



HOUSE OF COMMONS
CHAMBRE DES COMMUNES
CANADA

43rd PARLIAMENT, 1st SESSION

Standing Committee on Government Operations and Estimates

EVIDENCE

NUMBER 013

Friday, May 22, 2020

Chair: Mr. Tom Lukiwski



Standing Committee on Government Operations and Estimates

Friday, May 22, 2020

• (1100)

[English]

The Chair (Mr. Tom Lukiwski (Moose Jaw—Lake Centre—Lanigan, CPC)): Good afternoon, colleagues. It's good to see all of you again virtually.

I will call this meeting to order. It is meeting number 13 of the Standing Committee on Government Operations and Estimates.

I have a couple of notes before we begin. In the second hour of today's meeting, we will have only one witness, who is a representative from the Canadian Union of Postal Workers, so I would like to take 15 minutes at the end of that meeting to discuss future business and, more precisely, future witnesses.

For the purposes of this meeting, we have representatives from the minister's office. Minister Hajdu is here, as are representatives from the Public Health Agency of Canada.

We will begin by asking the minister to give a short statement of no more than five minutes, followed by our normal round of questions. Since we're starting on time today, which is somewhat unusual, we will go to our normal rotation for the first round of six minutes, five minutes and then two and a half minutes.

For the minister and all witnesses, I would ask that when you speak you do so in one language, as opposed to alternating between French and English. Doing this will assist our technicians greatly. In other words, if you start speaking in English with your statement, if you could maintain that language for the entire duration of your statement or question, I would appreciate it greatly.

With those few words, I would like to invite Minister Hajdu to give her opening statement.

Minister, the floor is yours.

Hon. Patty Hajdu (Minister of Health): Thank you very much, Mr. Chair. At your request, I will keep my remarks in English.

Mr. Chair and honourable members, thank you for this opportunity to speak to the committee today about the health portfolio's role in the government's response to COVID-19.

The scope of COVID-19 has left no country untouched. Tragically, this pandemic has claimed thousands of lives worldwide, and Canada has not been immune. My heart goes out to all those who have lost a loved one here in Canada or elsewhere in the world.

During this unprecedented crisis, Canada has worked together to protect our health care systems and avoid the surges that have led to even greater loss of life in other countries. We must continue to

work together to ensure that our health systems are fully prepared to care for Canadians as the world strives to find treatments and a vaccine. To do so effectively, we are collaborating with the provinces and territories to identify their needs and to help purchase required equipment, supplies and services.

We have taken an aggressive approach to buying, especially when it comes to personal protective equipment for front-line health care workers. This includes ordering in bulk on behalf of provinces and territories, supplementing these orders by purchasing everything immediately available that meets requirements, and galvanizing Canadian industries to increase domestic manufacturing capacity. These measures are over and above what the provinces and territories are doing to secure their own supplies.

The government is also coordinating shipments of supplies from other countries. Canada has established on-the-ground support in China for transportation, receiving, storage services and customs clearances.

Canada is receiving shipments, and the government is working to rapidly distribute personal protective equipment and medical supplies to the provinces and territories, using an approach agreed upon by federal, provincial and territorial ministers of health.

Provinces are proactively allocated 80% of shipments on a per capita basis, while 20% is held back for the national emergency strategic stockpile. This holdback is used to fulfill urgent requests for assistance from provinces and territories.

Furthermore, we know that early diagnosis is essential to slowing the spread of COVID-19 in Canada. That's why in March I signed an interim order to allow expedited access to COVID-19-related medical devices, including diagnostic test kits. An interim order is one of the fastest mechanisms the government can use to help make health products available to address larger-scale public health emergencies. To date, we have authorized 19 tests under this interim order, tools that are necessary for our response to this pandemic.

The interim order also ensures that other COVID-19-related medical devices are available to treat, mitigate or prevent this disease. To help do this, the order allows Health Canada to review approvals granted by other countries when deciding whether to authorize a device for importation or sale. It also waives all application fees for COVID-19-related medical devices, further removing impediments for manufacturers in this time of public health need.

Mr. Chair, the health portfolio, in particular through the dedication of officials at the Public Health Agency of Canada, Health Canada, the Canadian Food Inspection Agency and the Canadian Institutes of Health Research, is committed to doing everything it can to protect the health and well-being of all Canadians.

I would like to conclude by thanking all of you, honourable members, for your ongoing work, collaboration and support to your constituents during this difficult time. Together we will continue to do everything we can to ensure that our country's response continues to be effective and that we are equipped into the future.

Thank you.

• (1105)

The Chair: Thank you, Minister.

We'll now start with our six-minute rounds of interventions, starting with Mrs. Block.

Mrs. Kelly Block (Carlton Trail—Eagle Creek, CPC): Thank you very much, Mr. Chair.

I would like to thank the minister and the many departmental officials she has with her there for joining us today.

I'm going to try to keep my questions really succinct so that I can get as many in as possible, and I would appreciate the same back in the answers that are provided, where possible.

Minister, have any substandard N95 or KN95 masks been recalled in Canada?

Hon. Patty Hajdu: Yes, there have been substandard masks that have been distributed through other suppliers and have been deemed to be deficient and not meeting public health standards.

Mrs. Kelly Block: It's my understanding that the Government of the Northwest Territories is recalling defective KN95 masks. Did these come from supplies purchased by the federal government?

Hon. Patty Hajdu: No, they did not.

Mrs. Kelly Block: Well then, they must have come from a supplier that the Government of the Northwest Territories purchased from based on a medical device establishment licence granted to a supplier by your department. What is the name of the company that held the MDEL and sold the masks to the Government of the Northwest Territories?

Hon. Patty Hajdu: I don't have the precise name. I don't know if officials know the name of the distributor. We can follow up.

Mrs. Kelly Block: Thank you very much for that.

Of the approximate 59 manufacturers impacted by your department's recall of KN95, so far only one MDEL-holder has initiated a recall. Do you expect any more recalls and, if you do, how many?

Hon. Patty Hajdu: I'll turn to Deputy Minister Lucas, who is monitoring the situation.

Dr. Stephen Lucas (Deputy Minister, Department of Health): Indeed, on May 9, Health Canada cancelled the authorization for the importation and sale of a KN95 respirator and, in addition, contacted a number of other MDEL-holders to change the labelling, which does represent a recall in the definition we use to indicate that they don't meet the N95 filtration standards. Relabelled, they could be used as face masks. That process has happened, and we issued, on May 11, a public advisory to that end, in addition to contacting those medical device establishment licence-holders.

Mrs. Kelly Block: Does the department track the use of MDELS?

Dr. Stephen Lucas: We have the information on the MDELS. We ensure that the information provided is accurate. In terms of their use, they're utilized at the provincial level or local level further to the guidance and conditions of use that represent their authorization.

Mrs. Kelly Block: Is there any department that would track importations as a result of the use of the MDEL?

Dr. Stephen Lucas: Of the medical device establishment licences issued... I believe they're manufactured here or imported, so we have the information, and I believe the Canada Border Services Agency has it in regard to the import of those products.

Mrs. Kelly Block: Does the Public Health Agency of Canada have a role to play in the recall of contaminated supplies?

Dr. Stephen Lucas: No. In regard to the regulatory authorization issued by Health Canada, we are the authority that issues recalls or instruction to manufacturers or to medical device establishment licence-holders to change their labelling, as was done in the case of 20 or so MDEL-holders associated with the KN95 masks that didn't meet the NIOSH standard.

Mrs. Kelly Block: Minister, personal protective equipment made by the Guangdong Golden Leaf Technology Development Co. has been delisted by the CDC. Why is this company allowed, or has been allowed, to sell PPE in Canada?

• (1110)

Hon. Patty Hajdu: I'll have to follow up on that question.

Mrs. Kelly Block: Chair, do I have any more time?

The Chair: You have a little bit of time, Mrs. Block, another minute or so.

Mrs. Kelly Block: Almost 60 companies are on the recall list for KN95 masks. How can this many companies be approved to sell masks in the first place?

Dr. Stephen Lucas: These are companies that had achieved a medical device establishment licence on the basis of meeting Canadian or equivalent standards. The further assessment that was done initially in the United States determined that they didn't meet the N95 standard, and as a consequence, information through public advisory and direct contact with the companies was issued on an expedited basis on May 10 and May 11.

Mrs. Kelly Block: Thank you very much.

Mr. Chair, I'm hoping that we will receive responses to the questions they were not able to answer today, in a timely manner.

The Chair: Yes, Mrs. Block. As you know, I always advise the witnesses to please provide the answers that they were not able to provide verbally in writing to our clerk at the very earliest opportunity.

Now we'll go to Mr. Drouin, for six minutes, please.

Mr. Francis Drouin (Glengarry—Prescott—Russell, Lib.): Thank you, Mr. Chair.

I thank the minister for coming before this committee, as well as the staff who are here with us today. I also want to take this opportunity to thank all the front-line health care workers and to thank the minister's department and its staff, who have been working 24-7 on this particular issue. We are living in unprecedented times.

We're on the subject of personal protective equipment and discussing other medical supplies. Minister, I'm wondering if you could explain to us what the role of your department is. How are you working with the provinces to ensure that we get personal protective equipment to our front-line health care workers?

Hon. Patty Hajdu: The department is working full steam on procurement in partnership with Procurement Canada and on supporting, as you heard earlier, licensing for new products developed here or new products that are available in markets elsewhere.

The important piece of work that happened early on was developing a framework for how we would allocate personal protective equipment across the country in a timely way and ensuring that we had a distribution mechanism to get PPE to provinces and territories quickly and fairly, one that allowed us, of course, to hold back the 20% so that we could have emergency supplies if there was a surge in any particular jurisdiction. That formula has worked very well.

I have regular meetings with my provincial counterparts each week, and one of the issues we talk about is PPE. As for the requests that have come forward, we have been able to refill almost all of them. There are some new ones, as always happens, but generally speaking, people are satisfied with how the sharing agreement is unfolding.

Mr. Francis Drouin: Thank you, Minister, for that response.

The other issue we're often hearing in the news is about ramping up testing for COVID-19. What role is your department playing in this to, I'm assuming, help provinces ramp up capacity? Is there any new information you could give to this committee?

Hon. Patty Hajdu: As the member is fully aware, testing is one of the important and integral components to resuming a new nor-

mal. At the federal level, we see ourselves as building capacity for all the provinces and territories to test to their fullest need.

We've been actively engaged with provinces and territories to ensure, first of all, that they have testing approaches that work for them and have the equipment, the reagent and the swabs that go along with the particular approach they've chosen. This includes offering human resources where necessary for the contact tracing that goes along with the testing. We continually have conversations with provinces and territories on additional needs that they might have to meet their own particular targets. Each province and territory has its own testing approach and strategy. We work within the framework of the province that is asking for support.

• (1115)

Mr. Francis Drouin: Thank you.

Mr. Chair, how much time do I have left?

The Chair: You have about two and a half minutes.

Mr. Francis Drouin: That's great.

Minister, we know that obviously every country is trying to work on a vaccine, and ramping up research capacity is important. What has Canada done in terms of trying to help ramp up research capacity in Canada?

Hon. Patty Hajdu: As the member knows, in our last mandate, reinvesting in research and science was one of the pillars of our approach to getting Canada ready for all kinds of things we would face in the future. Thankfully, that investment has allowed us to build. We've invested just over \$158 million in COVID-19 research through the Canadian Institutes of Health Research. Dr. Strong is here with us today, and he has had an active role in ensuring that this money gets out quickly.

I want to thank the research community, the academic community, for coming together to do the peer review necessary to ensure that quality research projects were selected to fund. This work began in early March, so I'm very excited to say the research is ongoing. It's a blend of scientific research on the virus itself, on some of the other impacts on Canadians as a result of living through a pandemic, and on behavioural insights that will help us to support Canadians into the future.

Mr. Francis Drouin: Thank you, Minister.

I believe you said Dr. Strong is with you today.

Hon. Patty Hajdu: He is, yes.

Mr. Francis Drouin: Would Dr. Strong be available to describe the collaboration happening within the research community to ensure we get to that vaccine as quickly as possible?

The Chair: I know it's a tough one to answer briefly, doctor, but I would appreciate a brief answer if you possibly can.

Dr. Michael Strong (President, Canadian Institutes of Health Research): I will be very brief.

There is tremendous collaboration, not only across the various agencies within the government itself—NRC, ourselves, Health Canada and PHAC—as we look at each of these vaccines or approaches, but across Canada. A very integrated network of researchers is bringing together the expertise necessary for this, and very strong international linkages as well, so there's a tremendous effort on all fronts.

The Chair: Thank you very much.

We will now go to Madame Vignola.

[*Translation*]

You have six minutes.

Mrs. Julie Vignola (Beauport—Limoilou, BQ): Thank you very much, Mr. Chair.

My question deals with the study that the Public Health Agency of Canada, the PHAC, conducted to optimize the processes of the national emergency strategic stockpile, the NESS.

Were provincial and territorial stakeholders consulted and, if so, what observations did they have?

[*English*]

Hon. Patty Hajdu: I will turn to my officials to answer the question.

Dr. Namiesniowski.

Ms. Tina Namiesniowski (President, Public Health Agency of Canada): Thank you, Mr. Chair.

I'm not certain which study is being referred to, but we've had a couple of examinations of the NESS, so I was wondering if there could be a bit more precision around which study is being referenced.

[*Translation*]

Mrs. Julie Vignola: According to the “Public Health Agency of Canada 2018-2019 Departmental Results Report”, the PHAC collaborated with various stakeholders in a study to optimize the national emergency strategic stockpile, by modernizing its processes and contents, including in acquiring antiviral drugs and medical countermeasures.

I want to know which provincial and territorial stakeholders took part in that process optimization study and what their observations were.

• (1120)

[*English*]

Ms. Tina Namiesniowski: Mr. Chair, we'll have to do some analysis and get back to provide the committee with some additional detail further to the question that is being asked.

[*Translation*]

Mrs. Julie Vignola: Thank you.

On April 24, the Minister of Public Services and Procurement told the committee that the Public Health Agency of Canada was distributing medical equipment produced in or imported to Canada according to a Health Canada formula negotiated with the provinces and territories, which is based on an 80-20 division.

Briefly, could we please have a few more details about that formula?

[*English*]

Hon. Patty Hajdu: Thank you.

The formula is as you described. As we receive personal protective equipment in a variety of categories, the equipment is distributed based on an eighty-twenty formula and per capita, meaning that provinces get an allotment based on their population and that 20% of the deliveries are held back by the Public Health Agency of Canada so that we have them in case any other particular region in Canada experiences a sudden surge. In that case, we would have the capacity to support that region.

This was agreed upon by all provinces and territories.

[*Translation*]

Mrs. Julie Vignola: Okay.

Let me make sure I fully understand. According to the per capita formula, if there are 100 masks for a province or territory, that province or territory will receive 80 masks and the remaining 20 masks will be kept by the federal government in order to respond to emergencies as they may occur.

Is my understanding correct?

[*English*]

Hon. Patty Hajdu: You did, sort of. If there were 100 masks received, then 80 masks would be distributed across the country to the provinces and territories, depending on their population. If they had a very small population, they might get five masks. If they had a very large population, they might get more. Then 20 of those masks would be stored in the national emergency stockpile, against the potential of an outbreak in another part of the country.

[*Translation*]

Mrs. Julie Vignola: Thank you.

I want to go back to the interim order of March 18, which speeds up the approval process and relaxes some regulatory requirements.

As a result of that interim order, are there any concerns about the quality or the safety of the medical supplies we have received?

If so, what are they and what caused them?

[English]

The Chair: Again, if possible, give a very brief answer, please.

Hon. Patty Hajdu: The short answer is no. In terms of personal protective equipment, unless it's coming from an approved vendor we have worked with before, all items are tested, and Health Canada works very carefully to ensure the safety of all equipment and reviews the approvals of other countries.

The Chair: Thank you very much.

We'll now go to Mr. Green for six minutes, please.

Mr. Matthew Green (Hamilton Centre, NDP): Thank you very much, Mr. Chair.

Is Dr. Tam in that room?

A voice: Yes, she is.

Mr. Matthew Green: Thank you very much.

I am going to put some very direct comments to this committee, but before I begin my remarks, I want to make a personal statement to Dr. Tam. The public comments that were made to you that cast negative aspersions on your professionalism and loyalty were racist in both their intent and their impact, and I believe they contributed to xenophobic attacks across the country. For that, I wanted to make sure that I went on the public record today to say how deeply sorry I am that you had to experience all of that.

Now on to the direct questions. I will ask that there also be a direct response.

Through you, Mr. Chair, to the honourable minister, did the Public Health Agency of Canada warn the federal cabinet at any time in the last decade that the national emergency strategic stockpile was not funded or mandated to amass sufficient levels of medical supplies and equipment to respond to a pandemic like COVID-19?

• (1125)

Hon. Patty Hajdu: Through the chair, I will say that before the outbreak, I had been the minister for a month and a half, so I was just in the process of learning about all the agencies for which I would then have responsibility.

I will say that the agency has been extremely responsive in terms of indicating its needs to multiple governments. In fact, the agency was actually working on renewing and looking at its—

Mr. Matthew Green: Honourable Minister, were you a minister prior to becoming the Minister of Health?

Hon. Patty Hajdu: Yes, I was.

Mr. Matthew Green: Were you ever briefed in the federal cabinet at any time in the last decade that the national emergency strategic stockpile was not funded or mandated to amass sufficient levels of medical supplies or equipment to respond to a pandemic like COVID-19?

Hon. Patty Hajdu: I can't speak to the five years prior to our government. Under the Harper Conservatives, the agencies experienced significant cuts. However, I can tell you that during the five years we were in government we increased funding to the Public

Health Agency of Canada. In 2014-15, the funding was \$637 million. We increased that funding by 6% in 2018-19, when the funding was \$675.4 million.

I say this because that's the nature of how these conversations happen at cabinet. It is rare that a minister would come forward with a specific request about a specific line item. Rather, they would submit those budget proposals to the finance minister and work directly with the finance minister, unless it was changing a program in its specific nature.

Mr. Matthew Green: If I may refresh your memory, on April 1, 2020, at a news conference, you admitted that the federal government likely did not have enough protective equipment in the national emergency strategic stockpile to meet the needs of this pandemic, by saying, "we likely did not have enough. I think federal governments for decades have been under-funding things like public health preparedness".

In your view, has the national emergency stockpile been underfunded for decades?

Hon. Patty Hajdu: I'll refer to my quote. I believe that public health has been underfunded for decades. I believe we don't spend enough money on prevention, and that would include preparedness. I stand by that statement, but I also understand that the national emergency stockpile was never meant to accumulate personal protective equipment but rather other kinds of treatments for all kinds of biological events.

Mr. Matthew Green: Unfortunately, I'm still unwilling to accept that as an answer, but I will go on.

Public Health Agency of Canada whistle-blowers recently informed The Globe and Mail that PHAC did not have a target for the levels of personal protective equipment it should maintain in the emergency stockpile. It didn't know the levels of stockpile the provinces and territories had, and it did not advise other levels of government about how much should be stockpiled.

Dr. Tam, as the chief public health officer, were you aware of this situation prior to COVID-19, and if not, why not?

Dr. Theresa Tam (Chief Public Health Officer, Public Health Agency of Canada): In terms of personal protective equipment, that wasn't the main focus of the stockpile. It was to look at some unique countermeasures like smallpox vaccines, anthrax and other aspects.

In the pandemic preparedness construct, the provinces and territories also have their own stockpiles, and they have their own personal protective equipment, because they use that all the time. It was definitely a small amount; it wasn't a lot. That can potentially help in a very specific situation, but that was not the main focus of NESS. I'm sure we'll learn lessons and people can decide what should be in NESS going forward.

Mr. Matthew Green: Dr. Tam, when I asked Ms. Thornton to provide this committee with the current state of the NESS, given the news reports of the closure of the Regina warehouse and the discarding of millions of items of critical PPE going into COVID, she responded that she didn't have the critical information available, despite having previously asserted in her testimony before this committee that her department had sound logical systems in place for.... That information gap worries me.

As Canada's chief public health officer, are you aware of how much PPE was discarded in the shutdown of three of our previous 11 emergency stockpile locations?

• (1130)

The Chair: Unfortunately, Dr. Tam, we're completely out of time. I will ask you, as I have with other witnesses, to provide directly to our clerk a very fulsome answer to Mr. Green's question in writing as soon as possible.

We'll now go to our next round of five-minute interventions, starting with Mr. Aboultaif.

Mr. Ziad Aboultaif (Edmonton Manning, CPC): Good morning and welcome, Minister and your team.

Many of the KN95 masks on Canada's recall list were tested by the CDC as early as April 13 and had filtration rates as low as 20%, which is significantly lower than Canada's 95% requirement. Why did we okay these suppliers?

Dr. Stephen Lucas: We became aware of the USFDA's revised guidance on May 7 and acted rapidly to assess that. On May 10, we contacted the medical device establishment licence holders to indicate that the labelling needed to be changed, and we issued a public advisory on May 11. On May 9, we cancelled the authorization to one company in regard to the KN95 masks.

That's the chronology of our work.

Mr. Ziad Aboultaif: Three of the suppliers were found to be counterfeit by CDC. Can you name those three suppliers?

Dr. Stephen Lucas: I don't have the specific supplier names here. When information comes to us on false [*Technical difficulty—Editor*] claims or counterfeit materials, our compliance and enforcement officers work on it immediately and take appropriate action, including referral to law enforcement officers.

Mr. Ziad Aboultaif: If I understand correctly from your answer, basically you don't know the names of these three suppliers and there could be more out there. How are you tracking the counterfeit PPE?

Dr. Stephen Lucas: That's not what I said. I said that as information comes to our knowledge, be it information in Canada or from another country, we act on it immediately in terms of identifying the supplier and issuing the appropriate compliance and enforcement action. If there's non-compliance, it's referred to law enforcement officers.

In terms of specific company names, I will follow up with our compliance and enforcement organization to provide that information if it's in the public domain.

Mr. Ziad Aboultaif: What is the difference between not approving PPE and recalling it? Can you explain that process, please?

Dr. Stephen Lucas: We authorize medical devices, including personal protective equipment, based on our assessment or in reference to an evaluation of assessments granted by other regulatory authorities in whom we have confidence.

Certainly, in the Government of Canada's procurement, we test the materials to ensure that they meet standards. If information comes to our attention of products for which a medical device establishment licence has been issued, we act on it immediately, as was done in the case following the USFDA's revised guidance provided on May 7.

Mr. Ziad Aboultaif: Are any non-medical masks being sold to the federal government and being distributed across the country as medical-grade equipment?

Hon. Patty Hajdu: We'll check with procurement about what they have ordered in terms of non-medical equipment. Through my department, the realm that we work in is medical equipment. Anything that's distributed through the Public Health Agency of Canada to provinces and territories has been thoroughly tested or is from a trusted supplier.

Mr. Ziad Aboultaif: Minister, relabelling was mentioned by one of your officials here. Are you aware of relabelling from non-medical equipment to medical equipment? Are you aware of that process within your department, yes or no?

Ms. Tina Namiesniowski: Perhaps I could speak to that issue. That may have been in reference to equipment that is coming from China, in terms of whether or not companies in China have a medical licence that has been granted by the Chinese authorities. That could be in reference to that question.

• (1135)

Mr. Ziad Aboultaif: There was some relabelling happening to non-medical product as medical product, being distributed across the country by Health Canada. Is that correct?

Dr. Stephen Lucas: No.

Ms. Tina Namiesniowski: No. That is not correct.

Mr. Ziad Aboultaif: Are you sure?

Dr. Stephen Lucas: In terms of Health Canada's role as a regulatory authority, we would not issue guidance to have non-medical masks relabelled as medical. Should information that this is occurring come to our attention, we would ensure that appropriate compliance and enforcement action is taken immediately.

Mr. Ziad Aboultaif: One of those factories in China is listed under the list of suppliers under Health Canada, and they have been approved. Some of them are being flagged because of the quality of their product. In reference to that, I will ask the question again: Are you aware of relabelling non-medical products as medical products?

Hon. Patty Hajdu: In answer to the question, everything that we received through the Public Health Agency of Canada that's redistributed to provinces and territories goes through a verification check for safety and quality here in Canada.

The Chair: Thank you very much. I'm sorry, but we're completely out of time.

We will now go to Mr. Weiler for six minutes.

Go ahead, please.

Mr. Patrick Weiler (West Vancouver—Sunshine Coast—Sea to Sky Country, Lib.): Thank you, Mr. Chair.

I'd also like to thank all the witnesses for joining our committee today. Like all Canadians, I am very grateful for the work that you're doing in collaboration with provincial counterparts to help navigate us through this crisis. I'd also be remiss not to thank all of Canada's health care workers for all the work they're doing to help keep Canadians healthy and to slow the spread of COVID-19.

Along with testing, we know that contact tracing is important to get through this pandemic. Minister, how is the Government of Canada working with the provinces and territories to get stronger contact tracing done in Canada?

Hon. Patty Hajdu: You're absolutely right. We know that contact tracing is a critical component. It's not enough just to test someone. In fact, when they are positive, then you have to figure out whom they've had close contact with to stop the spread of disease. We know that contact tracing is time-consuming and labourious and that many public health units are working flat out to do it as well as they can.

At the Government of Canada level, we have reinforced the capacity of provinces and territories to do contact tracing by training government workers in Statistics Canada to support provinces and territories to do that work. In fact, that is being utilized in Ontario and, I believe, Quebec. We will continue to offer that support to provinces and territories.

It is an incredibly important component of stopping outbreaks.

Mr. Patrick Weiler: Minister, you mentioned some of the research being done and the \$158 million that's been invested in that regard. How is Health Canada working with other departments within the federal government on both research on vaccines and treatments for COVID-19?

Hon. Patty Hajdu: I'll give a few brief comments and then I'll turn to the deputy. We are working with many departments, but most profoundly with Innovation, Science and Economic Development on the research and development of products and equipment that can be sourced and created in Canada, but also on vaccine development and therapeutics.

I'll turn to Deputy Lucas to say a few words about that.

Dr. Stephen Lucas: Indeed, building on Minister Hajdu's comments, Health Canada and the Public Health Agency are working with Innovation, Science and Economic Development Canada, the National Research Council and other partners not only to do the fundamental research, as Dr. Strong spoke about, through the Canadian Institutes of Health Research, but also to work to build the manufacturing capacity in Canada to enable that.

Indeed, over \$1 billion in funding has been announced, and investments have been made in companies to support the development of candidate treatments and vaccines.

Mr. Patrick Weiler: That's great.

I know there are at least five distilleries in my riding that are producing hand sanitizer. What work has Health Canada done to get products like hand sanitizer to market faster to address COVID-19 while at the same time protecting the health and safety of Canadians?

• (1140)

Hon. Patty Hajdu: I'd like to thank the officials at Health Canada and PHAC for working so hard during this pandemic to accelerate processes that would sometimes take much longer. In fact, as of May 16, Health Canada has authorized 80 disinfectants, 2,200 new hand sanitizer products and over 1,500 new site licences for over-the-counter drugs and natural health products.

You can see the speed at which the department is working to ensure that the Canadian companies that are stepping up to be a part of this solution, whether with products or with medical devices, have answers quickly.

Finally, I'll just say that the department also works very closely with these manufacturers and developers to make sure that their products can actually receive Health Canada approval. Sometimes it can be a tweak in a process or a slight change to the formulation that is required, but Health Canada has been extremely hard-working to ensure that these hard-working Canadian companies have the support they need to have success on the licensing end.

Mr. Patrick Weiler: Thank you.

Mr. Chair, how much longer do I have?

The Chair: What is the name of your riding, Mr. Weiler?

Mr. Patrick Weiler: It's West Vancouver-Sunshine Coast-Sea to Sky Country.

The Chair: And we're completely out of time.

Some hon. members: Oh, oh!

The Chair: Now we'll go to Mr. McCauley for five minutes, please.

Mr. Kelly McCauley (Edmonton West, CPC): Thank you, Mr. Chair.

Minister, I want to start with your comment about blaming the Harper Conservatives.

First of all, I want to say how disappointed I am that instead of dealing with this very important situation, you used that disgraceful fallback line. I have the public accounts with me, because I keep them with me everywhere I go. The first year the Liberal government was in power, it cut PHAC funding by 10% and then 13%, with an overall drop of 5%. In total, the health ministry has been slashed 12% since the Harper years, so I would ask that you focus on providing true answers to this committee about this pandemic, rather than falling back on disgraceful Liberal talking points about Harper cuts.

Now I want to get to my questions.

Many of the N95 masks on a recall list were tested by the CDC as early as mid-April, and they had filtration rates as low as 12%. Why did we okay the suppliers? They were, again, banned in the States because of faulty masks, and the CDC was notified about this a month ago. Why are their masks still being allowed into Canada?

Dr. Stephen Lucas: Mr. Chair, as I indicated, Health Canada became aware of the U.S. FDA-issued revised guidance on May 7 after—

Mr. Kelly McCauley: Okay. Let me stop you right there. Why did it take you so long to be aware of that, when it was published April 13? I can find it on Google. My staff did. Why has it taken us so long?

Dr. Stephen Lucas: The information provided to us through the testing undertaken and the revised guidance on the utilization of the masks was completed on May 7. We looked at the work done by the National Institute for Occupational Safety and Health and identified the specific medical device establishment—

Mr. Kelly McCauley: I have those documents and they show it's as early as mid-April. I also have those documents from NIOSH. They show that they did the testing and published it in mid-April. Why does it take us so long? Are we waiting to hear from them?

Dr. Stephen Lucas: We worked with the United States Food and Drug Administration, which issued their revised guidance in regard to those masks on May 7. With that information, on May 9 we cancelled the authorization for a company pertaining to KN95 masks. On May 10, we issued letters to medical device establishment holders requesting that—

Mr. Kelly McCauley: Are we waiting for them to contact us? Are we not proactively looking at their website or watching this?

Again, we've looked at all the companies that had the recalls and were banned in the States. On April 13, April 15 and April 20, the information was available. Are we just sitting back and waiting for the CDC to give us this information?

Dr. Stephen Lucas: We are actively looking at sources of information that pertains to the quality of products on the market and are working with other regulators, including the United States Food and Drug Administration, to act on that basis, which is what we did in this circumstance.

• (1145)

Hon. Patty Hajdu: We are also requiring independent testing data now for new KN95 approvals from Health Canada to ensure that we have our own independent testing data.

Mr. Kelly McCauley: On the Healthy Canadians website, the recalls are listed as advisory, but the title and description on the website say “recalls”. Why do you classify the recall as merely advisory?

Dr. Stephen Lucas: In this circumstance, the specific regulatory action for those 20 or so companies was to indicate that they needed to relabel the medical devices. They could still be used, but not in the circumstance that an N95 level of filtration was needed. That relabelling is formally considered a recall. The specific regulatory action requested was to label in accordance with Health Canada direction to ensure that devices are used in an appropriate way.

Mr. Kelly McCauley: Of the 11 million N95 masks that have come in so far, about 9 million, give or take, have been found faulty or substandard or have poor filtration. We've heard they could be used otherwise, as perhaps surgical masks or for other issues.

Who is deciding what they can be used for? We've heard conflicting information from the minister—

The Chair: I'm afraid we are completely out of time for that question, but I would appreciate if you could once again provide an answer to Mr. McCauley's question in writing to our clerk as quickly as possibly.

We'll now go to our last five-minute intervention, in this case from Mr. MacKinnon.

Mr. Francis Drouin: Mr. Chair, I will be taking Mr. MacKinnon's spot, as he asked me to. We didn't get a chance to communicate that.

Minister, I want to go back to the relationship between the provinces and the federal government. How are you getting that particular information, the numbers with regard to personal protective equipment and how that equipment is distributed to different areas of Canada when a certain province requests it? Can you explain to this committee how that is done and how many calls you have per week with your provincial counterparts?

Hon. Patty Hajdu: I think it's not just me. There are multiple levels of communication with the provinces and territories that allow us to have a very quick line of sight into what their needs might be and what concerns they have in terms of their own particular epidemiology.

Dr. Tam, as you know, meets with the public health officers at least once or twice a week, and maybe even more frequently. I'm looking at her, but I know it's a lot. It's three times a week. I have been having twice-weekly calls with my counterparts. I think this week we've had one call. I know that President Namiesniowski connects provincially and territorially as well. So does Deputy Minister Lucas. Through all of those conversations, each with a specific purpose, we are able to gain information very quickly from a variety of different perspectives about what needs might be arising.

In terms of equipment, though, there are also formal requests that come forward in addition to the allotted sharing that we've agreed upon. That request might indicate that a province or territory has extraordinary needs, and then we are able to fill those very quickly.

Mr. Francis Drouin: Thank you, minister.

I have to tell a story. Locally, it's amazing the number of Canadians who've stepped up to produce non-medical masks. I have a lot of constituents who are producing non-medical masks for patients at CHEO. They've been sewing those masks at home and been providing hundreds and hundreds of them daily.

You've mentioned the chief public health officer, who is with us today. As the provinces are starting to reopen their economies, what would be the best public health advice you can give to individuals?

Dr. Theresa Tam: I think the tried and true public health measures still remain. As much as you can, continue physical distancing, washing your hands, covering your coughs and staying home if you're sick. That's very important.

Together with all of the provincial and territorial chief medical officers, we've come to a consensus—really a recommendation—that a non-medical mask or face covering will provide an added layer of protection for you to protect others, or for others who are wearing it to protect you, from respiratory droplets if you can't maintain that two-metre distance or you can't anticipate whether you can maintain that distance. In particular, that would apply to public transport or going to a grocery store, or situations like that, but certainly it's the concept of “I protect you and you protect me”.

The individual provinces and territories, though, do issue their own specific advice to citizens based on the disease activity in their area.

● (1150)

Mr. Francis Drouin: Thank you very much.

Mr. Chair, I will end my questioning there. Thank you.

The Chair: Thank you very much.

We will now go to our two and a half minutes of interventions, starting with Monsieur Barsalou-Duval.

[*Translation*]

Mr. Xavier Barsalou-Duval (Pierre-Boucher—Les Patriotes—Verchères, BQ): Thank you very much, Mr. Chair.

Earlier, one of my colleagues asked about the supposedly medical masks that were actually not so medical but were still sold as if they were. We must also add the Spartan projects that turned out to be ineffective, although they were already on the market. The ac-

tions taken by Health Canada seem very troubling to me. Is Health Canada properly doing its work to protect the public?

I also want to talk about a specific case that concerns me greatly and that has to do with the supply and eligibility of medical systems. It is about a software program. It dates from before COVID-19, but I am sure you will see that it is quite troubling. A company could have obtained public contracts without having a licence for the medical systems. The company is called SCC Soft Computer. It is illegal for it to be selling medical systems.

What is the government doing to ensure that people comply with the requirements? What is the government doing to ensure that there are consequences when a situation like this arises?

I am trying to understand how such a situation could have happened. Have there been any consequences?

[*English*]

Dr. Stephen Lucas: Mr. Chair, as I noted, Health Canada grants regulatory approval for medical devices as well as pharmaceutical products and other health products. In doing that, they're subject to certain conditions. If we find evidence about any of those approved products or products that are on the market without approval, we take immediate compliance and enforcement information, following up as appropriate to remove them from the market or ensure they're being used in accordance with the regulatory authorization. If there's non-compliance, we refer it to law enforcement officers for appropriate action.

In some of the specific examples given, we authorized, for example, the Spartan point-of-care diagnostic test kit, which was subject to further clinical evaluation, and in that context an issue was identified with—

[*Translation*]

Mr. Xavier Barsalou-Duval: Thank you for your answer. I apologize for interrupting you, but I do not have a lot of time left and I would like to be able to ask some other questions.

It is important to protect the public and to ensure that there are no—

[*English*]

The Chair: Monsieur Barsalou-Duval, you have no time. I'm sorry to say that.

Again, for the umpteenth time, if witnesses have not been able to complete their full answers because of time constraints, please do so as quickly as possible in writing to our clerk.

Our final intervention of two and a half minutes will be with Mr. Green.

Mr. Green, the floor is yours.

Mr. Matthew Green: Thank you, Mr. Chair.

Through you to Dr. Tam, in 2006 you co-authored a report on pandemic preparedness in Canada called “The Canadian Pandemic Influenza Plan for the Health Sector”. The document called for the Canadian government to make plans to ensure “a consistent 16-week supply”—which would be “two pandemic waves” of eight weeks—of personal protective equipment, such as the N95 respirator masks, gowns, gloves and face shields, because there would be “shortages” of materials and supplies during the pandemic period.

However, according to PHAC whistleblowers, on February 12, 2020, the NESS included only 94,000 surgical masks, 100,000 N95 respirator masks, 400,000 face shields, half a million gowns and two million gloves. This would be the equivalent of one week of use in Ontario in April.

As the public health officer of Canada, can you tell us why the Public Health Agency of Canada failed to ensure that Canada had a consistent 16-week supply of personal protective equipment prior to the outbreak of COVID-19?

• (1155)

Dr. Theresa Tam: The plan you refer to is the Canadian pandemic influenza plan, which is a guidance document. It is a broad national plan. The guidance was to ask all levels of government to plan for 16 weeks as an appropriate time frame in considering a pandemic, because you could have more than one wave as well.

That is applicable not just to the federal government but also to the health system more broadly as a recommendation for the benchmark. I think that speaks to the health system as a whole in terms of the PPE and the different roles and responsibilities of federal and provincial and territorial governments. That was the recommendation at the time.

As I say, this is an unprecedented global crisis, and we could all, not just the federal stockpile but the provincial ones—

Mr. Matthew Green: Thank you, Dr. Tam.

I need to ask you one last question. Did you warn the federal cabinet at any time in the last decade that the NESS was not funded or mandated to amass sufficient levels of medical supplies and equipment in response to a pandemic like COVID-19?

The Chair: If you could give a yes or no answer to that, Dr. Tam, I would appreciate it.

Hon. Patty Hajdu: Actually, I'll answer that question, because the conversations at cabinet are private, as the member knows.

The Chair: Thank you very much. That will conclude our round of questioning.

I thank you, Minister, and your officials for being here today. I appreciate it. I know you're under a tremendous amount of stress with the time that you're putting in on this crisis. We appreciate any time you can give us. You will undoubtedly be asked back again if we feel there are more questions this committee needs answered.

Committee members, we will suspend for just two or three minutes while we—

Mrs. Kelly Block: I have a point of order, Mr. Chair.

The Chair: Certainly, Mrs. Block.

Mrs. Kelly Block: I'm wondering what the process is that a member initiates when a witness has misled the committee.

The Chair: Mrs. Block, I will have to say that this is something we can discuss off-line. The purpose of this committee is merely to bring witnesses forward to provide testimony. It is certainly within your purview to question or doubt the veracity of some of the comments, questions or answers, but this committee, at least in this format, does not have the ability to determine whether an answer that has been provided is true or not.

Mrs. Kelly Block: What if an answer that has been provided is in direct opposition to an answer that was provided to this committee one week ago?

The Chair: Then you can make that point, Mrs. Block. At this point in time, that's all you would be able to do. You could bring that forward as an example.

Mrs. Kelly Block: Can I do that during this point of order?

The Chair: If you can do it quickly, Mrs. Block, certainly.

Mr. Francis Drouin: I have a point of order, Mr. Chair.

I don't see what the relevance is. There is going to be a debate on this particular issue. If we want to go back and raise some issues that the opposition has also raised that are falsely claimed, we can do that as well. I don't think that's a valid point of order. There are steps that Mrs. Block can take to raise the—

The Chair: Mr. Drouin, if I could—

Mrs. Kelly Block: Thank you very much, Mr. Drouin, but you are not the chair—

The Chair: Please, Mrs. Block.

Mrs. Kelly Block: —so whether or not you believe it is a point of order or not does not matter.

The Chair: Thank you, Mrs. Block, for assisting the chair. I was about to say to Mr. Drouin that I will, as chair, determine whether the point of order is relevant or not, but I have to hear the point of order first.

Mrs. Block, go ahead.

Mrs. Kelly Block: Thank you very much. That's why I asked whether or not it was appropriate to raise a point of order.

Last week, Ms. May directly questioned Sally Thornton about decisions to close so many warehouses back in 2012. She asked the following question:

...was this associated with any budget cuts to the Public Health Agency of Canada? What drove a decision to shut down warehouses in locations you're not able to disclose?

Ms. Sally Thornton answered with the following:

It was not actually related to a specific budget cut, but we do look at ongoing optimization. Our goal in situating where and how many warehouses we have is driven first of all by being able to reach all the communities in Canada within 24 hours. A lot had changed since our initial structure for those nine cities—the transportation, the air, rail and trucking changed—so we were able to have the same reach with facilities in six cities. Closing down the warehouses was just dependent on how much space we needed and where they were, but no, it was not driven by a specific cut.

That is not what we heard from the minister today. I just want to raise that as a point of order.

• (1200)

The Chair: Thank you for your submission, Mrs. Block. The chair will take that under advisement and come back to this committee with any information or any instructions on how to proceed.

Minister, we thank you and your officials once again.

We will suspend for a couple of minutes while we prepare for our next witnesses.

• (1200)

(Pause)

• (1200)

The Chair: We will reconvene now, colleagues. Since we are taking 15 minutes at the conclusion of this meeting for some committee business, I will ask that we have five-minute, four-minute and two-minute interventions, in that order.

First up, with a five-minute intervention, is Mr. McCauley.

The Clerk of the Committee (Mr. Paul Cardegna): The witness had planned to make a five-minute opening statement, Mr. Chair.

The Chair: I'm sorry; you're right. My apologies, Ms. Simpson. You have five minutes for your opening statement. Please proceed.

Ms. Jan Simpson (National President, Canadian Union of Postal Workers): Thank you, Mr. Chair, and all the members of the committee, for giving us the opportunity to present the point of view of our members in these extraordinary and worrisome times.

I first want to acknowledge that I am speaking to you from unceded Anishinabe territory.

Let me start by presenting who we are. The Canadian Union of Postal Workers represents 50,000 workers across every region of our country. The majority of our members work at Canada Post, but we also represent workers in the private sector, such as couriers, cleaners and first responders. In short, our union represents the vital front-line workers who never stopped working when confinement orders were given. I want to salute their work, their courage and their sense of community. It's not easy going to work when you are told a vicious virus is spreading. Also, I want to thank the public for their support.

I will mostly concentrate my presentation on the issues facing our members working at Canada Post, where federal jurisdictions apply. Let's be clear, though, that all the principles of health and safety for workers should apply to all workplaces, no matter the jurisdiction.

Our members are worried about contracting the virus at work. The anxiety level rises when you don't know whether you will put your own family in danger when you return home. We must not treat our front-line workers as though they are expendable.

This is not theory. Up until now we have been made aware of 73 COVID-19 positive cases at Canada Post. The number of CUPW members testing positive for COVID-19 is on the rise. However, our union is encountering barriers in our ability to protect these workers, and that brings me to our first issue.

Our union has a responsibility to our members and a part to play in ensuring their safety at work. We have negotiated provisions in our collective agreements, and there are labour laws as well, that require Canada Post Corporation to fully involve the union's health and safety representatives, from beginning to end and comprehensively, when there is a health and safety hazard present. This is the only way we can assure our members that appropriate measures have been taken to protect them.

We have local joint health and safety committees and a national joint health and safety committee. Involvement and inclusion of these committees on public health agency methods, investigations, recommendations and resolutions have been very uneven from one jurisdiction to another. In some cases, Canada Post and the Public Health Agency don't properly or promptly inform or consult with our joint committees. Documentation from public health that should be shared with the joint committees is not always shared. In some cases, we don't know whether such documentation even exists or has been provided in writing to Canada Post Corporation. Our issue is a combination of Canada Post not doing enough and public health authorities not doing enough.

We know we have a productive part to play in saving lives within our membership and beyond. The government must make sure that the Public Health Agency of Canada collaborates with provincial public health agencies when intervening in a case of COVID-19 in the workplace to include health and safety representatives from the unions. Further, we urge the federal government to instruct Canada Post Corporation to be inclusive and transparent with joint health and safety committees, because lives are on the line.

The second issue I want to raise is the availability of personal protective equipment. At the beginning of the crisis, our members struggled to access the PPE they needed. We understand it was a struggle for everybody, but we had to push management to make sure our members were protected.

The situation is better now than it was before, but to this day we don't know whether the inventory is enough to keep us going. As an example, Canada Post is now providing masks after we had been insisting for weeks, but management is bypassing our health and safety committees to prioritize their distribution. We want to make sure our members are a priority in the procurement plans of the government for all PPE. We know that we are in unprecedented times, but our central point is to make sure our workers are involved at every step in the decision-making. They are at the front lines, so they deserve nothing less.

In conclusion, governments and elected officials have to learn and continue to learn from this crisis. One thing is evident: The state has a strategic role to play.

Canada Post is a vital public service, with infrastructure present in every community. CUPW, for years, has been promoting a diversified role for the post office to better serve our communities and be central in reducing greenhouse emissions. We can use this public infrastructure, as other countries do, to provide check-ins for seniors, deliver postal banking services to underserved communities and electrify the Canada Post fleet.

• (1205)

We call our plan Delivering Community Power. It needs to be part of your discussion as we reopen economic activities.

Thank you.

The Chair: Thank you very much.

We'll now go to five-minute interventions, starting with Mr. McCauley.

Mr. Kelly McCauley: Thanks. I don't know if I need a full five minutes.

Thanks for appearing today, Ms. Simpson.

I have a couple of quick questions. You said there were 67 identified workers with COVID. Did I hear that right?

Ms. Jan Simpson: There have been 73 in total throughout Canada Post.

Mr. Kelly McCauley: Do you know how many are traceable to actual work sites, or are they possibly from households or other contacts? Do you know?

• (1210)

Ms. Jan Simpson: We've been advised that all the cases are from outside, from households, and not from within Canada Post.

Mr. Kelly McCauley: Okay, they are not from within, so they have been providing a safe work environment and have adjusted for COVID if none of it has been contracted at work. That is wonderful news.

You did mention, though, that it's on the rise. When you say the infection is on the rise with workers, was it 50 last week? Can you give me an idea what you mean by "on the rise"?

Ms. Jan Simpson: It has increased throughout time. At first we had zero infections, of course—

Mr. Kelly McCauley: Obviously.

Ms. Jan Simpson: —then we had three or four. Then it went to 53, then 73, so it has been rising steadily throughout the time since the COVID-19 pandemic was declared.

Mr. Kelly McCauley: Okay, but none was from work.

When you talk about PPE, is that mostly required for...? We have a large distribution plant in west Edmonton in my riding. Is it mostly for the inside workers that you are looking for the PPE?

Just walk me through where it is best deployed. Is it inside or for the door-to-door gentlemen? Is it for ladies as well? Is it for the Purolator workers? Where are you trying to get it to, or where is it best focused? Could you just fill me in?

Ms. Jan Simpson: We want PPE for all the CUPW members—those at retail counters, those working inside, the letter carriers who are outside delivering mail door to door as well as to the community mailboxes. It's anybody—

Mr. Kelly McCauley: Okay, it's for everyone.

Ms. Jan Simpson: Everybody needs PPE.

Mr. Kelly McCauley: Is there a priority? Is it the inside workers who would be top priority, or is it just across the board? I'm thinking risk-wise. Who do you think has the highest—

Ms. Jan Simpson: Everybody is at risk of COVID-19, because we don't know where you can catch it or how you can catch it, so everybody should be supplied with PPE.

Mr. Kelly McCauley: That's a fair answer. I'm just trying to educate myself.

Those are all the questions I have. Thanks very much.

The Chair: Thank you very much.

We'll now go to Mr. Kusmierczyk for five minutes.

Mr. Irek Kusmierczyk (Windsor—Tecumseh, Lib.): Thank you very much, Chair.

Thank you very much, Ms. Simpson, for your testimony.

I just wanted to say thank you for the tremendous and dedicated work of our postal workers, especially during these trying times. Not only do they deliver mail and parcels, but they also deliver that invaluable social connection and that social contact as well, and I know that for a lot of communities it provides reassurance and also provides an opportunity for a check-in for some of the seniors and folks who are more vulnerable. I just want to say thank you to all your members for all their hard work through these trying times.

I want to get a sense of the measures that have been taken to protect employees, whether at processing stations or whether, for example, door to door. What are some of the measures that have been taken to protect employees during this period?

Ms. Jan Simpson: As postal workers, we really care about our jobs. As you know, we have been over two years in both the bargaining units without a new collective agreement in place, and they are still going to work every day, making sure the economy is still flowing and making sure that the public can also self-isolate.

We thank you for your appreciation, but we really want a collective agreement put in place for these proud workers.

To the second part of your question, we have what we call local joint health and safety committees and a national joint health and safety committee. We've been speaking with Canada Post on a regular basis, but we need to also ensure that deep cleaning occurs on a regular basis, as well as receiving the PPE I spoke about earlier, and we would also ask the public, for example, to keep a distance from our members who are delivering mail to homes, to wipe down mailboxes and leave mailboxes and community mailboxes open as well.

We've also asked for staggered shifts to occur at the plant so that we can have social distancing within the four walls of the facilities and at the retail counters. Up until Tuesday there have been different hours, and now they have gone back to regular hours. That arrangement would have given the workers time to clean their workspaces a bit better.

Mr. Irek Kusmierczyk: Thank you very much for that.

Are there still signatures required, such as on parcels when they're being delivered, or are there other measures that were introduced for employees who are delivering the mail?

Ms. Jan Simpson: Some of the measures have been modified through consultation with the union to help us not to have to be in such close contact with the public as we deliver the mail through door-to-door delivery as well as to the community mailboxes. Pick-up is happening now at the retail counters, which, as I mentioned earlier, have gone back to their regular hours of operation, so we have to look at trying to get better measures in place.

We have the Plexiglas up right now. We need to get a bit of a thicker one, because we feel that the one that was put up originally is not really enough for our workers at the front counter to feel safe, and possibly get face shields and face masks for them. We need hand sanitizers and wipes to be made available and we need to stagger the number of people who come into the store at the same time.

• (1215)

Mr. Irek Kusmierczyk: Ms. Simpson, I know you've been dealing with two big issues simultaneously: One is that there has been a significant increase in the number of parcels that are being delivered, and at the same time you're dealing with these COVID restrictions and COVID safety measures that are being put in place.

Can you talk about the impact of increased parcel volumes, increased demand, plus the restrictions? What impact is that having on employees and perhaps delivery times?

Ms. Jan Simpson: As we discussed during negotiations, health and safety have always been a concern for the workers. Now, with the increase in volumes, they're almost like Christmas volumes, and even beyond.

Unfortunately, with COVID-19, we haven't been able to hire many temporary workers, because they need to be trained. A lot of temporary workers have been temporary workers for years, and they need to be made permanent, in either full-time or part-time positions, to help alleviate some of the stress on the workers who are doing the extra overtime. People need breaks on the weekends as well, to try to rejuvenate themselves for the rest of the work week.

Mr. Irek Kusmierczyk: I understand.

I know that some of your workers are couriers, drivers, vehicle mechanics and warehouse workers for other private sector companies as well, and not just for Canada Post. Can you talk a bit about what safety measures are in place for those employees and how they compare to the safety measures for Canada Post and Purolator employees?

The Chair: Ms. Simpson, unfortunately we're out of time, but as I have advised other witnesses before on this committee, if you could provide a comprehensive answer to Mr. Kusmierczyk's question in writing to our clerk as soon as possible, that would be greatly appreciated.

We'll now go to Madame Vignola.

[*Translation*]

You have five minutes.

Mrs. Julie Vignola: Thank you very much.

Thank you, Ms. Simpson. I have some questions for you too, of course.

In terms of the safety rules, I know that your employees are serious. They want to ensure not only that they are safe themselves, but that their families and customers are safe as well.

Are the rules and the measures applied absolutely everywhere, even in private sector companies, by which I mean even in pharmacies?

Ms. Jan Simpson: Thank you for your question.

[English]

Even though those workers are not our members, we feel that everybody has the right to feel safe at work. No matter what the jurisdiction is, with the COVID-19 happening right now, the PPE should be supplied to those people working at the Shoppers Drug Mart and the private counters that you spoke about earlier.

[Translation]

Mrs. Julie Vignola: Okay, thank you.

An article published on May 5 said that Amazon had not informed the employees in its Brampton warehouse that a case of COVID-19 had been identified there.

Could you tell me whether Canada Post employees have direct contact with Amazon warehouses? If so, given the rudimentary measures that Amazon uses to manage its employees, its famous point system, I would like to know about the safety measures in place to make sure that no one is infected.

[English]

Ms. Jan Simpson: It's disappointing the way Amazon is treating their warehouse workers by not respecting the COVID-19 process. As soon as somebody is COVID-positive, Amazon should notify those working within and do a proper trace to notify those who could possibly have been in contact. We're disappointed to see that the government gave them this contract while knowing that they had this very bad record for how they treat workers.

Currently I don't think our members are in contact with the Amazon workers, but I can get back to you with a definite answer later on.

Thank you again for your question.

• (1220)

[Translation]

Mrs. Julie Vignola: Is there good communication, at least between Amazon warehouses and your employees, in terms of the identified cases?

[English]

Ms. Jan Simpson: As I said, we don't have direct contact with the warehouses, so I'm not too sure if there's communication. People may know them in their own personal life, but on a business level, we don't have contact with the Amazon workers on a daily basis as such.

[Translation]

Mrs. Julie Vignola: Okay.

Canada Post also has a website, but, as I understand it, it uses the Amazon platform for distribution. Is the Canada Post platform not able to do what Amazon does internally, or was that choice made freely by the government?

What is your vision as an official of the union? Would it have been possible for Canada Post to handle all the operations?

[English]

Ms. Jan Simpson: We have been advised by the ministers we spoke to, as well as the Canada Post representative, that the piece of

the contract that was given to Amazon could not have been done by CUPW members, but again I want to reiterate that we're disappointed that the government awarded this multi-million-dollar contract to a company that has a bad history across the world of not treating its workers properly. To give this kind of financial reward to this company is unacceptable, and we really have to make a better choice when we look at providing contracts so that workers' rights are respected and health and safety are also respected.

[Translation]

Mrs. Julie Vignola: We want that too.

According to Ernst & Young, the current Canada Post model is not viable in the long term without an increase in revenue or a reduction in costs. By 2026, the annual losses will be more than \$700 million. I know that your union has given the government a number of suggestions about revenue and the services that Canada Post provides.

Do you feel that those suggestions can really result in better-quality services that are quicker and cost less?

[English]

The Chair: Unfortunately, we're over time as we speak, so once again, Ms. Simpson, I will ask you to provide an answer to that question in writing as quickly as possible to our clerk.

We'll now go to another five-minute round of questioning with Mr. Green.

Mr. Matthew Green: Thank you very much, Mr. Chair, and I do have to go on the record and say I'm a bit disappointed that we didn't have Canada Post before us today and we didn't have Amazon before us today, but I do deeply appreciate Ms. Simpson for being here to represent her incredible union of postal workers.

On May 1, 2020, the Canadian Union of Postal Workers issued a news release criticizing the pace at which Canada Post took measures to protect employees, including the time it took to provide workers with PPE. The same news release criticized the quality of the masks that were provided to workers.

What is your assessment of Canada Post's communication and its implementation of employee safety measures and leave provisions?

Ms. Jan Simpson: Thank you for your question, Mr. Green.

I too was disappointed that Canada Post and Amazon were not here. I was looking forward to hearing their points of view on the different issues.

In regard to the PPE, it was slow in coming, and it was only, I think, last week that we learned that Canada Post was ordering the masks for all the employees.

We think you need to be proactive, not reactive. Even though Theresa Tam didn't say we needed masks for all employees, the employees were asking for that, as well as for hand sanitizers, wipes, face masks, face shields and even the protective shields that went up at the retail counters.

As part of a big company serving the public on a regular basis, the workers know what they need. By speaking to the local joint health and safety committee, Canada Post would have heard these things and would have been able to order the items earlier on. We asked the government to also put Canada Post on their procurement list and prioritize Canada Post as a company that will receive the PPE in a timely manner.

We don't know how long COVID-19 will go on and how long we need to have the PPE in place, but we need it once more to be proactive and have the equipment in place and not be scrambling at the last minute to get these items for the workers. We want to make sure that the workers who go to work are safe and that the ones who need to be home on any kind of leave are receiving full financial help for staying home.

• (1225)

Mr. Matthew Green: Can you give us an example of the consequences for workers who have poor co-operation with public health authorities?

Ms. Jan Simpson: A lot of times with misinformation—we're all going through this COVID together and we don't know what the outcome will be. Every day we are learning new things, and people have anxiety. They're out there every day dealing with the public and they don't know what the reality is or what their health and safety is.

As we get more information, it needs to be shared in a timely manner and we need to have joint meetings with our committee so they can share the information with the members in a timely fashion so everybody's on the same page and understands the risks that they feel. The reality of working in a plant versus working on the street is very different for each worker.

Mr. Matthew Green: How would you rate your satisfaction with Canada Post's response to your workforce?

Ms. Jan Simpson: It could get better. We know that at different levels there are different communications happening, but we need to have local joint health and safety committees that are actually on the work floor with the workers. That's where the communication has to happen first. Those are the workers who are on the front line and if they're scared and they need PPEs or they have certain questions that need to be answered, they need to be answered as soon as possible to try to alleviate the workers' fear.

Mr. Matthew Green: You mentioned that there may not have been an overlap between Amazon's responsibilities and what your front-line workers are providing. Do you believe that there is growth and room within Canada Post to be able to have a comprehensive logistics system that would safeguard the distribution of

our critical PPEs throughout all levels of government and health agencies across Canada?

Ms. Jan Simpson: I think there's always an opportunity for Canada Post to expand the services they offer and that's why we have Delivering Community Power, which talks about expansion of services. As we reopen the economy, we need to look at how we can expand and make Canada Post a community hub. In some locations, it's the only federal building in the community. I think it can do different jobs and different services.

Mr. Matthew Green: I will probably take up that line of questioning.

Is this a five-minute round or a six-minute round?

The Chair: This is a five-minute round. You have a little less than a minute.

Mr. Matthew Green: I just want to go ahead and appreciate you for being here. In my second round, I'll start fresh with that line of questioning on Delivering Community Power.

Thank you, Mr. Chair.

The Chair: Thank you.

We'll now go to the second round of four-minute questions, starting with Mr. McCauley.

Mr. Kelly McCauley: Great, thanks.

I have a really quick comment. It's remarkable that Canada Post has 60,000 employees, a lot indoors in large but also very worker-intensive situations and not a single COVID case has been traced back to Canada Post. I want to say thanks to both sides—the management at Canada Post for delivering what has turned out to be a great, safe workplace, and also CUPW for working with Canada Post to look after all the workers. It's remarkable to not have a single COVID case traced back to the workplace, despite 60,000 workers.

Ms. Jan Simpson: At this time, there's no tracing back to the workplace. So, yes, we're very happy that our workers are being safe, but we also want to ensure that it stays that way by having open communication and having the local joint health and safety committees involved in every aspect.

Mr. Kelly McCauley: That's what I was saying—it looks as though both sides are doing a wonderful job. So again thanks to both sides. It's a remarkable story.

The Chair: Thank you, Mr. McCauley.

We'll now go to Mr. Jowhari for four minutes.

Go ahead, please.

Mr. Steven MacKinnon (Gatineau, Lib.): Actually, I'm going to take over, if I may, Mr. Chair, for Mr. Jowhari.

The Chair: Please go ahead, Steve. You have four minutes.

[*Translation*]

Mr. Steven MacKinnon: Thank you for joining us, Ms. Simpson.

I have visited the distribution centre. So I know a number of your colleagues, as well as people from the union who work here in Gatineau. I see some of them every day. I must thank all those who work to deliver our parcels and our mail every day.

[*English*]

I do not want to scoop you, Madam President, but I want to point out that the attendance of your members, their devotion to the job, their ability to deliver a record number of parcels through a very difficult period, when Canadians are depending on that distribution, is truly remarkable. I want, through you, to convey our appreciation for the work of CUPW and maybe let you comment on the high volumes that you're dealing with.

• (1230)

[*Translation*]

Ms. Jan Simpson: Thank you for your question.

[*English*]

Like I said before, our members have been over two years without a new contract—the rural and suburban mail carriers as well as the urban workers. They still go to work every day and ensure the public can stay home, the economy can keep growing and we can flatten the curve.

Our members go to work, but they need to be safe when they go to work so they can return home to their families safe as well. They are part of the community. They love the job they do, but they need to be safe. Hopefully they will have a contract in place soon, because our right to strike has been taken away during these last two rounds of bargaining and the workers are still on the front lines working because that's how important keeping the economy going is to us.

Mr. Steven MacKinnon: I want to point out that in addition to COVID we had the floods in Fort McMurray, where I believe, other than a brief interruption, the mail got through. It's just a real tribute to the men and women of Canada Post and CUPW who are devoting themselves to this.

For once I'll agree with Mr. McCauley perhaps and say that it's been a remarkable achievement that we've been able to, in what's been a high-volume period in some very large and sophisticated distribution hubs, stay COVID-free, at least as far as we know, in the workplace.

Thank you for that as well.

Ms. Jan Simpson: We have to thank the local joint health and safety committees because they're there as soon as a case is pointed out. Right away they ask for deep-cleaning to occur, they inform the members what happened and they're able to trace what has happened.

The public health authority's process isn't the best, it's not very inclusive. I feel it needs to improve and maybe have a three-way

call with Canada Post and its members so they're involved from the very beginning of the process.

They also need to come into the workplace, allow the...it's only done over the telephone and that's not acceptable. They need to come into the workplace, talk to the members who are actually affected and also give proper written information on what's happening and how the COVID case is being handled. Even though we are a company under federal jurisdiction, each province has its own practice and it's very different in each province. We need to have a unified practice across the country that can give some security and stability whenever there's a COVID-19 case within a workplace.

The Chair: Thank you.

We will now go to Mr. Aboultaif for four minutes, please.

Mr. Ziad Aboultaif: Thank you for appearing today.

According to guidance from PHAC and the World Health Organization cited on the Canada Post website, “because of poor survivability of coronaviruses on surfaces, there is a low risk of spread from products or packaging shipped over a period of days or weeks. Currently, there is no evidence of COVID-19 being transmitted by imported goods or packages.”

Do you agree with this assessment?

Ms. Jan Simpson: I don't know, I'm not a scientist, but this is what we've been told so I'm following what's being said. We've asked the public to wipe down doorknobs, stairwells and mailboxes and possibly leave their packages outside for an extra day to ensure there's no possible tracing of COVID within any kind of package they receive at their home.

Even if you go grocery shopping or go to any store, this should be done as well. Anything that comes into your home from outside should be wiped down to be extra careful, because we cannot guarantee that COVID cannot be transmitted from anywhere.

Mr. Ziad Aboultaif: That quote is on the Canada Post website.

Do you agree with that assessment, yes or no?

Ms. Jan Simpson: I don't agree. At this time it's what we have, but it's a quote. I don't know, I haven't seen all the information to verify that, so at this time it's a quote.

Mr. Ziad Aboultaif: Yes it is a quote, but it's now on the official website of Canada Post and you represent the union of Canada Post workers. If you disagree with it.... That kind of statement could carry a risk for the people employed by Canada Post whether in warehouses or outside. I'd like you to clarify that. It's very important to pay attention to such a statement, because I'm sure workers of Canada Post and your members will be reading this statement and may work with it.

● (1235)

Ms. Jan Simpson: Like you said, it's on the Canada Post website; it's not on our website.

We know COVID-19 information is changing as we go along. Hopefully, they'll update their website as new information comes along. Like I said earlier, at this time there have been no cases within our four walls through our packages, but we never know what could happen later on. We're hoping it'll stay the same to ensure our workers and the public are safe. You also have to take security measures on your own and make sure you wipe down the packages that come to your own home to ensure there's nothing on the packages, whether they are from Canada Post or from the stores you shop at with your families.

Mr. Ziad Aboultaif: For the last 10 weeks, do you recall whether packages like this coming from overseas or big boxes were being traced back, as being a cause of COVID-19 cases among Canada Post workers?

Ms. Jan Simpson: Not at this time. At Canada Post, anything coming in from the U.S. is held outside for an extra 24 hours before it comes into the facility. This is to ensure that there is no virus.

Mr. Ziad Aboultaif: What does that do with regard to safety, having anything on those boxes, basically any risk?

Ms. Jan Simpson: According to the information that's been provided by the World Health Organization and the Canada Post site, it allegedly stops any kind of spreading of the virus within a package.

Mr. Ziad Aboultaif: As a union, you monitor these circumstances closely. Do you have your own instructions for that?

Ms. Jan Simpson: At this time—

The Chair: Give a very brief answer, please.

Ms. Jan Simpson: —we are following what's been said, but like I said to you before, we have to ensure that all the packages are handled safely. We have wipes for our workers, as well as hand sanitizer, to make sure that they have no opportunity to catch COVID while they are at the workplace.

Mr. Ziad Aboultaif: Thank you.

The Chair: We'll now go to Mr. Weiler for four minutes, please.

Mr. Patrick Weiler: Thank you, Mr. Chair.

I'll be ceding my time today to Ms. May.

Ms. Elizabeth May (Saanich—Gulf Islands, GP): I am so grateful.

Thank you, Mr. Chair.

Thank you to our witness from the Canadian Union of Postal Workers. I also want to extend my appreciation through you to all

the workers at CUPW who have been continuing to work in these very trying times.

I agree with the comments earlier from my friend, Kelly McCauley, that a lot of credit is due to everyone involved. However, I want to pursue a point that you made: that the reality is that, on the ground, every community has a post office and every community has CUPW workers who are eyes and ears on the ground.

Correct me if I'm wrong, but I know there have been a lot of very innovative proposals coming from CUPW for how we could make Canada Post sustainable for the long term, things like pursuing postal banking, as is done in many countries around the world.

I'm wondering if you had included in that what kind of capacity long-term in a pandemic, in a national emergency. I know we included it in the Green Party platform proposal for the future of our post offices, and I think we got the idea from CUPW, so correct me if I'm wrong. What kinds of additional services does CUPW think we could rely on these, essentially, small federal hubs—some large—in every community across Canada for? Is there a long-term lesson post-pandemic about how our post offices can become hubs of PPE distribution, information, checking up on people who are vulnerable, and that kind of range of thinking outside the box of what we usually think Canada Post delivers?

Ms. Jan Simpson: We think it could be a community hub where there's one-stop shopping, for example. Right now, we offer student loan services and some fishing licences.

As well, with the pandemic currently, a lot of the banks are closed. If we had postal banking, which we had until 1968, you would be able to go in there to do your banking and purchase your stamps. A lot of places don't have community broadband. You could have broadband access to Internet services while you're at the post office, as well as charging stations to charge electric vehicles.

With regard to senior check-in services, we do what we call the last mile. With the last mile, you're able to go to everybody's door where other companies like Purolator do not go. You could make sure that seniors are home safe and sound during the pandemic, possibly delivering medication.

It's an opportunity for Canada Post. We can analyze what opportunities were missed by retail services at the retail counters, and from the letter carriers who go door to door or do community mailbox deliveries, as well as from the RSMCs who deliver in the rural areas.

● (1240)

Ms. Elizabeth May: We've had changes made to Canada Post, of course, and in a lot of the more rural areas, we've seen the construction of bulk community postboxes as opposed to door-to-door delivery.

Do you have the information at the tip of your tongue, or can you send it to us, in terms of what proportion of Canadians still receive door-to-door mail delivery?

I'm asking in light of post-pandemic. We know that keeping track of people in their homes becomes particularly important when people are locked down. I think that one of my colleagues mentioned this earlier: the social contact offered by our posties.

What proportion of Canadians still get home delivery of their mail?

Ms. Jan Simpson: I don't have the number right at hand, but I will definitely get back to you within a timely manner so you'll have the exact numbers.

We feel that every home should have door-to-door delivery if they require it, and we're disappointed with how community mailboxes go into areas. We really want to get back to having door-to-door delivery for all Canadians across the country.

Ms. Elizabeth May: Thank you, and to Mr. Weiler too.

The Chair: We'll now go to our final two interventions of two minutes each.

Monsieur Barsalou-Duval.

[*Translation*]

Mr. Xavier Barsalou-Duval: Thank you, Mr. Chair.

From what I read and often hear, postal workers have a lot of work at the moment. Actually, it is said that they have as much work as during the holiday season. The volume is high, and the situation with COVID-19 raises concerns and requires additional measures to be taken to make work safe for the people working on the front lines and needed by the public.

Have any relief measures been implemented to let the staff gain a little balance and take a breath from time to time?

[*English*]

Ms. Jan Simpson: Like I said before, they're offered a lot of overtime because, unfortunately, after two years we still don't have a contract in place for both of the bargaining units I mentioned earlier on. Therefore, we could have fixed some of the problems of overburdening if we had finished the negotiations before the pandemic hit. Currently, with the pandemic in place, a lot of the workers are getting overtime to take the parcels out.

We also have to put measures in place so that people will not overexert themselves and become exhausted doing the work. Therefore, temporary workers have been coming in to help out and overtime is being offered to those who want it.

[*Translation*]

Mr. Xavier Barsalou-Duval: In your opinion, are there enough temporary workers?

Has Canada Post considered hiring retirees to lend a hand?

[*English*]

The Chair: A very brief answer as well, please.

Ms. Jan Simpson: No, we're not looking at calling back retirees. They would have to reapply to be rehired to be a postal worker again

Currently, there are temporary workers who need to be trained to work with the social distancing that needs to be in place so we can ensure that their training is proper. A lot of the times, when we train, you shadow another letter carrier on their route or an RSMC on their route. We have to ensure that social distancing and those provisions are in place.

As I've said before, we need to hire more workers at a higher starting wage as well to keep people working at Canada Post for a long time.

The Chair: Thank you very much.

For our final two-minute intervention, we'll go back to Mr. Green.

Mr. Matthew Green: Thank you very much, Mr. Chair.

Again, I want to share my dismay that we didn't have Amazon here. I say that because my fear, given Ms. Simpson's recent understanding that they need to have higher pay for this work and the fact that we now have Amazon in the mix, is whether there is now a concern at your union that there could be calls for potential increased transfer of your work toward lower-income, lower-labour protection companies like Amazon, given in particular that you don't have a contract. That's really what I stumbled on.

Ms. Jan Simpson: Unfortunately, Canada Post is not really doing transfers right now, where you can transfer from one location to another location. Through collective bargaining, we're able to ensure the work stays with our CUPW members through a consultation. Therefore, we have to ensure that, even if people work at Amazon, they need to be organized into a union. This is what's important, because every worker has a right to join a union, and they need to join a union. We even saw the vice-president of Amazon quit because he saw how badly the workers at Amazon are being treated. That should speak volumes—

[*Technical difficulty—Editor*]

• (1245)

The Chair: I think Ms. Simpson has frozen.

Mr. Matthew Green: I kind of froze on the question a little bit, so that's all fair game.

I do hope that we have, at a future date, the vice-president of Amazon here before us. I do hope that we have, at a future date, Canada Post. I'm still unsure and a little disappointed about why they're not here before us today. Hopefully, I can pick up some of that line of question directly regarding the future prospects of increased privatization.

Mr. Chair, I'll say in my final 30 seconds that back in 2016, as you know, as a young city councillor, I was before this very committee to provide testimony on the need for postal banking. That was a call that I think would provide significant revenues to Canada Post. It's a call that we've had most recently from our MP Niki Ashton that there are viable ways we can use the fact that there are more post office outlets across Canada than there are Tim Hortons.

With that, I will conclude my remarks and thank Ms. Simpson for being before us here today, even if she can't get online.

The Chair: Thank you very much.

Ms. Simpson, I'm not sure if you can hear me now or not, but if you can, I want to thank you for your appearance here today, and I want to thank all committee members for staying within our guidelines for time allocation for the questions.

Ms. Simpson, you are excused, and now, colleagues, I will not need to suspend. We can go directly into committee business.

I want to go over a couple of points first.

First, by now you have all received an updated work plan that our analyst would have emailed to you just prior to the start of this meeting. I'm not sure if you've had a chance to go over it or not, but if you can, I would suggest you try to scan that as quickly as possible because we want to discuss potential future witnesses whom you may wish to bring before our committee.

Second, I'm not sure what's going to happen on Monday. Monday, of course, was scheduled to be the resumption of Parliament. I have no idea whether or not Parliament will be returning in an abridged form, a hybrid form or whether the current sittings of Parliament, which have been mostly virtual with a few in-person sittings, will continue. It depends on what happens on Monday. I'm anticipating, of course, there will perhaps be some vigorous discussions about that. I'm not sure if there are going to be any motions to that effect, but currently we are under the motion that was adopted on April 11. That expires come Monday.

I mention all of this by way of background because we will have to wait to see what happens on Monday to determine how many more of these meetings we'll be having. The normal scheduled end of Parliament was June 19—that's on the parliamentary calendar—but we don't know at this point whether that will still be in effect or not.

So given that, I would suggest that we take a look at the schedule for the next few weeks without getting onto the last scheduled day, June 19. If we could look at meetings up until that time, perhaps even the week of June 12, that might be the best course of action. I'd hate for us to schedule meetings and find out that Parliament has been dissolved or adjourned for the summer, if that is to be the case.

Third, I want to remind people that the time of Monday's meeting has changed. Normally, we meet between 2 p.m. and 4 p.m. eastern standard time. Monday will be between 5 p.m. and 7 p.m. eastern standard time.

Finally, I will turn this over now to our analyst, and Raphaëlle, perhaps you could lead the discussion on the work plan you have distributed.

Ms. Raphaëlle Deraspe (Committee Researcher): Thank you, Mr. Chair.

As members will see, we suggest an additional six meetings. The first two have already been approved by the committee and should take place next week. Then we proposed another four, and I'm going to highlight the changes between version three and version four of the work plan.

For the second last meeting, which will be meeting 13, we added officials from PSPC responsible for the administration of the Phoenix pay system, as suggested by one member, and we also added a 14th meeting, which would be the last, with suggestions from members as well as the two witnesses from Amazon and Canada Post who were supposed to appear today.

• (1250)

The Chair: Colleagues, you now have that revised work plan. I'll open it up for discussion.

Mr. MacKinnon.

Mr. Steven MacKinnon: I have a point for clarity: the Minister of Public Services and Procurement will be asked back explicitly to discuss the Phoenix pay system?

The Chair: May I remind all colleagues that the order of reference adopted on April 11 was that this committee must restrict its study to the government's response to COVID-19.

Raphaëlle, perhaps, given that context, you can explain what you would have the witnesses speak about, if they're coming to talk about the Phoenix pay system? Is there a relationship between that and COVID-19?

Ms. Raphaëlle Deraspe: Yes. Regarding Minister Anand, my understanding is that one member would like her to discuss procurement. Regarding officials from PSPC on the Phoenix pay system, I'm not sure what the relationship is with the current study. Maybe the member who proposed that could speak to it.

The Chair: Madam Vignola, perhaps you could explain your suggestion to bring in someone from the Phoenix pay system and how that relates to the COVID-19 government response.

[*Translation*]

Mrs. Julie Vignola: Actually, it was really to determine the impact of the response to this crisis on other sectors of activity that were already weak. If the committee considers that there is no reason for it and that it can wait, I have no problem. I simply feel that our duty is to prevent rather than to cure.

[*English*]

The Chair: I'm not quite sure if I see the direct relationship, but before I make any further comments, I see a couple of hands raised.

I think Mr. McCauley is first.

Mr. Kelly McCauley: I was just going to say that we're generally fine with the plan that's put forward, recognizing that things may change depending on the negotiations in the House.

The Chair: Mr. MacKinnon.

Mr. Steven MacKinnon: I don't know a whole lot about Mr. Drouin's comment, but I don't think we have a fundamental issue with the proposed witness list either.

I would only say on the Phoenix issue that of course nothing prevents a member of this committee from asking any minister about any issue, really, and to draw a connection between it and the current state of affairs. I'm sure the minister would be happy to answer questions about Phoenix, procurement or anything else if we choose to adopt this.

The Chair: Mrs. Block.

Mrs. Kelly Block: Thank you very much, Mr. Chair.

I would just add that I think this work plan looks good. I would echo Mr. MacKinnon's comments. I'm sure that between now and the time the minister appears before committee, Madam Vignola perhaps could determine further what kind of question she would like to ask the minister on this. I appreciate Mr. MacKinnon's acknowledgement that she would be more than willing to answer any questions that we may have of her.

I am a little confused in regard to your opening comments and what could be happening on Monday. Are you suggesting that we will go ahead with the plan to meet virtually on Monday as a committee, not knowing exactly what may transpire on Monday? Is that your thinking and is it also that potentially we suspend inviting other witnesses to virtual committee meetings, not knowing what may be decided on Monday?

• (1255)

The Chair: No. That's not what I was suggesting at all.

As I mentioned in my opening remarks, the whips have already set the schedule for next week, and we will continue with that schedule. We will also continue with the proposed work plan, if that meets with the approval of the committee, until such time we are advised differently, if we are to be advised differently. All I'm pointing out to committee members is that on Monday things may change, and we have to be prepared for that.

Mr. Drouin.

Mr. Francis Drouin: Yes, this is a little bit on the same sort of questioning that Mrs. Block had. Again, I don't need responses now, but if things change suddenly on Monday and we are back to our regular schedule and the committee will operate in a regular manner, I wonder at this point if it is the will of the opposition to continue with the same sort of study that we're doing on COVID-19.

If not, then I guess we'll find out next week, but I'm just trying to get a sense from Mr. McCauley, Ms. Block, Mr. Green and Madam Vignola just to see whether that's what they want to do for the next three or four weeks.

Mr. Kelly McCauley: I think it's too early to say.

The Chair: Exactly, Mr. McCauley, I agree it's too early to say and all I'm saying is that we may have to adjust our schedule. We may have to adjust the studies that this committee undertakes depending on what happens on Monday. In the interim, we have a work plan that's been suggested. My read of all of the commentary

is that, generally speaking, people are in agreement with it. What I would like to suggest is that if we can have a recorded vote and if we approve the proposed work plan, we follow that until such time as we don't, if that makes sense to you.

Mrs. Block.

Mrs. Kelly Block: Maybe I should know the answer to this. Do we know if the House is sitting on Monday in a similar forum to the way it sat on April 20 when it was supposed to be that we were coming back?

The Chair: I'll ask Paul for his interpretation as well, Mrs. Block. My understanding is that the order of reference of April 11 put the temporary COVID-19 virtual Parliament into place, but Parliament resumes officially on Monday, May 25. We will have to see what happens on that date. I anticipate there will be some motions brought forward probably by the government, but again that's only my opinion. We do know that Parliament has been instructed that it will be resuming on May 25. I anticipate we will not have a large contingent of MPs showing up for obvious reasons, but Parliament itself will resume until such time as motions or orders of reference are passed to amend it.

Again we'll just have to wait and see, Kelly, that's all I'm saying.

Mrs. Kelly Block: Given that we don't know that, we would still go ahead with the meeting at 3 p.m. our time. We presume that whatever proceedings may be taking place in the House on that day would have come to a conclusion and then we can go ahead and start a virtual meeting at 5 p.m. eastern standard time.

The Chair: That's why I'm suggesting we wait and see. One of the reasons I'm sure that the meeting was scheduled for 5 p.m. as opposed to 2 p.m. is to allow the discussions to take place in Parliament. In terms of when we go or what we do from there, I'm quite sure that all four whips will be in constant communication with one another and they will be advising their members accordingly as to how we proceed.

With that, Paul, perhaps we can ask you to take a recorded vote on the work plan as proposed. Following that I would like to make just a couple of quick comments in response to Mrs. Block's point of order from the last round of questioning on the veracity of statements by one of our witnesses.

• (1300)

The Clerk: Thank you, Mr. Chair.

The motion is essentially...for the four committee meetings following the May 29 meeting. The committee has already decided which witnesses they will have up until May 29. For the four meetings following the May 29 meeting, they will invite the witnesses identified on the current work plan for meetings 11, 12, 13 and 14. That's my understanding of the proposal.

(Motion agreed to: yeas 10; nays 0 [*See Minutes of Proceedings*])

The Chair: Thank you very much, colleagues.

Finally, I want to comment on Mrs. Block's intervention and point of order from earlier on. I mentioned during my response to that point of order that I would come back to you with some instructions or advice.

Since we don't know what is going to happen on Monday, my advice, Mrs. Block, is that your point of order should probably proceed through the normal channels. In other words, if you feel that the testimony presented to you and to this committee was misleading, whether it be deliberate or inadvertent, the opportunities you have to deal with that, or to try to rectify that, would be through the normal processes of Parliament, i.e., a question of privilege you raise with the Speaker.

In this committee, under the terms of reference adopted on May 11, we are restricted to dealing only with the motion that was given to us, that is to discuss the government's response to COVID-19 and nothing else. The only exclusion or exception to that motion would be a motion determining witnesses and testimony.

Your point of order is probably best served by sending it through the normal processes. I know your House leadership team will be able to advise you as to the opportunities before you.

As an example, this committee would not be in a position to adopt a report that you may want to put in the form of a motion concerning testimony that was given to us by a witness.

Mrs. Kelly Block: Thank you very much, Mr. Chair.

I appreciate that direction, and I will go back and review the evidence from today—I know it comes in quite a timely way—and determine how I may want to proceed as a result of your advice, and what I read in the testimony from today's meeting.

The Chair: Thank you, all.

Colleagues, seeing no other hands raised, have a good weekend.

We are adjourned.

I'll see you all on Monday at 5 p.m. eastern time.

Published under the authority of the Speaker of
the House of Commons

SPEAKER'S PERMISSION

The proceedings of the House of Commons and its committees are hereby made available to provide greater public access. The parliamentary privilege of the House of Commons to control the publication and broadcast of the proceedings of the House of Commons and its committees is nonetheless reserved. All copyrights therein are also reserved.

Reproduction of the proceedings of the House of Commons and its committees, in whole or in part and in any medium, is hereby permitted provided that the reproduction is accurate and is not presented as official. This permission does not extend to reproduction, distribution or use for commercial purpose of financial gain. Reproduction or use outside this permission or without authorization may be treated as copyright infringement in accordance with the Copyright Act. Authorization may be obtained on written application to the Office of the Speaker of the House of Commons.

Reproduction in accordance with this permission does not constitute publication under the authority of the House of Commons. The absolute privilege that applies to the proceedings of the House of Commons does not extend to these permitted reproductions. Where a reproduction includes briefs to a committee of the House of Commons, authorization for reproduction may be required from the authors in accordance with the Copyright Act.

Nothing in this permission abrogates or derogates from the privileges, powers, immunities and rights of the House of Commons and its committees. For greater certainty, this permission does not affect the prohibition against impeaching or questioning the proceedings of the House of Commons in courts or otherwise. The House of Commons retains the right and privilege to find users in contempt of Parliament if a reproduction or use is not in accordance with this permission.

Also available on the House of Commons website at the following address: <https://www.ourcommons.ca>

Publié en conformité de l'autorité
du Président de la Chambre des communes

PERMISSION DU PRÉSIDENT

Les délibérations de la Chambre des communes et de ses comités sont mises à la disposition du public pour mieux le renseigner. La Chambre conserve néanmoins son privilège parlementaire de contrôler la publication et la diffusion des délibérations et elle possède tous les droits d'auteur sur celles-ci.

Il est permis de reproduire les délibérations de la Chambre et de ses comités, en tout ou en partie, sur n'importe quel support, pourvu que la reproduction soit exacte et qu'elle ne soit pas présentée comme version officielle. Il n'est toutefois pas permis de reproduire, de distribuer ou d'utiliser les délibérations à des fins commerciales visant la réalisation d'un profit financier. Toute reproduction ou utilisation non permise ou non formellement autorisée peut être considérée comme une violation du droit d'auteur aux termes de la Loi sur le droit d'auteur. Une autorisation formelle peut être obtenue sur présentation d'une demande écrite au Bureau du Président de la Chambre des communes.

La reproduction conforme à la présente permission ne constitue pas une publication sous l'autorité de la Chambre. Le privilège absolu qui s'applique aux délibérations de la Chambre ne s'étend pas aux reproductions permises. Lorsqu'une reproduction comprend des mémoires présentés à un comité de la Chambre, il peut être nécessaire d'obtenir de leurs auteurs l'autorisation de les reproduire, conformément à la Loi sur le droit d'auteur.

La présente permission ne porte pas atteinte aux privilèges, pouvoirs, immunités et droits de la Chambre et de ses comités. Il est entendu que cette permission ne touche pas l'interdiction de contester ou de mettre en cause les délibérations de la Chambre devant les tribunaux ou autrement. La Chambre conserve le droit et le privilège de déclarer l'utilisateur coupable d'outrage au Parlement lorsque la reproduction ou l'utilisation n'est pas conforme à la présente permission.

Aussi disponible sur le site Web de la Chambre des communes à l'adresse suivante :
<https://www.noscommunes.ca>