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## Standing Committee on Health

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**Chair**

Mr. Rob Merrifield

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• (1530)

[English]

**The Chair (Mr. Rob Merrifield (Yellowhead, CPC)):** I'd like to call the meeting to order and thank everyone for coming. We have enough of our committee present, as well as our witnesses here.

First of all, I want to say thank you very much to Christiane Gagnon for taking the chair at the last meeting. I appreciate that very much.

I understand it was your birthday and that you were not fully disclosing your age. I have news. It was 39. That's my story and I'm sticking to it. Is that fair?

**Ms. Christiane Gagnon (Québec, BQ):** Yes, it's fair.

**An hon. member:** If it's good enough for Jack Benny, it's good enough for you.

**The Chair:** I appreciate that very much.

We have a different subject today. We're talking about the Quarantine Act. We're going to go through a presentation from the department as well as take a look at the piece of legislation. We'll determine after presentations and questions how far we'll go and whether we want to call more witnesses.

With that, I want to thank the witnesses for being here.

I see Mr. Clarke is here. You have a delegation. You're the speaker, I assume, so I'll let you introduce your delegation. The floor is yours.

**Dr. Robert Clarke (Deputy Chief Public Health Officer, Infectious Disease and Emergency Preparedness, Public Health Agency of Canada):** Good afternoon. I'm very pleased to be here today in support of Bill C-42, an act to amend the Quarantine Act.

I would like to introduce my colleagues: Dr. Howard Njoo, director general of the Centre for Emergency Preparedness and Response; Dennis Brodie, manager of the legislative and regulatory policy group; and Mr. John Cunningham, senior counsel.

As you know, Bill C-42 was introduced in the House of Commons and given first reading on the same day that the new Quarantine Act was brought into force, on December 12, 2006. I wish to express my gratitude to this committee for your past efforts and for your direct contribution in strengthening Canada's public health system. It was your hard work, commitment, and spirit of collaboration that led to the development of this renewed public health legislation.

The Constitution Act of 1867 gives legislative authority for quarantine to the Parliament of Canada. To date, federal jurisdiction

for quarantine has been applied to travellers, conveyances, and cargo that is arriving in and departing from Canada. The federal government fulfills this constitutional responsibility through a national quarantine program under the legislative authority of the Quarantine Act.

You may recall that the modernization of the new Quarantine Act was the key deliverable in response to the SARS crisis. This significant communicable disease outbreak vividly demonstrated that emerging and re-emerging infectious diseases will continue to pose a threat to the health and safety of Canadians.

With the introduction of antibiotics in the 1940s, many communicable diseases were brought under control and the need to apply the Quarantine Act gradually diminished. However, beginning in the 1980s, dangerous infectious diseases such as Ebola virus and drug resistant strains of tuberculosis began to emerge.

At the same time, international air travel greatly increased, contributing to the rapid spread of disease from one part of the globe to another in a matter of hours. The most recent example of this new migration of health reality was of course SARS. The outcome resulted in two epidemic waves and 43 deaths, not to mention considerable distress to the health care system and significant economic loss.

Acknowledging the work that unfolded in this committee and in the Senate, this government made a decision to bring the new Quarantine Act into force, with the exception of section 34. The decision to bring the new Quarantine Act into force without section 34 was not taken lightly. However, the government deemed it important to do so, given the heightened concerns surrounding the Avian influenza and the looming threat of a possible human influenza pandemic.

Honourable members, section 34 mandates an advanced reporting requirement to be met by conveyance operators. Unfortunately, a problem was discovered with the language used in section 34 when attempting to draft a supporting regulation and section 34 was found to be unworkable. As a temporary fix, and to keep present protections in place for Canadians, two existing quarantine regulations have been maintained until the wording of section 34 is amended.

Having a new Quarantine Act in force, with the exception of one section, gives federal officials access to new and modern authorities. This allows Canada to mitigate contemporary risks associated with global disease transmission. It also provides an opportunity for the government to amend the problematic wording of section 34 so that the Quarantine Act can gain full entry into force.

To this end, Bill C-42 proposes new wording for section 34 and it offers a solution to a minor and technical problem. In general terms, section 34 will require operators of conveyances used in the business of carrying persons or cargo to report in advance of arrival into Canada any illness or public health concern or death on board.

Advanced notification allows for the timely development and coordination of an appropriate response at the receiving port of destination. This response often involves other key public health partners and emergency responders across all levels of government. Both chambers supported this provision in 2005 because it provides the Minister of Health with timely information that would be helpful in deciding whether to order the diversion of a conveyance to any place in Canada, if necessary, to protect the health and safety of Canadians.

Advanced notification of important public health information will trigger an intervention by a quarantine officer and the subsequent management of a suspect risk to public health. It facilitates the application of appropriate control measures at the point of entry to stem the spread of disease. Examples of possible interventions may include the isolation of a sick traveller and the conduct of a health assessment, the cleansing of a conveyance, and possibly the temporary quarantine of those who are exposed.

Section 34 serves an operational purpose in the context of emergency preparedness, response, and public health protection. As previously mentioned, the problem with section 34 is minor and technical in nature. The language used in section 34 is simply too restrictive.

• (1535)

In its current wording, section 34 requires direct reporting to a designated authority situated at the nearest entry point. This is problematic for three main reasons.

First, in practice, a conveyance operator may not be able to determine which entry point is the nearest at the time of reporting.

Second, a designated authority may not be situated at an entry point. As you may recall, an entry point is defined in the Quarantine Act as a place where a customs office is located or a point in Canada designated by the Minister of Health.

Third, the current wording implies direct reporting. It does not take into account the role of third parties and other established communication protocols.

Bill C-42 proposes a solution. It amends the current wording to promote flexibility in practice and in the utility of section 34. Simply put, a newly worded section 34 will obligate conveyance operators in the marine and air community to inform a quarantine officer as soon as possible, before the conveyance arrives at its destination in Canada. Operators of conveyances in the process of departing from Canada through a designated departure point are also obligated to inform a quarantine officer as soon as possible.

The proposed new wording will not require the development of a regulation regarding the designation of an authority situated at the nearest entry point, as required in the present section 34. Instead, the designated authority is replaced with a quarantine officer.

New wording ensures that the reporting obligation extends beyond the time when the conveyance reaches the territorial sea of Canada or the airspace above Canada, and the obligation continues until the time the conveyance arrives at its destination in Canada. This is consistent with international practices.

New wording will also allow for indirect reporting as long as the quarantine officer is informed. Giving this advance notice through an intermediary, like an air traffic control centre, is sufficient, provided that the information reaches the quarantine officer as soon as possible.

As well, this indirect reporting through an intermediary actually makes the proposed section 34 stronger than the present section, as it expands the number of contact points for reporting of urgent public health problems on board conveyances coming into Canada. This also honours existing communications protocols and mirrors present practices.

As pointed out during second reading, new wording does limit the reporting obligation to conveyance operators in the marine and air sectors. New wording does allow for the development of regulations in the future, to be prescribed to other conveyances.

From an operations point of view, this decision supports a risk management approach toward protecting the public's health. The risk of dangerous infectious diseases entering or leaving Canada via ground conveyance is significantly lower than the risk of spread by air or marine transport for a number of reasons.

First, it is important to note that air or marine travel is significantly different from ground travel. Passengers are often in close proximity to each other for significant periods of time, with no opportunity to disembark. This makes it easier for communicable diseases to spread from one sick traveller to another.

Air travel is a special concern from a risk management perspective. In today's world, passengers can travel from one continent to another in a matter of hours, rather than weeks, or less time than the average incubation period for most diseases. This new migration health reality accelerates the global spread of disease in a way that land travel does not.

Further, the United States is not a country of great concern when it comes to serious communicable disease outbreaks. These are more likely to occur in countries where there is not a strong public health system in place to provide citizens with access to potable water, immunizations, and proper health care and treatment. These travellers arrive predominantly by air.

In practice, operators of rail or land conveyances will likely address a serious health threat before the conveyance arrives at the Canadian border. For example, a sick traveller on board a bus or train heading for the U.S.–Canada border is able to disembark and seek medical attention in the United States. This is not a practical option for air or marine travellers.

In the event of a very sick traveller seeking entry into Canada, the reporting of any public health concern will be captured at the border point, when travellers are processed for admittance by a customs officer, who is also a screening officer under the Quarantine Act. Under section 15 of the Quarantine Act, all travellers, including conveyance operators, are required to disclose any issue of public health concern at the point of entry, and to answer all relevant questions posed by the screening officer. If a public health risk is discovered at this process point, screening officers have various powers under the Quarantine Act. For example, they can isolate sick travellers or detain a conveyance. Further, they are required by law to immediately notify a quarantine officer or an environmental health officer for further direction.

Regarding the issue of transporting cargo by ground conveyances, the detection of a public health problem by a conveyance operator is not likely, given that most cargo is packaged and contained appropriately for shipment. For example, under the Transportation of Dangerous Goods Act, there are stringent packaging requirements for the shipment and transport of dangerous human pathogens, meaning live agents capable of causing disease in humans.

• (1540)

It is also important to note that other government departments have a role to play in protecting the health and safety of Canadians. For example, the detection of a disease-carrying cargo, such as contaminated spinach or alfalfa sprouts being transported from the United States, will likely come from federal officials in the Canadian Food Inspection Agency or directly from U.S. counterparts. The problem may also be detected by local public health authorities in the post-arrival stage.

From a public health point of view, expanding Bill C-42 to include ground conveyances will not add value to the current system of controls. The benefit of this measure does not outweigh the burden to the stakeholder community and the quarantine program, given what happens in practice and the fact that adequate screening measures do exist at the border. As such, a decision was made to maintain the current reporting requirements under the Quarantine Act for the marine and air transport sectors only. This decision supports current reporting requirements to be met by conveyance operators.

I would also like to note that this decision is compatible with requirements for advance notification under the International Health Regulations, which were being revised at the same time that the Quarantine Act was being modernized. Expanding the scope of Bill C-42 to include ground conveyances would likely be perceived as overly prescriptive and unnecessary. As of now, no other country in the world imposes this requirement.

In closing, I would like to reiterate that proposed section 34 does allow the reporting requirement to be extended to land travel in the future. This can be achieved through a regulation or an interim order, should there be a change in the threat and risk environment to support this measure.

I wish to thank the Standing Committee on Health in advance for taking the time to review and study this proposal. It is my hope that Bill C-42, in its current form, will address your concerns as a

collective and will proceed to the next stage of the parliamentary process in a timely manner.

Thank you.

• (1545)

**The Chair:** Thank you very much for that snapshot of why the changes are presented in this piece of legislation.

We'll now open it up to questioning, and we'll start with Ms. Brown, for ten minutes.

**Ms. Bonnie Brown (Oakville, Lib.):** Thank you very much, Mr. Chair.

Thank you for coming.

When I read these changes in these amendments to Bill C-42, which we worked on pretty seriously here, I didn't hear any concerns from the officials at the time that it was too onerous for land transportation drivers to report. This is new.

From whence did this initiative come? Did it come out of the Public Health Agency? Did it come out of the officials who were trying to figure out how to apply the new Quarantine Act? Did it come out of a worry about how much money it was going to cost and how many quarantine officers would have to be hired? Where did this come from?

**Dr. Robert Clarke:** Dennis, would you like to respond?

**Mr. Dennis Brodie (Manager, Legislative and Regulatory Policy Group, Public Health Agency of Canada):** Yes, I can try to answer that.

It came out of the work that we undertook to figure out how we were going to implement the act. It was during that process that we discovered that this is not going to work in practice. We tried various ways to get around it, but none were feasible. That then led to the proposal to amend the section.

**Ms. Bonnie Brown:** In essence, from the intention of the first Quarantine Act, in that number of years, we'll be reducing the reporting requirements through these amendments, unless a minister in the future decides to name other conveyances in addition to those that come in by sea and air.

**Mr. Dennis Brodie:** It's reduced from what Bill C-12 originally said. However, it is not reduced from the point of view of the existing regulations. The existing regulations, which have been in effect for probably fifty years, only required air and marine conveyances to report. Furthermore, as Dr. Clarke pointed out, the International Health Regulations only require marine and air conveyances to advance-report.

**Ms. Bonnie Brown:** But somehow, after SARS, the first bill drafted on this subject did include land transportation, because the purpose of it was to protect public health.

I would disagree with some of the phrases used in the presentation. People on buses do spend hours in close contact. People on trains do spend hours in close contact. While I know there are weird diseases coming from other continents, our own continent has also experienced certain diseases that could easily come across the border. It seems to me that what this mainly does is exclude land travellers from our neighbour to the south from any requirement of reporting.

**Dr. Howard Njoo (Director General, Centre for Emergency Preparedness and Response, Public Health Agency of Canada):** I don't think it actually is a concern, because as Dr. Clarke pointed out, it's a matter of risk management. From a practical point of view, if we have sick Americans or anyone coming to the Canadian-American border, those people are much more likely to be identified as having a certain illness. In terms of medical follow-up, it's much more practical to have them disembark before they get to the border and have them get the appropriate medical attention in a medical facility. That's not—

**Ms. Bonnie Brown:** What if they don't self-report?

**Dr. Howard Njoo:** Then when they actually land at the border, through the customs officials or the quarantine officers, those people will also be required to identify, or they can be identified at that point.

**Ms. Bonnie Brown:** What about a bus driver who picks up somebody he thinks is showing symptoms of being ill on a trip, even a short trip, say, from New York City to Windsor or something like that?

**Dr. Howard Njoo:** I think it would just be common sense for either the bus driver or the person, if he's ill, if he's sick enough, to try to seek medical attention before getting to the border, because in most cases, the best medical attention would be in medical facilities on either side of the border and not at the border. However, if there is a situation where someone actually lands at the border, certainly our customs officials can identify that person and have him sent for further follow-up at a medical hospital.

The requirement for advance reporting is really a practical application in that if someone is on an airplane, there's no way to disembark and go to a medical facility in advance of landing at the port of destination. Therefore, it is practical to have advance reporting so the officials, including quarantine at the airport in Toronto, can make the necessary arrangements to welcome the plane when it finally lands and have the person, obviously, forwarded for medical attention.

• (1550)

**Ms. Bonnie Brown:** One of the former chairs of this committee found herself quite ill on a plane, and the plane landed in Texas to get her to a hospital quickly. It isn't unknown, when people are sick with something unknown to them, for planes to do that, as well.

What I'm failing to see is the difference between land transport and sea or air. To me, this reduces the requirement and saves money but might put Canadians' health at risk. In other words, you're saying that there are very strict rules to be applied to people who travel by sea or air, but if they travel by land, you're hoping that common sense will prevail.

**Dr. Howard Njoo:** I don't think we're saying that. What we're saying is that when someone is on any conveyance and becomes ill, in terms of the bus driver or the tour operator, the expectation would be that he or she would take appropriate steps to seek the best medical attention for the sick passenger on board.

**Ms. Bonnie Brown:** It's based on an expectation that hopefully somebody has common sense, whereas the other people are subject to these very strict rules.

**Dr. Howard Njoo:** The rules notwithstanding, the point is that if someone is sick on board an airplane, it is difficult to get medical attention before landing, and therefore it makes sense to have advance reporting so the necessary arrangements can be made at the port of entry. If someone is on a bus, certainly there are lots of options in terms of getting the appropriate medical attention prior to the person arriving at the land border.

**Ms. Bonnie Brown:** That wouldn't be my experience. If I were sick on a bus and I was coming towards Toronto, I'd want to get home. I wouldn't tell anybody how sick I felt, even if I had perspiration flowing down my face. I'd want to get home. I'd want to meet my family and get to my own doctor. But I could be bringing in a disease, and I think if there were a bus driver on that bus, he should be required to report, as well.

What is the real technical issue that makes this so difficult? Is it the whole problem of having quarantine officers available, say, at two o'clock in the morning at the Ontario-Michigan border? I'm sure there's something else underpinning this change, because it is reducing the requirements that were set out in Bill C-12.

**Dr. Robert Clarke:** In terms of having people available at the border when a land traveller is coming across the border, the screening officer, if he sees that someone is ill, will require the person to have a consult with a quarantine officer. Each person is screened by a screening officer. If the person appears to be ill, then at his discretion, he can refuse entry or he can call the quarantine officer to make a further assessment.

**Ms. Bonnie Brown:** In the case of a commercial conveyance like a bus, should the driver not have the same responsibility as a pilot of an aircraft or the captain of a ship to report ahead of time? You just said that it's better if the correct people are there waiting at the border or at the point of entry.

**Dr. Robert Clarke:** I suppose the other issue here is the international health regulations.

**Ms. Bonnie Brown:** Yes, but we wanted to have the best quarantine act in the world. We're not 100% sure that those standards are as high as.... They may be as high as most countries can reach, but they also could be the lowest common denominator. That's sort of irrelevant when we want Canada to be a leader in public health.

**Dr. Robert Clarke:** The other factor in this is that Canada and the United States share a very common health status in terms of infectious disease. So the diseases we're primarily concerned about are ones that are exotic to Canada and would impose significant risk to Canadians. All people coming by land would be coming from the United States.

**Ms. Bonnie Brown:** Of course I'm very aware of that, and I'm wondering if this isn't another screen for what is called "deeper integration". Everything is so much the same that we might as well not have any rules.

I have one other question, on cargo.

•(1555)

**The Chair:** You have only 30 seconds.

**Ms. Bonnie Brown:** Let's say a truck driver is bringing in foodstuffs, animals, vegetables, or maybe ingredients for dog and cat food, which we had a problem with lately. He has a sense there's something wrong with his cargo and it has been contaminated—it smells funny, or something like that. I think he should be required to report this ahead of time so there is somebody at the border who can decide whether or not to let the material in.

**Dr. Robert Clarke:** In the case of animals and food, this is covered by the Food Inspection Agency. In fact, they have veterinarians located at these land border crossings to inspect animals.

**Ms. Bonnie Brown:** But according to the Quarantine Act—

**The Chair:** I'm sorry, your time has gone, Ms. Brown.

Madame Gagnon, the floor is yours.

[*Translation*]

**Ms. Christiane Gagnon:** I would like to return to the risk management issue. You said that it was a risk management issue. Do you think that people travelling by land are more likely to bring diseases into the country? You talked about the United States, Quebec and Canada, but you can also travel from Mexico to the U.S. and to Canada. Would it not increase the risk?

**Dr. Howard Njoo:** No. We're talking here about risk management. If a traveller is sick on a flight, we cannot send him or her to the hospital before landing at the airport. This is why it is important that the pilot notify the officials of the destination airport so that they can deploy the required resources and the quarantine officers before landing. If a person is ill on a bus going to Canada, we can always send him or her to the hospital before the bus reaches the border.

**Ms. Christiane Gagnon:** I would like to come back to the reporting issue. Is it mandatory for someone travelling on a plane to inform the captain or the flight attendants that he or she could be contagious? In the case of ground conveyances, you do not have to report the diseases that you might be carrying.

**Dr. Howard Njoo:** The purpose of advance notification is to allow sufficient time to put in place the resources and the quarantine officers required before landing because the sick person might need medical attention and it is difficult to give it in-flight. If someone arrives by bus, it leaves you much more time.

**Ms. Christiane Gagnon:** I am trying to understand the purpose of reporting. It is not to protect other passengers from possible contamination, but to support the sick person.

**Dr. Howard Njoo:** Yes. Under the Quarantine Act, we also have the power to intervene at the border. If the other passengers on that same flight need a follow-up, we can also put the necessary resources in place. The advance notification requirement is also to ensure a medical follow-up and support for the sick traveller.

**Ms. Christiane Gagnon:** It has been said that there were already provisions in other acts such as the Customs Act. There is a specific requirement for travellers to report if they are carrying any viruses or communicable diseases. Might the Customs Act be sufficient to respond to the concerns expressed by this Committee this afternoon?

•(1600)

**Mr. John Cunningham (Senior Counsel, Public Health Agency of Canada):** I do not want to refer specifically to the Customs Act, but I can say that they are two different things. Under Section 34, a mandatory requirement falls on the conveyance operator. Section 15 of Bill C-12 passed in the 38th Parliament says that each traveller must answer questions.

I do not know if it answers your question. In fact, there are two mandatory requirements. One must be fulfilled before arrival. It applies mostly to the conveyance operator. He can only base his judgment on what he sees or on his suspicions. However, the passenger has no obligation to report an illness to the driver. He or she might even try to hide it.

**Ms. Christiane Gagnon:** It is probably what will happen.

**Mr. John Cunningham:** On arrival at a point of entry, each person, including passengers and the driver, will be submitted to a control by a custom officer.

[*English*]

**The Chair:** Thank you very much. Your time is up.

Mr. Fletcher, you have five minutes.

**Mr. Steven Fletcher (Charleswood—St. James—Assiniboia, CPC):** Thank you, Mr. Chair.

For members of the committee, I would like to reframe this discussion a little bit and put it into context.

Under the International Health Regulations, which were revised at the same time the Quarantine Act was modernized, operators of ground conveyances are not required to report in advance. To repeat that, under the International Health Regulations, ground conveyances are not required to report.

Ms. Brown, in our debate, I think there was a suggestion about an amendment. It wouldn't be helpful in this case because Bill C-42 is a catch-all bill.

I would like to refer you to proposed subsection 34(1), which reads: "This section applies to the operator of any of the following conveyances". We've been talking about watercraft and aircraft, but paragraph 34(1)(b) talks about "a prescribed conveyance". It can be defined as anything, be it a bus, a train, a Segway, or whatever humans come up with in the future for land transportation.

I hope you guys will be able to elaborate on the points I'm raising to make sure I understand correctly.

On the other point I'd like to raise, under the Quarantine Act, customs officials are actually also screening officers. It is also another safety valve.

A prescribed conveyance actually deals with land conveyances, or transporters, or whatever we come up with. I think it addresses the issue and allows for the catch-all nature of Bill C-42, which was the whole purpose.

Could the officials comment on that understanding and address those concerns?

**Dr. Howard Njoo:** Thank you, Mr. Fletcher. I think you raised excellent points.

I think there might be a misunderstanding with the current wording, which does not require advanced reporting for operators of land conveyances. It's not the same thing as no reporting at all. There is still a requirement for them to report at the border.

The whole issue of advanced reporting from a practical point of view for risk management is really in a sense to make the necessary arrangements for medical services and so on, as I already responded to the honourable member of Parliament, Ms. Gagnon, in advance of someone arriving by plane or ship, which is not as practically possible compared to a land conveyance. But all operators are required at the border to declare illness. In that sense, it is consistent with protecting Canadians.

• (1605)

**Mr. Steven Fletcher:** I'm going to run out of time, but can you explain to the committee subsection 15(2), section 38, and subsection 34(2) of the act, which deal with the very issues we're discussing here? My understanding is that these sections deal with operators of land conveyances. These are catch-all sections.

**Mr. John Cuningham:** You're referring to subsection 15(2) of the act?

**Mr. Steven Fletcher:** Subsection 15(2).

**Mr. John Cuningham:** Okay. That's what I was referring to earlier, where you have the obligation on the traveller—every traveller—which includes the conveyance operator, to in fact self-report. If I can quote,

Any traveller who has reasonable grounds to suspect that they have or might have a communicable disease listed in the schedule or are infested with vectors, or that they have recently been in close proximity to a person who has, or is reasonably likely to have, a communicable disease listed in the schedule or is infested with vectors, shall disclose that fact to a screening officer or quarantine officer.

That's the obligation on every traveller at the entry point when they're screened.

The other section you're referring to is section 34?

**Mr. Steven Fletcher:** Subsection 34(2). It just reaffirms—

**Mr. John Cuningham:** Okay. So here again we have that the conveyance operators, as soon as they have reasonable grounds to suspect—so it's not that high of a threshold—that these factors are in play, have the obligation to report before they arrive at the destination.

**Mr. Steven Fletcher:** Regardless of the mode of transportation.

**Mr. John Cuningham:** No. If I'm looking at the proposed bill, it's caught by proposed subsection 34(1), which says “This section applies to the operator of any of the following conveyances...”. When they refer to a conveyance in subsection 34(2), it's the conveyances that are circumscribed.

**The Chair:** That would be the marine or air. Is that what you're saying?

**Mr. John Cuningham:** The marine or air or any prescribed conveyance.

**The Chair:** Any prescribed conveyance. Okay.

Thank you very much, Mr. Fletcher.

Ms. Priddy, the floor is yours.

**Ms. Penny Priddy (Surrey North, NDP):** Thank you.

I was interested in the comment.... Let me find it here. It was in the notes you used, that you're doing this at this time and then you will be.... Yes, here it is: “new wording does allow for the development of regulations in the future to prescribed other conveyances”. Could you help me to know what that means? Does that mean that conveyances would be described more in the future, or does the particular wording allow for the development of regulations? I'm wondering why we wouldn't just do it all now.

**Dr. Robert Clarke:** Well, it opens the door. If there were some new issue or problem that develops in the future with some different kind of conveyance, we would have the ability to specify that.

**Ms. Penny Priddy:** But we don't name the conveyances, anyway. How would we know if it was a new conveyance or an old conveyance, unless, as Mr. Fletcher said, we are somewhere into the future and we're driving air cars to work?

**Dr. Robert Clarke:** There could be new technologies, but there also could be a problem that develops within an existing conveyance, which wasn't covered, and you could use this clause to get it done.

**Ms. Penny Priddy:** I am mildly curious as to why conveyances were never named. Perhaps it's more complicated than I understand. Maybe you have to name unicycles, bicycles, and tricycles. I'm not sure. I wonder if you can help me a bit here.

**Mr. John Cuningham:** I can't answer the question directly, but what I can say, as Madam Brown pointed out, is that originally the new Quarantine Act referred to a broader set of conveyances. It's certainly conceptually easier to talk about marine, air, and ground. There are three large types of conveyances. Even if we're talking about space one day, they would presumably come by air. So we've pretty much covered everything.

It's quite clear, right now, that the ground conveyances have been taken out. If we summarize what we're hearing here today, it's a balance of a number of factors. There is the evaluation of the current risk with respect to the land conveyances, the balance of the burden on the operators, the burden on the program, and the international comparisons. Then any prescribed conveyance allows the government to deal with a problem if the risk—

• (1610)

**Ms. Penny Priddy:** So I'm out on my private yacht, not a commercial watercraft. I think it only says “commercial”. If I'm out on my yacht with eight people and somebody gets really ill, I have no obligation to tell anybody about that because it is not a commercial vehicle.

**Mr. John Cuningham:** Unless it's prescribed.

**Ms. Penny Priddy:** It wouldn't be, because it's not commercial.



**Mr. John Cunningham:** It could be prescribed. The division right now would cover watercraft or aircraft used in the business. That's commercial.

**Ms. Penny Priddy:** I don't use it in a business.

**Mr. John Cunningham:** It says it could also cover any prescribed conveyance.

**Ms. Penny Priddy:** It "could". The words "could" and "might" are used a lot in this, and that is causing me a bit of a problem.

The last point I would make is that while we are making this very mandatory because it's around communicable disease—fair enough—we don't necessarily make it mandatory in this country to report other communicable diseases to the federal government. Is there some cognitive dissonance in that?

**Dr. Robert Clarke:** This is dealing, of course, with people crossing borders. On the other issue of mandatory reporting within the country, we are in the midst of negotiations with provincial partners on that. In fact, there was a meeting of ministers in December to talk about reporting and management of these kinds of diseases. There is work ongoing in terms of increasing our ability to have mandatory reporting and reporting from provinces.

**Ms. Penny Priddy:** But currently the provinces can basically tell us to go fly a kite in terms of the immunization rates or whether they have an outbreak of a communicable disease.

**Dr. Robert Clarke:** That's not quite true.

**Ms. Penny Priddy:** We'd like them to tell us, but—

**Dr. Robert Clarke:** As you know, with the recent formation of the Public Health Agency, we have a chief public health officer now, and we have a public health network. The public health network is working very actively between the federal, provincial, and territorial partners to improve the capacity and ability to share surveillance information.

**Ms. Penny Priddy:** I understand sharing surveillance information. I'm sorry, but I know. But is the direction ever to mandate it, because I actually don't believe volunteering. I don't know. I love volunteering, but somehow somebody always doesn't do so in the end. So is it heading towards mandatory? Because this is mandatory.

**The Chair:** That will be the last question. Go ahead if you have a quick answer on that.

**Dr. Robert Clarke:** We do have reportable diseases in Canada, and we actively review those reportable diseases.

Again, as I mentioned, there are ongoing discussions about improving, but there is a provincial jurisdiction here that has to be respected, so we have to work within the guidelines that are there.

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

Mr. Batters, the floor is yours for five minutes.

**Mr. Dave Batters (Palliser, CPC):** Thank you very much, Mr. Chair. I'd like to thank the public health officials for being here today to answer our questions on Bill C-42.

I'm still in the learning process on Bill C-42, so maybe you guys can help me out a little bit. Proposed paragraph 34(1)(a) specifies specifically "a watercraft or aircraft that is used in the business of carrying persons or cargo", and proposed paragraph 34(1)(b) says "a

prescribed conveyance". Where do I find this list of prescribed conveyances?

**Mr. Dennis Brodie:** Maybe I could answer that.

A prescribed conveyance would be a conveyance that would be prescribed by the Governor in Council, through a regulation. If you look at section 62 of the Quarantine Act—and I'm not sure whether you have the actual Quarantine Act in front of you—

• (1615)

**Mr. Dave Batters:** I don't think so.

**Mr. Dennis Brodie:** Let me tell you what it says in section 62, which is under the heading "Regulations":

The Governor in Council may make regulations

—and then there's a list of topics—

...(n) respecting anything that may be prescribed under this Act...

So it would take a regulation made by the Governor in Council to include land conveyances or any other type of conveyance under the reporting requirement.

**Mr. Dave Batters:** Sir, you are telling me that the Governor in Council has to make regulations. But as we sit here right now, section 34, as I read it, is going to apply only to conveyances involving watercraft or aircraft that are used in the business of carrying persons or cargo—unless you can tell me that there are regulations currently being drafted by the Governor in Council. And if that is so, can you describe them and explain when they're likely to be tabled?

I understand that under the new Quarantine Act, the Governor in Council has the authority to make regulations—including those regarding the information to be provided by the operator of a conveyance—under paragraph 62(e) and respecting the protection of personal information. Maybe you can respond to that. Are there regulations currently being drafted by the Governor in Council as to what a prescribed conveyance is? This is all incredibly vague to me.

**Mr. Dennis Brodie:** No, there are currently no plans to draft regulations that would prescribe the different types, other than aircraft or watercraft conveyances, that would have to report in advance.

**Mr. Dave Batters:** So let's get down to brass tacks here. I'm picking up on Ms. Brown's questioning. As we sit here right now, Bill C-42 will apply, and the change we're making is that it will limit advanced reporting obligations to air and marine conveyances, which is different from just reporting obligations.

**Mr. Dennis Brodie:** That's right.

**Mr. Dave Batters:** It's going to limit advanced reporting obligations to air and marine conveyances. So for advanced reporting, trains and buses right now would not be covered? I have a problem with that.

**Mr. Dennis Brodie:** They have never been covered, in fact, and they are not required to be covered under international health regulations, for the reasons we've talked about. I think there are pretty solid reasons to exclude them at the present time, but if in the future the risk environment changes, then through a regulation the Governor in Council could make a regulation.

**Mr. Dave Batters:** Do you gentlemen have any insight into how many people enter Canada each day by air, water, and land respectively? Also, in terms of land travel, what proportion is for train, bus, or car travellers? I'd like an indication of how many people come into this country daily by air and by water versus how many people come into this country by land—by bus, train, or car.

**Dr. Robert Clarke:** I have some statistics here. There are approximately 266,000 travellers a day coming in through 119 land border crossings, stations, or the 13 international airports. We can break that down further for you and get back to you.

In terms of vehicles, in 2005 to 2006, 36.5 million vehicles crossed into Canada, of which 81%, or around 29 million, were cars.

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

Ms. Kadis.

**Mrs. Susan Kadis (Thornhill, Lib.):** Thank you, Mr. Chair.

I have a question for Dr. Clarke or Mr. Brodie. When this proposed legislation or amendment and this government appear to very clearly want to reduce the reporting requirements, how likely is it that a minister will prescribe those for other conveyances, including land? And isn't it better that we know before they hit the border, for example, as opposed to when they reach the border? Isn't that the whole idea?

**Dr. Robert Clarke:** This is all based on the risk assessment of diseases and the disease status of people coming by land travel.

As you mentioned, if that risk assessment changed, then it would be appropriate to change the reporting requirements, but we feel at the present time, with the current disease status in the United States and in Canada, that it is not warranted. But that could change, and if that happens, there is provision in this bill to amend the regulations.

• (1620)

**Mrs. Susan Kadis:** I spoke in Parliament to Bill C-12 originally—and felt very strongly about it, as most people did, I believe, in the House in general—in response to the changes that had taken place, such as those regarding SARS, etc., and potential threats globally. I'm not yet hearing any rationale as to why we would dilute the act, and I'm not being convinced that we should.

You're in one sense talking about strengthening or implying that you want to strengthen the act, which would be something that would be very highly supportable, but on the other hand, it seems to be completely contradictory to now delete some of these opportunities to catch potential illness and threats.

**Dr. Howard Njoo:** The other way to look at this is that the requirement is there for all operators of all conveyances to report and for the passengers as well to self-declare illness at the border. This advance reporting requirement is an additional practical measure so we can make the best possible arrangements for people arriving by air and marine transport in advance of their arrival to make the necessary arrangements for the appropriate follow-up so they can get the best medical attention.

The problem, to be honest with you, if you want to get into the whole issue of land conveyances, is, as I've said, in many practical senses it's not possible. For example, there are multiple bus operators all around North America. To talk about all the types of routes and

points where they could cross, you would then have to have multiple phone numbers for them to contact in advance, and then what exactly would they be reporting? The most common type of illness most people would have would be something like a cold or a respiratory illness. Can you imagine a busload of folks where the bus operator would be reporting or trying to contact a border official because some of the people have a cold?

Then what happens is that people may be standing up, we might get the whole system activated, and then before they even arrive their condition worsens and they disembark and get to a local hospital. So the people at the border might be waiting for someone who never arrives because they're actually practically managed even before they get to the border.

**Mrs. Susan Kadis:** Thank you.

I'd like to clarify if our panel agreed with the original act as it currently stands, if they provided input, and if they supported it initially—Bill C-12.

**Mr. Dennis Brodie:** As one of the people who worked on the bill at the time, certainly I supported it. Once you got into figuring out how exactly we were going to implement this, that's where we discovered there was a problem.

**Mrs. Susan Kadis:** I think the issue is whether we are compromising. Dr. Clarke, are we potentially compromising safety in any way by deleting the land conveyance, by restricting the opportunities to catch potential communicable diseases before they affect our Canadian population?

**Dr. Robert Clarke:** No, in my opinion, we're not. If I thought we were, I wouldn't be saying what I'm saying.

I think we have extensive collaboration with the United States and other countries on the status of various diseases. We know what each country has, so we're quite confident that these measures are appropriate.

**Mrs. Susan Kadis:** I'm personally not supportive of those particular areas of change, those amendments, Mr. Chair. I know there's some interest in going clause by clause, but I don't think we're anywhere near that point of dealing with it today. I think we need more information.

**The Chair:** Okay, that's your time.

Mr. Brown, you have five minutes.

**Mr. Patrick Brown (Barrie, CPC):** Thank you, Mr. Chairman.

We've heard some reference from my colleague about the issue of ground. We wanted to know if we've looked at other international examples. I saw one of the reports; it talked about looking at Ebola, tuberculosis, and also SARS. Was there any evidence that any of these dangerous infectious diseases have spread on a ground level, or when they spread, has it been by marine and air?

**Dr. Robert Clarke:** Certainly there are a number of different issues here. When it comes to diseases such as Ebola, that disease is found in Africa, and it obviously would have to come by air or marine when people travel, so virtually all those exotic diseases would come by air or marine.

With other diseases, such as tuberculosis, screening is done for tuberculosis with immigrants, which CIC is involved with. People have to go through a medical and they're tested for that before they're allowed to immigrate. We also share a lot of information with the United States on diseases such as tuberculosis and some endemic diseases we have within the countries. So we have very good knowledge of what diseases are circulating between our two countries, and very similar patterns.

The primary threat for us is these exotic diseases, diseases Canadians would not have any experience with. They're the ones that tend to be the most problematic, so that's why we're more focused on the air and marine, because they're more likely to come from—

• (1625)

**Mr. Patrick Brown:** I realize they might have been more likely, but is there any evidence you have that even a small percentage of the threat...? For example, with SARS, was there any that came to Canada via ground that we know of, or is there any...?

**Dr. Robert Clarke:** No; it was primarily air travel.

**Dr. Howard Njoo:** I think another important point to make is that it would be naive to think we're going to stop infectious disease at the border with any sort of number of measures. The practical fact is that many infectious diseases, based on the incubation periods and when people actually declare their symptoms, are discovered after the fact.

So a large part of how we're going to control infectious diseases coming from other countries is by training our health care system providers—physicians in emergency rooms and in doctors' offices—to be on the lookout, to be always vigilant, and if someone comes to their office who is sick, they pick up a careful travel history and ask where they've been recently. When someone walks through an emergency room in Saskatoon, you can't just assume they're from the local area. They might have started 24 hours ago in South Africa or some other part of the world, taken a bunch of flights, and ended up in that emergency room.

Our experience is that for many of the infectious diseases that are actually diagnosed in Canada and reported, yes, these people actually did travel from other parts of the world and came to Canada by a variety of means—air, marine, or land—but actually didn't fully become symptomatic and seek medical attention until after they were in the country. That's really another important point to note. It's not going to be because of certain measures that we're going to catch everything at the border. That seems to be accepted and—

**Mr. Patrick Brown:** Recognizing that our border is with the U.S., what is their policy on this? Would these changes bring us more in line with them? Recognizing there's a difference then with someone who came by air to the States and then came by ground to Canada, is there a sense of uniformity between the two policies?

**Mr. Dennis Brodie:** As far as I know, the U.S. does not require advanced reporting by conveyances travelling between Canada and Mexico.

**Mr. Patrick Brown:** How about by air? Are their policies by air the same as what we're advocating?

**Mr. Dennis Brodie:** Yes. In fact, all countries of the World Health Organization that administer their International Health Regulations only require air and marine advanced reporting.

**Mr. Patrick Brown:** And what about Mexico?

**Mr. Dennis Brodie:** I'm not familiar with what Mexico requires, but I assume it's consistent with the International Health Regulations.

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

Now we'll go on to Monsieur Malo for five minutes.

[*Translation*]

**Mr. Luc Malo (Verchères—Les Patriotes, BQ):** Thank you, Mr. Chairman.

Mr. Njoo, from your earlier answer to Ms. Kadis, I understand that it is essentially a matter of a cost-benefits comparison. Given the benefits that it might produce, it would be too costly to implement a risk assessment or to report people travelling by land. You said earlier that it would be too costly, compared to the benefits obtained, to inform bus companies and give them access to special phone numbers to make those notifications possible. I understand that the risks are rather minor. From what you answered to Mr. Brown, even the United States do not require that kind of control.

• (1630)

**Dr. Howard Njoo:** I am sorry, but I may have misspoken. It is not a cost issue but a matter of risk management. As I explained earlier, the mandatory reporting of a sick person on a plane or a ship is to make available the necessary resources at the point of entry. If someone gets ill on a bus, there should be hospitals and medical services providers on both sides of the border. It is a matter of practical management. If a person gets sick, it is possible to disembark him or her in another city before arriving to the border and to have a follow-up. There are many such possibilities. However, when it happens on a flight, it is only possible to act after landing and this is why there is mandatory reporting. This is to ensure that the required measures will have already been put in place. Is this clear enough?

**Mr. Luc Malo:** As concerns the control of people travelling by land, has that kind of measure already been included in a bill or a quarantine legislation? Or is it something that has never been the object of any control?

**Dr. Howard Njoo:** There are controls at the present time. In fact, when you arrive at the border, it is mandatory—

**Mr. Luc Malo:** I am talking about the advance reporting.

**Dr. Howard Njoo:** In terms of risk management, I do not believe that it is practical to notify before arriving at the border. There are many potential options to deal with the problem ahead of time. If there is a sick person on a bus, you can notify the border officials, but if the situation gets worse, you could take that person to a hospital before arriving at the border rather than keeping him or her on the bus.

**Mr. Luc Malo:** Are there countries where that kind of control is done? It does not exist anywhere?

**Dr. Howard Njoo:** No. As was mentioned earlier, we are talking about an international standard. In doing so, Canada might become the only country in the world with that requirement.

**Mr. Luc Malo:** Thank you.

[English]

**The Chair:** Thank you.

Ms. Davidson, please.

**Mrs. Patricia Davidson (Sarnia—Lambton, CPC):** Thank you, and I'd like to thank the presenters.

I need some clarification. What we're looking at today is the amendment to the Quarantine Act. Some statements were made—at least I think this is what I heard—that we are decreasing the coverage of advance notification. Is that correct? Are we decreasing anything?

**Mr. John Cuningham:** I think the decrease is compared to what the new Quarantine Act and the current wording of section 34 would have done. But compared with the current actual regulations that apply and that applied before the new Quarantine Act, there's no decrease. The previous regulations continue to be in force and apply to marine and air.

**Mrs. Patricia Davidson:** So there has never been coverage of advance notification for land conveyance. Is that correct?

**Mr. John Cuningham:** As far as I know, no, not in Canada.

**Dr. Howard Njoo:** The other aspect is that conceptually, as a previous question alluded to, public health authorities were all on board, in terms of the previous Quarantine Act. I think the question comes to the practical application—for example, even the technical problem with the wording: the operators of conveyances are obligated to report to the nearest point of entry. Those were things that we didn't recognize in a practical sense, until we got into the practical implementation.

Things have advanced. As has been alluded to several times, when we had the discussion and the negotiations for the revised International Health Regulations, this was certainly a part of the discussion among all member states of the WHO. Because of the same types of issues we're discussing here, from a practical risk management point of view it made sense. Therefore the internationally accepted standard is not a decrease in coverage; it's really that the appropriate and necessary application of risk management applies to air and marine. So in Canada, we're not doing more or less; we're basically being consistent with what's being done around the world.

• (1635)

**Mrs. Patricia Davidson:** But are we being consistent with what's being done now and what was being done previously in Canada? That's my question.

**Dr. Howard Njoo:** Yes.

**Mrs. Patricia Davidson:** Okay, so we are not decreasing coverage for Canadians from what we had previously.

**Dr. Robert Clarke:** No, we're not.

**Mrs. Patricia Davidson:** Okay.

I have another question.

I live in a border municipality in southern Ontario. It is very common for residents in my community to drive, either by bus or personal vehicle, to Detroit to fly to any number of destinations. These people could fly to Cuba, Central America, Mexico, or

wherever, outside of the continental U.S., and return. Then they return to Canada by land. This does not require any advance reporting mechanism. But if they are flying in the United States, is there an advance reporting mechanism there that would follow that person?

**Mr. Dennis Brodie:** If they are travelling from a country outside of the United States to Detroit, U.S. law would apply and the airline would be required to notify Detroit. So there would be a requirement under U.S. law.

**Mrs. Patricia Davidson:** And if somebody is coming from Mexico and it is determined there is somebody on that flight into Detroit who has a communicable disease, would the other people on that flight be tracked into Canada if they were coming by land from Detroit?

**Dr. Howard Njoo:** Yes. The quarantine program in the U.S. is similar to ours. If there were an ill passenger on an aircraft arriving in the United States, as is similar to us, we would take the appropriate measures in ensuring the proper follow-up of any passengers on that flight regardless of where they were going. So the practice is similar in both countries.

**Mrs. Patricia Davidson:** So if there is a known illness, it is tracked. Otherwise it's up to the individual to report it anyway. Is that correct?

**Dr. Howard Njoo:** Yes.

**The Chair:** Thank you.

Ms. Beaumier.

**Ms. Colleen Beaumier (Brampton West, Lib.):** Thank you.

I have some serious problems with a number of things that have been said.

You were saying that it was naive to think we will stop infectious disease coming across the border from the U.S. Well, that's no more naive than it is to think that we're going to stop it coming from a developing nation. We're not talking about taking a sick person off a bus and getting them to a hospital. We're not talking about the sick person, because he already has it. We're talking about a contagious disease.

If someone is sick on a plane, does that mean everyone on the plane goes into quarantine until they decide what the problem is? What happens if there's a sick person on a train? Do they take this person and everyone else off the train and put them in quarantine until they can determine whether it's a communicable disease?

Many people travel from developing nations with lots of money. They travel on trains and buses, and they go from the United States to Canada. We're not talking only about Americans with diseases that we love and can deal with. We're talking about all these horrible people coming with rare communicable diseases from developing nations. But some of these people have lots of money and they do a lot of travelling.

It's not the sick person who is the issue here. You keep referring to the fact that they'll take the sick person off the bus. What about the people who have been exposed to the virus? The SARS report said we were caught with our proverbial pants down. It looks to me like we're opening up another opportunity for these diseases to come through.

I thought advanced reporting was to prepare for a quarantine situation upon arrival in the country. That's the problem I'm having here. We're not talking about sick people; we're talking about people who have been exposed to a potentially deadly virus. I don't see why trains and buses would be taken off that list.

• (1640)

**Dr. Robert Clarke:** Irrespective of how they came into the country, in a case where someone is incubating a disease, I think it could be a number of days, for example, before someone figured out exactly what was wrong with them. This is why the quarantine officer and the medical officers in the hospital, as Howard mentioned, would have to make an assessment of what illness this person is likely to have.

If they determine that this looks like a suspicious disease that could be contagious, that could be problematic irrespective of how they came into the country. Depending on what disease we thought we were dealing with, our epidemiologists would then be tracking people who had been exposed to this person, following up with them, having them medically examined, and then taking the appropriate containment measures.

Those procedures are already in place. We work very closely with our counterparts in other countries to do those kinds of things. Even if we're tracking people in another country, if we think they were potentially at risk, we provide information on travellers and who was exposed or who was sitting near somebody.

**Ms. Colleen Beaumier:** Did the problem with SARS not occur because people exposed to the SARS virus weren't quarantined and isolated soon enough? That was the impression I think we all got.

**Dr. Howard Njoo:** No. I was one of the people involved in the SARS crisis. It was an individual who came in, but they exposed that family after they came to Canada. So it was more that in the hospital setting they didn't have appropriate infection control measures in place. It had nothing to do with what happened at the border.

**Ms. Colleen Beaumier:** I'm not saying it had anything to do with what happened at the border and that we could have spotted it at the border. But my opinion is that once it was discovered we weren't able to round up others fast enough and put them into quarantine. If someone had shown the effects of SARS when they were on the plane, the other people could have been quarantined and watched, and it would have minimized the spread.

**Dr. Robert Clarke:** The problem is that often in these situations, by the time someone determines what the illness is and the person becomes sick because of incubation periods and what not, it's after the fact. It's not that easy in some cases to do this at the border, because the person may not be exhibiting symptoms.

**Ms. Colleen Beaumier:** Then why do we bother doing it on planes and boats?

**Dr. Robert Clarke:** It's only one measure. We need to have other measures in our toolkit. We have to make sure that doctors in emergency rooms and other places as well will detect these diseases.

**Ms. Colleen Beaumier:** What if they come in by bus?

**The Chair:** Your time is gone.

I'll go to the second round of questioning, but if the committee will allow me, there are a couple of questions I'd like to clear up for the committee.

When was the Quarantine Act in Canada last implemented, acted on, enforced, or required?

**Mr. Dennis Brodie:** It is being enforced today.

**The Chair:** No, when was the last time it was exercised?

**Dr. Robert Clarke:** I have some information. Between January and February of this year we did 44 health assessments under the Quarantine Act: 19 were done in Toronto, 15 in Vancouver, eight in Calgary, two in Montreal, and one in Halifax. We get approximately 20 of these incidents a month. We're actually doing assessments.

**The Chair:** So assessments are being done of sick people who come in on planes or boats. That's good to know.

Provinces have quarantine acts as well. Are they all the same, or is each province different?

• (1645)

**Mr. Dennis Brodie:** Each province is different. Some provinces have updated their legislation—Ontario and Nova Scotia. Some provinces haven't. Their legislation is quite old.

**The Chair:** Does this act supercede the provinces' acts, or do they work completely autonomous of each other?

**Mr. Dennis Brodie:** No. This act only applies to travellers in conveyances arriving in or departing from Canada. Once you're in Canada the provincial public health legislation applies.

**The Chair:** I was a little surprised to see diseases like the flu and measles listed in the act. It seems to me that applying that to a landing would be a considerable job, would it not? Some of these diseases are commonplace in every schoolyard in the country.

**Mr. Dennis Brodie:** The difference is that they have to represent a risk of significant harm to public health. So if you look at the definition of communicable disease—

**The Chair:** You would have to determine that.

**Mr. Dennis Brodie:** That's the threshold that has to be met.

**The Chair:** I just saw the diseases, and it seemed really strange that they would be listed. They are very common diseases. In fact, the flu is more of an inconvenience.

**Dr. Robert Clarke:** In the case of a flu, if you are in a situation in which you have a very deadly flu virus being transmitted, that's obviously the intent.

**Mr. Dennis Brodie:** If I could just follow up on that, though, the flu in that case is pandemic flu, not the everyday, run-of-the-mill flu.

**The Chair:** Is that defined in there? Yes? Okay, fair enough.

Those are the questions I had, just to clear up where we're going with it.

We're now into round two, and we'll hear from Mr. Fletcher, then Ms. Kadis.

**Mr. Steven Fletcher:** Thank you, Mr. Chair.

I appreciate the questions on this. I think everyone on the committee really wants to do the right thing here.

As I see this, the act has been passed. In the implementation of the act, the people who are responsible for doing that have noticed some challenges in that. These amendments are being brought forward to improve the ability of the government to implement quarantine measures when necessary, and that's based on experience.

I think public health officials and the bureaucracy, if you like, are in the best position to make that assessment. That assessment has been made and the recommendations have been brought forward. They're before Parliament, and this committee needs to review them and get on with doing the best thing for the country. This is the best expert testimony that we have, so I'm not sure what the goal of some of the members of the committee is by delaying possible third reading of this bill.

The other question I would have is on the practical application of land conveyances. With air and marine, we have a certain number of international airports and a smaller number of international ports. There must be thousands of land crossings and dozens of ways in which those crossings are utilized. The practicality of dealing with them in the act seems very difficult, though the ability does exist if the risk changes—and this is also very much a risk assessment.

We have learned from experience. SARS is an excellent example, in that the risk from Southeast Asia is far greater than it is from South Dakota or any of the states, so I wonder what the goal of the members is.

I wonder if the witnesses can comment on the discussion that they have heard here, and if there's anything they can add to alleviate the genuine concerns of the members, but also to expedite this. I think you guys have been stymied over two or three federal elections now, so it would be helpful just to get this going. This would be an excellent opportunity to address the concerns that are being raised by the opposition, so I wonder if you guys could just help us out with expediting this.

• (1650)

**Mr. John Cuningham:** I can add one thing that hasn't been mentioned to date, and that is just with respect to dealing with the other prescribed conveyances. As was noted, regulations could be made to deal with land conveyances if the risk profile changed. I would just note that under section 60 of the Quarantine Act, the minister may make interim emergency orders to bring these kinds of regulations into effect very quickly, with subsequent oversight by the parliamentary process or the regulatory process, as appropriate. That's one other point that hasn't been mentioned today.

**Dr. Robert Clarke:** The other thing to keep in mind is our compliance with the International Health Regulations. Globally, there has been a tremendous amount of effort to try to have a common view and a common approach to these things, not just to facilitate the movement of people, but also to facilitate the reporting and control of diseases.

We work very hard to try to work with our international partners and the WHO to develop common approaches like the International Health Regulations, so it is our feeling that complying with them is very important. If we stand out as the only country in the world that's going to take a different approach, that does have ramifications for us in terms of the International Health Regulations.

**The Chair:** Thank you.

Ms. Kadis.

**Mrs. Susan Kadis:** Thank you, Mr. Chair.

Before I ask my question, I just want to confirm that we'll be receiving information as to how many people are entering Canada from the U.S. as well as from the rest of the world, so that we can have something to compare when we're looking again at this issue of deleting land conveyance reporting requirements.

Also, I'd like to ask you something. If someone comes from, for example, overseas with a communicable disease and happens to go via the United States and then comes by land to Canada, is that not a consideration that would warrant our keeping this inclusion of reporting for land conveyance such as trains, buses, etc.?

**Dr. Robert Clarke:** If someone flew into the United States from another country, they would go through a similar kind of reporting mechanism that we are talking about here. If by chance that person wasn't ill when they flew into the United States but they developed symptoms after they arrived in the United States, and then they were coming to the border, our border agent, if he noticed the person was ill, could refer them to a quarantine officer for further medical examination.

If by chance the person at that point when they were coming was still asymptomatic but became ill once they entered Canada, then when they sought medical attention at the emergency ward, or wherever they would go, it would be incumbent on the physician there to notify the Public Health Agency or other officials if they thought this was a communicable disease that required further attention. We think those situations would be covered.

**Mrs. Susan Kadis:** Could you elaborate briefly on the quarantine officers? There isn't a lot of detail in here as to how many, where they would be, their training, costs, etc. I guess it represents a change again from the original act, another amendment that you're proposing, which you believe will enhance it. We have it before us today to deal with it, but we really don't have a lot of information as to what that really entails.

**Dr. Howard Njoo:** In terms of the quarantine program, when we talk about quarantine officers, they're trained health professionals. By and large, they tend to be nurses by training, and certainly they've been trained to recognize and look for the symptoms of infectious diseases.

However, we recognize there are practical limits in terms of having quarantine officers everywhere along the border; therefore, under the Quarantine Act—and my colleagues can add to that—we've also engaged our other colleagues such as customs officials. They have some basic training, so that if they encounter an individual trying to enter Canada who shows any symptoms that may be consistent with an infectious disease and may pose a public health risk, they would make contact with our quarantine program. Then our trained professionals would step in and do their own personal medical assessment and, if necessary, refer it for a more complete assessment in a hospital.

• (1655)

**Mrs. Susan Kadis:** This is a new layer, I guess. It would mean new people and not a reallocation of other people—or would this be new people?

**Dr. Howard Njoo:** We've hired new people. The quarantine program has grown in recent years because of the emerging situation based on SARS and so on. Our quarantine program now certainly has expanded compared to what it was ten years ago.

**Mrs. Susan Kadis:** How many quarantine officers have you added or do you have?

**Dr. Howard Njoo:** A rough number is about 30 to 40.

**Mrs. Susan Kadis:** Does that represent what you're including in this amendment, or would you be going beyond that?

**Dr. Howard Njoo:** We've actually made applications and are looking at additional quarantine officers also at major marine ports.

**Mr. Dennis Brodie:** There are currently about 30 to 40 quarantine officers. There are six quarantine stations: Vancouver, Calgary, Toronto, Ottawa, Montreal, and Halifax. These 30 quarantine officers staff those quarantine stations on a 24-hour basis.

**Mrs. Susan Kadis:** It's not new officers that we're talking about.

**Mr. Dennis Brodie:** No, and there are no new resources required as a result of this amendment.

**Mrs. Susan Kadis:** Would there be more officers required if you included the land conveyance reporting requirements?

**Mr. Dennis Brodie:** There was no plan to establish quarantine stations at any land border crossing. I guess we would have to look at that in terms of numbers and risk. Again, I think it would be—

**Mrs. Susan Kadis:** Was it never fully intended to be implemented? I'm a little confused.

**Mr. Dennis Brodie:** The quarantine stations that currently exist cover airports, marine ports, and land border crossings. If a customs officer notices a sick traveller who is crossing by land, they are required to notify the quarantine officer responsible for that crossing, who then will give instructions to the quarantine officer.

**The Chair:** Thank you.

Mr. Batters, you have five minutes.

**Mr. Dave Batters:** Thanks, Mr. Chair.

I have just a really quick question. I don't have a five-minute question. I'd like to ask the gentlemen present, whoever can answer, this question. This is going to perhaps be difficult for you to answer. When the Quarantine Act was envisioned, and when it was passed into law and came into effect on December 12, 2006, what was the

intention of the government of the day? What was the intention of the legislation in clause 34? Was the intention to include land conveyances, such as buses or trains, or was it not to include them? That's my question, quite simply. Was the intention of the legislation to include land conveyances or not?

**Mr. Dennis Brodie:** Well, clearly, the legislation, as it was written and assented to by both houses, included all types of conveyances.

**Mr. Dave Batters:** Subject to advanced screening—

**Mr. Dennis Brodie:** It was subject to advanced reporting.

**Mr. Dave Batters:** Sorry, advanced reporting.

**Mr. Dennis Brodie:** Yes.

**Mr. Dave Batters:** So in essence, this isn't a technical bill, then, Bill C-42. We're making some changes here to something that was passed through the House of Commons and then through the Senate.

Mr. Brodie has answered the question. Do any of you three gentlemen want to comment, or is that your understanding as well?

**Dr. Robert Clarke:** Yes, I think what was happening at the same time as this was going through was that there were revisions being made to the International Health Regulations. So that was going on at the same time, and that's what caused a rethinking of some of the wording of this.

I don't know if anyone wants to add anything.

**Mr. Dave Batters:** What you're telling me, then, is that the Canadian Parliament chose to go further at that time than the International Health Regulations of the day. It chose to go one step further in terms of public safety and include land conveyances, something that no other jurisdiction in the world does, if I heard Mr. Malo's question. Yet the Canadian Parliament chose to go further.

Did everyone just miss this? The House of Commons missed it. The Senate missed it. There was just a screw-up in the language. That's the intent of my question. Was that the clear intention of the bill or not? Gentlemen?

• (1700)

**Mr. John Cunningham:** Obviously, with respect, you're Parliament, and the law was passed as it was passed. As Mr. Brodie said, it covered marine and ground, and that was passed in 2005 and was only brought into force in 2006. In the intervening period, there has been a rethinking.

**Mr. Dave Batters:** This isn't your job to do. But can you enlighten me? I don't have this handy. What was the support in Parliament for the Quarantine Act? Was this something unanimously passed? Was this something opposed by the opposition of the day, which was our party? Do you have any insight into that? Perhaps the researchers have some information as to what the vote was on the Quarantine Act. Can we find that out?

**The Chair:** I'd be going by memory, but I think there was fairly significant support.

**Mr. Dave Batters:** Thank you. I would appreciate, though, if we could find that out for the committee.

**The Chair:** That's fine.

I'll just follow up and maybe add to the question. I think this is what he was going for.

At the same time, I understand, as we implemented the Quarantine Act, the international community, the IHR, was going through theirs. Was the assumption that they would include ground transportation at the time this act went through, and then they did not put it in?

**Dr. Howard Njoo:** No, there was never any assumption. If you look at the old International Health Regulations and the new, modern ones, which in a sense are completely different, all that the old International Health Regulations required—and my legal colleague, Dennis Brodie, can add to this—was mandatory quarantine for three diseases: plague, cholera, and yellow fever. That was it.

In terms of what's happened since the old ones were in place, such as SARS and other new, novel, emerging diseases that WHO and the member states recognize, we really didn't have any sort of framework for coordination and collaboration. There weren't any previous International Health Regulations that had reporting requirements for conveyances. It was really just for the reporting of diseases.

When all the member states of WHO came to Geneva and negotiated the terms of a new, improved way forward in terms of the control of infectious disease outbreaks at the international level, all aspects were looked at, really, from a fresh start. So when, finally, all the expert deliberations were finished, it came to the point, as we've indicated before, in terms of advanced reporting, that there needed to be a good risk management approach for aircraft and watercraft.

**The Chair:** Okay, one quick question here.

**Mr. Dave Batters:** All this work went into this, and all these officials got together at Geneva, so why did the Canadian Parliament go further? Why did the Canadian Parliament go where the experts in the world didn't go? The experts in the world said “marine and air”, and the Canadian Parliament went “all conveyances”, for advanced reporting.

**Mr. Dennis Brodie:** The Canadian Parliament went first, and that was the difficulty.

**Mr. Dave Batters:** That's a good answer.

**The Chair:** And that got to where my question was coming from.

Ms. Brown.

**Ms. Bonnie Brown:** I would just like to put on the public record that some of the material that came from the agency in trying to get us to pass these amendments suggested that they were technical, but I think the questions from both sides of the table have illuminated us to understand that these are not technical, except for the technical difficulty the staff is having in developing regulations. This is a major policy change from the intent of Bill C-12. Now, maybe Bill C-12 was unimplementable, but none of these same officials told us that at the time. So I'm not going to take the blame as a parliamentarian for the fact that we enthusiastically supported it.

Mrs. Davidson asked whether we ever had land rules. We had the expectation that the land rules and quarantine officials were going to be available at land border crossing points, not just at the airports and ports, as they had been in the past.

And if Mr. Batters wants to know why Canada went further, first of all, in time we were first, but I believe that our SARS experience informed the high standards we were trying to set. Very few of the other countries making these international health regulations had had

a SARS epidemic as we did. So we were trying to set the bar rather high. I'm not naive enough to think that this Quarantine Act is going to save us from anything that will ever enter our country again, but we were trying to suggest ways that we could protect ourselves better than we had on an act that was 70 years old, and perhaps better than some other countries.

The problem with international health regulations is that when countries get together, in the same way as when provinces get together to agree, sometimes the standards have to go down to what the various members can afford. So sometimes you do get the lowest common denominator, which is why, while I respect the fact that there are international health regulations, I don't think our fate should be completely determined by them.

Thank you, Mr. Chair.

●(1705)

**The Chair:** We'll go to Ms. Bennett.

**Hon. Carolyn Bennett (St. Paul's, Lib.):** Thanks very much.

I have a concern, Dr. Clarke. Just explain to me what would happen if a plane lands in Seattle and the tour bus fills up with people from Southeast Asia, and then comes over to Vancouver and to the Rockies, and somebody gets sick on the way? What are you giving up? How would you intervene in a situation like that if you thought everybody on the bus was at risk, and a whole bunch of them said they didn't want to stay, they wanted to go home? What do you do in that situation as the deputy chief medical officer of health for Canada? The plane arrives and they get on the tour bus, or the plane arrives in Seattle and they come across the border and somebody gets sick. Why don't we care about those tour buses that are all over the place with writing on them that clearly means these are South Asian tour companies bringing people either directly to Canada or to Canada via the Rockies or all of those things? What are we doing there?

And secondly, I guess my question.... You might as well answer—

**The Chair:** We'll get the first done first and then we'll get—

**Dr. Robert Clarke:** When the bus arrived at the border, if there was someone ill, they would still have to report that there was someone ill to the customs officials, who could then, if they thought this was something that looked suspicious, call our quarantine officer in Vancouver, who would then take appropriate action.

Now, if people got ill after they entered the country, then we would still rely on the medical officers who were treating people to inform us, and then an epidemiological investigation and perhaps quarantine could be instituted, depending on what the disease was.

**Hon. Carolyn Bennett:** I still don't understand. That happens with a plane, too, right? I don't understand what the difference is.



Secondly, if you're counting on the local medical officer of health, how do we make sure that this medical officer of health tells you, the Public Health Agency of Canada, about the suspicious person, when I understand that at the moment it's sort of voluntary in discussion, and that we don't seem to be able to track this stuff other than by volition?

**Dr. Robert Clarke:** There are a number of different scenarios here. If someone arrived in Vancouver—came across the border and didn't have any symptoms at the border—and became ill in Vancouver, the local attending physician would contact the local public health officials there, and they would deal with it. If they thought that this was something very unusual, they might seek assistance from us at the federal level, for instance, for testing at our national microbiology lab, which is the only lab in the country that is actually set up to deal with exotic diseases, which is why we have the level four containment lab there. So we would get those cases in any case, because we're the only ones who can do those kinds of testing procedures.

We have very good relations with the provinces in those kinds of situations, because they—

• (1710)

**Hon. Carolyn Bennett:** Aren't we having trouble with TB? I was pretty embarrassed on World TB Day when it said for Canada “no report” because the provinces hadn't handed in their numbers. If the person was coughing and spluttering and had just boring TB on the bus, and didn't need the containment lab and all of that, why would the job of the Public Health Agency of Canada or the chief public health officer be different from what it would be for a bus that came from a plane that landed in Seattle or at Vancouver airport?

**Dr. Robert Clarke:** The difference is the advanced reporting function. As was mentioned, in a plane or a ship, there is no chance to disembark. For a bus coming across the border, if someone is obviously ill and is coughing, the screening officer, the customs official, would contact the medical officials. Even if the person did come into the country and sought medical attention, the provincial authorities are quite well versed in dealing with tuberculosis.

**Hon. Carolyn Bennett:** I guess my question is, why would you give this up if you might need it one day? Isn't it better to have something there that you would never use, than to not have something you might need?

**The Chair:** I was going to let them answer, but if you keep asking, I won't.

**Hon. Carolyn Bennett:** It's all the same thought, just backwards and forwards.

**The Chair:** Okay, could we have a quick answer on that? And then we'll go over here.

**Dr. Robert Clarke:** There is provision, as you mentioned, for the minister, under the prescribed conveyances clause here, to actually implement this if he thought it was appropriate. If conditions change, the minister can make regulations and can issue orders under this clause to change and actually implement what you're talking about.

**The Chair:** Sorry, your time is up, Ms. Bennett.

Mr. Batters.

**Hon. Carolyn Bennett:** I don't think that's good enough. Does the minister have the ability to quarantine the bus?

**The Chair:** You can put your name on the list, and we'll go afterwards.

**Hon. Carolyn Bennett:** This is serious, so just tell me, can the minister quarantine the bus or not?

**Dr. Howard Njoo:** Yes. It wouldn't be the minister, but certainly the quarantine officer making the assessment does have power under the Quarantine Act—

**The Chair:** So do the provinces.

**Dr. Howard Njoo:** —to take the appropriate measures, which could be quarantining, or at least having all the other passengers assessed, as appropriate.

**The Chair:** Mr. Batters.

**Mr. Dave Batters:** Mr. Chair, it seems evident to me, from the testimony we've heard here today and from the information we've gleaned at this meeting, that originally the intention was to include ground transportation. However, and I think this is important, Canada led on this because of the SARS experience, but no one—the Governor in Council or whoever is responsible for making regulations—moved to pass regulations to include ground crossings.

I put this question before the committee, before all of us: Is it now for us as committee members to decide what is the existing risk level from the United States? Clearly when SARS came to this country—and I think this was the comment, although I forget the exact wording—the vast proportion came not from the United States. Does it now rest with this committee to decide this matter of policy, based on the risk level of the United States, on how practical this is? This is a policy decision that needs to be undertaken. It's a departure from the initial intention, but no one ever moved to bring these regulations forward.

I guess it falls to this committee now to make this very important decision, and I'd like the chair's guidance as to how that's going to happen.

**The Chair:** Well, it's going to happen, because as soon as the discussion is over, we'll put the question on whether we want to go clause by clause. We'll have to have that determination by the committee. If you have enough information and you're comfortable with that, we will go to clause-by-clause. If not, we'll get enough information until we are.

**Mr. Dave Batters:** Thank you.

**The Chair:** That takes us to the end of our list.

Now, do you have enough information, and are you prepared to go to clause-by-clause? We'll open the floor to that debate.

• (1715)

**Hon. Carolyn Bennett:** In the discussions between what was passed in the fall and where we are today with these proposed amendments, can you tell us some of the people who...? Is this unanimous in the public health community, or would this committee be able to find witnesses, other than you as officials, who would speak to both sides of this issue?

If we were comfortable, we would just move on. The original consultation on the Quarantine Act with the community was very tiny—one meeting in Edmonton. Would we find that the public health community...?

I mean, this committee will make a decision. If we make a decision to go with it, do we end up with Richard Schabas and the whole world screaming at us tomorrow? Is it absolutely unanimous in the public health community that you don't need this dumb stuff on land conveyances, or are we in the middle of a mess?

**The Chair:** Anybody want to tackle that?

**Dr. Robert Clarke:** I'll start.

Other federal departments—the Department of Justice, Transport Canada, Canada Border Services Agency, the Canadian Coast Guard—were consulted about these changes. So those consultations have been done on this amendment.

Maybe I'll turn this over to Howard.

**Dr. Howard Njoo:** Honourable member Bennett, the public health community is a small one. I know Dr. Schabas, and I know all the others. They're all my colleagues. I'm part of that community.

From the consultations and practical interactions we've had with our colleagues in the United States and other countries, public health officials responsible for their respective quarantine acts or equivalent in terms of control measures at the border, there is consensus, among the people I've spoken to, that from a risk management point of view, it's not practical, as you say, to look at the land conveyance issue but to focus on air and watercraft. That's why we're proceeding in this fashion.

In a sense, that's reflected in terms of the results of the revision of the International Health Regulations. Among the many people involved in those negotiations in Geneva, you obviously had official diplomats and so on. But underneath those people, the people who actually provided the practical advice were the public health officials from each of those countries—including me, for Canada. So we all came to the same place, at the end of the day, in terms of how we should be coordinating and collaborating in terms of control of infectious diseases.

So in terms of measures at respective borders, in terms of what is good risk management for how to deal with cases that are identified prior to arrival in Canada, this is the end result.

**Hon. Carolyn Bennett:** That same community had been in favour of including land conveyances in the original bill. You then went to Geneva, to a meeting where there were people in the WHO who were fighting against healthy eating because of the sugar countries. I mean, this is a very political process—international health regulations. Then, the Canadians at the meeting said our law is too tough and we'll loosen it up in order to be with all of the other countries. You're saying the same people who wanted this in the original bill are now very comfortable taking it out?

**Dr. Howard Njoo:** I guess it's a question of intent—whether it was wanted in the bill. I can just say as a public health official, notwithstanding the rest of the world, that my closest working relationship is with my counterparts' quarantine program in the United States. As we indicated earlier, the thinking on both sides was that this was not wanted. We wanted air and water.

**Hon. Carolyn Bennett:** There's a difference between focus and exclusion in terms of where you put your resources. You can focus on those two, but the ability to deal with land is a big thing to give up, isn't it?

**The Chair:** That's fine. I think your point is made, and I think we understand.

We'll go to Mr. Fletcher and then to Ms. Brown.

**Mr. Steven Fletcher:** Mr. Chair, this is indeed a technical bill, with changes that meet the mandate to protect Canadians. There is an international component, which the officials have raised, and we are certainly meeting and in fact exceeding that.

There seems to be some concern about the ground conveyances. In the spirit of trying to move this forward and to do it expeditiously, because this has been delayed under both governments, I wonder if the officials can alleviate any concerns this committee may have in dealing with the intent of the bill or the fact that the ground transportation isn't explicitly mentioned in the regulations. You've mentioned that this can be dealt with in an expeditious manner if it's an emergency or the risk profile changes and how important it is that this bill move forward in its current format.

If there were to be an amendment, which seems to be the suggestion, I'm not sure that the expertise exists.... We rely on the officials in many cases to provide the expertise on that.

I gather you are the experts from the government. You have presented us with the bill. I would humbly suggest that the committee accept the expert advice and move forward to pass the bill as soon as possible. I wonder if the members of the panel could agree or disagree and also explain why it is important that it is passed in this format.

• (1720)

**Mrs. Susan Kadis:** Excuse me, Mr. Chair. I thought we were talking, ourselves, about debating the next way to proceed

**The Chair:** Yes, we were. But Mrs. Bennett is asking questions as well. So if there are comments on that situation then I would allow an answer from the witnesses.

**Dr. Robert Clarke:** I think it's important to clarify that we're only talking about advance reporting. Land conveyances that are hitting the border still have to report if someone is sick. I think that's an important thing to keep in mind. It's not that we're abandoning reporting of illnesses in land conveyances. That's still there, and it will be there. It's the advanced reporting that's the difference.

Obviously with the way the world is changing with globalization and more movement of people, I think having the regulations in place, and these amendments, is really important. On a daily basis we're facing people coming into the country with various diseases. As I mentioned, our quarantine officers have to investigate situations about 20 times a month. This is not a small problem. I think moving this along would certainly help us to have the proper tools we need to do our job.

**The Chair:** Thank you.

Ms. Brown.

**Ms. Bonnie Brown:** Thank you, Mr. Chair.

I think from what I'm hearing on both sides of the table, I have to say I'm not ready to go to clause-by-clause.

Mr. Fletcher said that we have to lean on our officials, and I really believe that. But these are the same officials who brought us Bill C-12 and implied they could do it, and now we're hearing that they don't know how to do it or they don't have enough money to do what they brought to us themselves in Bill C-12.

So Mr. Fletcher was right: These are changes that meet the needs of the officials who don't seem to know how to do this or who maybe don't have enough money for more quarantine officers. If you're going to check people at a border and have a quarantine official, you can't have somebody driving from the Toronto airport to Windsor to look over people on a bus. Yet that's what they're telling us. There are only 30 locations. That means all the major international airports and the two main ports in the country. Is that good enough? I would question that.

We heard at the time from the CMA, the Canadian Medical Association, and now this thing has been in place for a while, at least at airports and ports, and I'd like to know what they have to say about the Quarantine Act and what they think about the safety.

The other thing, before I could possibly decide, Mr. Chair, is I need to know how many of those 266,000 people who enter our country come by land. What if it's more than half? I agree with Dr. Bennett: why would we give this up? This is not a technical amendment. It is a change in policy, and it therefore has to be dealt with much more seriously than would a technical amendment.

So, no, I'm not ready, and if you want, I'll make some suggestions for witnesses.

• (1725)

**The Chair:** Okay. Our time is just about gone, but I want to draw this to a conclusion, because I think we've exhausted the information we can draw from the witnesses.

We are now in a situation of having to decide whether we want to have more witnesses for more information or to prepare to go to clause-by-clause. My sense from perhaps both sides of the table—I'm not sure—is that we would like to bring some more information to the table before we go on with clause-by-clause. That's the consensus I sense, but I may be wrong.

Mr. Brown, I see your hand.

**Mr. Patrick Brown:** Mr. Chairman, I'm not in favour of ragging the puck on this. I appreciate the concerns Mr. Batters brought up, but at the same time, I'd suggest that we try to go through this.

I think one concern we have heard is that there have been attempts to get this through, but because of minority Parliaments we've been unable to. I'm not sure what witnesses we're going to hear from that would add to this. I think we've been presented information very thoroughly. If there are suggestions that can be raised about witnesses who have qualifications to speak on this very topic, who we haven't heard of, that would bring weight to this debate, and then we could certainly entertain that. But I haven't heard any references to a gap in who we're hearing from.

**The Chair:** I think we heard a couple from Ms. Brown in her last comments.

Ms. Beaumier.

**Ms. Colleen Beaumier:** I'm wondering why we have to get this through quickly. We're talking about lessening the safeguards that are already in place, so why do we have to rush to make things less secure?

**The Chair:** Let me put it this way to the committee. We are out of time. We have some suggestions. We either need more witnesses or perhaps we need to just go back and take a look at the bill and reflect on what we've heard. At that time, perhaps at the next meeting, we can discuss when we would like to bring it forward for clause-by-clause or further witnesses. That will be determined based on what I hear from the committee. Would that be fair?

Madame Gagnon.

[*Translation*]

**Ms. Christiane Gagnon:** Mr. Chairman, I would like to ask a last question to our witness.

In regards to what you presented, you said several times that these proposals go further than international standards. I may have misunderstood, but I would like you to tell me where it goes further.

**Dr. Howard Njoo:** We believe that there are two specific improvements to the legislation. The previous version only mentioned the closest point of entry while now we say that it is at the receiving port of destination. Furthermore, instead of talking about a designated authority, as we know that this is a public health and quarantine issue, the law will now specify that it will be a quarantine officer.

[*English*]

**The Chair:** All right. I want to thank the witnesses for coming forward. We may want to call you back again. We'll reserve that privilege to do so.

We have a situation wherein we have suggestions for a couple of witnesses. At the next meeting, we can perhaps hear from the clerks as to when we can fit it into our schedule. We'll need to have a little debate on it. We'll hopefully have some time in the next meeting to be able to make it happen.

**Ms. Bonnie Brown:** Mr. Chair, at the next meeting, can we schedule at least half an hour for a little planning?

• (1730)

**The Chair:** We can try.

**Ms. Bonnie Brown:** We haven't seen this.

**The Chair:** Yes, perhaps we can. I think we should distribute this calendar for the committee as well. At the next meeting, we're back on CDR, and there are three witnesses who are confirmed.

Let's do it, yes.

**Ms. Bonnie Brown:** Mr. Chair, I would remind you that any terms of reference for a study, work plan, and calendar have to be approved by the committee. We appreciate the work you've done in getting it ready, but you're now distributing something that only you have approved.

**The Chair:** I am not really, no. The committee didn't want the terms of reference, and it was the directive we were going on. We want to take a look at the CDR. We have done it, and it's been advertised.

**Ms. Bonnie Brown:** Which committee didn't want the terms of reference?

**The Chair:** It was the steering committee.

**Ms. Bonnie Brown:** When was the meeting? It was prior to the latest membership. You have six new members, Mr. Chair.

**The Chair:** It was done on December 12.

**Ms. Bonnie Brown:** That's right. It's a different committee membership.

**The Chair:** We will set aside half an hour at the next meeting, and we will then discuss the direction of the study at that time.

Very quickly, Mr. Fletcher.

**Mr. Steven Fletcher:** Sure. In regard to the next meeting where we'll talk about this, I think it's fine to bring more witnesses to alleviate the concerns of committee members. In fact, I'll even suggest that we have a briefing by the department to help expedite this so as not to take up too much committee time.

**The Chair:** We've had the briefing.

We will call the meeting adjourned, and we will deal with this at the next meeting.

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