



House of Commons
CANADA

Standing Committee on Health

HESA • NUMBER 033 • 2nd SESSION • 40th PARLIAMENT

EVIDENCE

Monday, September 28, 2009

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Chair

Mrs. Joy Smith

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• (1535)

[English]

The Chair (Mrs. Joy Smith (Kildonan—St. Paul, CPC)): Good afternoon, everyone. I want to welcome everyone to committee today. We're very excited that you can appear.

Pursuant to Standing Order 108(2) and the motion adopted by the committee on Wednesday, August 12, 2009, a study of H1N1 preparedness and response, we welcome witnesses from the Department of Public Safety and Emergency Preparedness and from the Treasury Board Secretariat.

Today we have seven-minute presentations. Each person can have 10 minutes to present. Following that, we will go into seven-minute rounds of questions and answers.

Committee, we have before us Daniel Lavoie, the associate assistant deputy minister at the emergency management and national security branch.

Welcome, sir.

We also have before us Serge Beaudoin, director general of the preparedness and recovery directorate.

Welcome.

In addition, from the Treasury Board Secretariat we have with us Daphne Meredith, chief human resources officer, and Hélène Laurendeau, assistant deputy minister of compensation and labour relations.

We'll start with Monsieur Lavoie.

Could you please give us your presentation, sir? Following that, we will go on to Daphne.

Mr. Daniel Lavoie (Associate Assistant Deputy Minister, Emergency Management and National Security Branch, Department of Public Safety and Emergency Preparedness): If you don't mind, we've agreed that Daphne should start because of her role as chief human resources officer.

The Chair: That would be very good. Thank you.

We will certainly start with Ms. Meredith.

[Translation]

Ms. Daphne Meredith (Chief Human Resources Officer, Treasury Board Secretariat): Madam Chair, thank you for the opportunity to speak to your committee.

My name is Daphne Meredith. I am the Chief Human Resources Officer, and my organization supports Treasury Board in its role as the largest employer in the federal public service. I am here with Daniel Lavoie, Assistant Deputy Minister from Public Safety Canada, and Hélène Laurendeau, Assistant Deputy Minister of Labour Relations and Compensation from the Office of the Human Resources Officer.

[English]

The Public Health Agency of Canada and Health Canada appeared here last month, I believe, to discuss their role in leading the pandemic response for all Canadians. You heard about the work they are doing to capitalize on their strong networks with provincial and territorial governments, as well as with other countries and bodies like the World Health Organization, to ensure a united response to the outbreak. Today we are here to talk to you about actions we are taking to ensure the federal public service is prepared for the H1N1 situation.

[Translation]

Let me say that ensuring the health, safety and well-being of federal public service employees across the country is one of our primary responsibilities as the employer. My office has three main roles. We provide guidance on human resources management; we liaise with our unions; and we coordinate internal communications within the federal public sector. This boils down to one main task: to assist deputy ministers in fulfilling their responsibilities to employees with respect to the pandemic.

[English]

Every deputy minister in the federal public sector is accountable for human resources management, for providing a healthy and safe workplace, and for informing their employees of issues affecting them. As you know, the federal public sector is a sizeable organization of about 500,000 employees who work in many different fields for dozens of organizations with varying mandates in every province and territory and around the world.

The complexity of the federal public sector demands a flexible approach. Deputy ministers need the latitude to manage their organizations in a way that meets the needs and circumstances of their workforce, workplace, and mandate. At the same time, we need to ensure coherence across the government. A one-size-fits-all approach will not work in this environment, which includes evolving scientific medical advice. It would reduce responsiveness.

We are therefore following a principles-based approach to preparedness, as I believe that prevention and readiness go hand in hand. This approach includes four key points: health and safety of employees, a focus on prevention through rigorous hygiene practices, and encouraging employees to stay home when they are sick.

Decision-making is science based. That means aligning our support with the public and occupational health advice provided to all Canadians by the Public Health Agency of Canada and Health Canada.

[Translation]

Respecting the terms and conditions of employment, and engaging our bargaining agents, which includes maintaining an ongoing and open dialogue on issues related to H1N1.

Before I close, I would like to highlight specific actions my office has taken over the past weeks and months to support deputy ministers.

[English]

We have been providing guidance on human resources management issues that may arise as a result of H1N1 to departments and agencies for which Treasury Board is the employer. We have shared this guidance broadly with separate employees and crown corporations to encourage a consistent approach across the federal family.

We have supported deputy ministers in communicating with their employees by disseminating health advice issued by the Public Health Agency of Canada and Health Canada through our many communication channels as well as through the Treasury Board website. These efforts are overseen by the governance structure we have in place to prepare for the H1N1 pandemic. I have been meeting regularly with deputy ministers of large and small organizations to ensure we are on track and to identify actions required to address issues as they arise.

● (1540)

[Translation]

We have learned valuable lessons from previous experiences, and I think we are doing the right things to react appropriately as the situation evolves, based on the best scientific advice available.

Madam Chair, I hope this has given you and your committee a good overview of what we are doing to prepare the federal public service.

I now turn to my colleague from Public Safety Canada, Daniel Lavoie, who will talk to you about business continuity planning.

[English]

The Chair: Thank you very much for your insightful comments, Ms. Meredith.

We'll now go to Mr. Lavoie.

[Translation]

Mr. Daniel Lavoie: Good afternoon. My name is Daniel Lavoie. I have already been introduced a few times. I am with the Emergency Management and National Security Branch of Public Safety Canada.

I am accompanied by Serge Beaudoin, Director General of Preparedness and Recovery, which is part of my branch.

I would like to thank the committee for inviting us to appear today as it reviews issues regarding the Government of Canada's preparedness for H1N1 pandemic influenza. Public Safety Canada has been actively supporting the health portfolio in the management of the Government of Canada's response.

[English]

Public Safety has been doing this by working with departments and agencies in the preparation of their business continuity plans, their pandemic plans, and the identification of their critical services. I'm sure we'll get to talk a lot about those today. We are also working with the provinces and territories to ensure that we are ready with a coordinated response.

Under the Emergency Management Act, all federal institutions are required to have a business continuity plan that includes programs or measures to provide for the continuity of their operations in the event of an emergency.

[Translation]

Departments and agencies are also required to have a pandemic strategy. In support of this approach, in 2006, departments and agencies were asked to develop a pandemic strategy as part of their business continuity plans. Deputy ministers have responded by taking steps to be ready.

Public Safety has been assisting departments in completing their business continuity plans. Public Safety has also been evaluating these business continuity plans in partnership with the Treasury Board Secretariat. We are encouraged by the results, which clearly demonstrate that deputy heads are aware of their responsibilities to prepare plans.

In this context, Public Safety Canada and the Treasury Board Secretariat are also reviewing the critical services that are identified in those business continuity plans.

While the health specialists ascertain that the virus is relatively mild, it is important that departments and agencies be ready to provide these critical services, regardless of the reasons for the disruption to their regular operations.

Critical services are those that have a significant impact on the lives of Canadians and Canadian society, as a whole. Examples of critical services offered by the Government of Canada are—and these are just some examples—the production and dissemination of weather warnings by Environment Canada, the daily operations of the Bank of Canada in terms of payments and securities clearing and settlement functions, and the monitoring of adverse reactions to products such as drugs by Health Canada.

As I said, those are just a few examples of critical services that need to be maintained at all times.

• (1545)

[English]

Planning for emergencies is part of the regular business of departments and agencies. To be effective, plans need to adapt to emerging risks. In 2006, the Government of Canada introduced a number of measures to enhance pandemic preparedness.

Over the summer that ended last week, the department took several additional steps to prepare for a potential second wave of the virus. For example, we are currently assessing the pandemic readiness component of the business continuity plans of departments and agencies. We are working with federal organizations to identify their critical services and assess the readiness component of the business continuity plans. Indications are that there is a high degree of readiness among federal institutions to provide continuity of operations, including critical services.

[Translation]

Of course, it is not enough to have plans. These plans need to be tested. We have been working with federal departments to exercise the plans. You may have heard about Export Development Canada's exercise last week to test its pandemic plan; it was a headline in the national media. EDC took the exercise quite seriously, and some employees worked remotely from home while others showed up at the office. EDC wanted to make sure it could continue to provide its services to Canadian firms during a pandemic. The exercise demonstrated that it is positioned to do so.

[English]

Other departments and agencies are also testing their plans, with the same results, and where they identify deficiencies, they adjust their plans. That's why we encourage them to conduct those exercises.

These examples underscore the level of attention paid to pandemic preparedness in the federal government and the high degree of commitment to provide ongoing operations and deliver critical services to Canadians.

Thank you. I would be pleased to take questions at this time.

The Chair: Thank you.

We'll now go into our first round, which is seven minutes of questions and answers, and we'll begin with Dr. Duncan.

Ms. Kirsty Duncan (Etobicoke North, Lib.): Thank you, Madam Chair.

Thanks to all of you for being here today.

I'm struggling with this, because I know you have been working on it. As you point out, there are 80 departments and 500,000 people involved. Is there an organizational structure for looking at pandemic planning business continuity? Who's at the very top? Who is responsible? As well, how do you ensure consistency among departments?

The Chair: Who would like to take that?

Mr. Daniel Lavoie: I'll take it.

There are two components to pandemic planning. There's the health component—

Ms. Kirsty Duncan: And the business continuity side. I understand that.

Mr. Daniel Lavoie: So Public Health and Health Canada take care of the health component. That challenge was identified during the SARS period. Health Canada was solicited from all sides, and they had a hard time focusing on the health angle with the resources they had. Since then, the Public Health Agency of Canada was created to lead those kinds of incidents, and Public Safety was created for the rest.

Ms. Kirsty Duncan: I'm going to interrupt. You'll have to forgive me.

I understand that we have the health side and the public safety side. I want to know who is at the top and how this branches off. What is the actual organizational structure? Who is reporting to whom, and who is ultimately responsible?

Mr. Daniel Lavoie: Deputy ministers are responsible for their own business continuity plans. Public Safety Canada and the Minister of Public Safety have the responsibility for providing guidance and helping departments prepare their own business plans. Each minister has the responsibility of identifying the risk to their operations, developing plans to meet those risks, and exercising those plans. We have the responsibility of assessing them. This is done in the context of what we call the federal emergency response plan.

Ms. Kirsty Duncan: I understand the plan.

The deputy ministers for each department are responsible for the plans. By whom do they then have to be reviewed?

Mr. Daniel Lavoie: Public Safety.

• (1550)

Ms. Kirsty Duncan: Who ultimately says they are ready or that there is more work to be done?

Mr. Daniel Lavoie: The departments have the tools to assess their plans. They develop their plans, exercise them, and test them. They make whatever adjustments are needed. In my department we review them and see if they meet the standards that are in place.

Ms. Kirsty Duncan: There are 80 departments. How many have pandemic plans?

Mr. Daniel Lavoie: Most of them do.

Ms. Kirsty Duncan: Is there an actual number?

Mr. Daniel Lavoie: I don't have a number. There are more than 80 departments. We know that 79 departments have them, and about 150 organizations would be affected.

Ms. Kirsty Duncan: Thank you.

Since the spring when H1N1 emerged, how many have updated their plans?

Mr. Daniel Lavoie: I would say that most of them have. In the summer they were written to and told that they needed to review their business continuity plans and update their pandemic annexes.

Ms. Kirsty Duncan: Is it possible for us to get numbers for that? How many have plans? How many rolled out their plans in the spring, if any?

Mr. Daniel Lavoie: I missed the spring.

Ms. Kirsty Duncan: When H1N1 hit, did any departments start to roll out their plans? If so, what was the learning from that?

Mr. Daniel Lavoie: In the spring when the first wave of H1N1 hit, there was not a big scramble in the Government of Canada because the government has a pandemic and avian influenza plan that we started developing in 2006. At that time we asked each department to develop their own pandemic annexes. So I don't know how many implemented it, but it's logical to assume that most of them went to their plans, because we heard a lot of questions about that in the spring and we were able to follow—

Ms. Kirsty Duncan: Thank you.

As a scientist I have trouble with the word “assume”. I would really like to know how many have plans, how many needed to roll out their plans in the spring, and how many have updated the plans. I understand it is a rapidly evolving situation, but what was learned from the spring? Have the employees been educated on what was learned, and has this been drilled and rolled out to people?

Mr. Daniel Lavoie: The short answer to your question is yes, there has been learning. People have updated their plans. We have a sense that about 90% of the departments—

Ms. Kirsty Duncan: We can't have the sense; we need to have real numbers.

I guess I'm also concerned because you've told me there's the health side of this and there's the public safety. Ultimately, where does the buck stop?

Mr. Daniel Lavoie: For what?

Ms. Kirsty Duncan: Who makes the tough decisions?

Mr. Daniel Lavoie: The tough decisions for what?

Ms. Kirsty Duncan: If we have a more severe second wave, with whom does the ultimate responsibility for these 80 departments and 500,000 people rest?

•(1555)

Mr. Daniel Lavoie: The scenarios are multiple, and it would be easy to say it's the minister of this or the minister of that. It is very much aligned with the situation.

The Chair: Thank you, Mr. Lavoie.

We'll now go to Monsieur Malo.

[*Translation*]

Mr. Luc Malo (Verchères—Les Patriotes, BQ): Thank you, Madam Chair.

Thank you for being here today.

I would like to come back to Ms. Duncan's question. You do not seem to know exactly whether everyone has emergency and business continuity plans. If you do not know, is there someone who does?

Mr. Daniel Lavoie: We reviewed the plans of more than 80 departments and agencies. We know that those plans exist and

that they have been improved. In our view, 90% of these plans are satisfactory and have been updated over the summer.

Mr. Luc Malo: Does that mean that there are still agencies or sections that do not have a plan?

Mr. Daniel Lavoie: I have not received any requests from people who have suddenly realized what is going on and who are saying that they need a plan. I should point out that the Emergency Management Act requires every department to prepare plans for the agencies under its direction. That was a responsibility that was consistent with the preparedness act; it existed in 1996. Things have evolved.

Mr. Luc Malo: To your knowledge, everyone has complied with the Emergency Management Act and has prepared a plan?

Mr. Daniel Lavoie: Yes. There are two things. First, under the law, everyone is required to have a business continuity plan. Second, there is an appendix on pandemic response. We initiated those efforts in 2006. The outcome has been very positive: people have taken this seriously and developed plans.

I cannot tell you whether everyone has a plan, but it is our impression that all of the departments and many agencies have one. We made it very clear that deputy ministers were responsible with respect to agency heads under their department's direction.

Mr. Luc Malo: Is it someone's responsibility to ensure that everyone has a plan?

Mr. Daniel Lavoie: We are in the process of doing that.

Mr. Luc Malo: Fine.

You gave a few examples of essential services, but is there a comprehensive list?

Mr. Daniel Lavoie: Not yet, but one is being developed. The sudden appearance of H1N1 forced us to accelerate the development of certain tools. That is one of the things we had to do. If the same thing happened in 2002 or 2003, this work would not even have begun. So we have made progress thanks to the preparation that was begun in 2006.

Mr. Luc Malo: What was the deadline you had set before the H1N1 virus broke out?

Mr. Daniel Lavoie: In 2006, we had asked the departments and agencies to develop a pandemic plan together with their plan to ensure the continuity of operations. Thus, in the spring, this allowed us to manage the H1N1 crisis in quite an organized manner. During the summer, we realized that should there be a second wave, we had to define essential services. One of the lessons learned during the first wave was precisely to ask ourselves how we would deal with essential services if the situation were to get worse. Are we ready to deal with essential services? That is when we began to define what we meant by essential services.

As I said, 90% of the departments and agencies reviewed seem to have solid plans allowing them to deal with problems.

Mr. Luc Malo: If I understand correctly, if things got really bad, this could mean that a certain number of services would have to be set aside and that staff would be reassigned to essential services.

•(1600)

Mr. Daniel Lavoie: That is precisely the principle of the operations continuity plan. We can't have 40 plans for 40 possible problems. We have an overall approach. In the case of the H1N1 virus, in fact, should there be a pandemic, that problem was a possibility. And so we asked for a specific plan to deal with that. However, whether we are dealing with an earthquake, a power outage, an ice storm or a pandemic, the basic approach is the same and the planning in the departments is similar.

If at a given time, a certain number of people are sick, the demand for departments' or agencies' production will fall, and we will redirect the remaining resources to essential services. This also means that we may have to do some training. Before we get to that point, people have to understand that they may be reassigned to different work.

Mr. Luc Malo: When do you think all of this will be ready?

Mr. Daniel Lavoie: Our readiness increases with every passing day. No society in the world can say that it is totally ready to deal with such a situation. However, whenever a department does an exercise, it identifies or corrects weaknesses and is better prepared to deal with crises. That is the approach we advocate when we are preparing plans for the continuity of operations.

Mr. Luc Malo: Thank you very much.

[English]

The Chair: Thank you.

Ms. Wasylycia-Leis.

Ms. Judy Wasylycia-Leis (Winnipeg North, NDP): Thank you very much.

Thanks to all of you for being here.

Mr. Lavoie, you are at the crux of the entire issue around pandemic possibilities in two ways. First, your department has the overall responsibility for emergency planning. Then you have the secondary responsibility of coordinating within the government. So I first want to get at the question of the country.

According to annex L, as the key person on that file you are supposed to have developed a national security policy pertaining to the possibility of an H1N1 pandemic. Can you table that policy for us?

Mr. Daniel Lavoie: I just want to clarify. The national security policy was issued by the government in 2004. What we have is a Government of Canada coordination contingency plan for avian and pandemic influenza. I can table that. It covers how the government—the machinery—will deal with specifically a pandemic or avian influenza. Don't forget that this was developed in the context of pandemic and avian influenza.

Ms. Judy Wasylycia-Leis: Have you revisited that document in the context of H1N1?

Mr. Daniel Lavoie: We are currently doing some adjustments. We have a work plan that focuses on the weaknesses we identified in the spring, and we are making improvements to it.

Ms. Judy Wasylycia-Leis: There is supposed to be somewhere in government—I assume it's attached to your department in some

way—a central command post for when this hits, if it does hit. Are you it, or is it the deputy minister of health who was suggested to be the command and control keeper?

Mr. Daniel Lavoie: What we have at the Department of Public Safety is the Government Operations Centre, and it was created by the national security policy in 2004.

Ms. Judy Wasylycia-Leis: Who is at the head of that?

Mr. Daniel Lavoie: It is the Minister of Public Safety.

Ms. Judy Wasylycia-Leis: Who is the top bureaucrat?

Mr. Daniel Lavoie: It's probably me.

Ms. Judy Wasylycia-Leis: So it's not the Deputy Minister of Health, as we were told on August 12, 2009. The specific question at that time was not about the head of the health component, but the head of the entire command post.

•(1605)

Mr. Daniel Lavoie: If you make the scenario as bleak and as bad as possible—

Ms. Judy Wasylycia-Leis: I'm not making it bleak. I'm saying there's the possibility of a pandemic hitting this country very soon. We're all expecting that you would have come to this committee by now with a detailed set of plans, an updated set of procedures, and more clarity than we're getting from you today. We're trying to figure out who is in charge, how much money has been allocated to the operation, what happens in the event of 30% of the workforce being out, how much money are you—

The Chair: Ms. Wasylycia-Leis, can we just stick to one or two questions and then have him answer them and then go to your others?

Ms. Judy Wasylycia-Leis: These are a series of questions that are coming now out of the frustration of not getting a concrete plan from Mr. Lavoie in terms of the seriousness of the issue. If it's going to hit, it could hit next month, so I'm trying to figure out—

The Chair: I think your question was who's in charge.

Ms. Judy Wasylycia-Leis: We don't know who is in charge anymore, even though we've had two answers.

The Chair: Ms. Wasylycia-Leis, could I just clarify. I'll give you the extra time. You had a series of questions that just went on. It seems to me what you want to find out is, in the worst case scenario, who would be in—

Ms. Judy Wasylycia-Leis: Not in the worst case scenario. I would expect that if we're on the verge of a pandemic we will have an operation in government that is ready to go now, not in the worst case scenario. What is the plan if it hits tomorrow? That's what we all need to know. Who is in charge? Where is it located? Which deputy minister is involved? Which ministers are involved? How much money has been allocated to you? And what happens the minute this hits? Who calls the shots?

The Chair: Mr. Lavoie.

Mr. Daniel Lavoie: The answer to your question is that we've been using the process since the spring that we would use should there be 15% absenteeism, 30% or 40%. The process that we are using is the same. It is defined in the federal emergency response plan.

Ms. Judy Wasylcia-Leis: But I'm asking a broader question. I was going to come to the government and the 30% absenteeism in government. I'm talking about the country under a pandemic: who is in charge, who calls the shots, which departments are involved, who is on the coordinating committee, and how many times have you met?

Mr. Daniel Lavoie: Part of the answer is that the Government of Canada is not going to be "running" everything that is happening in the country.

Ms. Judy Wasylcia-Leis: I'm not saying running everything. There is a command and control centre.

Mr. Daniel Lavoie: Yes, the Government Operations Centre will play a very active role in coordinating the federal response with the provincial and territorial responses. There were daily and weekly exchanges of information. There was the sharing of strategies. People were informed of what was going on, what needed to be done, and what was planned, so there were no surprises. Whether we have 5% absenteeism, or 20% or 40%, it's going to be the same approach. The decisions and actions may be different. For example, the—

Ms. Judy Wasylcia-Leis: Okay, getting into the question of the federal government as an employer, how many meetings dealing with this issue have been held with deputy ministers or ADMs of all departments together since May of this year?

Mr. Daniel Lavoie: Many.

Ms. Judy Wasylcia-Leis: How often do you meet, then?

Mr. Daniel Lavoie: I can tell you that I meet with ADMs every week. I have a call with ADMs every week. In the spring during the first wave, I started meeting with them and having a call with them every day, and then it went to three times a week.

Ms. Judy Wasylcia-Leis: Could I have a quick question, Madam Chair?

The Chair: No, we'll go to Dr. Carrie.

Mr. Colin Carrie (Oshawa, CPC): Thank you very much, Madam Chair.

I want to thank you for being here today.

As you are hearing from the questions, there is some uncertainty among some of the members of the committee. I was just curious; do you actually have a checklist or something like that? It would make it really simple if you could just check off when you've had meetings with ADMs and the business continuity plan is done with each department. Is there any way for members of Parliament to say they're very content...?

From what we've heard today, it sounds to me that since 2006 you've learned a lot about the bungling back in 2003 with SARS, so you've got the plan started. It is a plan that is dynamic, it's evolving. But MPs just don't know in detail what's going on. Do you have something like a checklist or something along those lines that you could show us?

•(1610)

Mr. Daniel Lavoie: We have a number of tools. One of them is the situation reports that we prepare, produce, and share with the provinces and territories. When there is uncertainty, having clear and

common information is very helpful in making decisions and avoiding surprises.

We are also in the process of assessing the pandemic plans of departments. We're going to them with a series of questions that are very clear and lay out what we need in order to assess whether or not their plans are of quality.

We also have a regular—I don't like to use the word—battle rhythm. Whenever we meet, we do a situational assessment. We invite people who have something to contribute to that. Then we look at what needs to be done and what's coming up. Depending on the input to that situation, the reaction or the actions we take will vary. If we have few employees who are sick, then the situation is fine and normal. If it increases, then we have to look at the impacts of that. It may mean that we need to talk to individuals we haven't talked to before. We may need to have greater contact with the private sector because there may be impacts on the critical infrastructure, or there may be interdependencies that may be affected.

You were using the word "dynamic" before. There is not one plan; there's an overall approach. But there are some systematic things that we are doing. We're also spending time talking with our neighbours in the United States and Mexico so that what we do in Canada is aligned from a medical and an organizational perspective. We live on a continent; it's much more than just country by country. Health issues are broader, and administrative issues can have an impact on the other country.

So that's how we go about it.

Mr. Colin Carrie: It gives me confidence to know that you are following through with all these things. It is just a suggestion, because sometimes when parliamentarians know we're responsible for oversight it gives us a little more confidence if we're able to see those things. Your answers have been very good, and I'm very pleased with how you're bringing this information out.

In your opening you said you were working with the provinces and territories to ensure that we are ready with a coordinated response, and you mentioned working internationally. I wonder if you can give us some examples of how you are working with the provinces and territories, because something of this magnitude does require a coordinated effort. Again, I'm pleased that you have taken a proactive approach in dealing with the provinces and territories, and also internationally.

Can you give us some examples of some of the things you're doing, please?

Mr. Daniel Lavoie: To manage emergencies in Canada we have a committee called the Senior Officials Responsible for Emergency Management, or SOREM. It is made up of the senior people in each province, and we have developed a system that allows us to work together. Something like H1N1 is national, but if there are floods in B.C. it's one thing, or if there are forest fires in northern Ontario it's another thing. The system we have allows us to deal with all hazards, and H1N1 is obviously one hazard. So we have a process for them to request assistance, and we have a process for us to provide assistance. We also have regular conference calls. During the spring we had a conference call a week. Not all emergency management organizations in each province were involved to the same level, so it was of more or less interest to some. Now there's a greater commonality in the process.

Two weeks ago we had a meeting of deputy ministers responsible for emergency management here in Ottawa. We addressed the issue of H1N1.

So the process we have very much involves conference calls. Public Safety has a regional office in each of the cities where they have their operations centres. We exchange information and get a different perspective on their challenges. What is the situation with their own populations? What decisions are their own health authorities taking? How will it affect Canadian society as a whole, and how will it affect federal employees as well?

• (1615)

Mr. Colin Carrie: It sounds as if, when you're implementing the plan, you do have the loop—

The Chair: I'm sorry, Dr. Carrie, but we've run out of time.

Mr. Colin Carrie: Okay, next time.

Thank you.

The Chair: We're going to go to Ms. Murray.

Ms. Joyce Murray (Vancouver Quadra, Lib.): Thanks for being here to help us do our job, which is to have oversight of preparedness on behalf of Parliament.

Our job is to know very clearly that appropriate accountability and measures are in place. So I'm going to ask about two areas. One is about oversight and the other is about the resources for it. I'm trying to get through terms such as “we have the impression”, or “we feel that”, or “I guess it's my responsibility”, and to get to what can be tabled so we can actually assure ourselves as a committee that the oversight and accountability are clear.

Do you have a written mandate with respect to this coordinated response? I'd like to see a copy of it. Does the mandate have measures?

I will just list some of the aspects of accountability that I'm asking about. Are there measures of the success in your job and of your minister's responsibility? Where is the scientific advice coming from for you and your minister? And last, if you're reviewing a plan and checking to see if it's of adequate quality and your department says, “Here's a deficiency in the plan”, and the other department says, “We don't think it's deficient, it's fine”, who then signs off on that? And who is ultimately responsible for the plan being satisfactory and according to what measures? So that's on the accountability side.

And on the resources side, I'd like to know what your budget is for this extra work regarding H1N1. Is there additional money budgeted for training and resources to do this oversight? And secondly, do you support the departments with their extra costs of training and extra workload?

And last, is there extra funding for business continuity in the departments in the case of critical services—because that will mean hiring and incurring extra costs? Are the departments to be supported by a specific budget for that?

Thank you.

Mr. Daniel Lavoie: As for measures of success, we can probably send to the committee some objective numbers about the success of the review of the departments that we are conducting now. I said that we're satisfied with about 90% now, and once we're done, we can tell you what the final result is.

In terms of the scientific advice you talked about and what we do at the public safety department, the scientific advice is not as clear cut as it is in biology. What we're using to manage incidents is something called the incident command system. It's not your perfect incident command system; it is a variation.

The incident command system was developed by firemen. When you get to a fire, somebody who is senior enough takes over, assumes responsibility, and controls everything. What we have with the provinces within the federal government is an approach that is based on this. It means that individual people have accountabilities and there's a coordination place where decisions are made. The Government Operations Centre is one of these places where decisions are made.

Departments and agencies are planning their responses based on a variation of the incident command system. That's the scientific approach. That allows the federal government to have its various operational responses dovetail internally. It also allows the federal government to dovetail with the provinces and the municipalities. It also allows us to dovetail with the U.S., because this approach is fairly well used in the emergency management world.

In terms of signing off, what if we don't agree or if we think more needs to be done? Ultimately, deputy ministers are accountable for their operations. My experience is that very rarely would a good piece of advice, well thought out and expressed at the right level, be ignored.

• (1620)

Ms. Joyce Murray: Just to clarify, there are 150—

The Chair: Ms. Murray, you're over your time. We have to pay attention to time.

Mrs. McLeod.

Mrs. Cathy McLeod (Kamloops—Thompson—Cariboo, CPC): Thank you, Madam Chair.

First of all, I'd like to start by addressing some questions to Ms. Meredith.

I really appreciate your comments around a principles-based approach and the need to maintain some flexibility, recognizing the complexity of the work that's done.

Specifically, I want to speak to your comments about respecting the terms of conditions of employment and engaging the bargaining unit. Within that, typically our collective agreements may not have the flexibility to respond to these unique circumstances you might have with a pandemic, so could you talk to me further about how you're engaging the unions? Are there any significant concerns or barriers? Do you have a process in place such that you're able to move forward?

Ms. Daphne Meredith: Thank you for the question.

We see engagement of the unions happening within departments because, as Mr. Lavoie said and as I mentioned in my opening remarks, it's deputy heads who have responsibility for the health and safety of their employees. They have an obligation to work through the unions and their representatives in the workplace. They would have occupational health and safety committees through which these employee-related issues are discussed.

As well, we at the Treasury Board Secretariat have relationships with the senior representatives of the unions. I'll ask Madam Laurendeau to speak more specifically as to how she's been engaging them on these issues too.

Ms. Hélène Laurendeau (Assistant Deputy Minister, Compensation and Labour Relations, Treasury Board Secretariat): Back in 2006 when we started the pandemic planning, we actually, at that point, engaged with the bargaining agents at the national joint council, actually had a session with them to discuss what we knew about the evolution of a pandemic, to sensitize them to the scientific aspect of that. Building on that work of 2006, when we faced the outbreak in the spring, we re-engaged with them at the national level to seek agreement on common types of communication to employees, echoing the importance of having the occupational health and safety agenda connected with the broader public health agenda.

At the national level we had a fair amount of support. In fact, we had excellent support. Last week, once again we met with them at the annual conference of the national joint council, and we had an agreement with them that communications would be shared totally with them. Some of them, particularly the big unions, were very proactive in saying they will make their website available to connect with the website of the Treasury Board Secretariat for messages to employees and vice versa.

The notion of interacting with them at the national level is with the view, as Madame Meredith mentioned, of supporting as much as possible departments doing the same thing at the local level. If the stage is well set at the national level, you run a better chance of things going smoothly when you engage on more local issues or more department-specific issues, and it's the responsibility of DMs to do so.

So we set the stage at the national level. We communicate with our colleagues, the ADMs and DMs in the HR field, and they do the work at the local and departmental levels, everybody operating with the same science-based advice and typical messages to employees that have to be adapted in every department. That's pretty much how we operate. So far, we have been able to engage in a good dialogue at the national level, and as far as we know, there is active dialogue within departments and at the local level.

• (1625)

Mrs. Cathy McLeod: My next comment is for Mr. Lavoie. Typically, in emergency preparedness, there are levels of training that people undertake. I think there are three or four different levels. Is there special training for people who might end up in leadership roles in the case of a pandemic, or more generally, certainly?

Mr. Daniel Lavoie: I can speak for my department, about what we're doing at Public Safety. I've talked many times about the Government Operations Centre. This is our critical service. Should everything else fail, we need to maintain this service for the rest of government. We are actually training people. Should we need to beef up our 24/7 capacity, we will need people who have varying skills. A policy analyst can certainly take these skills and move them in an emergency situation and be given a mandate to investigate, look at something, make a written analysis of something, monitor some information, and prepare the information clearly. But they need to be trained in the incident command system to know what their role is. We're doing that in our department, and I know other departments are doing the same thing.

The challenge is, how broadly do you do it? How much do you invest in this ahead of time, and how quickly can you do the training? Sometimes it's a matter of hours. Sometimes it will require longer periods of time. This training is being done not only on ICS but on all sorts of things across government, not with a deadline in mind, but day after day we're reaching a level of preparedness that we did not have before.

The Chair: Thank you, Monsieur Lavoie.

Monsieur Dufour.

[Translation]

Mr. Nicolas Dufour (Repentigny, BQ): Thank you, Madam Chair. I would like to thank the witnesses for being here.

Earlier, Mr. Lavoie was talking about training and the reassignment of the employees of the public service of Canada. I found this interesting. I would like some information. You were saying that there is no deadline as such.

Could you give us some idea of the date when training might be completed? If there is to be a pandemic, we expect that it will probably occur during the next few weeks or months, before winter begins. Do you think that the departments will be ready to face the pandemic in time and that the training will be completed in time?

Mr. Daniel Lavoie: I think so. According to what we saw, the deputy ministers worked very hard as early as 2006 to develop plans and these have been in place since the spring of 2008. They were used to deal with the first wave of the virus.

In the month of June, we met and asked ourselves what remained to be done. We developed a work plan and identified certain elements such as essential services. We told the departments and agencies that it would be important that they pay particular attention to that.

Over the past few weeks, we put a number of questions to a large number of agencies and departments. Personally I am satisfied with the replies we received. This will be complete within the next few weeks and we will then be able to share the results.

●(1630)

Mr. Nicolas Dufour: The training in view of the reassignments is thus proceeding well.

Earlier, I found the question put by a member of the opposition, Ms. Murray, interesting. We can see that the opposition parties have, generally speaking, the same question in mind: will funds be reassigned for training, and to mitigate the problem?

[English]

Ms. Daphne Meredith: To this point, departments are able to fund such training with the resources they have for their departments, so that's that. They're able to reallocate, if they need to, as circumstances arise. That's where we are right now.

Obviously if the situation becomes extremely serious and there is a need for anything additional, then there are ways in which the government deals with those kinds of pressures. But to date we're not at all in that situation and we've heard of no instance where a department is not able to prepare.

[Translation]

Mr. Daniel Lavoie: No one has asked about that recently. However, during the first wave, there were a lot of requests on the health care side. All of a sudden, we had to do a number of things that we don't normally have to do when things are normal. Funds were allocated to health.

Departments and agencies already have the obligation to ensure the continuity of operations, they must have plans. In our department, the role of the operations centre is to be actively involved when unusual situations arise. For example, a large forest fire in British Columbia, a train derailment somewhere else; that is our role. For us, the H1N1 virus is the same thing. However, we expect to have more to do if the flu becomes more virulent.

Mr. Nicolas Dufour: If I understand correctly, you have no estimate of what this could eventually cost.

Mr. Daniel Lavoie: In order to be able to provide you with figures, we would have to know...

Mr. Nicolas Dufour: ... the nature of the problem.

Mr. Daniel Lavoie: The nature of the problem varies. Our approach allows us to adapt to the situation. With the national emergency response plan, all we have to do is set the machine in motion.

Mr. Nicolas Dufour: Don't you think that there will nevertheless be some noteworthy differences? I understand that things change, but we still need to know whether the absenteeism rate will be 10%, 20% or 30% in order to have a clear idea and organize things accordingly.

Mr. Daniel Lavoie: Without wanting to put words into your mouth, I think that we are experiencing a pandemic. The difference is that the scientists say that this virus is not very...

Mr. Nicolas Dufour: ... virulent.

Mr. Daniel Lavoie: That's it. If the virus were to change, perhaps then it would be, but at this time, I think it can be said that all of South America and Australia have managed to get through it.

●(1635)

[English]

The Chair: Thank you, Mr. Lavoie.

We'll now go to Mr. Uppal.

Mr. Tim Uppal (Edmonton—Sherwood Park, CPC): Thank you, Madam Chair.

Thank you for coming here today and answering these questions on this very important issue. It's good to have the minister come in and answer, and other public health officials as well.

First, you mentioned a bit about departments doing exercises. I think you mentioned Export Development Canada doing practical exercises. Do you know of other departments that are doing that, and how do you think it's going?

Mr. Daniel Lavoie: I know of a few departments that have done it. Frequently when we talk about plans, people say, "Well, you have plans, but what does it mean?" I've brought in the scenario that we prepared. We've put it on a website internal to the government and we've offered it to all departments that want to try it. We know that 40% of the departments that have critical services have done one exercise, and others are planning to do it. This can be as simple as taking about three hours, if you want to do it well; or if you want to do it quickly, you take two hours.

We have this scenario that we've provided to everybody. It is something they can tailor to their own business continuity component, what they want to exercise. Then they sit down and bring in the appropriate officials, and as we bring in the injects, whoops, all of a sudden the dynamic in the room changes and people say, "Oh, I need that from you. You would do this, and no, I wouldn't do this; and he would do this." That's what happens. About 40% of the departments that have critical services have undertaken an exercise.

In my department, we've done one. We've identified some weaknesses. We will be doing another one in three weeks.

Mr. Tim Uppal: So 40% have done it. The idea of it is available to all the other departments, and you feel that more will be conducting these exercises.

Mr. Daniel Lavoie: Yes, absolutely. The people we target with this are obviously the senior management group. You have a lot of people working, but until the senior managers are seized with the value of doing something like this, until the senior managers see that it leads somewhere and it actually gives them a sense of "Whew, we can go through that", that's valuable.

In the spring, after or during the first wave in May and June, we had what we called BCP power sessions. We invited the business continuity planners. They came in and we worked on their business continuity plan. We talked about exercises, and now we're delivering a common exercise that they can do. They don't have to reinvent the wheel. It speeds up the learning. That's why we're doing this.

Mr. Tim Uppal: In regard to a sense of timelines and just to recognize the severity of the flu, is it likely that 30% of people won't show up tomorrow morning for work? Will they just not show up? What kind of timeline do you realistically see in terms of when it comes?

Mr. Daniel Lavoie: That's a tough one. In terms of the evolution, what we would do if there's a 30% shortage is one thing, but 30% absenteeism is highly speculative and it would not happen tomorrow.

Mr. Tim Uppal: Yes, that's what I mean. So you would see there'd be some time to put in the plan.

Mr. Daniel Lavoie: To adjust, yes.

Ms. Hélène Laurendeau: The only thing I would add is that although you can reach a certain rate of absenteeism in a pandemic, all will not likely reach that rate at the same time. The workforce will be in and out of the workplace.

That is what the planning of critical services is all about, to make sure what level of people is required in the workplace for critical services. Then around that, the departments, particularly the 24/7 departments, the people who are operating around the clock, have a good idea of what is the lowest number—not the ideal number—of people needed to deliver key services. They have a very good idea of the number needed to actually be able to deliver the services. Then you can think about your redeployment strategy around that.

So I think it's safe to say, particularly for the 24/7 departments, that from the various experiences in the past, ranging from strikes to other crises that hit locally, such as floods in Winnipeg, the ice storm, and the power shortage in Ontario, they have been able to build their capacity to know what is the lowest number of people needed to actually provide the services. Then you plan around the evolution of your absentees.

We also have to understand that the summertime is a controlled environment, with a lot of people not being in the workplace, so there is some knowledge built around that. It's on that basis that people are building and planning around the critical services.

So throwing out figures of 30% or 40% may sound high, but knowing that all of the absenteeism won't be at the same time and that we are able to operate on both good and bad days without 100% of the workforce, we are able to narrow down what we really need in the remaining range.

•(1640)

The Chair: Thank you, Ms. Laurendeau.

We'll now go to Dr. Bennett.

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

Thank you for being here.

I too am a little concerned about the vagueness of the words “probably me” and “I assume”, and all of those things. I think it's not exactly confidence-building in terms of what would be an incident command sensibility.

Once again I would like to know, from what we learned in the spring, who actually in the Government of Canada is in charge of making sure we learned the lessons from the spring and summer and that we will do better this fall.

Mr. Daniel Lavoie: Public Safety is.

Hon. Carolyn Bennett: So that would be Minister Day.

Mr. Daniel Lavoie: No, Minister Van Loan.

Hon. Carolyn Bennett: Minister Van Loan. Well, I guess that's quite true.

So has there been an official lessons learned process from the spring? Marcia Anderson, president of the Indigenous Physicians Association, suggested there needed to be a quick lessons learned task force, in particular on what happened in Manitoba. Have you done a formal assessment of the experience in the spring and the summer?

Mr. Daniel Lavoie: What we have done is in the context of a committee that I co-chair. We have looked at how the machinery of government reacted to the H1N1 wave in the spring. We identified six or seven areas where we really needed to invest our time and energy over the summer.

Hon. Carolyn Bennett: And money?

Mr. Daniel Lavoie: No, not really money, not in the context of the federal coordination and our own individual response. In the context of the Public Health Agency and Health Canada, it's different story; but from a structural point of view of the organization of the Government of Canada, there was not really a need for money. It was more to refine the systems.

Hon. Carolyn Bennett: Okay, so say all of a sudden it becomes really bad and there just aren't enough ventilators, respirators, and oscillators in the country. Is it viewed as an issue of public safety for the country if a doctor is having to decide who gets one and who doesn't?

Mr. Daniel Lavoie: Public Safety Canada has no expertise in providing guidance on—

Hon. Carolyn Bennett: But if people are actually dying because there aren't enough ventilators, who is responsible in the Government of Canada?

Mr. Daniel Lavoie: If there are not enough ventilators and there's a need to urgently purchase ventilators, there is a process that will allow that.

Hon. Carolyn Bennett: You?

Mr. Daniel Lavoie: Yes, we and Public Works and Government Services will work together supporting the needs of the Public Health Agency of Canada.

The Chair: I just want to caution the committee that we brought you here today for talking about parliamentarians, the government, what we can do on Parliament Hill—

•(1645)

Hon. Carolyn Bennett: No, parliamentarians aren't here, dear.

The Chair: Excuse me.

Hon. Carolyn Bennett: We don't have the House of Commons here. This is only about how the government works and where the—

The Chair: No, excuse me, we passed a motion where we wanted everyone to come—

Hon. Carolyn Bennett: Sorry, we don't have those witnesses here, Madam Chair.

The Chair: I know, Dr. Bennett, but today we haven't asked them to talk about the whole government situation with the whole population. We're going to be doing that next day. We need to focus on what we're wanting to do as a Parliament.

Hon. Carolyn Bennett: Madam Chair, I'm just looking at the organization chart, because I think we're confused as to where the buck stops if there's seriously an emergency. In an aboriginal community, if the water treatment plant is gone and those people are all sick, who goes in? Do you treat it like a forest fire, like an ice storm? Does the buck stop with you when you have the lives of Canadians at risk?

Mr. Daniel Lavoie: I'm going to start a little lower, and I'll get to me, okay?

Hon. Carolyn Bennett: Yes.

Mr. Daniel Lavoie: The principle of managing an emergency starts with the individual, okay? Each of us has a responsibility to be prepared for something.

Hon. Carolyn Bennett: Okay, so maybe I'd like to stop you just right there. In the pandemic planning and testing, are you doing audits to find that everybody in the Government of Canada knows what their job is, as the individual, and are you doing spot checks to stop people on the street and say, do you know what your job is in a pandemic? Those nurses in Garden River know exactly that every member of that community knows what their job will be if this gets bad. Does every employee in the Government of Canada know what their job will be?

Mr. Daniel Lavoie: I was trying to answer your first question, where you talked about the water treatment problem.

So the individual, if they need assistance, they go to the municipality—

Hon. Carolyn Bennett: No, this is on a federal reserve.

Mr. Daniel Lavoie: Then the province, then the federal government. On the reserve, it varies from province to province. The Department of Indian and Northern Affairs has different arrangements with different provinces. And I don't want to speak for them, but I can tell you that over the last few weeks—

Hon. Carolyn Bennett: I guess my question is, if that relationship isn't working, is it your job to make sure they get what they need?

Mr. Daniel Lavoie: In the end, yes. In the end, when there are no other options, when people don't know where to go, they will turn to us and we'll find a way.

Hon. Carolyn Bennett: Madam Meredith, a lot of us are concerned over what happened last week, where each province is going a different way in terms of sequencing effect, whether the seasonal flu's waiting till January, and what's going on. Ontario has decided that N95 masks are going to be important in terms of dealing with somebody with the flu. That's different from the federal recommendation.

What on earth are you doing to deal with all these discrepancies or the lack of consistency across this country, in terms of every federal employee having the right to be safe and get the vaccine and be properly protected?

Ms. Daphne Meredith: Thank you.

With respect to federal employees, we're counselling deputy heads of organizations to deal with their health and safety responsibilities for their departments based on science, based on what science is telling us.

Hon. Carolyn Bennett: But what if the province is interpreting the science differently? That's our problem.

The Chair: Mrs. Davidson, you're next.

Mrs. Patricia Davidson (Sarnia—Lambton, CPC): Thank you, Madam Chair.

Again, I'd like to add my thanks to all of you for coming here today and answering our questions and helping us understand how this country is going to be prepared for a pandemic.

There are just a few things that I would like to say to start with, and then I'll get some comments from you.

In my mind, I don't think that anybody can ever be totally prepared for a pandemic. There are always outside factors that are going to affect the situation. I think you need the room within the plans to respond accordingly to whatever those outside factors may be. So I'd like you to comment on that, for one thing.

Then we've talked about the Emergency Management Act, where all federal institutions are required to have a business continuity plan, and that was in your remarks when you first started speaking. So there's a legislative requirement, then, to have the continuity plan. And is there a legislative or legal requirement for the table-top exercise or for the practice?

Could you comment on those things, please.

● (1650)

Mr. Daniel Lavoie: The overall approach to manage any incident we have is what we call the federal emergency response plan. We've developed this in talking with the national security types of organizations like CBSA, RCMP, and Transport, the organizations that deal with incidents that are criminal or about national security in the traditional sense.

Then there is national security as defined in the 2004 national security statement, which is broader. It includes health. It includes physical security. It includes all sorts of things that we don't think of at first as being elements of national security. But when you think of Canadians, they're part of the safety and security of Canadians. This approach works within the federal government. It works with the provinces. It works with the U.S. It works with Mexico. It has created a network that allows us to get information in and out very quickly to do planning, to do situational awareness, and to do logistics.

I'm going to give you the example of the water treatment systems. If there is a need to move water treatment systems across the country and it is too complex for a jurisdiction to handle, we have the ability to pool the expertise that exists across the federal government or internationally and make it happen. In the context of H1N1, we have refined this and have put a H1N1 lens, if you like, to this process to make sure it will be actively used and effective when we need it. That's how we would do it.

In terms of the legislative requirement to conduct this exercise, no, but as for ministers, each of them is accountable to prepare an emergency management plan in respect of the risks they have identified for their own area. We have told them many times that a pandemic is a risk that you have to plan for, so they know about it.

They also have to maintain tests and implement those plans, because you can have plans, but if they're not up to date and if they're not tested, they won't work. As well, they have the responsibility of conducting exercises and training in relation to those plans.

Overall, they have to exercise and test their business continuity plans, and we've been telling them that they need to do their pandemic plan annex as well. So the requirement is there, and I trust that ministers and deputy ministers, the deputy heads, have sufficient responsibility to take that seriously. I believe they do. The experience we have so far is that most departments are doing very well in their planning.

Mrs. Patricia Davidson: Does Public Safety work with the private sector at all to ensure business continuity?

Mr. Daniel Lavoie: Yes, in the spring, and actually over the summer as well. A working subgroup was created back in 2006 and it is part of the annex of the pandemic plan. A working group with the private sector was created. This working group has met. There are about 100 or so organizations. Public Safety co-chairs that committee with the Public Health Agency of Canada. There have been conference calls, exchanges of information, and sharing of guidelines in explaining to them where the information is available, where they can get it. They've asked questions.

We've had discussions with private sector organizations that are representing especially the small and medium-sized businesses, because the big ones have the energy, the power, and the money to get their plans. Small and medium-sized businesses have a much harder time. We focused on them. Should the situation change, we will certainly go back to them.

•(1655)

The Chair: Thank you.

Now we'll go to Ms. Wasylycia-Leis.

Ms. Judy Wasylycia-Leis: Thank you very much.

Have the plans you've talked about been developed in consultation with the Public Service Alliance of Canada and any of the other unions involved with the federal civil service?

Mr. Daniel Lavoie: Do you mean each business continuity plan?

Ms. Hélène Laurendeau: The departmental plans would involve dialogue with the bargaining agents. I don't think we can say the plans have been co-developed with them, but they have been done in

consultation with the people in the workplace and representatives in the local workplace.

Ms. Judy Wasylycia-Leis: In terms of front-line workers—nurses, doctors, prison guards, RCMP, armed forces, the workers within the federal jurisdiction who have anything remotely to do with front-line response—what directives have gone to each of those workforces within the federal civil service to ensure their health and safety?

Ms. Daphne Meredith: As mentioned, all of the deputy heads, whether of the RCMP or Canada Border Services Agency or HRSDC, are responsible for engaging their employees on how any potential increase in sickness could affect their work. That kind of discussion will cover considerations of which services are considered critical. As well, the conversation will cover how they deal with issues around illness in the workplace.

As you know, we're not seeing a huge increase in illness in the workplace, so these discussions are conditional right now in the sense that they're anticipating what-if situations. But they're covering off conversations about critical services, as well as how to deal with sick leave. The important advice going out to these groups, front line or otherwise, is: wash your hands. It's basic health/hygiene advice.

Ms. Judy Wasylycia-Leis: But I'm getting at a bigger issue here that my colleague Carolyn Bennett raised, which is the question of the national guidelines for protecting federal employees from this pandemic. I think what we're hearing, in fact, is that the national guidelines are much weaker than those of many provincial governments.

First of all, I'd like to know where that draft guideline is at. I'm assuming that every department with employees out in the field is looking at it. And are you looking at the feedback and starting to integrate that into your thinking, so we are in fact dealing with some of the scenarios Carolyn outlined in terms of respirators and masks and other protection that front-line workers should have?

Ms. Daphne Meredith: The guidance we're providing to our employees is, first of all, that we're assisting in providing for coherent guidance through—

Ms. Judy Wasylycia-Leis: Sorry, can I interrupt, Madam Chair?

Sorry, I'm talking about a very specific document where the federal government has developed a guideline in terms of occupational health and safety. Unfortunately, I think it's called "Occupational Health and Hygiene", which needs to be changed, but I'm just wondering about the status of that document vis-à-vis your planning and discussions.

Ms. Daphne Meredith: There's an advisory and there are also frequently asked questions and answers put out by Health Canada.

Ms. Judy Wasylycia-Leis: Okay, I think I'm not getting—

Ms. Daphne Meredith: That's where we take our guidance from. That's the relevant guidance we use for federal employees.

Ms. Judy Wasylycia-Leis: I think we need to ask these questions of someone else, because there's a bigger issue here in terms of guidelines for federal employees to ensure workplace health and safety that perhaps you're not able to deal with at this time.

Let me ask, is there a prioritization within departments or of functions within departments, so that if 30% or more employees are home sick, certain functions will take priority? How fast can you move at this point? If it hits tomorrow, who will ensure that all seniors get their cheques and that the veterans get their services and...?

• (1700)

Mr. Daniel Lavoie: Those are the critical services I was talking about in theory, and it has happened. When there was the power outage, departments relocated from one side of the river to the other. They kicked in their business continuity plan. If something happened today in downtown Ottawa and we needed to be functional tomorrow, the business continuity plan would allow us to do that.

People have alternate sites. They have a list of key people who must come in. They are identifying the key services they must deliver, and all the rest: "Well, sorry, it is not important today, because the critical services are those that have an impact on the safety, security, and economic well-being of Canadians and Canadian society, and that's what we're going to focus on." So we are assessing those plans now. We're satisfied that 90% of them have what it takes.

I want to go back to your previous question.

As they develop those plans and assess those critical services, we're asking them if they have engaged their occupational health and safety committee in their departments. That's one question we're looking at, because that involves the union and the employees.

Ms. Judy Wasylcia-Leis: Have there been any trial runs in any departments?

The Chair: Your time is up. In fact I've given you a little extra time, to be honest with you.

Mr. Brown.

Mr. Patrick Brown (Barrie, CPC): Thank you for your comments today.

Clearly the public service is prepared and has a plan. That's reassuring to hear. Your comments certainly give us confidence. But as Pat says, it's all about what we don't know and what could potentially happen that always has to be prepared for. It's the unknown.

There has been some reference to different agreements and plans with different provinces. Could you explain that a little? As an Ontario MP I'm interested in any Ontario-specific plans. Is there anything different with the public safety preparations for Ontario compared to the rest of the country?

Mr. Daniel Lavoie: I am sorry to disappoint you. The answer is no, and let me tell you why.

As I mentioned earlier, you cannot have a plan for every single type of incident that can come up, because keeping them up to date and making sure that you have the right plan, the right version, would be very cumbersome. What we have is a general approach that the federal government and the provinces share. I know you don't like jargon, but we call that an "all hazards" approach. No matter what the hazard is, we use the same steps.

We will involve different people. If it were in northern Ontario, we would not have our people in the downtown Toronto office as our main source of information. We will look in the field, and we may move people. We will work with the Ontario provincial emergency management office, and because we have the same basic structure, if they need to do logistics work and they think they will require some assistance from the federal government, we have a logistics group as well, so those two will work together. If there's a need to do some financial planning because it's a disaster that could be covered by the disaster financial assistance arrangement, we can work with them on that angle. All of that is defined within the federal government as the federal emergency response plan.

The plan describes how we work and some actions we take, but every day, 24/7, we have people who monitor what's happening in Canada. It may be simply a small train derailment, two trains with three cars and one is carrying some kind of chemical, and that is very quickly taken care of and there is no need for us to follow up. In two H1N1s that we're looking at, we are monitoring what's happening in the private sector. We're monitoring what's happening in the United States. We're monitoring what's happening in Europe. We're trying to gauge what impact it is going to have, and before it hits us our planning people start planning. That's the process we have. It's very dynamic. That's a word that was used before by your colleague. It is a very dynamic and wholesome approach.

You can bring in additional pieces and parts. In the government operations centre, if something happens and we need to bring in the RCMP, Transport Canada, HRSDC, Treasury Board Secretariat, and CBSA, we will do that. They will come and we will plan together. The response will be speeded up, because people will be talking to the right people at the right time with the right information.

That's how we do it.

• (1705)

Mr. Patrick Brown: You mentioned that you are monitoring what's happening in the U.S. and Europe. I know Mr. Carrie mentioned that earlier in his questioning, comparing what's happening internationally. Could you provide an assessment of Canada's preparedness, compared to these other countries that you've been monitoring?

Mr. Daniel Lavoie: We are very well prepared. I think we are exceptionally well prepared. That doesn't mean we should be complacent, but we, meaning the collective group of government employees, have been working at this since 2002, taking our lead from the science of the Public Health Agency and also looking at other countries. We have a nice structure. We have an ability to think on our feet. We have an ability to respond quickly.

We never planned to be in the middle of a pandemic outbreak. All our planning was for an outbreak in Southeast Asia, because we were looking at avian flu being the starting strain. Then we were in the middle of H1N1—Mexico, United States, and Canada—and we adapted. During the spring, we were able to do whatever it took. We worked very closely with the borders. We worked with our health professionals. We worked with the United States. We worked with Mexico. We had a structure in place and it allowed us to move.

So am I confident that we are well prepared? Yes. Can we be better prepared? Absolutely, and every day that goes by makes us more prepared.

Mr. Patrick Brown: Thank you.

The Chair: Thank you very much.

I especially want to thank all of the witnesses for coming today. All of your insightful comments have been very useful to all of us.

I was just wondering about an earlier question that I don't think was answered. I think Ms. Wasylcia-Leis asked who specifically is in charge. Do you have a departmental security officer listing? Perhaps that could be distributed to the clerk for all members to just give us an idea of who's actually in those departments.

Is that possible?

Mr. Daniel Lavoie: We have a list of business continuity coordinators.

The Chair: Okay, good.

Mr. Daniel Lavoie: I think that's probably the best tool, giving you who is in each department—

The Chair: Okay, thank you for that.

I'm going to suspend the meeting for five minutes to allow the cameras to leave. We will then go in camera for the business portion of our meeting.

Thank you so much.

Hon. Carolyn Bennett: Madam Chair, I thought we were having witnesses till 5:15. I think there's still time for another couple of questions.

The Chair: Well, we could do that at the will of the committee, but at that time we will need the cameras to leave because we have to go in camera.

What is the will of the committee? Would you want to have a couple more questions, or would you like to suspend now?

Hon. Carolyn Bennett: No, that wasn't the question. The question was, could we keep going till 5:15?

The Chair: Well, we'll be into our business part and—

Hon. Carolyn Bennett: No, no, you said 5:15. When we began this conversation, it was only 5:05. There were 10 more minutes.

The Chair: Dr. Bennett, I will spell out what I'm trying to say. We need five extra minutes because cameras are in here today. So we just need to suspend. What we can do, if you're willing to stay a little longer, is continue for five more minutes at the end of the meeting, because I don't think we can get all of our business done in 15 minutes.

What is the will of the committee? Would you like to continue and ask a couple of more questions until 5:15?

Some hon. members: Yes.

The Chair: Who would like to do that? Raise your hands.

• (1710)

Mr. Tim Uppal: Can we have seven more minutes?

The Chair: Seven more minutes? Sure.

Okay, let's go back then, and we'll start with Dr. Duncan. We'll have two more, one from this side and one from that.

Dr. Duncan, for three and a half minutes.

Ms. Kirsty Duncan: Thank you, Madam Chair.

I'm really struggling with some of the comments we've heard: "90% are prepared", "my impression", "we assume", "general appraisal". Those aren't accurate. I really want to know how many departments have a plan. I want to know how many have rolled it out in the spring and how many have updated it. And how many have done training based on the new information? I want the numbers.

We also struggle with who's in charge. We heard the deputy ministers say "probably me", and then we heard Minister Van Loan. That's on the Public Safety side. I want to know who's in charge of public safety, and who's in charge of health, and who ultimately is responsible. With whom does the buck stop?

Pandemics are not new, as you so rightfully say. We've been preparing for this. We thought it was H5N1. We need business continuity measures, but it's important to have pandemic-specific measures. When H1N1 came along, we had the summer to do the hard work and to be prepared.

So we need those numbers.

To come back to Dr. Bennett's point regarding ventilators, in the southern hemisphere, in the most heavily impacted cities, 15% of the people who were hospitalized ended up on ventilators; in Canada it was 20%. So I think we want real assurance that people who need ventilators are going to get them.

One question I would like to have answered today is, what is the org chart? Who is responsible for public safety, who does it stop with on health, and who ultimately is responsible, please?

Mr. Daniel Lavoie: The health portfolio is responsible for health. Public Safety is responsible for coordinating—

Ms. Kirsty Duncan: Who's the head of health, please?

Mr. Daniel Lavoie: Well, the Minister of Health.

Ms. Kirsty Duncan: So it's the Minister of Health.

Mr. Daniel Lavoie: The Minister of Health is clearly the person who is in the lead for the health portion of the pandemic response, yes.

Ms. Kirsty Duncan: So it's the Minister of Health and the Minister of Public Safety. We saw this with listeriosis. We weren't sure which was the lead agency. Which is the lead agency here, so that we don't have a repeat of listeriosis?

Mr. Daniel Lavoie: If we go back to SARS, Health was responsible for everything.

Ms. Kirsty Duncan: Who is responsible now? What is the decision? That's the basis of the organizational chart.

Mr. Daniel Lavoie: In order to answer your question, I don't want to take 10 minutes, but I have to give you a little bit of history. During SARS, one of the problems was that there was only Health trying to do everything. There was a decision at the time to create the Public Health Agency of Canada and Public Safety Canada. Public safety was given a mandate of coordinating for the government, and the Public Health Agency was given the lead for health. So you cannot have one organization and expect that organization to be able to do everything and be an expert at everything.

Public Health Agency is the health expert; Public Safety Canada is the expert in emergency management.

Ms. Kirsty Duncan: Hard decisions will have to be made. When you cut to critical infrastructure, who makes that decision? There are two ministers. Who makes that decision, or is it higher?

Mr. Daniel Lavoie: The question you are asking is hypothetical. I may not see it the same way you do, because you're not defining that phrase, that there may be hard decisions to make.

Yes, there are hard decisions to make every day, but the system we have allows us to bring the information forward and make sure that the people who will make the decisions have the right information to make those decisions. Sometimes it's the Minister of Transport or the Deputy Minister of Transport who is the best person, and the next time it's the Secretary of the Treasury Board. It depends on what the issue is.

I know it's not the answer you want, but that's the reality.

• (1715)

The Chair: Dr. Carrie, do you want to ask one question to each of them, quickly? There are only a couple of minutes left.

Mr. Colin Carrie: Thank you for the last minute or so. It's not a long question.

I've been paying attention to what you said and I want to thank you for coming, because I see that since 2006 when the plan was started, you've developed it. I've been on the web, and I think anybody watching on TV or anybody listening can go on the web. The plan is there.

I know you have a plan. It's responsive; it's well funded. You've given us examples of how it's dynamic. It can respond to feedback. You have accountability.

Mr. Lavoie and Madame Meredith, what is your message for Canadians who want to know they have confidence in the government, confidence in the system? What do you want to leave them with at the end of this meeting today?

Ms. Daphne Meredith: Maybe I can answer that. I'm relatively new in my role, so I have been observing almost as a third party. I have sort of an independent perspective on how this planning is taking place.

There's a lot of planning that's supporting departments across the government, and the deputy heads are personally engaged in it now, as you would want them to be, thinking towards the fall and the possibility that there could be an escalation of the virus. So they are seized with it and their planning is robust.

As somebody pointed out, it's never finished. You're constantly working on the situation as it develops, but it's certainly very mature.

Mr. Colin Carrie: Mr. Lavoie.

Mr. Daniel Lavoie: My take on this is that all levels of government are working together. We've done a lot of planning. We have in place mechanisms that will allow us, should the situation worsen, to do a decent job.

The best advice I can give to Canadians is to listen to what the health authorities are saying, because ultimately they're the ones who know the most about this situation—and we are all in support of our health community—so that we have a response that will be measured.

Mr. Colin Carrie: Thank you.

The Chair: Does that satisfy the committee, then, for the time? All right.

Thank you so much, once again, for coming.

I'll suspend for three minutes, and then we'll go into committee business.

[Proceedings continue in camera]

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