border measures.

**Mr. Eric Duncan:** I may be following up perhaps through the committee here on some recommendations on that, because there were charges laid.

We talk about a gender-based analysis and the lens through which we look at this if we have allegations of women being sexually assaulted through this program and some of the measures. I'm just going to note through the CTV News article that minister Blair, who was public safety minister at that time, stated that police had arrested two men accused of sexual assault related to quarantine measures, one at a Montreal hotel and another tied to a compliance check in Oakville, Ontario. The report stated that the accused in the situation there in Oakville had been trained by the Public Health Agency of Canada as a designated screening officer under the Quarantine Act.

Again, when we talk about gender-based analysis and protecting vulnerable populations from this, I just don't understand how a red flag is not raised there to say that this might be something....

Ms. Hogan, I agree. It's not your responsibility, obviously, to coordinate security, but the review of the government program of how employees are vetted, or trained, or if there are vulnerable populations or women who are having people visit their home when they are alone or something.... I'm just very surprised that this has not raised a red flag in any way as being worthy of an audit, particularly when it comes to a GBA+ lens.

**Ms. Karen Hogan:** Thank you.

I believe that in the cases you're talking about, law enforcement was the right party to do that investigation, not our office. I'm happy they followed through on that. I will take your feedback under advisement as we consider whether or not we want to do another audit on the border and as we continue to improve our auditing through a GBA+ lens.

**Mr. Eric Duncan:** I appreciate that. I'll clarify further that I wouldn't expect an investigation on those specific measures of the allegations. Law enforcement in a due process though court would obviously be most appropriate, but perhaps additional screening or security measures and an examination of how people were hired, how individuals went to people's homes, whether the individual was alone or whether they were accompanied by somebody, as well as recording documentation and so forth might be ways to review the program and the measures put in place through existing programs.

I have limited time left. I hope to elaborate if possible, if I get a further round. I just want to ask Ms. Hogan as well about the problem resolution process. Numerous colleagues so far have raised frustrations about where...and there have been media stories about an issue of glitch out with the ArriveCAN app, or somebody providing only the second dose proof, not the first, and being required to quarantine for two weeks.

As part of your review of the efficiency of these programs and the department's ability to respond to them, do you look at the complaint resolution or problem resolution process at all and whether Canadians are able to reach somebody to resolve small problems?

• (1155)

**The Chair:** I'm going to cut you there so that we can get a brief answer from the auditor.

**Ms. Karen Hogan:** Thank you, Mr. Chair.

In this case, we did not look at the IT system and whether it was operating effectively, and we did not look at the complaint resolution. We were looking to determine whether or not the agency could explain to us whether these border measures were effective at limiting the spread. Recognizing that we were still in the midst of the pandemic, it was to inform future adjustments and responses.

**The Chair:** Thank you very much, Ms. Hogan.

Turning now to Mr. Fragiskatos, you have the floor for five minutes.

**Mr. Peter Fragiskatos (London North Centre, Lib.):** Thank you very much, Chair, and thank you to the witnesses for appearing here today.

In looking at some of the key highlights of recommendations that the Auditor General has put forward, this question goes to Dr. Kochhar. Dr. Kochhar, if you wish to direct it to colleagues, that's fine.

One of those highlights reads as follows:

The agency should also improve its capability to achieve a consistent enforcement approach to border measures nationwide, including exploring other tools that could be used in all Canadian jurisdictions.

What do you make of that recommendation, Dr. Kochhar, and how has it proceeded? How have steps been taken to implement it at this point?

**Dr. Harpreet S. Kochhar:** I will direct the question also to my colleagues here, but just to start in terms of the compliance piece specifically, we have a way to really promote compliance by having a clear communication package for anyone who is coming in through travel—borders and so on. The enforcement piece is also directed to gradually move people to a regime whereby they are self-directed to make the right kind of call.

For example, if you are a person who has come in and we need a day eight test done, our email system will generate that. Robocalls will remind the traveller that it is what we need to do, and those aspects in the compliance promotion world allowed us to gain much ground. In cases where we did not really have the ability to connect or get a response, we used the law enforcement agencies and door knocks—and I mentioned more than 540,000 door knocks in terms of that—so the enforcement was there.

I will shift this to Jennifer in terms of any other components, more importantly the ones that included ticketing or other aspects. Jennifer can probably explain a bit more in terms of the other tools we've used.

**Ms. Jennifer Lutfallah (Vice President, Border Measures Operations, Health Security and Regional Operations Branch, Public Health Agency of Canada):** Thank you. To reiterate some of the messages that have been outlined by the president, although PHAC could not issue contravention tickets across the country, we did have a national, consistent compliance and enforcement program. The president has outlined some of those components, but I will reiterate them.

Our compliance and enforcement program ranges from compliance promotion and education through warnings, ticketing and possible criminal prosecution. All travellers coming into Canada, regardless of where they enter, receive the same treatment by the Public Health Agency with respect to compliance and enforcement.

What I mean by that is that these individuals receive the compliance promotion emails and robocalls, as the president has outlined. They are also subject to compliance verification calls. These are the testing requirements that the president pointed out. As well, if there is cause, we refer them over to security companies for in-person compliance verification visits. If required, we send them over for law enforcement referrals.

We have undertaken work to respond to the Auditor General's recommendations with respect to compliance and enforcement, and work has commenced with law enforcement and police of jurisdiction to enhance our C and E posture. We undertook meetings with the police of jurisdiction, and we have come out with some short-to longer-term proposals to respond to some of the vulnerabilities that have been identified by the Auditor General.

To provide a couple of examples, what we're looking at with respect to a response is focusing law enforcement referrals on high and urgent priorities only. We will focus our efforts on those cases, as well as developing an enhanced technological solution to facilitate reporting.

On the other aspect you brought up with respect to more of a policy response, we are looking at mechanisms for how we can enhance our capability of enforcement. By that I mean ticketing or some other type of monetary mechanism to ensure compliance. However, those are in the initial discussion phases.

• (1200)

**The Chair:** Thank you. I'm afraid that is all your time.

**Mr. Peter Fragiskatos:** [*Technical difficulty—Editor*] other recommendations that had already been taken up, Mr. Chair, but that was something that was unaddressed, so thank you very much.

**The Chair:** You're very welcome.

Thank you to our witnesses.

[*Translation*]

Ms. Sinclair-Desgagné, you have the floor for two and a half minutes.

**Ms. Nathalie Sinclair-Desgagné:** Thank you, Mr. Chair.

I'll continue on the same topic. My understanding is that 1,156 people tested positive, but they were not reached by the agency.

My question is for Dr. Kochhar.

How is it that over a thousand people who tested positive were not contacted to ensure that they were complying with the health measures in place?

[*English*]

**Dr. Harpreet S. Kochhar:** I'll start, and maybe Brigitte or Jennifer can pitch in on the aspect of where we are.

What we are talking about is in terms of the Auditor General looking at a whole spectrum of how many of those positives, which we could not tally, were actually contacted. There are a couple of pieces that I want to mention.

There were sometimes errors from the ArriveCAN app in terms of what they actually put into the electronic registration or the registration for the test, which did not enable us, at the very beginning, to immediately confirm that they were the same. Secondly, at times there were situations in which the results were received a little beyond the 96 hours, given that there was more of a virtual test, and it took time for us to really coordinate that.

However, we tried to reconcile the results as best we could in having an ability to really follow up, as I mentioned, through different layers, such as, for example, calls for all the others to do the right thing, to remind people that if they had been travelling, they needed to quarantine.

Brigitte, I don't know if you want to add anything to that.

**Ms. Brigitte Diogo:** Thank you.

We have continued to look at the data and at how we can improve the tracking of the test result. Our completion has improved over time, from 76% and 61% in February 2021 to 95% and 82% in June 2021.

[*Translation*]

We are continuing to make progress. We take the Auditor General's recommendations very seriously. We are working with all the private sector companies that do the testing to see how we can improve and have a thorough electronic process that tracks test results.

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

[*English*]

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

**Mr. Blake Desjarlais:** Thank you very much, Mr. Chair.

I'll follow up on my previous line of questioning regarding uniform enforcement across Canada, in particular Alberta, and particularly the Calgary International Airport. It was just mentioned, I think by the deputy minister, that there are hopes to ensure that there are financial penalties moving forward, and that work is ongoing. However, how can we ensure that, if provinces like Alberta don't sign the Contraventions Act?

Perhaps the deputy minister could respond, or Dr. Kochhar.

• (1205)

**Dr. Harpreet S. Kochhar:** I'll start.

Mr. Chair, of course there are multiple tools in terms of making sure we are able to enforce the law in terms of working with both the local jurisdiction and the law enforcement agencies. Also, as my colleague mentioned, we are exploring other options that we could put in place so that we are better equipped and have more tools.

We are very much in the initial stage of discussion to see what would give us more of an ability to have another tool in our tool box, to make sure that if such a situation were to arise again, we would be able to have a proper enforcement vehicle, whether it is through the monetary aspects or whether it is working with the provinces and territories. As my colleague said, we are in the initial phase of discussions internally, and we will continue to move forward in terms of discussing this more.

**Mr. Blake Desjarlais:** What are those tools in particular?

If Alberta says “no way” to the Contraventions Act and continues to do that, this of course puts uniform enforcement at risk and essentially allows an open-door policy for folks coming into Alberta. What then stops them from going to B.C., Ontario, Quebec or anywhere else if they get through Calgary? There's really no point in enforcing anywhere else, if we're not going to enforce it uniformly.

It's really important that Canadians understand the tools the Canadian Public Health Agency is using.

**Dr. Harpreet S. Kochhar:** Mr. Chair, as I mentioned, we continue to explore some of those options.

Jennifer may be able to shed a little more light on where we are in terms of our initial discussions.

**Ms. Jennifer Lutfallah:** We're assessing all possible options with respect to enforcement. By way of example, other government departments I have worked for, such as CBSA—and I know Transport Canada does as well—have administrative monetary penalty regimes. That could be used as a potential model going forward.

As I indicated, and as the president indicated, we have just started these discussions. It is too early to come down with respect to a recommendation.

**The Chair:** Thank you very much. I will turn now to Mr. Patzer, who is joining us on Zoom as well.

It's over to you, Jeremy. You have five minutes.

**Mr. Jeremy Patzer (Cypress Hills—Grasslands, CPC):** Thank you very much, Mr. Chair. I'm going to start with the Public Health Agency of Canada.

I am wondering, can you give me a really quick definition of what you use to determine whether somebody is from a rural area?

**Dr. Harpreet S. Kochhar:** The information provided in Arrive-CAN would probably give an idea of whether they were from a particular jurisdiction, based on the information they had in there.

**Mr. Jeremy Patzer:** That's great.

Does your department have a uniform definition for rural?

**Ms. Brigitte Diogo:** Maybe I can add something.

**Dr. Harpreet S. Kochhar:** Please go ahead.

**Ms. Brigitte Diogo:** Typically we would be working with Statistics Canada definitions of urban versus rural.

**Mr. Jeremy Patzer:** Thank you.

To the Auditor General, in this report I couldn't help but notice that, I think, not even once was any consideration given to people living in rural areas of Canada. I'm just wondering if you have anything to say to that, or if you want to elaborate on the lack of enforcement, or maybe just the issues of enforcement on rural Canadians.

**Ms. Karen Hogan:** Obviously we didn't focus on rural Canadians. What we did was look at whether or not the Public Health Agency had worked through that sort of cohesive enforcement regime. As we've been saying this morning, that wasn't thought through when the measures were put in place. Having clear guidance that's well understood comes with good monitoring and a good enforcement regime to ensure that it's being followed. One of the good lessons learned as we move into the next wave or start planning for another health crisis that will come our way is that enforcement has to be cohesive if you want it to be effective across the whole country.

• (1210)

**Mr. Jeremy Patzer:** It does, absolutely. I couldn't agree more with that statement. I'm just going to strengthen that by saying that in one of the largest rural ridings in Canada I had lots of ranchers calling my office and saying, “Hey, I just spoke to somebody from Public Health Canada, and they are telling me I can't leave my house to go look after my herd, to go look after my cattle.” That was in the middle of calving season. These people have jobs to do and they're out, literally living hundreds of miles away from any major centre. They're not going into town. They're literally going to look after their herd. It's their livelihood, but it's also, quite frankly, about our food security and looking after our supply chains. They were telling these people they couldn't leave their house.

It was the same thing with our grain farmers. These people were told they couldn't leave their house, and yet their job by nature is isolating. They go sit in the tractor all day and then come back home. They're not at risk of spreading transmission, and yet there was no recognition of this.

To public health, there seemed to be no flexibility. I even had a senior who had a pay-by-use phone. He ran out of minutes on about day three of his quarantine and lost contact because he couldn't call anybody for the next 11 days and couldn't leave his house to go buy more minutes for his cellphone. There seem to be all kinds of gaps like that. I'm just wondering what's being done to rectify those situations and to be willing to consider the fact that not everybody lives in downtown Toronto.

**Dr. Harpreet S. Kochhar:** Jennifer, would you mind answering that?

**Ms. Jennifer Lutfallah:** Each case that is presented to a quarantine officer or screening officer is assessed on its individual merits. I know that our officers are provided flexibility with respect to assessing these cases, and they are provided the discretionary authority to weigh exigent circumstances. On the whole, you are correct that the officers are administering the Quarantine Act and do stipulate that quarantine must take place within one's particular dwelling and so forth. Our officers do take that into consideration. The situations you've outlined here are unfortunate, and I recognize that they are very unique with respect to the rural nature, but I will leave it there.

**The Chair:** Thank you.

I'm afraid that is your time, Mr. Patzer.

Now we're turning to Ms. Shanahan.

Ms. Shanahan, you have the floor for five minutes.

**Mrs. Brenda Shanahan (Châteauguay—Lacolle, Lib.):** Thank you very much, Chair. I'm very interested in the questions that have been posed by all members of this committee today.

To follow up on Mr. Patzer's question regarding rural versus urban and earlier questions we had on gender-based analysis plus being used—and of course that's part of the recommendation—I would like to hear from Dr. Kochhar on what work is being done.

I know it's an ongoing thing. When I first arrived here in 2015, GBA+ was barely on the map, and in fact I am so encouraged to hear that members on all sides of this committee are now using the GBA+ analysis framework to look at vulnerable people, people for whom there are unintended consequences when we put programs in place. It's not easy to do in normal times, and I'd like to hear from Dr. Kochhar on what the Public Health Agency is doing now in this area.

We're talking about intersectionality of a number of different factors, of which rural and urban can certainly be one, and certainly about anything that affects a person's identity and how they're affected by programs.

• (1215)

**Dr. Harpreet S. Kochhar:** Absolutely, Mr. Chair.

In reality we have worked quite a bit on this aspect. We've implemented mitigations to identify disparate impacts of border measures and operational policy on vulnerable groups, to the extent possible. We've tailored a combination. We've provided for families and caregivers who are required to stay in designated quarantine facilities.

We continue to focus on the vulnerabilities and the pieces based on which we need to tailor our programs.

We also did amendments to OICs, orders in council, to create exemptions for several cohorts of potentially vulnerable travellers, including persons living in transborder communities and persons living in remote communities who needed to cross the Canada-U.S. border, as well as those in compassionate circumstances, for example, to be present for the final moments of life of a loved one or to attend a funeral.

On top of it, Mr. Chair, we tried to provide specialized training on gender and diversity considerations to our frontline staff, so that at the border and at the DQFs, the designated quarantine facilities, they were aware. That included training on bias, which was launched last September. We also gave training on security awareness and de-escalation of situations, and we continue to provide that.

With the ongoing renewal of emergency orders in November, we also started to update our GBA+ analysis and to incorporate any results we got from those analyses for our future border measures. We have been very focused on those components, as was mentioned in the recommendation by the OAG, but also on doing our part to make sure we are improving ourselves both internally and in terms of our policies focused on GBA+.

**Mrs. Brenda Shanahan:** I'm looking forward to the progress.

I want to add to the remarks of my colleagues, Madame Sinclair-Desgagné and Monsieur Desjarlais, concerning co-operation with provinces.

Could you just say a few words on how that devolved to co-operation with municipalities that have their own police forces and that would have been very much concerned by enforcement of the Quarantine Act?

**Dr. Harpreet S. Kochhar:** Mr. Chair, most of the work we did was with the provinces and also at the local jurisdiction level, because, for example, Toronto had the municipality of Peel Region and three other municipalities that had law enforcement officers who would actually follow up.

Similarly, as I mentioned earlier, there were multiple layers at which we could reach out to those who were supposed to be quarantining or who were not in a proper set-up, and we could make sure that our law enforcement agencies were informed properly so that they could follow up with proper enforcement.

**The Chair:** Thank you very much, Doctor. We're now going to our third round.

Mr. Duncan, you have the floor for five minutes, please.

**Mr. Eric Duncan:** Thank you, Mr. Chair. I want to follow up again on where I was going in my last round, about the problem resolution process.

For the record, there was an article on the CBC News site back in December regarding a couple, Eric and Kerri Langer. As a quick summary, the article says, “This past summer, several travellers [were] getting robocalls reminding them to quarantine even if they weren't required to.”

Specifically, in the case of the Langers, it says, “They pulled up to the Thousand Islands border crossing to return home [and] the ArriveCAN app with their proof of vaccination wouldn't load on Eric's phone.... The officer refused to look at their printed documents and ordered [that] they quarantine for two weeks.”

Kerri is a teacher at a short-staffed elementary school, and said that taking that much time off “wasn't an option”. They got home and “started making calls to elected officials, the Public Health Agency of Canada and...CBSA.”

Eric is quoted: “The resolution should have been [that] somebody calls to verify that we are indeed vaccinated”. He went on, “Boom. The quarantine is lifted. But there's nobody. There's no information. It's crazy.”

Dr. Kochhar, can I get you on record to explain this? We're looking at the review of a government program and policies and how they're enacted.

However, I'll go back to a key aspect of this. When there was a glitch—when there was a problem and there was an easy resolution to not require somebody to quarantine, for two weeks in this case—what was your problem resolution to deal with those types of issues? Was there any? Were there any call volumes? Have any changes been made?

• (1220)

**Dr. Harpreet S. Kochhar:** Thank you, Mr. Chair.

I'll start by saying that the Public Health Agency verifies travel compliance with emergency orders through live calls with screening officers and automated interactive voice calls, or a combination of both. That is what we do.

We leverage the contracts, or MOUs, that we have at Service Canada and Stats Canada, both federal entities, to complete up to 8,000 live verification calls with travellers daily. That is the way we try to reach out.

These compliance verification calls can begin as early as day two following arrival into Canada, and may continue for the entire 14 days to ensure that we are reaching the traveller. Travellers who have an indication of non-compliance, specifically with emergency orders following a compliance verification call, are referred to the appropriate police of jurisdiction.

In relation to whether there are the components of a glitch in the system or others, we have our call centres, our lines that people can call to get support in terms of rectifying our finding or finding other solutions to that.

To be more precise, Jennifer, who deals with those on-the-ground kinds of things—

**Mr. Eric Duncan:** I don't mean to be rude, but I want to get in a couple of supplementals on that.

What I'm asking would be a secondary issue to that. We had constituents...and my constituency staff would call the Public Health Agency of Canada and explain, for an example, the situation of the media story that I referred to.

I'll give you another local example. I had constituents, a husband and wife, who went to the U.S. and drove back. She had the proof of her second vaccination but not the first. They said they needed the first and that she was in quarantine for two weeks. She just couldn't find it in her email when they were at the border. She called public health, and the answer was no; it was just too bad and they didn't have a process to change or amend that.

Can I just get you on record...? Yes, there was a phone number, but was there a process, an opportunity for a Canadian to say, “Look, I'm sorry, but the ArriveCAN app didn't work. Here's my proof of vaccination”? Could they say, “Oh, I'm sorry, I don't have proof of my first dose. Here's my second one”?

Were you resolving these issues, or just saying, “Sorry, no, that's the discretion of the officer. We can't reverse course on this”? Was there any sort of program at all to address those types of concerns?

**Dr. Harpreet S. Kochhar:** Mr. Chair, may I please pass it on to Jennifer, who, as I mentioned, is closer in managing that?

**Ms. Jennifer Lutfallah:** Sure. I'm obviously not going to address the details of the cases you're referring to. I am aware of one of them in particular.

With respect to entry at the port of entry, the admissibility determination is done by the Canada Border Services Agency based on information and instruction from PHAC. It depends on what happens at the border and what type of information is provided to that officer to enable them to render their decision. Once that officer, the BSO, renders a decision, that decision stands.

If there is supplemental information and so forth, that could have been provided to CBSA or to PHAC, but the admissibility determination is made by another government department.

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

Mr. Dong, you have the floor for five minutes, please.

**Mr. Han Dong (Don Valley North, Lib.):** Thank you very much, Chair, and I want to thank the witnesses for coming today.

For the AG, I've read the objective of your study. The time period you looked at was July 1, 2020 to June 2021, following your previous audit. Did you find improvements from PHAC in terms of reporting on the non-compliance and the enforcement?

• (1225)

**Ms. Karen Hogan:** You're correct that this was our second audit. The first audit covered March to June of 2020.

Where we did note some improvements from the Public Health Agency was in its ability to contact travellers to determine whether or not they were quarantining. In the first audit, we found that they were unable to follow up with 66% of travellers. That improved to only 37% of travellers.

I would highlight two things there. At the beginning of the pandemic, very few people were entering the country, so even though the percentage has reduced in the second audit, the number of travellers who are coming in has dramatically increased. It isn't a huge success story that about a third of population can't be followed up with.

**Mr. Han Dong:** Thank you for that. There were some improvements.

For the president, I know that screening is interwoven with different jurisdictions and the goal is to filter out those incoming travellers with positive symptoms. Can you explain to me, first of all, how big your enforcement team and the frontline team are? Just give us an idea on the HR.

**Dr. Harpreet S. Kochhar:** I'll start. Jennifer will probably be able to provide a precise number.

We have quarantine officers at different ports of entry, who managed it 24-7 at that time. We have screening officers also. The correct number as of March 28, I think—I have that information with me—is that almost 59 staff, which are really assigned in terms of virtual assessments, are doing those at the 36 different sites.

Also, at four international airports, we have a physical presence of Public Health Agency of Canada employees. We have a physical presence at around 36 points of entry, including 10 airports. The total staff complement is up around 410—approximately that—with an average of 100 employees on site per day for 110 sites.

Also, I want to mention, Mr. Chair, that we provide remote support in cases where it is needed. There is a mixture of on-site presence as well as the remote presence, which is assisting travellers through the Public Health Agency.

**Mr. Han Dong:** I have more questions coming at you.

This is important. I just want to make sure that everyone understands this and can put into perspective your team versus the rest of the team fighting on the front lines against COVID. I'm talking about including the municipalities and the provinces as well.

I understand that your goal is to identify, test, inform, follow up and enforce if they decide not to comply—for all travellers, right?—but I see that the finding is that there were a significant number of travellers who were missed. Does this mean that those who got missed are among the public at large, or is there an additional layer of screening, whether it's provided by the provinces or the municipalities, that should be able to trace them once they arrive in Canada?

**Dr. Harpreet S. Kochhar:** Mr. Chair, there are multiple layers that would work in tandem. One is on the arrival front, and the sec-

ond is our ability to correlate the data provided by the testing service provider, because that information goes directly to the provinces and municipalities where they live, as well as the service provider and the Public Health Agency of Canada. We have a system whereby provinces can also do what is needed on that.

Third, as I mentioned earlier, where we see that there is information available that needs immediate attention based on risk, we obviously use our ability to have door knocks. Our people go in there, and we also inform the local police of jurisdiction.

• (1230)

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

[*Translation*]

We now turn to you, Ms. Sinclair-Desgagné. You have the floor for two minutes and 30 seconds.

**Ms. Nathalie Sinclair-Desgagné:** Thank you, Mr. Chair.

I thank the witnesses again for their earlier responses. We are going to stay on the topic of people testing positive and therefore carrying the coronavirus when they arrive in the country.

Please respond briefly. What did you do about tracing people who were on the same plane, knowing that these people could have been contaminated without their knowledge?

**Ms. Brigitte Diogo:** I will answer this question.

The agency worked closely with Transport Canada and the major airlines to ensure that when a positive case was detected or reported on a flight, the information was published on the agency's website so that travellers on that flight were aware of it.

In terms of tracing, it is primarily the provinces and territories that follow up locally with travellers.

**Ms. Nathalie Sinclair-Desgagné:** Perfect.

Given the information you had, did you test the other passengers to see if they themselves had contracted the coronavirus?

**Ms. Brigitte Diogo:** This was the responsibility of the provinces. Until recently, it was the policy of the provinces to ask people who had been exposed to the virus to go and get tested.

**Ms. Nathalie Sinclair-Desgagné:** Now that vaccinated people no longer need to isolate, what recommendations do you have today to continue to be vigilant about people who may be carrying the virus when they arrive in Canada?

**Ms. Brigitte Diogo:** For people entering Canada, we have a random screening program to check for possible importation of the virus, but we still continue to provide travellers with information that tells them what personal steps we recommend they take to protect themselves and those around them.

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

[*English*]

Now, Mr. Desjarlais, you have the floor for two and half minutes.

**Mr. Blake Desjarlais:** Thank you very much, Mr. Chair, and thanks again to the witnesses present here for this important discussion.

I want to make a special mention regarding the fact that there were two audits in this particular instance. We'd had recommendations for the quarantine process once already, and there was follow-up. We heard from the Auditor General in her opening remarks that we still, of course, have issues related to the enforcement, particularly in some jurisdictions like Alberta. I want to follow up on my previous questions regarding that.

I heard a response that there are tools, but I will ask specifically what kinds of tools we could assure Canadians with, should the Public Health Agency have to respond to something similar again?

I'd really appreciate it if you could be brief.

**Dr. Harpreet S. Kochhar:** Thank you, Mr. Chair.

As my colleague Jennifer mentioned earlier, we are in the exploratory phase for other tools, as mentioned earlier, like administrative monetary penalties, or some other kind of legislation that we will have to look at. All of those are being discussed with partners. This is going to be something on which we can work with our partners at the borders—CBSA and Public Safety—as well as other provinces and territories.

At this point, we are in an exploratory phase, but we are looking at a few of those options.

**Mr. Blake Desjarlais:** We have one. An administrative financial penalty is what I've heard about so far. I'm still not satisfied with that response or that I understand that issue, but I'll move on. This is the third time I've asked that question related to which tools. Maybe I can get a response to that later.

Maybe the doctor can respond to this. If we do not fix the enforcement problem at the intake border—the four airports in particular—what are the risks to Canadians, particularly in light of new variants?

• (1235)

**Dr. Harpreet S. Kochhar:** Mr. Chair, the aspect of mandatory random testing at the airports is more often a way to allow us later to screen those at highest risk, coming from the countries that have a higher incidence of COVID-19.

As I mentioned earlier, we test them—that's part of the mandatory random testing—and then we sequence them. That is how we get a clearer picture of any variant of concern that is going to be arriving through the borders.

**The Chair:** Thank you very much, Doctor. I will turn now to Mr. Lawrence.

You have the floor for five minutes, sir.

**Mr. Philip Lawrence:** Thank you.

I actually want to continue on the line that my colleague Mr. Desjarlais was on, but taking a slightly different tack.

Is incarceration currently being discussed for people who are non-compliant with the Quarantine Act?

**Ms. Brigitte Diogo:** No, we are not discussing that specifically. I have to say that while the president and my colleague Jennifer mentioned that some provinces are not signatory to the Contraventions Act, we still have a summary conviction option under the act, which would apply to all provinces and territories. It's just a much lengthier process that does not allow you to have an agile response, but it is a tool we have currently in the act.

**Mr. Philip Lawrence:** You are considering overriding provincial authority.

**Ms. Brigitte Diogo:** No. I'm saying that under the Quarantine Act currently, summary conviction penalties can be used in all provinces and territories, but we are not looking to jail travellers for not being in quarantine.

**Mr. Philip Lawrence:** Even if a premier or a government of a province did not want to enforce the Quarantine Act through summary convictions, you would still proceed.

**Ms. Brigitte Diogo:** Yes, that's a tool we currently have under the act.

**Mr. Philip Lawrence:** You'd be disrespecting the province's right to enforce the Quarantine Act of its own accord and just go according to what public health thinks is best.

**Ms. Brigitte Diogo:** Mr. Chair, I'm only providing the tools that we have available. I would like to take this opportunity to say that the vast majority of Canadians were very compliant with the requirements. We understand that this was very onerous and we acknowledge all the sacrifices that Canadians have made in light of this pandemic.

**Mr. Philip Lawrence:** Thank you for that, and I join you. I'm sorry, but my time is limited. I don't mean to be rude.

Just to follow up, has incarceration ever been discussed?

**Ms. Brigitte Diogo:** No, we haven't discussed incarceration as a stand-alone mechanism.

**Mr. Philip Lawrence:** What do you mean by “stand-alone mechanism”?

**Ms. Brigitte Diogo:** I don't think that incarceration is something you.... We have legislative tools. We have acts that provide the mechanisms to ensure compliance and enforcement, but I can't say that we have been talking about—

**Mr. Philip Lawrence:** I'm sorry, but my time is short.

Mr. Kochhar, have you discussed any legislative changes that would give you the ability to incarcerate people for non-compliance with quarantine measures?

**Dr. Harpreet S. Kochhar:** The short answer is no. We haven't discussed any of this yet.

**Mr. Philip Lawrence:** Then why did you say that all options were available?

**Dr. Harpreet S. Kochhar:** What I mentioned in my statement was that there are other options available, and some are pertinent to use in terms of having a collaborative, cohesive approach with both the provinces and territories and safeguarding public health.



**Mr. Philip Lawrence:** I believe the Hansard would reflect that you said “all options”, and all options would include incarceration. Now you've told our committee that it wouldn't.

**The Chair:** Actually, just hold on. By way of clarification, it was not the president who said that, it was Jennifer Lutfallah.

If you want to direct your question at that...but I don't want you holding a witness to a statement he did not make.

• (1240)

**Mr. Philip Lawrence:** Thank you.

I apologize for using the first name, but I can't pronounce the last.

Jennifer, would you like to respond to that?

**Ms. Jennifer Lutfallah:** I'm sorry. I'm getting a lot of feedback.

Incarceration has not been looked at as a mechanism for enforcement.

**Mr. Philip Lawrence:** I'm confused. You said “all options”, and incarceration is clearly one of those options that would be used in enforcement. Now you're saying it's not.

To clarify for the record, incarceration is not being considered, nor will it be considered as an option for quarantine non-compliance.

**Ms. Jennifer Lutfallah:** At this point in time, you're correct.

**Mr. Philip Lawrence:** Thank you.

To be honest, I'm sitting here surprised and disappointed. We are ultimately all public servants. We exist, our salaries exist, because of the good people we serve. We have an Auditor General who's not talking to Canadians, despite the fact that her vision statement says it's her responsibility to work for *[Inaudible—Editor]*.

We have Saskatchewan farmers who could be held in non-compliance because they are not staying in their dwelling, despite the fact that they have no risk. Worst of all, there's no resolution to this whatsoever. There's no way of getting recourse. There's no due process afforded to Canadians.

I would just impress upon everyone on this panel that we are public servants. We are accountable to Canadians.

**The Chair:** Thank you very much. We will turn now to Ms. Bradford.

You have the floor for five minutes.

**Ms. Valerie Bradford (Kitchener South—Hespeler, Lib.):** Thank you very much, and thank you to our witnesses for coming today. I've really enjoyed hearing your answers.

To do a bit of a shift, I think Dr. Kochhar is in the best position to answer this question. How were the quarantine hotels selected, and what were the criteria for picking them?

**Dr. Harpreet S. Kochhar:** I'll start by saying two things, Mr. Chair. There are the quarantine hotels that were referred to...probably government-authorized accommodation. Then there are the designated quarantine facilities, which are also hotels. The GAAs are the government-authorized accommodations. They were privately owned hotels that agreed to meet public health guidelines.

The selection criteria were for the purpose of accommodating asymptomatic air travellers awaiting their COVID-19 test results. There wasn't any contractual relationship between the Public Health Agency and the government-authorized accommodation. Travellers paid for their own stay. The cost included meals, transportation and security, which was provided by the GAA.

The mandatory hotel stopover requirement of the GAA was eliminated as of August 9.

However, the DQFs, which are contracted and mandated by the Public Health Agency, are to support symptomatic and asymptomatic travellers who do not have a suitable location for quarantine, or who don't have a quarantine plan upon entry into Canada. That's the last resort. Transportation and other services at the DQFs, or designated quarantine facilities, such as daily meals, are a part of the arrangement, which the Public Health Agency bears at no cost to the travellers. This is in relation to reducing any of the infection getting out if they do not have a proper plan.

Again, there are criteria through which we have made sure that the DQFs are adhering to the public health guidelines that we have prepared for those hotels.

**Ms. Valerie Bradford:** Thank you for that complete answer. The other thing I am wondering about is on compliance.

I was interested to notice the great discrepancy with the issuance of tickets for non-compliance. Basically, most of them were from Toronto or Vancouver. There was really not much happening in that line in Alberta and Quebec.

I wondered why there was a discrepancy. In Ontario, there were 5,000 tickets issued, and there were only 6,203 total tickets issued. Why is there such a great discrepancy between how Pearson was handling this versus the other airports?

I'm not sure who wants to tackle that one.

• (1245)

**Ms. Jennifer Lutfallah:** If it's okay, I'll jump in and respond to that question.

The majority of the incoming travellers arriving from international destinations to Canada arrive in Vancouver or Toronto. I believe that over 50% of travellers arrive at those two airports. Similarly, at the land border, the majority of travellers coming into the country are coming in via Ontario. It obviously leads to a greater portion of individuals that would have to be looked at from an enforcement and compliance perspective.

With respect to Quebec, you noted that there is a variance with respect to the ticketing. For tickets issued in Quebec, they actually have to go through a two-stage process. There's a report written and provided to the public prosecutor in the province of Quebec, who assesses the case and the evidence as provided by a PHAC officer and determines whether or not to go forward with the ticket.

I'll also point out with respect to P.E.I., Nova Scotia and Newfoundland, as well as the territories and Nunavut, that there is no land border, and none of the airports that were operating in those jurisdictions were actually accepting international flights. Therefore, there was no enforcement undertaken.

**Ms. Valerie Bradford:** Thank you very much. I appreciate your answers.

**The Chair:** Thank you very much. We're turning to the fourth and final round now.

Mr. Patzer, I understand that you're going to try to split your time, but I'm leaving it up to you to do that.

**Mr. Jeremy Patzer:** That sounds good.

For the Auditor General, on page 24 at section 15.61, your first sentence says, "The agency did refer more travellers at high risk of not complying with quarantine orders to law enforcement for follow-up but did not know the outcome for 59% of these priority referrals."

I'm just curious. What were the factors that were used to determine what a "high risk of not complying" individual is?

**Ms. Karen Hogan:** I believe that Dr. Kochhar may be in the best position to answer that, but there was a set of criteria given to individuals to assess, based on their answers and so on, as to whether or not they were at high risk of non-compliance.

As you noted, there was an improvement in the ability to refer individuals to law enforcement and an improvement in the agency's following up with individuals, but still, 59% of those referred were not followed up on by the agency to know whether or not they were properly quarantined.

**Mr. Jeremy Patzer:** Dr. Kochhar, do you have a quick answer?

**Dr. Harpreet S. Kochhar:** We have a set of criteria that would put those at a high risk.... We could provide you that if that is a better—

**Mr. Jeremy Patzer:** That would be fantastic. If you could provide the criteria to this committee, I would greatly appreciate that, and that would allow me to move on to my next set of questions.

For the Auditor General, I'm going up the dollar figures here, and \$614 million was allocated for border measures and \$342 million for testing orders. I had a constituent who was told that because there were no courier services to where they live, they were going to send a taxi out to where they are, out in the rural area, which would have been a four-hour, one-way taxi ride and an eight-hour round trip. Were those costs factored into the government's decision-making on how they were going to run these programs?

**Ms. Karen Hogan:** I think that's an excellent question to ask the department, as to how they weighed the pros and cons in administering the COVID testing protocols.

**Mr. Jeremy Patzer:** In your auditing, though, you didn't find anything specific in the line items you looked at when you were looking at the costs? You didn't find anything specific on anything like that.

**Ms. Karen Hogan:** We didn't identify an issue like that, where taxis were being reimbursed, but we did not do a detailed audit of the \$342 million.

**Mr. Jeremy Patzer:** Okay. I'll go to Dr. Kochhar.

**Dr. Harpreet S. Kochhar:** Mr. Chair, what we have is a service provider with whom we have a contract. It is incumbent on the service provider to make sure those tests that are conducted remotely

are provided to us. There is a specific kind of built-in system for which we have averaged the cost, and that is the cost we pay. If there is an extraordinary cost, they will have to flag it to us in that situation.

• (1250)

**Mr. Jeremy Patzer:** Okay, because there was an example—I think it was in the Winnipeg Free Press—of one such case. There was a 660-kilometre round trip and there was a taxi bill of over \$1,000 simply to get the test in to be processed for this individual. We're talking about timelines and getting results for people in rural Canada. By the time they did their 10-day test, they still hadn't even gotten the results back from their first one because of the amount of time it takes to process these things. I think that's something that needs to be addressed going forward.

I'm going to leave the rest of my time here for Mr. Lawrence. Thank you.

**Mr. Philip Lawrence:** Thank you very much, Mr. Patzer.

We've heard repeatedly that incarceration was never considered an option. I just want, though, to cite paragraph 43, which caused me a bit of confusion. It says, "Government-authorized hotels had to maintain a secure perimeter, while designated quarantine facilities had to post security officers at hotel entrances and on floors occupied by quarantining travellers."

Why was this necessary? Were we protecting these people?

**Dr. Harpreet S. Kochhar:** Maybe I'll start and then go to Jennifer.

The designated quarantine facilities are where people are sent if they are either positive or do not have a reliable quarantining place. In that situation, we want to make sure there is no movement outside or inside by any person who is actually sent to the DQF. That is partly why we had a security perimeter built in.

Jennifer—

**The Chair:** I'm afraid I'm going to stop it there just to keep on track here, but thank you.

We turn now to Ms. Yip.

I understand you might be sharing your time as well. You can manage that.

Are you going to start first, Mr. Dong?

Please go ahead for five minutes.

**Mr. Han Dong:** Thank you very much, Chair.

I want to follow up on my previous line of questions, to make sure the public sees this report in perspective.

To the Auditor General, I was looking at a chart in the report. There was a finding from between February and June 2021, “Number of missing or unmatched test results”, from a combination of on-arrival and post-arrival tests. Everyone had to do on-arrival and post-arrival tests, and the total was almost 400,000. I divided that by two, because everyone has to go through two tests, and that's 200,000 travellers whose test result was a match or was missing. Out of this number, how many were positive? Did you keep a count of how many were positive from these results?

**Ms. Karen Hogan:** I'm going to try to answer on all of those details, and Carol can jump in if I misspeak.

I don't think it's a clear analogy that 400,000 tests divided by two equals 200,000, because one individual may be missing both tests or only one test, so it could be a slightly different number than 200,000.

What we found through the data we analyzed was that there were 8,000 travellers who tested positive, and in the cases of just over 1,000 of those positive tests, the agency did not contact the travellers to inform them of those results.

Carol, did I get that right? She's nodding. There we go.

**Mr. Han Dong:** So 1,000 travellers out of this almost 400,000 were matched and missing? Can I say that?

**Ms. Karen Hogan:** There were 8,000 travellers who tested positive, and approximately 1,156 had not been contacted about that positive test.

**Mr. Han Dong:** Okay. That's for the span of four months, between February and June?

**Ms. Karen Hogan:** That was in 2021. That's correct.

**Mr. Han Dong:** Okay. That's good to know.

That works out to be perhaps—my math is stuck now—1,100 divided by four, or one-third. Okay, I got it. I think the public has the number in terms of how many travellers are entering our country and going into different communities with a positive result.

I will turn the rest of my time over to Ms. Yip.

• (1255)

**Ms. Jean Yip:** Thank you, Mr. Dong.

My question is directed to Dr. Kochhar. This is in regard to your opening statement.

What mitigations or plans has PHAC developed and implemented to identify the impacts of border measures on vulnerable groups, such as seniors and those who have medical conditions or challenges?

**Dr. Harpreet S. Kochhar:** Our efforts have been very much focused on what to do in terms of training our staff to make sure they have a clear understanding of who they're dealing with within the population. Specifically, as I mentioned earlier, there is a component of CBSA and making sure we have specialized training on that.

The other part of it is also focused on making sure that we are clearly making all attempts to learn the lessons, which we have done in terms of what transpired in the last year and a bit. Based on

what we've seen in terms of compliance, in terms of the tools and in terms of any other opportunities, we can then make sure we have a clear understanding of what it means for those who are vulnerable and those who are of a particular group, and design our programs accordingly.

**Ms. Jean Yip:** Are there any additional supports to help seniors who may not have digital literacy?

**Dr. Harpreet S. Kochhar:** We're always very focused on making sure that there is an optionality available should there be.... For example, as Mr. Chair has mentioned, we insist that all information be captured in ArriveCAN, and that ArriveCAN be the tool that is used and available. If the person is unable to use that, there are options available, paper submissions and others. That is done at the discretion of our CBSA colleagues at the border.

[Translation]

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

I now give the floor to Ms. Sinclair-Desgagné for two and a half minutes.

**Ms. Nathalie Sinclair-Desgagné:** Thank you, Mr. Chair.

I want to correct a fact so that the Canadian and Quebec population are aware of it. The quarantine was imposed in March 2020, but it was in October 2020 that the flexibility measures that Dr. Kochhar mentioned were put in place. I would add that it is more “humane” than “humanitarian” to let people, especially after 10 or 12 days of isolation, go to say goodbye to their loved one or even go to a funeral.

Months later, this had not yet been done. Policies are being put in place without first thinking about special cases. I see this as a problem, in that corrections and improvements to public policies are always made later. When I say “later”, I don't mean the day after and the day after the policy is announced or implemented, but four, five or six months later.

I want to make it clear that the flexibility that we are talking about was applied in very specific cases, for humanitarian reasons, among others, or for people in rural communities, and that it was done very late, and even too late, in many cases. This has led to psychological and physical consequences that are going to last a really long time for many people.

I would like to ask Dr. Kochhar a question.

Dr. Kochhar, I would ask you please to answer only yes or no. Do you think, particularly as a result of my comments, that there is room for improvement in terms of the implementation of health measures by the Public Health Agency of Canada?

[English]

**Dr. Harpreet S. Kochhar:** Mr. Chair, the answer is very much yes. There's always room for improvement, and we learn our lessons as we move forward.

• (1300)

[*Translation*]

**Ms. Nathalie Sinclair-Desagné:** To be honest, that is the answer I was expecting.

In closing, I would like to reiterate that, with all the mistakes that have occurred in the implementation of this kind of measure, we are still not in a position to provide the provinces with their fair share of health transfers.

Yet what is done by the federal government is not always done right.

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

[*English*]

Finally, Mr. Desjarlais, you have the floor for two and a half minutes. It's over to you.

**Mr. Blake Desjarlais:** Thank you very much, Mr. Chair, and again, thanks to all the witnesses for being present.

I know that this is a difficult discussion, considering what our country went through. To summarize on behalf of so many Canadians, it's been challenging not just for folks travelling, but for every Canadian, including every member of this committee and, I'm sure, everyone at the Public Health Agency of Canada. Thank you for your work.

I also want to commend the Auditor General and her office for this work, because of course this is a damning report. It's not good, what we're seeing here. We've seen two audits during this period of time, and improvements that are critical to ensure that we have a nationwide process, not just for tracking and monitoring but for enforcement. In order to build confidence on behalf of Canadians in our systems moving forward, could the Auditor General comment on the practices of other jurisdictions, perhaps jurisdictions of similar size and similar scope to Canada, that have done enforcement better, and which jurisdictions those might be?

**Ms. Karen Hogan:** That's a really difficult question. To make that analogy, every country is quite unique. We could look to a country that's an island on its own, like Australia, which did really well with enforcement at the beginning, but it's easy to control access. Canada has a very large land border. There is so much uniqueness with every country that you need to factor in, and you also have to factor in the rate of people being vaccinated, so it's a nuance.

I caution the comparing of apples to oranges, but I do think it's important to compare to other jurisdictions to inform how to change or improve the border measures that we might use going forward.

**Mr. Blake Desjarlais:** Particular to the hotel quarantine system, have other jurisdictions done the hotel quarantine system much better, particularly in enforcement?

**Ms. Karen Hogan:** I'm not sure I could answer that.

I don't know, Carol, if you have a question...whether you looked at hotel enforcement in other jurisdictions. Can you add to that?

**Ms. Carol McCalla:** We did look at enforcement in other jurisdictions. Many other countries required their travellers to quarantine in government-approved hotels. Travellers were generally expected to stay in their rooms at these facilities for the duration of their quarantine, and they were not allowed to be mixing with other guests. Generally, they were required to stay there for the total duration of their quarantine, not just the three days—not just the initial first days after arriving in Canada—that was unique to the Canadian program.

We looked at PHAC requirements, and they based them on a pilot study they had done on the incidence of positive tests among air travellers entering Canada. Other countries that we looked at included the U.K., Australia, New Zealand, Israel, Singapore and Norway. They had greater success in keeping track of their travellers, and that could have been attributed to the travellers having to stay at the hotels longer.

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

I want to thank the witnesses. This was an interesting report and, I must say for the Auditor General and her team, I suspect a more difficult report to review, because often the auditors general are charged with ensuring that we receive maximum value for our tax dollars, but of course in this case you have the rights of Canadians across the country to offset that.

On this, I'm going to close by quoting my favourite civil servant, Sir Humphrey Appleby: "It is not for me to comment on government policy. You must ask the minister." On that, I think it serves to remind us that I think everyone has done a good job today in answering questions, and the Auditor General has as well in assessing the government policies. If members have had a problem with those policies, the decision is not for this committee, of course, but for the government at large.

Thank you very much for appearing today.

Our next meeting, on Thursday, will be on "Report 14: Regional Relief and Recovery Fund".

With your permission, I look to adjourn the meeting. Thank you.







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