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Chair: Mrs. Karen McCrimmon



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• (1315)

[English]

The Chair (Mrs. Karen McCrimmon (Kanata—Carleton, Lib.)): Good afternoon, everyone. I call this meeting to order.

[Translation]

Good afternoon and happy New Year! Welcome, everyone.

[English]

I'm going to break with a little tradition. Normally, I scale down my opening remarks, as per the direction we've gotten from the House of Commons, but because this is our first session in this new year and there is new technology and new procedures, I'm actually going to do the entire thing. Then from here on I'll just go back and use my shortened version. There are some important changes included in the direction that we've received today from the House of Commons.

[Translation]

Today's meeting is taking place in a hybrid format, pursuant to the House order of January 25, 2020. Committee members will be attending in person or through the Zoom application. The proceedings will be published on the House of Commons website.

For your information, the web broadcast will always show the individual who is speaking rather than the entire committee.

[English]

We're in this new webinar format and they are public committee meetings. I'm hoping that your sign-in process was a little quicker than normal. I was really happy for the extra help from our translators to make sure that all of our equipment was working and that translation is going to work well today.

Also staff are on, but they are non-active participants and they can view the meeting in gallery view.

There is one thing that they asked us to remind you of, and that is that taking screenshots or photos of your screen is not allowed.

We are going to follow the health authorities' guidelines that have been put into place here, whether about distancing or about masks. We're allowed to take off our masks when we're sitting, but if we get up to move around then we must replace our masks and use all of the proper hygiene. I ask that those of you who are here with us in person today adhere to those measures.

Members and witnesses may speak in the official language of their choice. We have some terrific interpreters with us here today.

You have the choice at the bottom of your screen of “floor”, “English” or “French”. You don't need to switch between languages now. If you're going to speak sometimes in French and sometimes in English, the system will automatically switch for you.

You'll also notice that the “raise hand” feature is now more easily accessed with the location on the main toolbar, should you want to speak or alert me about something.

Please, before you start speaking, wait to be acknowledged. It's all about making Zoom work better for us. You know how to unmute yourself. After all these months, I still have to remind myself to unmute the microphone. Isn't that awful?

All comments and questions should be addressed through the chair. Try to speak very clearly and not as quickly as I tend to speak sometimes. It makes the job of our interpreters difficult when we speak really quickly.

We're going to try to keep a consolidated order of questioning. We have, from each party, a list of the members and the order in which they are going to speak. We're going to try to adhere to that as much as we possibly can.

Today we are resuming our study of the impact of the COVID-19 pandemic on Canadian Armed Forces operations. We are very lucky to have two very sought-after witnesses with us to help us.

We have Major-General Dany Fortin, vice-president, vaccine rollout task force, logistics and operations at the Public Health Agency of Canada.

Also with us is Major-General Mark Misener, acting chief of staff, operations, Canadian Joint Operations Command.

We thank you, witnesses. We understand just how valuable your time is and we are very grateful that you can be with us today.

I'm going to allow each of our witnesses a 10-minute opening statement. Then after the two statements are done, we will proceed with rounds of questions.

With that, I would like to welcome Major-General Dany Fortin to address the committee.

Welcome, General Fortin, and thank you for your time.

Major-General Dany Fortin (Vice-President, Vaccine Roll-Out Task Force, Logistics and Operations, Public Health Agency of Canada): Madam Chair, thank you very much.

Thank you for inviting me to discuss the role that my team and I have been playing in the whole-of-government response to the COVID-19 pandemic.

I am Major-General Dany Fortin. As you mentioned, I'm the vice-president of the vaccine rollout task force, logistics and operations, at the Public Health Agency of Canada and responsible for the oversight and distribution of COVID-19 vaccinations to Canadians.

The distribution of COVID-19 vaccines on a national scale is an operation of unprecedented proportions. It became evident early on in the procurement process, as the Government of Canada was identifying vaccine candidates, that the early-to-market mRNA COVID-19 vaccines would have unique handling and storing requirements that would necessitate novel, fit-for-purpose logistical solutions outside the scope of Canada's usual immunization programs.

The particular suite of challenges posed by these novel vaccines lends itself well to CAF organizational skill sets in managing complex large-scale operations, particularly when complemented by the scientific and immunization expertise within the public health domain to form an interdisciplinary team to guide the distribution of many millions of vaccines across the nation.

By way of context for the Canadian Armed Forces and the Department of National Defence augmentation to the Public Health Agency, the team has been operating in its current configuration since November, but the Canadian Armed Forces and the Department of National Defence augmentation to the agency goes back over 10 months. Over the spring and summer months, from March to August, a team of CAF members supported efforts to develop the warehousing and distribution contracts for Canada's large-scale PPE orders.

Early in the fall, additional CAF members and DND personnel were brought in to bolster planning and coordination capacity at the agency and contribute to the creation of a dedicated vaccine rollout task force. The vaccine logistics planning team and the national operations centre for vaccines advance party preceded my November arrival by a month.

My team at the agency currently has 52 personnel. It includes logistics experts, operational and medical planners and specialists, information technology and systems experts, contracting experts and a communications team to prepare me for the engagements. It is focused on all dimensions of COVID-19 vaccine distribution planning, including ancillary supplies and cold chain enabling equipment, as well as the running of the vaccine rollout national operations centre, the central coordination hub for the distribution of COVID-19 vaccines to provinces and territories, as well as to federal jurisdictions.

The mandate of the national operations centre includes the coordination of vaccine orders from federal, provincial and territorial

partners to the manufacturers; the coordination with the federal logistics service provider for the transport and distribution of vaccines to vaccine delivery sites across Canada as identified by provinces and territories; the coordination of delivery of ancillary supplies and enabling equipment from the agency's national emergency strategic stockpile; and ensuring the timely and transparent communication between partners and stakeholders, including vaccine manufacturers and logistics service providers, is maintained to enable efficient operations.

The team's work revolves around the planning and coordination of the practical aspects of the COVID-19 vaccine distribution. Throughout November and December and now into January, we implemented a deliberate and phased approach to COVID-19 vaccine readiness. This provided us with the opportunity to assess and begin scaling up the cold chain capacity across Canada and to roll out the training, ancillary and enabling equipment.

My team helped strengthen the distribution plan by introducing risk mitigation tools. Through a series of established exercises and rehearsals, we collectively stress-tested the vaccine distribution plans, verified their effectiveness, identified the challenges and established contingency plans.

● (1320)

In light of the unique cold chain requirements of both Pfizer-BioNTech and Moderna, this approach ensured that the initial capacity to receive, store and administer the vaccines at the provincial and territorial level was appropriate for the limited supply expected in phase one or the first quarter. These efforts culminated in an early vaccine rollout mid-December.

Our planning and execution, at every step, has been done in close collaboration with all stakeholders—federal, provincial, territorial, and indigenous partners, as well as industry stakeholders—to ensure that vaccines continue to be delivered efficiently and safely to all regions in Canada.

The quantity of doses arriving in Canada will continue to grow. We expect that shipments from Pfizer-BioNTech will accelerate in the latter half of February and through March to reach their Q1 commitment of four million doses. We also expect over one million doses of Moderna in March to reach their commitment of two million doses by March 31.

This will set the stage for the large scale ramp-up we anticipate in the second quarter of 20 million doses of approved vaccines, with the potential of even more as additional vaccine candidates are authorized by the regulators at Health Canada, and supply becomes available.

We are working to build capacity within the Public Health Agency of Canada and to support efforts across the provinces and territories to ensure the success of Canada's COVID-19 immunization campaign, and to set the conditions for a more robust institutional capacity to face future pandemics.

While we focus on this mission, we are working to identify key capabilities and functions currently being provided by Canadian Armed Forces and Department of National Defence members on the team so that appropriate human resource planning can occur at the agency to ensure the continuity of COVID-19 vaccine distribution to Canadians.

In conclusion, the CAF members and DND personnel assigned to this mission are proud and humbled to be part of this whole-of-nation effort to support Canada's COVID-19 immunization strategy.

With that, I will say thank you very much, and I will now hand it over to General Misener.

• (1325)

The Chair: Thank you very much, General Fortin.

General Misener.

[*Translation*]

MGen Mark Misener (Acting Chief of Staff, Operations, Canadian Joint Operations Command, Department of National Defence): Madam Chair, thank you for the opportunity to appear today to discuss the role that the Canadian Armed Forces is playing in the whole-of-government response to the COVID-19 pandemic.

[*English*]

I am Major-General Mark Misener, chief of staff to the commander of the Canadian Joint Operations Command.

I will focus my remarks today on how the CAF operates to support this whole-of-government plan, the role of CJOC in this operation and our support to the COVID-19 vaccination plan.

At CJOC, we are responsible for the command and control of Canadian Armed Forces operations, whether domestic or international. In that sense, we are the action arm for the Canadian Armed Forces COVID-19 response, as we support the government in delivering on the support requested from federal, provincial and territorial governments. This also includes the planning needed to undertake these operations.

In close collaboration with the Public Health Agency, the Canadian Armed Forces initiated Operation Vector, our support to Canada's vaccine distribution. There are three key components to this operation.

The first is supporting the Public Health Agency with planning assistance. This includes support to the national operations centre, the warehousing of PPE and equipment, supporting provinces and territories with planning, and if required and requested, assisting the provinces with their own vaccine distribution plans.

The second component is maintaining a robust ready force comprising sea, land and air force elements. These elements also support other government departments in order to streamline communications that are integral to all government contingency planning.

The third is vaccinating our own CAF members as our allocations are provided, including our members deployed overseas.

[*Translation*]

As the Canadian Armed Forces, or CAF, planned Operation Vector, it was important that our tasked personnel came from the local communities to the extent possible, both to minimize movement between communities and to draw from their deeper understanding of the local situation on the ground.

Operation Vector is maximizing the use of our Reserve Force and the Canadian Rangers to respond to demands, so as to keep CAF members' movement as low as possible and thus reduce the risk of spreading the virus.

[*English*]

The types of tasks anticipated range from assisting with planning and coordinating the transport, storage and distribution of vaccines, to assisting local communities with setting up vaccination clinics.

To date, we have seen requests to move equipment, such as the transportation of freezers to the territories in the north, and, in preparation for the receipt of the vaccine, assisting in the transportation of Canadians in remote parts of our country to vaccine clinics as well as assisting with the set-up of vaccine clinics themselves.

As for vaccinations for CAF members, we've already received an initial allocation of vaccines for our military health care workers and are fully part of the national plan. As the availability of vaccines in Canada ramps up, the CAF will conduct our internal vaccination plan to ensure our members are safe, better prepared to operate in the COVID environment and will not transmit the virus to the Canadian population at home or to our allies and partners abroad.

• (1330)

[*Translation*]

The CAF has supported Canadians throughout the pandemic and remains postured and prepared to do our part alongside other departments, partners and Canadians in the vaccine distribution effort.

[*English*]

In fact, as part of Operation Laser, the Canadian Armed Forces are currently providing vital assistance and care to northern and isolated communities. The Canadian Rangers also continue to be active across Canada, providing assistance to northern and indigenous communities as required.

[*Translation*]

Madam Chair, I would now be pleased to take your questions.

[*English*]

The Chair: Thank you very much for that, General Misener.

With that, we will start our rounds of questions with Mr. Bezan.

Mr. James Bezan (Selkirk—Interlake—Eastman, CPC): Thank you, Madam Chair.

I want to thank you, witnesses General Fortin and General Misener, for the incredible work you're both doing on battling COVID across this country. There's no question in my mind that rolling out this vaccine and dealing with the pandemic would not be possible without the brave men and women in our forces. The skill set you guys bring to the job, the command, the control, the leadership and the delivery of services are, bar none, the best in the world. Please pass on our thanks and gratitude to all the members of the Canadian Armed Forces whether they are working on Operation Laser or Operation Vector, or they are deployed overseas, or they are standing ready here at home. They are all doing their part to keep all of us safe.

General Misener, you were talking about our troops and their getting vaccinated. We heard reports earlier this week that in the last month 250 members of the Canadian Armed Forces have been infected with COVID-19. Can you tell us quickly whether or not they became ill through community exposure, while in service in long-term care homes, or in helping our indigenous populations in northern communities, or if they were deployed overseas and became infected through that stage? Also, I hope each and every one of them has been able to recover from their illness.

MGen Mark Misener: Thank you for the good wishes, which I will pass on to the members of the Canadian Armed Forces.

In response to the question, obviously, the health, welfare and security of our members are very important. We follow PHMs, and we definitely take advice from the Surgeon General and our command surgeon as we implement not only our public health measures but our layered risk mitigation measures.

In response to your question, we have a very low percentage of people who have contracted COVID-19 compared to numbers in the general population. I can confirm from the information I know that it has been mainly through close contacts with family members and things like that and less so through conducting their duties.

Mr. James Bezan: Thank you, General. I appreciate that. Again, please pass on our best wishes to everyone for a quick and speedy recovery.

I know that some of our colleagues are probably going to ask you questions about vaccinating our troops before they deploy, but I do want to go to General Fortin on the issues surrounding vaccine availability.

You were on the news yesterday talking about the complications of doing vaccine distribution across this country as part of Operation Vector because of the reductions in supply coming from Pfizer.

Today we learned that Moderna has now also decreased supplies. The Pfizer reduction puts us behind schedule by the end of February. The numbers I'm reading in the news show that we are 845,000 doses of vaccine short. Now with the Moderna reduction, that's going to put us at over a million doses behind the eight ball.

General Fortin, how are you going to be able to provide that logistical support to the government, which has been so inept at being

able to get its hands on doses at the same rate that 20 plus other countries around the world who are way ahead of us in the vaccination process have?

• (1335)

[*Translation*]

MGen Dany Fortin: Madam Chair, I thank the member for his question.

[*English*]

To start off, I would like to point out that the manufacturers are dealing with new products and with production challenges, and that we can expect fluctuations in their production.

We certainly have experienced a bump in the road with the recent reduction in what we can hope to receive from Pfizer during a period of about four weeks.

Pfizer assured us that we are to receive four million doses by the end of March and they continue to assure us of that. Moderna assures us that they will provide two million doses by the end of March. As we get closer to that deadline, there is more and more pressure on all of us to provide the right quantities.

I want to assure Canadians that we are working extremely hard with the manufacturers and with all the stakeholders to have as efficient a rollout as possible. We are dependent on what the manufacturers are able to produce with a new technology and a new type of vaccine, with the global demand or global market that is putting pressures on everyone.

I remain committed to providing as clear a picture to Canadians and to this committee and other committees as possible with regard to what we can expect and when and to working very closely with all stakeholders.

Mr. James Bezan: Thank you, General Fortin.

I'll go back to you, General, because the thing that Canadians are looking for is clarity. You saw some polling numbers today. They're getting more and more concerned about whether or not they will have access to these vaccines. As you just mentioned, a lot of this is dependent upon the manufacturers and the contracts we signed. We know that the Johnson & Johnson vaccine is shown to be only 66% effective on one dose. That was in the news in the last couple of days as well. Whether or not that receives approval by Health Canada is another issue.

On the projection, on trying to get to where the Prime Minister has said, where all Canadians will be vaccinated by September, is that dependent upon the ability of vaccine companies to deliver? Outside of Pfizer and Moderna, is that including any other manufacturers to provide vaccines to Canadians?

MGen Dany Fortin: Canada has contracts with Pfizer-BioNTech and Moderna for a total of 80 million doses this calendar year. Right there, with those two approved vaccines, we have sufficient quantities to vaccinate all Canadians who wish to get a vaccine.

Mr. James Bezan: That's as long as they all get delivered, because we do know that the EU, as the Americans are already talking...them first, us last. So that is still contingent upon them providing vaccines without having reductions happen because of internal politics.

MGen Dany Fortin: It is entirely dependent on us receiving vaccines. Absolutely. Now, despite the immediate challenges, we expect to have six million doses by the end of this quarter and another 20 million of those two approved vaccines in the next quarter. That represents a significant jump and poses some challenges. We're working through that with provinces.

In the summer we can expect the larger chunk of the remaining 54 million doses. Our planning assumption is that 45 million will be made available for the summer into the early fall period. That's why we are confident that, based on those estimates, having received the majority of those 80 million approved vaccines, we will have sufficient quantities for all Canadians who want to get vaccinated to have access to a vaccine.

The Chair: Thank you very much, Mr. Bezan.

We will go on to Mr. Baker, please.

Mr. Yvan Baker (Etobicoke Centre, Lib.): Thank you very much, Chair.

Thank you, General Fortin and General Misener, for being with us today. I'd like to extend my thanks, on behalf of my community and my caucus, for your service, particularly at this critical time during COVID-19 as you help Canada fight COVID-19 through vaccinations, through Operation Laser and through a number of different ways. Thank you for that, and please pass that along to your teams as well, if you would.

I'd like to return to an issue that is close to my heart, close to many people in my community and I think close to many Canadians. That's the issue of long-term care. I'll direct my question to General Misener first.

In Etobicoke Centre, the community I represent, we lost 42 residents to COVID-19 at the Eatonville long-term care centre. This is one of the homes where Canadian Armed Forces personnel served in the spring. First of all, I'd like to once again extend my thanks to the armed forces for serving in all of the long-term care homes that personnel served in, but particularly those CAF members who cared for and saved the lives of constituents in my community in Etobicoke Centre. I'd also like to thank the CAF for preparing the report that was made public and that described horrific and abusive conditions at a number of long-term care homes where they were posted. I think that report is important, because it enabled awareness that led to advocacy and the federal government committing to national standards for long-term care. When implemented, those will make a difference for generations of seniors.

The current situation, however, is dire. Despite the above service that I talked about, despite the attention that was given to long-term care during the first wave, not enough was done—I'll speak about

the context in Ontario—to learn the lessons from the first wave of the pandemic and protect our seniors during the second wave of COVID-19. In Ontario right now, approximately 256 long-term care homes, which is 41% of all long-term care homes in the province, are in outbreak. In Ontario, public health authorities project that more residents are projected to die of COVID-19 in the second wave of the pandemic than in the first.

To me, this is beyond reprehensible. The lack of action to protect our seniors in long-term care in the second wave, given what we knew from the first wave, is beyond reprehensible. Of course, it's also disappointing to me that the Ontario government has refused to work with the federal government and other provinces on national standards for long-term care. To me, this is the only way to ensure that, over the long term, seniors in long-term care get the care they deserve and we address the issues that were raised in the report prepared by the Canadian Armed Forces.

To your knowledge, General Misener, has the Ontario government requested assistance from the Canadian Armed Forces to help in long-term care during the second wave of the pandemic?

• (1340)

MGen Mark Misener: I'll begin by acknowledging that many people are suffering with COVID, especially in long-term care facilities, and by thanking the speaker for the comments on the Canadian Armed Forces contribution to long-term care facilities during wave one.

In response to your question on the Canadian Armed Forces, we're ready to respond wherever and whenever the government needs us to help protect Canadians. The defence team is part of a national response to help minimize the impacts of the pandemic. In a crisis, when civilian capacities are overwhelmed and the CAF are called to assist, we do so in support of civilian authorities to help stabilize the situation in the shorter term, providing time for resources to be put in place as necessary by civilian authorities.

We're capable of conducting simultaneous operations, including responding to COVID-19 and natural disasters, as well as other activities necessary for the defence of Canada and its interests. We continue with our critical tasks right now, such as training and recruiting operations, and we are prioritizing our efforts to ensure we're prepared to provide assistance when asked.

The CAF, as a force resource and trained for its military role in the defence of Canada, is able to support civilian authorities with general duties as well as to provide certain specialized capabilities if and when required. That said, our resources are finite, and CAF assistance is prioritized and managed in scale, scope and duration in close collaboration with federal, provincial and territorial partners. Meanwhile, we rigorously apply public health measures and risk mitigation measures as we implement them.

To date, I guess in response to your question, we haven't received a direct request to support Ontario in long-term care facilities, but we are very closely coordinated within our regional joint task forces with the planning that is happening with respect to the response to the COVID distribution and are providing support to Ontario in other areas, including in their distribution plan for northern and isolated communities.

• (1345)

Mr. Yvan Baker: Thank you, General.

The Chair: We will go now to Monsieur Brunelle-Duceppe, *s'il vous plaît*.

[Translation]

Mr. Alexis Brunelle-Duceppe (Lac-Saint-Jean, BQ): Thank you, Madam Chair.

I would like to thank major-generals Fortin and Misener for appearing before us today, despite the important work they do every day.

I assume that your troops and you are proud of the work done, and with good reason. I want to thank you once again for Operation Laser, as Mr. Baker nicely stated earlier, even though he tried to do a bit of politics by talking about your report on Canada-wide long-term care standards. In that report, you point out that there were many standards, but that they were not being met owing to labour shortages. Once again, this proves that the health transfers provinces are calling for must absolutely take place. That's the first thing.

I would now like to ask you how many vaccine doses the Canadian Armed Forces has delivered in Quebec and the provinces so far.

MGen Dany Fortin: Madam Chair, I thank the member for his question.

So far, we have delivered more than 1.1 million doses of the Pfizer-BioNTech and Moderna vaccines. The vaccines are distributed to locations identified by the provinces and territories, which then administer them at their own pace, according to their capacity and immunization plan.

Mr. Alexis Brunelle-Duceppe: Thank you.

I assume you have weekly plans for vaccine distribution.

MGen Dany Fortin: We do have a plan for distributing Pfizer-BioNTech vaccines, which are delivered on a weekly basis. As for Moderna vaccines, they are delivered every three weeks. They are distributed in close cooperation with the provinces and territories, which administer them according to their own plan because that comes under their jurisdiction.

Mr. Alexis Brunelle-Duceppe: That's exactly right. So I assume, as Mr. Bezan pointed out earlier, that the recent announcements must have led to some delay in terms of distribution, which occurs weekly.

MGen Dany Fortin: That's right. We have a four-week delay when it comes to Pfizer.

Pfizer assures us that other countries are going through the same situation as us, and in equal measure. We are of course unable to verify that, but we know that other countries are also affected by the changes made to the company's production chain.

As for Moderna, that's a new change. We are talking about a 20% reduction in what should arrive next week.

Mr. Alexis Brunelle-Duceppe: Okay.

Did your distribution plan contain some sort of a buffer measure? Did you anticipate that delays may occur, sooner or later?

MGen Dany Fortin: Madam Chair, when developing our plans, we looked closely at risk mitigation measures. We considered a host of factors that could come into play, such as a warehouse or a production site potentially being compromised.

Of course, we did not anticipate Pfizer's announcement to have such an impact, and for a period of four weeks. That has a fairly significant short-term impact on distribution, and I realize how disappointing it is and to what extent clinics are suffering the consequences. However, everything leads us to believe that we will be able to considerably increase the distribution over the next few weeks.

• (1350)

Mr. Alexis Brunelle-Duceppe: So you are still optimistic, and you believe that this will definitely not have a major impact, given Pfizer's promises.

MGen Dany Fortin: Madam Chair, I am optimistic, but cautiously so.

Mr. Alexis Brunelle-Duceppe: I understand you.

At the end of the day, the provincial vaccination objectives are set based directly on what the federal government promised to deliver, I assume. Is that right?

MGen Dany Fortin: That's right, Madam Chair. This is the result of extensive coordination among the provinces, territories and various stakeholders.

It is important to note, I think, that provinces and territories are used to carrying out an immunization plan for vaccines that are stored at temperatures between 2 degrees Celsius and 8 degrees Celsius, in accordance with their own systems and through the usual distribution networks consisting of pharmacies, private clinics, and so on.

However, the currently approved vaccines are completely new and come with particular requirements that require a centralization of efforts when it comes to purchasing and distribution power. Provinces are invited to closely coordinate their own plans and to align them with what can be supplied.

I also encourage the provinces to go through the federal government as much as possible for distribution, so as to facilitate their own distributions.

Mr. Alexis Brunelle-Duceppe: I assume that, as you just said, the coordination effort is massive. This is unprecedented. It is completely new, since you built it from scratch. So I want to congratulate you once again on the work you are doing.

When it comes to coordination efforts, the provinces are aware of your distribution plan from beginning to end because you have shown it to them, I assume. Is that correct?

MGen Dany Fortin: Madam Chair, we have very frequent discussions with the provinces and communicate with them in writing on a daily basis, and we regularly share our allocation and distribution tables.

Of course, we are doing all this based on data that, according to indications, is relatively definitive and comes from the manufacturer, and on planning data that is to be used with a grain of salt. As we have heard again today, distribution plans can change.

Mr. Alexis Brunelle-Duceppe: Thank you very much.

The Chair: Thank you very much.

[*English*]

Mr. Garrison, please.

Mr. Randall Garrison (Esquimalt—Saanich—Sooke, NDP): Thank you very much, Madam Chair.

I want to join my colleagues in thanking the Canadian Forces for the contribution they've made in the fight against the COVID pandemic, in particular for the assistance they've provided in long-term care homes in Quebec, Ontario and Manitoba, and, of course, General Fortin's team in the distribution of vaccines.

I want to start with a question to General Fortin. However, I'll make some remarks about the context to keep myself from asking would-have, could-have, should-have questions, which are clearly beyond his wheelhouse.

We're in a situation where Canada has lost the capacity to produce vaccines in Canada due to decisions by governments that precede this one. We're also in a situation where we have not provided as strong support for research and development as we could have provided for vaccine development in Canada. Finally, there were discussions last summer about the contracts that we were negotiating. They would include the right to produce vaccines in Canada, or a condition that some of the vaccines be produced in Canada. The Prime Minister was talking about that in August and then walked that back in November. I don't want to ask any of those things of General Fortin.

What I want to ask about is our relationship to the pharmaceutical companies that are providing the vaccine. This morning, AstraZeneca released highly redacted versions of its contract with the

EU. That contract says that they will make best reasonable efforts to provide vaccines in the quantities stated in the contract.

General Fortin, is your understanding of these contracts that they are contracts for delivery of vaccines by a certain date or that they are contracts only for best reasonable efforts to deliver vaccines?

MGen Dany Fortin: It is a complicated answer.

First, I cannot answer in sufficient detail on the issues of procurement. What I work with are the vaccines that have been approved, that we have contracts for and that I know are coming to Canada. That is my wheelhouse: coordinating the distribution.

What I can tell you is that Canada has agreements with seven manufacturers. The approval for the remaining five are at different stages. I am not tracking the detail of the contractual arrangements; that would be a question for Procurement.

• (1355)

Mr. Randall Garrison: So you're in the situation of simply getting notices from the vaccine manufacturers of what they will provide by a certain date and then dealing with those notices. We don't really have any recourse under these contracts other than to accept what is promised on whatever dates they're promised.

MGen Dany Fortin: Those discussions are very much ongoing. We have discussions often with the manufacturers on the details of the shipping for the immediate and the mid-term. We also have discussions at tables where Procurement Canada is also in a position to discuss its own areas of responsibility with the manufacturers. It's a joint effort.

With regard to my team, I really focus on what's been contracted, what's in the first quarter, for this instance. We have planning figures for the next quarter. As those manufacturers experience the expected challenges and fluctuations in production, they constantly keep us informed. We have to go with information that they provide to us, with the full expectation that they are being as transparent as they can be.

Mr. Randall Garrison: Of course, you have my full sympathies for the difficult situation you're dealing with there, but I think everyone will understand why members of Parliament are concerned. These aren't contracts in the normal sense of the word. Certainly the president of AstraZeneca said they're not. They are contracts for reasonable efforts, they're not actually contracts for delivery, and that leaves Canada in a very vulnerable situation.

Let me turn to another aspect of that, and it is where the vaccines are coming from. Certainly Pfizer is producing in the United States and in Belgium. There have been indications from both the United States and the EU that they may possibly wish to limit exports of those vaccines.

In those discussions, are we having any discussions about where the vaccines are being produced at this point, given the threats to disrupt distribution of vaccines by the U.S. and the EU?

MGen Dany Fortin: I can comment on the vaccines that are currently approved. They are produced in Europe, and they are shipped from Europe to Canada through various means. Some of those products are also manufactured in the U.S. and other locations. At the current time, the U.S. production is aimed at the U.S. market.

Minister Anand at PSPC is very much engaged with the manufacturers, as she has indicated a number of times, to bring forward quantities into earlier quarters and to also look at diversifying as much as possible the point from where those vaccines come to reduce the risk. I think we're all very focused on what we learned this week from the EU and the executive order in the U.S. and what that could mean. There are a number of variables at play here, and they're all being considered to the best of our ability.

The Chair: All right. Thank you very much.

We will move on to Mr. Dowdall, please.

Mr. Terry Dowdall (Simcoe—Grey, CPC): Thank you, Madam Chair.

I as well want to take the opportunity to thank General Fortin and General Misener for their dedication and commitment to this great country of ours.

I read this morning a report that came out from the Angus Reid poll and basically showed that Canadians' confidence in the government's vaccine plan had declined from 58% to 45% in the past six weeks. That's certainly not a positive trend, and we need to do better. Just 36% of Canadians now say they feel that the federal government has done a good job in securing sufficient doses for the population, and that's down 11 points from December, while the number that says "not so good" has more than doubled.

General, I certainly don't envy the position you are in. I have every confidence in your ability, and I certainly have more than enough confidence in the men and women of our Canadian Armed Forces to deliver every vaccine you are provided. I am very proud to represent CFB Borden, which is in my riding.

I have a few comments that I've also heard from some other individuals here in talking about long-term care homes. There was a bad outbreak in Barrie, just beside me in the next riding over, and one in Bradford as well.

Certainly, the conditions aren't that great, and I think we've learned that over our studies, to show that we can improve upon our seniors' homes, but there is one thing we can do—and we can do now—to help these people. Really, the onus here is that instead of blaming others, we need to have a mirror and look at ourselves. We need vaccines for these people. We can deal with those issues later. That's number one.

My question comes from the calls that I have received this week. There were quite a few because of the area I'm representing. There is concern from a lot of the front-line workers, from the nurses and from whoever is working in the seniors' homes. Some of them have received their first vaccine dose, and now they're waiting for their

second. With these backups that we're seeing today, do you know how many people now are waiting for that second dose?

The follow-up question would be this. General, is there a plan for how we're going to deal with the fact that over that time period when people are supposed to get the vaccine if it perhaps goes past that point in time...? Will that change your whole rollout of how you're going to get the vaccines out to people? They'd almost be obsolete, perhaps. I'm curious to know if you could give me some insight into that.

• (1400)

MGen Dany Fortin: I understand that the immunization programs in provinces and territories depend on the supplies. We do everything we can to bring supplies in country. There is no strategic reserve. There's no pool of vials or vaccine doses that we're holding onto to cater for shortages in one particular area faster than another to ensure that we don't have a gap between the first and second dose that is beyond what the national advisory committee on immunization has issued in terms of guidance. All doses that arrive in country are pushed as effectively as possible, as rapidly as possible, to provinces and territories that administer their own immunization programs.

As to how many are waiting for their second dose in a particular province or a particular jurisdiction, I can't really comment on that. That would have to be asked of the Province of Ontario in the case of the member, but what I can tell you is that on the Canada.ca portal there is a breakdown as provinces report on their immunization plans. There is a breakdown of how many people have been vaccinated, who have received at least one dose, and we can go from there.

Mr. Terry Dowdall: As it stands now, those individuals who do have that first shot aren't guaranteed the second shot in a timely manner, so it would change the whole amount of vaccines we need, the whole rollout of the plan. I know it's in conjunction with the provinces and that's probably not only a huge issue to those individuals, but it's a huge issue logistically.

MGen Dany Fortin: I understand the concern for sure, and it's very much looked at in detail in our projections, but by February 15 we'll have a significant increase in quantities and be moving forward in Pfizer shipments. We expect that provinces will be able to manage that and stick to the NACI recommendation for up to a 42-day interval and specific problems can be flagged by provinces and we can see how we can readjust.

It's a zero-sum game so we'll have to shift from one jurisdiction to another prior to arrival to ensure we don't find ourselves in a situation where we have an extended period without the second vaccine. The CMHOs and Dr. Tam's office federally are also looking at that, but really it's the provincial and territorial public health officers.

• (1405)

Mr. Terry Dowdall: Thank you, General.

How many doses did we receive this week?

MGen Dany Fortin: This week we received zero doses.

Mr. Terry Dowdall: To follow up, how many doses should we be expecting next week?

MGen Dany Fortin: Next week we expect to receive 79,000 doses of Pfizer product, as I announced yesterday at the press conference, and, starting in the later half of next week, we now expect to receive 180,000 doses of Moderna. That will be distributed across the country over the coming days through to February 9.

The Chair: All right, thank you very much.

Mr. Robillard, please.

[*Translation*]

Mr. Yves Robillard (Marc-Aurèle-Fortin, Lib.): Thank you, Madam Chair.

I want to begin by thanking our two witnesses and letting them know how satisfied we are with their staff members who have been involved in Operation Laser over the past few months.

Major-General Fortin, our government and the Public Health Agency of Canada are aware of how important it is to provide vaccines to Canadians safely and in a timely manner.

In what way is the Canadian Armed Forces' expertise in logistics and operations an asset for the COVID-19 vaccine distribution?

MGen Dany Fortin: Madam Chair, I thank the member for this question.

The Public Health Agency of Canada is usually not in charge of administering such a large number of vaccines on a national scale. Among its many tasks is the coordination of the arrival and distribution of vaccines in smaller batches. For example, off the top of my head, there were influenza vaccines, for which the biggest campaign was launched this year. We can distribute those vaccines more easily, and the handling is much simpler because they are refrigerated and not frozen.

The logistical challenges are substantial in an unprecedented nationwide operation. In winter time, it is difficult to reach remote communities, northern communities and indigenous communities across the country as quickly and as effectively as possible.

It is in this area that the Canadian Armed Forces, thanks to its organizational power and its capacity to adapt and integrate with other teams, was able to assist the agency for several months, especially since November, to attach itself to the agency and to significantly increase its capacity.

However, this is not a military effort, as it focuses on our expertise and our ability to plan complex operations with the Public Health Agency of Canada team and other partners to adopt a truly whole-of-government approach and manage this major project.

Mr. Yves Robillard: Major-General Fortin, our government and the Public Health Agency of Canada, or PHAC, have been transparent about the vaccine distribution since the beginning. Here I am mostly thinking of the weekly vaccine schedule.

Are you aware of any other countries that are providing their administrations with such schedules?

MGen Dany Fortin: Madam Chair, I am not aware of any other countries that are providing weekly distribution plans. Questioning other countries is also beyond my purview.

Mr. Yves Robillard: Major-General Misener, what kind of a working relationship exists among the Canadian Armed Forces, the Public Health Agency of Canada, provinces, territories and Public Services and Procurement Canada?

MGen Mark Misener: Thank you for your question, Mr. Robillard.

[*English*]

The relationship between the Public Health Agency and the Canadian Armed Forces is a very close relationship as I think, hopefully, you've heard from Major-General Fortin and me. We're closely coordinating and supporting the Public Health Agency's plan.

With respect to the relationships between the provinces and territories, you've heard Major-General Fortin talk about the relationship between the Public Health Agency and the provinces and territories. In parallel, the Canadian Armed Forces, through the regional joint task forces that are arrayed across Canada, maintain close relationships and planning support with the provinces where we are joined up with their vaccine distribution task forces to support their actions. There are great relationships, great collaboration and great planning ongoing so that we're aware of what they are doing and, if required and requested, are able to support what they ask from us.

With respect to our relationship with PSPC, I think it's really more linked to the Public Health Agency of Canada and outside of my operational focus from a Canadian Joint Operations Command perspective.

• (1410)

[*Translation*]

The Chair: Thank you very much.

Mr. Brunelle-Duceppe, go ahead.

Mr. Alexis Brunelle-Duceppe: Thank you, Madam Chair. I just want to clarify something.

When the Government of Quebec decided to provide as many first doses as possible, did you know, at the time, that vaccine delivery would be delayed?

MGen Dany Fortin: Madam Chair, I thank the member for his question.

From the outset, we have been discussing with provinces and territories the advantages and disadvantages of storing the second dose, as we were unsure of delivery forecasts.

As the Pfizer vaccine weekly delivery schedule solidified, everyone was able to take appropriate risks within provincial immunization plans because provinces, and not territories, are the ones receiving Pfizer's vaccine.

We were neither aware of the decisions provinces made based on their own immunization plan nor could we influence that plan.

Mr. Alexis Brunelle-Duceppe: Of course, I understand that.

I just wanted to know whether you already knew there were delays when the provinces decided to provide more first doses, but you just told me that you were not aware of it at the time. So that has been clarified, which is great.

You are saying that no doses have been distributed this week. Of course, that's not your fault, as Pfizer is responsible for it.

In light of this, what is being done with the military members participating in Operation Vector?

MGen Dany Fortin: Madam Chair, I thank the member for his question.

I can't help but smile. Some my staff are actually monitoring the immediate situation and detailed delivery from week to week. Of course, the agency is trying to plan everything in a very detailed manner so as to significantly increase the distribution and the effective use of vaccines nationally, as nearly one million doses will be received per week, and perhaps more, starting in April. So there is a tremendous amount of work to be done to set up freezers and the necessary equipment and to order syringes accordingly in very close coordination with provinces and territories.

Mr. Alexis Brunelle-Duceppe: These are questions our constituents are asking us, and we will have a good answer for them. That's great. Thank you.

• (1415)

The Chair: Thank you very much.

[English]

Mr. Garrison, go ahead, please.

Mr. Randall Garrison: Thank you very much, Madam Chair.

I have a question now for General Misener. I was happy to hear that apparently those in the Canadian Forces who have contracted COVID have not done so in the workplace, and I raised some questions about this last November.

DND has one of the highest rates of privatization of service contracts anywhere in the federal government; about a third of the personnel costs of DND are for private contractors. Quite often we have heard that those private contractors, the employees, have less access to PPE, and they often have no sick leave or inadequate sick leave, forcing them quite often perhaps to go to work in order to keep food on the table when they should be staying at home.

I would like to ask the same question again. Have measures been taken to reduce the risk to Canadian Forces members and DND employees, with regard to the poorer provisions for those who are working on contract alongside them?

MGen Mark Misener: I just want to clarify that before I said I wasn't sure but that, yes, the majority of new CAF cases continue to be due to community recreational exposure or close contact with family members.

Obviously when that has happened, CAF members have been observing appropriate public health measures, as they always are.

The Canadian Armed Forces takes the health and welfare of all of its people very seriously and continuously follows PHMs and the advice of the Surgeon General and, as the situation changes, adjusts the appropriate risk mitigation measures so that we are protecting our force to accomplish our mission.

With respect to private contractors specifically, all I can say is that my experience has been that in any DND facility, PPE and appropriate PHMs are available.

With respect to the sick leave portion of that, I don't have really good visibility of that. If you'd like I could take that question on notice and come back to you with more detail on that.

Again, the complete defence team is very carefully considered, and the health and welfare of that team is important.

Mr. Randall Garrison: Thank you, General Misener, and I would appreciate hearing back from you on that.

The Chair: Thank you.

We go now to Mr. Benzen.

Mr. Bob Benzen (Calgary Heritage, CPC): Thanks, Madam Chair, and thanks to both our witnesses for being here today.

Major-General Fortin, I was just online a few minutes ago reading a report. I want to read a little bit of it. It says "the European Commission on Friday"—that's today—"unveiled a mechanism authorizing member states to block exports of coronavirus vaccines from companies that have not met the delivery targets laid out in their advanced purchasing agreements."

The report goes on to say that this is alarming news for Canada and the U.K.

It appears that our shortage of vaccines is going to continue for some time. This must be very frustrating to you, having set up this great group of people to distribute the vaccines all across Canada and set up the logistics and now having no vaccines to distribute.

MGen Dany Fortin: Not having read this media piece, I would point to the Prime Minister's comment that he made earlier today regarding his engagement earlier this week. Until further notice, I continue to plan closely with the manufacturers on receiving those vaccines on the dates they've indicated. We're working through this in addition to the Prime Minister's engagements. Various engagements are taking place. Eventually, we will receive our vaccines as planned.

• (1420)

Mr. Bob Benzen: Thank you.

I don't think we're going to get them as quickly as the Prime Minister thinks, based on other countries wanting to make sure they have vaccines for their own citizens.

Let's talk about the Prime Minister for a second. He said that one of the reasons he wanted CAF involved in this process was the possibility of some security threats to the distribution of COVID-19 across Canada.

Can you give us an overview of what were perceived to be some of these security threats and what CAF has done to mitigate or ensure that if you did have the vaccine there would be no problems in their distribution?

MGen Dany Fortin: I will not speak on behalf of the CAF. I will speak as a general who's working with the agency. I can tell you we've identified with our partners, with the provinces and territories and federal stakeholders, potential risks: risks in terms of cyber, of misinformation and disinformation; and physical risks to shipments, exports and several other things for which we have mitigations. Other mitigations are our continuous quest as we continue to adjust and share information appropriately. We have close coordination with law enforcement agencies, because security remains a key consideration in our planning throughout for all vaccines, all forms and methods of delivery. We pay attention to all those things on a continuous basis. Law enforcement agencies and other services and agencies, federal down to the provincial, territorial, regional level, are in close coordination and ensure the appropriate actions are taken in anticipation of potential problems.

I can't go into specifics beyond that in the unclassified domain, but I want Canadians to rest assured that we are very much paying attention to the things you would expect us to pay attention to.

Mr. Bob Benzen: Up to this point has there been any attack on the system? I get you can't tell us what you would do to stop it, because we don't want to give away any secrets.

MGen Dany Fortin: I am not aware of any particular cyber attack, but we continue to monitor those threats. As to potential specifics that would deal with law enforcement, that question would have to be asked to law enforcement enterprise.

Mr. Bob Benzen: You guys have a fantastic medical intelligence unit collecting information from around the world. We now know that the more information we have and the quicker we react to it, the better we can deal with a pandemic like this.

Do you have any thoughts on how that information you're collecting should be better used in Canada to respond to a pandemic like this?

MGen Dany Fortin: I think the agency is poised to get as much clarity as possible on public health matters, public health risks and public health intelligence. I cannot speak to what the CAF is doing in medical intelligence and what it provides to whom. I'm happy to take this question on notice and get back to the committee.

The Chair: Thank you very much.

Mr. Spengemann, please.

[*Translation*]

Mr. Sven Spengemann (Mississauga—Lakeshore, Lib.): Thank you very much, Madam Chair.

Major-General Fortin, Major-General Misener, thank you for joining us, for your testimony and for your service. I would also like to thank the Canadian Armed Forces members under your command.

Major-General Fortin, I have a more specific question for you about your team's role in risk management. In a press release, the Public Health Agency of Canada, or PHAC, stated: "These CAF members will strengthen plans by introducing risk mitigation tools and by facilitating a series of exercises in advance of the roll-out."

Can you tell us more about those risk management tools? Do they consist solely of mechanisms originating in the military?

More broadly speaking, how does that type of team operate in its daily work?

MGen Dany Fortin: Madam Chair, if I have understood the question correctly, Mr. Spengemann is talking about the ongoing preparations and the work done to keep provincial and territorial immunization plan preparation at a high level. Correct me if that's not quite your question. I can tell you that we have imported a number of practices and methods that lend themselves well to military operations and that can be adapted to nearly any operation. A number of us, within the Canadian Armed Forces and the Department of National Defence, have occasionally had to adapt methods that are based on military operations, but that are adaptable to non-traditional operations.

In December, we carried out simulation exercises with more than 140 stakeholders from all levels. In preparation for the second phase in spring, when vaccination activities will increase significantly, a number of those stakeholders will be brought back to the virtual table to discuss plans and adjustments to be made for proper preparation at all levels.

• (1425)

Mr. Sven Spengemann: Thank you very much, Major-General. That's a very useful answer.

[*English*]

Canadians have a high degree of trust in the Canadian Forces. My colleagues have made reference to the role you've played in the operations with respect to COVID, but beyond that, Canadians trust the Canadian Forces. Canadians also trust science and public health authorities, so from the very beginning there's a strong understanding that the complementarity of these two teams can and does add tremendous and essential value to the response to COVID-19.

Could either or both of you tell us specifically what mechanisms are within your reach to protect the most vulnerable in this pandemic? Colleagues have made reference to seniors in long-term care and to indigenous communities. There are other vulnerabilities that will come up, depending on data and demographics.

How nimble is the co-operative, integrated mechanism between PHAC and the Canadian Forces with respect to supporting the most vulnerable in this pandemic?

MGen Dany Fortin: I will start, and I will ask my colleague to complete my answer with what the CAF is doing in support along those lines.

I can tell you that the agency and my team integrated in the agency are very much following NACI guidance, following the understanding of various tables and the decisions or guidance that come out of various tables, the Canadian immunization committee and the advice of a number of stakeholders.

In the interests of time I'll keep it short, but it's factored into the agreed-to distribution and the prioritization of who receives the vaccine in the provinces and territories, and then the provinces and territories apply this guidance.

In terms of distribution, that step of the operation is agnostic to who receives the vaccine. We distribute, though, on a per capita basis that is adjusted for the remote indigenous areas, and it is adjusted so that in the first quarter the adult populations in the territories have access to vaccines.

In terms of CAF I'll have to turn to General Misener.

MGen Mark Misener: I would just add a couple of things. First of all, since the very beginning of the pandemic, the health and welfare of our people, of the defence team, has been a crucial part. At the very beginning of this, we made sure that those who identified that they had any vulnerabilities or any health conditions that could have been impacted were accommodated. In other words, we didn't bring them into additional risk areas, and they were likely left at home to ensure their well-being.

The second thing I would say—similar to what Major-General Fortin said—is that, in terms of vaccination, which is right now ongoing in the Canadian Armed Forces, our first priority is our front-line health care providers, but it's also our folks who have health conditions that may make them vulnerable to severe forms of COVID-19. They are the very top priority for our receipt of vaccines.

• (1430)

Mr. Sven Spengemann: Thank you very much.

[*Translation*]

Thank you very much, Madam Chair.

[*English*]

The Chair: Madame Gallant, please.

Mrs. Cheryl Gallant (Renfrew—Nipissing—Pembroke, CPC): Thank you, Madam Chair.

Thank you to our witnesses.

First of all, once I heard that Major-General Fortin was in charge of the rollout of the vaccines and the distribution, I had absolute confidence. I knew that once you get the vaccines, they will get to where they need to be.

Major-General Misener, I don't know if you're aware of it, but we're blessed to have two Miseners in here today. Your big sister is doing interpretation. We've worked in the defence committee with her before, and she's just a joy to have.

Shortly after Christmas, we were deploying soldiers to Latvia, and there was a report that soldiers already there and scheduled to come home were suffering from COVID. This really upset the family members because they knew that their loved ones had not been vaccinated for COVID.

What measures are being taken for these soldiers who are just getting into theatre to protect them from those who may have already been infected?

MGen Mark Misener: Again, I'll re-emphasize a number of my points about the importance of the health and welfare of our personnel, not only in terms of following public health measures and the advice from our surgeon general. Our command surgeon dives deep into each operation to understand the specific requirements of the operation. There are the layered risk mitigation measures that are put in place, the pre-quarantine before people deploy, the special steps that are taken while they're deployed and the post-deployment steps. These are all the things that are happening to mitigate a very dynamic and evolving COVID situation that we continue to monitor very closely.

I can say that, with respect to that particular operation, we speak very regularly with the commander in theatre. The command team has done an amazing job, as have all of the command teams of prior deployed forces, of taking the appropriate actions to mitigate any risks and to support the health and welfare of our members.

Concurrently, we're working with the force generators to ensure that as the situation changes, which it often does in a dynamic situation like this, the families are kept apprised of what is happening with their loved ones and are kept informed, all in the best interest of the health and welfare of our folks, while obviously continuing to carry out our duties and tasks on operations because, in the end, that is what the Canadian Armed Forces do. They deliver on our missions.

In a nutshell, that's how we continue to manage this.

Mrs. Cheryl Gallant: Thank you.

I have a really quick question, just yes or no. Has the Department of National Defence ever deployed CAF members to operations in nations with high cases of illnesses such as malaria or yellow fever without the members' first receiving the proper vaccinations against those illnesses—that you're aware of?

MGen Mark Misener: I guess that would be unlikely, given our robust screening that happens before anybody deploys. There is a robust screening mechanism that occurs before anybody deploys to an operation to ensure that all of those things I just talked about are factored into ensuring the member is ready for the operation.

Mrs. Cheryl Gallant: That's wonderful. Thank you.

Have any serology tests for COVID antibodies been conducted on the Canadian Armed Forces athletes who competed in the 2019 Military World Games in Wuhan, China, during the early days of the outbreak?

• (1435)

MGen Mark Misener: I'll be very honest. I don't have any detailed knowledge of that. I think the best way to go about that would be to take that on notice, Madam Chair.

Mrs. Cheryl Gallant: Do we know when the people in Latvia will be vaccinated? Or are there any rapid tests available for people who are deployed overseas?

MGen Mark Misener: As I've mentioned, we've commenced our COVID immunization campaign in order to reduce the threat to our members and maintain our operational effectiveness on our operations. Planning is ongoing for the vaccination of CAF members deployed outside of Canada. This planning is being done in coordination with multiple stakeholders to ensure that deployed CAF members are offered the vaccine as quickly as possible based on vaccine availability, the operational and logistics considerations and the vaccine prioritization framework.

That's all to say that as soon as we can vaccinate these folks, we will, and CJOC has come up with a very detailed plan on how we will do it, based on a number of factors.

The Chair: All right. Thank you very much.

Mr. Bagnell, please.

We need you to put on your headset, Mr. Bagnell.

Hon. Larry Bagnell (Yukon, Lib.): I know that all 35 people on the call are very appreciative of the work of the Canadian military in keeping us safe, so thank you. Particularly, could you, for me, thank the lowest-entry people who have just entered the military never expecting this? They expected risk, but not necessarily this type of risk that they've been taking, so thank you very much.

I'm the only member on the committee from the Arctic, from the north, so I'll be bit parochial in my question, but I'll just let you know that the north really appreciates the tremendous job you have done and that Canada is doing in prioritizing the Far North and remote indigenous communities, because obviously they have no protection, they have no ventilators and they really need this first. We really appreciate everyone's sympathy for that. They're just delighted—the elders and everyone—that they're getting their vaccines now. Our health officers are delighted. Thank you very much.

I don't know if you wanted to comment at all on the logistics of the north. I know that's pretty difficult, but is there anything you wanted to say related to that before I ask my next question?

MGen Dany Fortin: I would simply say that we have very good dialogue with the three territories. They leverage to a maximum extent what federally we can provide to facilitate their distribution plan and to scale up over the coming weeks.

Hon. Larry Bagnell: Thank you very much.

Major-General Misener, I wonder if you have any information or could comment on the particular planes that are used in the north or any involvement of joint task force north in the distribution of the vaccine.

MGen Mark Misener: I would say that like all of our joint task forces, joint task force north is an integral part of CJOC's structure. We're in touch with them very regularly and work with them very closely to ensure their needs are met. We have great lines of communication, not only with them, but also them with all of their partners who are supporting this effort.

The only other thing I would mention is that as we support joint task force north in providing any requests, we'll do that mainly through our amazing Canadian Rangers, who are our eyes and ears on the ground and have done so much for us so far, and will continue to do so much moving forward, given their knowledge of the local situation.

• (1440)

Hon. Larry Bagnell: I too want to give a huge shout-out to the Canadian Rangers for the work they always do. It would otherwise be impossible in such a huge unpopulated area.

Major-General Fortin, did you have any discussions with other nations on their distribution mechanisms?

MGen Dany Fortin: Early on, as we started our work, I had the opportunity to engage with General Perna from Operation Warp Speed in the U.S. He's a four-star general in the U.S. Army. We shared some considerations and learned of the differences but also the similarities between what we were about to start, respectively, in our two countries. We also shared a few best practices as we went forward into the recent weeks.

The Chair: Thank you very much.

[*Translation*]

Mr. Brunelle-Duceppe, go ahead.

Mr. Alexis Brunelle-Duceppe: Thank you very much.

This is the last time I will be taking the floor, and I want to sincerely thank you for all the work you are doing. It is extremely appreciated.

Regarding your distribution plan, are you communicating with other countries to determine how things work on their end, to compare what works well on either side and to help each other out in this situation?

Is this more of a vacuum setting where everyone handles their own business?

MGen Dany Fortin: Madam Chair, as I mentioned, I had discussions in December with U.S. General Perna of Operation Warp Speed. We exchanged information that was more focused on our respective responsibilities.

As far as comparing with other countries goes, I have not had an opportunity or I have perhaps not taken the opportunity to speak with other countries' representatives about this. This said, our systems are different. We have 13 provinces and territories, in addition to federal entities with federal populations, such as the Correctional Service of Canada and the Canadian Armed Forces.

This varies from one country to another, but I still believe that sharing certain lessons and learning from others' lessons is beneficial. We will consider this approach.

Mr. Alexis Brunelle-Duceppe: That's great. Thank you very much, Major-General Fortin.

I will continue to focus on the international scene. I don't know whether this concerns you, but that's why we are here.

Will the Canadian Armed Forces distribute COVID-19 vaccine doses as part of international humanitarian assistance through Operation Vector or are those really two separate things?

MGen Dany Fortin: Madam Chair, I will begin by saying that Canada agrees with COVAX. In that respect, it is possible for Canada to help distribute doses, which may be shipped from the outside to the outside, or from Canada to the outside. That remains to be determined. When it's time to look at the issue in detail, we will consider the tools at our disposal, be they contractual or part of Government of Canada resources.

As for the Canadian Armed Forces providing support abroad, I will have to turn to my colleague, time permitting.

MGen Mark Misener: Madam Chair, our efforts abroad are really used to support the Canadian Armed Forces members deployed overseas. We want to ensure to support vaccine-related operations.

Mr. Alexis Brunelle-Duceppe: Okay. Thank you very much, gentlemen.

The Chair: Thank you very much.

[*English*]

Mr. Garrison, please.

Mr. Randall Garrison: Thank you very much, Madam Chair.

I want to return to the question of the threat to delivery of vaccine supplies based on where they're being produced. Of course, I think I implied earlier that I would certainly like to see us restore our research and development and vaccine production capabilities in Canada, but in the short term, if I'm not mistaken, the supplies of Moderna are being produced in Switzerland, and therefore would not be subject to this possible threatened blockage by the EU.

Is that correct, General Fortin?

• (1445)

MGen Dany Fortin: I can tell you that this information is in fact correct in terms of where Moderna produces. It's a global company, a global manufacturer, but in Europe they produce the product that we are going to receive. I am told that it is manufactured in Switzerland, filled and packaged in Spain, and stored and distributed out of Belgium.

Mr. Randall Garrison: Thank you. I think we can find some reassurance in that. When people refer to Europe, we maybe need to be a bit more specific.

Also, I just want to confirm a feeling of reassurance. This morning Novartis announced that it reached agreement with Pfizer to produce vaccine from their Swiss facilities by the second quarter of this year. I'm just wondering if that might be a help to Canada, that we might be able to source the Pfizer vaccine, starting in the second quarter, from their Swiss agreement with Novartis and therefore, again, mitigate the threat to the supply of vaccine in Canada.

MGen Dany Fortin: I would say that's entirely possible. Pfizer-BioNTech is a global manufacturer. They have companies and sub-companies around the world. As to where that would be made and whether a company could leverage that to produce vaccines that are aimed for the Canadian market, I would have to refer to Public Services and Procurement Canada for the details of that and to Health Canada if it changes anything with regard to the regulatory approval.

The Chair: Thank you very much.

Mr. Bezan, please.

Mr. James Bezan: Thank you, Madam Chair.

General Fortin, you've said a number of times that you're confident that Pfizer will live up to their contractual obligation to deliver four million vaccines to Canada, but yet yesterday, in the graphs that were provided, the provinces were saying they're getting only 3.5 million vaccines. Why is there that half-million discrepancy in vaccines?

MGen Dany Fortin: I can certainly expand on that, if given the time. The calculation at this particular juncture, where we are at an inflection point with the manufacturer, is that Pfizer assures us that they will provide four million doses by 31 March.

Mr. James Bezan: General, is that based upon six doses per vial or five doses per vial? What happens if Health Canada doesn't approve that extra dose in each vial, especially in light of the fact that Manitoba, where I'm at, is saying that they get six doses per vial only 75% of the time.

MGen Dany Fortin: Yes, I understand the challenge for sure. Again, Pfizer assures us that we will get four million doses by the end of March, full stop. How we're going to get there remains to be determined, because our calculations, until further notice, until Health Canada approves, assuming Health Canada approves, the six doses per vial and when this would be implemented, will impact the quantities we will receive on a week-to-week basis. The end goal of 31 March remains four million doses, and that is what Pfizer is working toward.

As to the five and six doses, I think we'll see how it pans out, as Health Canada is reviewing Pfizer's submission at this time.

Mr. James Bezan: I hope they take into consideration that both Manitoba, and I know Alberta, have been trying to squeeze six doses per vial but haven't got it 75% of the time.

Are the contracts with Moderna and Pfizer binding or do they have escape clauses if they fail to deliver?

MGen Dany Fortin: Unfortunately, I don't have that level of fidelity and understanding of the specifics of the contract. That's very much with PSPC although the Public Health Agency is the client. I'd have to take this on notice and come back with a written answer.

Mr. James Bezan: Okay, I'm shifting gears just slightly.

General Fortin, in your earlier remarks you said you have 52 members of the Canadian Armed Forces with you who have been seconded to the Public Health Agency of Canada. I'm surprised you didn't have anyone there, as earlier you were asked by other members about anybody from either military police or Canadian Forces intelligence command to deal with the potential of a threat in the shipment of product coming to Canada, and cyber of course, as well as domestic possibilities of product getting diverted or stolen.

Why don't you have that embedded with you in the Public Health Agency of Canada?

• (1450)

MGen Dany Fortin: Yes, that's a very good question.

I would summarize it by saying that with CAF members, we are bolstering capacity at the agency in the areas where we bring unique experience and capacity, for instance, organizing operations, information technology. I have a medical adviser. I have a pharmacist who also advises me, a communications team and so on.

We leverage civilian law enforcement agencies in that enterprise. It is not in the mandate of the military police to advise on civilian matters.

In terms of intelligence, there's a clean demarcation where we leverage the non-military security enterprise to look at the different threat scenarios.

Mr. James Bezan: Okay, I would hope that comes from the Canadian Armed Forces, whether it's Canadian Forces intelligence or from military police.

On international shipments for example, we did see PPE that was supposed to come to Canada diverted to the United States and other countries. We don't want to see that happen when the real scramble comes on who gets the vaccines as they're leaving, and have planes diverted. I'm hoping there is some control and monitoring, as well as presence on those shipments, to ensure they arrive here in Canada.

The Chair: All right, thank you very much.

We'll move to Madam Vandenberg, please.

Ms. Anita Vandenberg (Ottawa West—Nepean, Lib.): Thank you very much.

I want to thank General Fortin and General Misener for all the work you're doing, including the testimony here today, and through you, the entire defence team, and in particular those who are at the Public Health Agency of Canada, which is, of course, in my riding of Ottawa West—Nepean.

General Fortin, I'd like to follow up on a comment you made earlier. Correct me if I'm not quoting you correctly. Obviously, we know that CAF is incredibly well-suited for this kind of major operation, both in organizational capacity and skills sets. You said you urged the provinces to use the federal coordination capacity. Do you have any indication that there are provinces that may not be asking for or using the full capability that the CAF has to offer?

MGen Dany Fortin: That's not totally what I meant, so I may not have expressed myself properly.

What I meant is not so much the CAF capability but what we at the agency have brought to bear to distribute at scale. For instance, companies like the logistics service provider joint enterprise FedEx and Innomar, that Canada has a contract with to distribute all vaccines but Pfizer-BioNTech. They are a legit, robust transportation shipping company with experience and expertise with pharmaceuticals. They are distributing across the country to points of delivery that provinces and territories have identified.

Some provinces and territories wish to have more and leverage that more. Others prefer to have a mix of what they have in their own system and leverage the federal contract. Where they identify gaps and risk areas, particularly as we scale up with millions of vaccines per quarter, we continue to encourage them to leverage to the maximum extent what we can do with the federal contract and subcontractors controlled by FedEx and Innomar.

Ms. Anita Vandenberg: Thank you for that clarification.

I note there were Canadian Armed Forces personnel in the Public Health Agency of Canada even early this spring. I made a visit there with the Prime Minister and had a chance to speak with some of them.

Could you talk about the long-term presence of CAF since the beginning of this pandemic with the Public Health Agency of Canada, the ability to embed and coordinate well with them, and the specific kind of work you're doing, particularly, in terms of advance planning?

For instance, when did the planning start for this particular roll-out of vaccine, and what are you doing now in terms of the planning for when we do start to receive those 20 million doses in the second quarter you referred to?

• (1455)

MGen Dany Fortin: I don't think I'll have enough time to sufficiently get to the bottom of what we do every day. We can be very proud of the work the team has been doing. Since the winter, the agency has realized the size, scope and impact of the pandemic. For example, CAF provided measures and assistance at the agency in terms of accounting for, receiving and distributing the PPE.

Furthermore, in the summer period, there was a bit less of a presence. In late summer/early fall, it was determined there was going to be a need for specialists to look into the logistical challenges regarding the distribution of millions of vaccines in short order. At the time, it was anticipated the vaccines would arrive, and we would be in a position to distribute as early as January 1.

Of course, we now know, for a number of reasons, we have been able to really build, in a very pragmatic and deliberate way, all the systems, build a national operation centre for vaccine rollout, and build a team at the agency with not only CAF members but also members from other departments and agencies to look at all the facets of the distribution of vaccines.

The Chair: Thank you very much. That brings our testimony for today to a close.

I want to congratulate our new clerk, Mr. Wassim Bouanani, who at his first meeting is helping us with the defence committee. Welcome, Mr. Clerk.

I would also like to extend my personal thanks, the thanks of all committee members and Canadians as a whole to our very distinguished guests for all of the work you have been doing, and the difference you are making every day in the lives of Canadians.

Thank you for your time today. We know how valuable it is, and we are all very grateful.

The meeting is adjourned.

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