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Chair: Mr. Robert Kitchen

Standing Committee on Government Operations and Estimates

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• (1535)

[English]

The Chair (Mr. Robert Kitchen (Souris—Moose Mountain, CPC)): Good afternoon, everybody. I call the meeting to order.

Welcome to meeting number 21 of the House of Commons Standing Committee on Government Operations and Estimates. The committee is meeting today from 3:36 to 5:36. We'll hear from PHAC and PSPC as part of the committee's study on the government's response to the COVID-19 pandemic, and then discuss committee business afterwards.

I'd like to take this opportunity to remind all participants in this meeting that screenshots or taking photos of your screen are not permitted.

To ensure an orderly meeting, I would like to outline a few rules to follow. Interpretation in this video conference will work very much like in a regular committee meeting. You have the choice at the bottom of your screen of floor, English or French.

Before speaking, please wait until I recognize you by name. When you are ready to speak, you may click on your microphone icon to activate your mike. When you are not speaking, your mike should be on mute. To raise a point of order during the meeting, committee members should ensure their microphone is unmuted and then say "point of order" to get the chair's attention.

In order to ensure social distancing in the committee room, if you need to speak privately with the clerk or the analyst during the meeting, please email them through their committee email address. For those people who are participating in the committee room, please note that masks are required unless you are seated and when physical distancing is not possible.

I will now invite the witnesses to make their opening statements. We will begin with the Public Health Agency of Canada.

Thank you.

Ms. Cindy Evans (Acting Vice-President, Emergency Management Branch, Public Health Agency of Canada): Good afternoon.

I'd like to thank the chair of the committee and the committee members for inviting the Public Health Agency of Canada to speak today. My name is Cindy Evans, and I'm the vice-president of emergency management. In this role I'm responsible for the national emergency strategic stockpile.

Joining me today is Martin Krumins, vice-president and chief financial officer of the Public Health Agency of Canada.

The COVID-19 pandemic continues to have impacts across multiple sectors. Access to critical personal protective equipment for frontline health care workers and others in the health care system is a top priority for the Public Health Agency of Canada. Provincial, territorial and local governments are responsible for preparing for the most common emergencies and the federal government has a role to provide additional support during exceptional circumstances.

One way we do this is through the national emergency strategic stockpile or the NESS, which is the federal government's stockpile for emergencies with health implications. The NESS plays two important roles. It provides surge capacity to provinces and territories when their existing resources have been exhausted, and it's the sole provider of certain niche assets for rare public health emergencies, for example, costly and rarely used vaccines or antidotes.

To respond to the COVID-19 pandemic in Canada, the Public Health Agency of Canada mobilized the NESS to support response efforts. The agency worked with Public Services and Procurement Canada as well as provinces and territories to lead the bulk procurement of personal protective equipment or PPE, medical equipment and supplies for Canada. We rapidly activated to accept, assess and allocate donations that came in from domestic and international donors. We increased our internal capacity and created a dedicated team on the procurement of PPE to identify appropriate types and quantities and to direct procurement.

We also added warehousing capacity and increased the footprint of the NESS by approximately one million square feet of dedicated space.

To address early quality issues with PPE, we also worked with the National Research Council to establish capacity to test products to determine if they met the performance and technical specifications required by the health care sector. Steady supplies of PPE and medical equipment continue to arrive daily and 80% are rapidly allocated to the provinces and territories to support health care workers across the country. The other 20% is retained to replenish the inventory of the NESS so it can provide PPE and medical equipment to provinces and territories with urgent needs above and beyond their allocation.

In addition to the original bulk procurement efforts, Innovation, Science and Economic Development and PSPC continue to galvanize Canadian industries to increase domestic manufacturing capacity and reduce dependencies on external supply chains. This includes retooling facilities to produce equipment and supplies, including portable ventilators, surgical masks and rapid testing kits.

The COVID-19 pandemic is an unprecedented situation and it continues to challenge the Canadian health care sector at all levels. Demand for PPE, medical equipment and supplies created global supply challenges that required a whole-of-government approach to deliver innovative solutions to meet the needs of our health care sector.

As much as we achieved in responding to COVID-19, there remains work to do. Life-cycle management processes are top of mind, and we utilize a first in, first out protocol so that PPE, medical devices and equipment are put to use well before expiry.

We committed to reviewing the lessons learned from the COVID-19 pandemic and look forward to receiving the recommendations from the Office of the Auditor General on their COVID-19-related audits. This information will help to shape the future of emergency management at the Public Health Agency of Canada and to better position the NESS for the future.

Thank you.

● (1540)

The Chair: Thank you, Ms. Evans.

Do we have another presentation?

Go ahead, please.

Mr. Michael Mills (Associate Assistant Deputy Minister, Procurement Branch, Department of Public Works and Government Services): Good afternoon.

[*Translation*]

Mr. Chair, thank you for having me here alongside my colleagues from the Public Health Agency of Canada.

With me today is Alain Dorion, Director General within the Procurement Branch at Public Services and Procurement Canada.

It is our pleasure to appear before this committee to talk about our department's role in Canada's National Emergency Strategic Stockpile.

As you know, the stockpile is managed by the Public Health Agency of Canada. It contains supplies that provinces and territories can request in cases of emergency.

These supplies include a variety of items such as personal protective equipment, medical supplies, pharmaceuticals and social service supplies, such as beds and blankets.

The Public Health Agency of Canada is responsible for maintaining the stockpile, assessing the composition of the stockpile, and restoring supplies that are distributed. Public Services and Procurement Canada is responsible for purchasing supplies on behalf of, and with direction from, the Public Health Agency of Canada.

[*English*]

Ever since the beginning of the COVID-19 crisis, PSPC has worked closely with PHAC to acquire supplies for distribution to provinces and territories to support our frontline health care workers. These purchases are supplementary to the existing national emergency strategic stockpile as well as to the stocks and supplies that exist in and are being procured directly by the provinces and territories. We've also provided procurement support to PHAC regarding warehousing and distribution services when needed.

In the beginning, much of the supplies we were buying were coming in from overseas, and we were operating in a highly competitive international market. Canada simply did not have the domestic manufacturing capability at the time for vital equipment such as N95 respirators and other critical supplies.

We have since established important domestic sources of supply that, in the early days of the pandemic, PSPC had to take an aggressive approach to buying in a complex global environment, especially when it came to personal protective equipment for frontline health care workers. That approach included buying large quantities of supplies in bulk with delivery spread over several months and supplementing those orders by purchasing everything immediately available that met Health Canada's requirements.

As part of these efforts, just over one year ago now, the PSPC launched a call to action asking suppliers to come forward with products or services they could offer to support Canada's response to the pandemic. The response was overwhelming, with approximately 26,000 responses from both Canadian and international businesses.

At the same time, due to a plan to mobilize industry being led by Innovation, Science and Economic Development Canada, domestic manufacturers began to retool and ramp up domestic production of much-needed supplies. In all, so far, the Government of Canada has purchased approximately 2.5 billion pieces of equipment to help Canada fight COVID-19, with many of those supplies now being made in Canada.

Today, domestic production is now set up in many places across the country, and marketplaces for PPE are much more stable in general. That is why, over the past few months, we have been able to return to using competitive bidding processes to secure the goods and services needed to meet Canada's evolving pandemic needs where circumstances permit and when the needs are not urgent.

Open competitions for goods and services are now regularly being launched on our website for a range of PPE, medical equipment and supplies. In addition, to further support domestic manufacturing, we've also issued a number of competitive procurement processes limited to Canadian manufacturers only.

• (1545)

[Translation]

By continuing to securing vital supplies through competitive processes, and with domestic suppliers now making up a greater portion of our supplier pool, we are better equipped for the longer term.

I can tell you that we are committed to continuing to support the Public Health Agency of Canada in their efforts to maintain and replenish the National Emergency Strategic Stockpile.

Thank you for your attention. I look forward to your questions.

[English]

The Chair: Thank you, Mr. Mills.

We will now go into our first round of questions.

We'll start with Mr. Paul-Hus for six minutes.

[Translation]

Mr. Pierre Paul-Hus (Charlesbourg—Haute-Saint-Charles, CPC): Thank you, Mr. Chair.

Good afternoon, ladies and gentlemen.

My first question goes to Mr. Mills or Mr. Dorion.

When the pandemic was declared, the government ordered 40,000 medical ventilators. How was it determined that we needed 40,000? Let me remind you that we are talking about contracts of more than \$1 billion.

[English]

Mr. Michael Mills: For our purchases, we consult with Health Canada and the Public Health Agency to get our requirements. For determining the numbers, we would consult certainly with our client group, the Public Health Agency of Canada, and the number would have come in consultation with them and Health Canada.

[Translation]

Mr. Pierre Paul-Hus: In terms of the procurement, the Library of Parliament's briefing notes indicate that 63% of the ventilators ordered have arrived, a total of 25,000 ventilators. We now know that the need for ventilators is not great and we already have enough of them to meet the demand.

Is it true that we have received 25,000 ventilators? Are they being kept in the national stockpile in case of another crisis? Does the contract contain a clause allowing the rest of the order, some 15,000 ventilators, to be cancelled? If it does not, we are going to end up with a surplus worth hundreds of millions of dollars.

[English]

Mr. Michael Mills: Yes, over the course of the crisis, the needs have evolved, as well as the clinical practice, so over the period, it has come to light that we do need less. We are currently working with our suppliers to try to reduce the overall number. We do not expect to take delivery of all 40,000, but we've certainly had over 25,000 delivered, which we will maintain. We'll work with our suppliers to reduce the overall number that we take possession of.

[Translation]

Mr. Pierre Paul-Hus: How many ventilators did Canada and the provinces need? Do you know how many ventilators have really been put to public health use in the last year?

Mr. Michael Mills: Perhaps Cindy Evans can answer that question.

[English]

Ms. Cindy Evans: Thank you for the question. I do have the information. Just give me two seconds.

Early on in the pandemic, we deployed over 400 ventilators from the national emergency strategic stockpile to the provinces and territories to address our anticipated needs. Since then, from the additional ventilators purchased, we have deployed over 500 additional ventilators to the provinces and territories.

[Translation]

A voice: Ha, ha!

• (1550)

Mr. Pierre Paul-Hus: Ha, ha!

I am not laughing at you, Ms. Evans. I am not laughing at anyone from the public service, of course. I am laughing at the stupidity of the initial order for 40,000 ventilators. We now have 25,000. I feel that will be enough for about 50 years. I hope that the government will be able to cancel the additional 15,000 units because they really have no use. Whatever the case, thank you for your answer.

My next question is about personal protective equipment. At the beginning of 2020, Canada sent a large number of items—20 million, I believe—to China. I would like to know from which department the order came. Who gave the order to send that equipment to China? It was in February 2020.

[English]

Ms. Cindy Evans: Early on in the pandemic, through a request that was coordinated through the Red Cross and the Chinese arm of the Red Cross, we did supply some supplies to China. It did not impact on our response in Canada. In addition, a number of the types of supplies that we provided were near their expiry.

[Translation]

Mr. Pierre Paul-Hus: I am trying to understand. Perhaps it's more difficult because of the interpretation.

If I understand correctly, you are saying that the equipment was sent to China as the result of a system that was already in place. It was not a direct order from the government. You received no order to send that equipment to China. Is that what you are telling me?

[English]

Ms. Cindy Evans: Through Global Affairs Canada, we did contribute to a national effort to contribute to PPE requests from China.

[Translation]

Mr. Pierre Paul-Hus: So it was the Minister of Foreign Affairs at the time who asked for the equipment to be sent to assist China.

Through Public Services and Procurement Canada, do we continue to buy personal protective equipment from China, equipment that is made by forced labour? Everyone knows about the many victims of forced labour in China.

Have we put an end to purchases of personal protective equipment from Chinese companies or from the Chinese government, in the light of the forced labour?

[English]

Mr. Michael Mills: We currently have contracts with companies located in China. We are aware that there is a region, the Uighur Autonomous Region of China, where there are concerns around forced labour. We currently do not have any contracts with suppliers manufacturing in that region of China.

The Chair: Thank you, Mr. Paul-Hus.

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

Mr. Majid Jowhari (Richmond Hill, Lib.): Thank you, Mr. Chair.

Let me start by thanking both PHAC and PSPC not only for participating here today once again but also for the great work that both of your departments and you have done. You have strong leadership. We started from a very disadvantaged situation and far from ideal circumstances over the last year, and what you, your organization and members have done needs to be appreciated, acknowledged and commended. On behalf of all of us, I'd like to thank you all.

Let me start by asking questions to Ms. Evans. In my understanding, PHAC is responsible for NESS. NESS, by its nature, contains medical equipment, pharmaceuticals and social services supplies that can be deployed usually within 24 hours to the provinces and territories, upon request, in cases of emergencies such as infection and disease outbreak.

Ms. Evans, can you give us some idea of the types of requests that have come in and how much you have supported provinces? In your opening remarks, you talked about how 80% of the stock that comes into NESS goes to the provinces and territories.

Ms. Cindy Evans: There are two things that have happened. We have both procurement that was done and those stocks that are coming in. For the personal protective equipment, we've really focused on five key commodities. Those are surgical masks, N95 respirators and equivalents, face shields, gloves and gowns. Eighty per cent of the supplies that come in are immediately disbursed to the provinces and territories. There's a 20% holdback of those supplies that stays and helps to restock the national emergency strategic stockpile.

Over and above that, since the outbreak doesn't happen in a uniform manner across the country, if a jurisdiction is having difficulty and shortage in a specific area, it can come to us with a request for assistance. As well, it might run out of supplies in a specific area or size, for example, gloves in size small, and ask if it can get them from the national—

● (1555)

Mr. Majid Jowhari: Ms. Evans, can you give us an idea of a quantitative number for how many times the provinces have reached out to you for things in various categories, just very roughly?

Ms. Cindy Evans: I could tell you the number of requests for assistance, but I just don't have that number directly in front of me. I'm sorry.

Mr. Majid Jowhari: That's okay. Can you make that submission to the committee? I'd really appreciate it.

Provinces also hold their own stockpiles. I'd like to get some perspective from you as to how well our provinces, PHAC and NESS are connected in working together, collaborating and making sure that their needs and inventory are taken into consideration when you plan your replenishment.

Ms. Cindy Evans: Since the beginning of the pandemic, we've been working collaboratively with the provinces and the territories to understand their current supply situation. One important factor is the burn rate for supplies. This is an ongoing dialogue and that data sharing has been a really important part of our approach. We look to modelling in terms of what we're seeing with the pandemic from an epidemiological perspective as well as what we're seeing in terms of burn rates from the provinces and territories and the ordering that's happening.

Our jurisdictions are able to make purchases internationally and domestically, and we've spoken about the request-for-assistance proposal. In addition, there is sharing across the provinces if there are commodities that they feel are not going to be used. That is taken into account as we look at the stocks that are going to be required.

We have, primarily, put in place an eight-week supply across those primary commodities for the national emergency strategic stockpile. Individual jurisdictions are also looking to build their own stockpiles, and the levels of preparedness they have set for those varies. A number, for example, are setting themselves up to have a supply for 12 weeks or more.

Mr. Majid Jowhari: Ms. Evans, this is the last question.

NESS also includes miniclincs for triage and minor treatment that are scalable and can be adopted to various circumstances to reduce the demand on existing medical care services. Has PHAC or NESS been approached to help with the administration of any of the vaccines in any of the provinces or territories?

Ms. Cindy Evans: The vaccine program is outside of my purview. What I can say today is that we have, through the effort [*Technical difficulty—Editor*], assisted in the delivery of [*Technical difficulty—Editor*] needles, sharps containers, syringes, fridges, freezers and dry ice. If there are specific questions with respect to the vaccine rollout, we would have to take those back to the department.

Mr. Majid Jowhari: In closing, how would you characterize the inventory situation that NESS is in right now for the PPE products available for distribution?

Ms. Cindy Evans: We are well situated with the supplies that we've received and the stockpile that we've been able to replenish in the strategic stockpile. We continue to receive bulk procurement supplies daily, which are immediately disbursed to the provinces. As my colleague from PSPC has said, we have galvanized the Canadian industry to help us be less reliant on external sources for some of these important commodities.

The Chair: Thank you, Ms. Evans.

We'll now go to Ms. Vignola, for six minutes.

[*Translation*]

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

My thanks also to the witnesses for joining us today.

Ms. Evans, how many ventilators did Canada receive from FTI Professional Grade Inc.?

• (1600)

[*English*]

Ms. Cindy Evans: I don't have that specific number on hand today.

[*Translation*]

Mrs. Julie Vignola: Is it possible to send us that information to us quickly?

[*English*]

Ms. Cindy Evans: I'm sorry, but I didn't hear the second part of the question.

[*Translation*]

Mrs. Julie Vignola: Is it possible to send us that information to us quickly?

[*English*]

Ms. Cindy Evans: We could certainly bring to the committee a global number for respirators that have been received.

[*Translation*]

Mrs. Julie Vignola: Are you talking about the ventilators we have received from FTI Professional Grade?

[*English*]

Ms. Cindy Evans: I will turn to my colleague from PSPC to see if he has something to add, but we would be happy to provide the global number of ventilators that have been received by the Public Health Agency of Canada.

I don't know if Michael Mills would have anything to add to that information.

Mr. Michael Mills: We are currently, as I mentioned, negotiating and working with our vendors to reduce the total number taken. We are looking to have that wrapped up by the end of the year. We were looking to make our numbers public early in the new year, so that we would be able to come back in the early new year with the number of ventilators across manufacturers.

[*Translation*]

Mrs. Julie Vignola: If the number of ventilators we have bought from FTI Professional Grade is reduced, will the \$237 million in our contract with that company also be reduced?

[*English*]

Mr. Michael Mills: No, not in the case of FTI. For the contract, we'll come back with the number of deliveries. Not all of the manufacturers will be reduced, so the contract did not reduce their deliveries.

[*Translation*]

Mrs. Julie Vignola: So there would be fewer ventilators, but the total cost would still be \$237 million. One might wonder whether that is a good deal for us. But let's move on.

Have any of you seen the contracts signed with the vaccine suppliers? Are you able to tell us how much those contracts have cost us in total and how much, on average, we are paying for each vaccine?

[*English*]

Mr. Michael Mills: Unfortunately, I'm not responsible for the purchasing of vaccines, so I would not be able to provide information on the number of vaccines or details on the contracts. As Ms. Evans said, we are responsible collectively for the purchasing of supplies to administer vaccines—syringes, needles, sharps containers, freezers and those kinds of things—but not the vaccines themselves.

[*Translation*]

Mrs. Julie Vignola: Who do you think we should invite in order to have those questions answered?

[English]

Mr. Michael Mills: If that's the subject, we could look within PSPC in terms of who would be an appropriate person to respond to those questions, whether it be the deputy or one of my colleague assistant deputy ministers who is responsible for vaccines.

[Translation]

Mrs. Julie Vignola: Thank you.

According to the 2021-2022 Departmental Plan of Public Services and Procurement Canada, PSPC, "the department is procuring other requirements such as mental health services and online COVID-19 tools, as well as accommodations and humanitarian support to individuals having to self-isolate."

What mental health services does the department provide and who can use them?

[English]

Mr. Michael Mills: In terms of services for the public, I would have to get back to you in terms of the procurement. It may have been working with another department to supply those services. I'll have to take that away and come back with an answer.

• (1605)

[Translation]

Mrs. Julie Vignola: Thank you.

What are the main obstacles in the way of the distribution of COVID-19 vaccines to isolated communities or indigenous, First Nations communities?

[English]

Ms. Cindy Evans: As I said, in the bulk procurement we've done for personal protective equipment, 20% of that amount is held back by the national emergency strategic stockpile to replenish our stocks. Within that 20%, we do allocate 2% to our colleagues in Indigenous Services Canada. Where they are providing support to communities within their purview, that provides them with essential medical supplies for those communities. With respect to specific barriers to that distribution, I think we would have to go back to our colleagues at ISC to ask for additional details.

With respect to the delivery of supplies, such as fridges and freezers in support of vaccine delivery, we were able to request assistance, through a request for assistance to the Canadian Armed Forces, in delivering to some more challenging areas in that circumstance.

The Chair: Thank you, Ms. Evans and Ms. Vignola.

The committee would appreciate it if both PHAC and PSPC could submit answers in writing to some of those questions, as you have indicated. If you could submit those to the committee through the clerk, we would greatly appreciate it. Thank you.

We will go to Mr. Green for six minutes, please.

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

Members of this committee, and to the witnesses who are here today, I want to thank you for this opportunity to revisit this conversation. You'll know and recall that in multiple meetings I've

brought up the urgency around the national emergency strategic stockpile.

[*Technical difficulty—Editor*] through you, Mr. Chair. When we moved the motion at this committee to receive documents, we did so with the parameters that they would only be redacted in accordance with the principles as laid out in the motion.

First, did anybody within the national emergency strategic stockpile department responsible, PHAC and others, have any role in redacting the documents that we received?

Ms. Cindy Evans: With respect to any document production, be that through access to information or other requests, including parliamentary motions, staff who are providing documents would make recommendations for redactions in line with the principles that we would see as well through the access to information eligible redactions, including things with respect to national security, with respect to information given in confidence—

Mr. Matthew Green: Is it your opinion that out of the hundreds, almost thousands, of papers that we went back to, trying to search for answers in the national emergency strategic stockpile plan, most of the contracts and the information that would lead to the decisions of the closures of those national warehouses would be of national security...and that's why they were redacted?

Ms. Cindy Evans: Certainly I can't speak to the specific dates and inclusions with the most recent document requirement from Parliament as to what specifically was or was not redacted.

Mr. Matthew Green: May I just put this to you in a very clear way today, on the record, Ms. Evans. I know your predecessor was before this committee, and I didn't have much luck getting answers there, so I'll try again today.

We only heard about the closure of the warehouse in Saskatchewan through the media, because of somebody who didn't get a contract. They went down and took photos. Millions of critical PPE were discarded and the system was contracted from nine warehouses down to six, I believe, so we never really had information back about the other locations. The government was forthcoming once they were caught on the Saskatchewan warehouse.

How many items of critical PPE were also discarded in the other warehouses, based on the program's inability to effectively deal with the expiry dates?

• (1610)

Ms. Cindy Evans: I believe, again going back to the discussions that happened at this committee in May, what we have already shared with the committee is that, in 2018, expired items such as gloves, face shields, bandages and survival biscuits were disposed of. In 2019, approximately two million expired masks and 440,000 expired gloves—

Mr. Matthew Green: That was just in Regina, respectfully.

I don't want to beat around the bush. I want to be clear. Again, this is not on you, Ms. Evans. This is maybe going hard on the problem. It's not a personal thing, so forgive my tone if I come off sharp, but you haven't disclosed.... We know it was two million in Regina.

Am I to then extrapolate that it could also be assumed that in the other two locations that were closed there were also two million critical PPE, N95 masks, that would have been thrown away as well?

Ms. Cindy Evans: What I can say is that when a warehouse is closed the material that is of use is transferred to the other warehouses and any expired material would be disposed of—

Mr. Matthew Green: Ms. Evans, I'm sorry but that's not answering the question. You would know this number. You had nine warehouses. You reduced them to six. In one warehouse alone you threw away two million N95 masks in garbage bins. On March 18, there are documents and emails from your department that talk about facing the real crunch: "We have received urgent requests from Nunavut, NWT, NFLD, BC", and they were all asking for N95s. It says, "The requests, particularly for N95, far exceed our stockpile."

I'll ask you the question again. In one warehouse, you threw away two million N95 masks. How many masks did your department throw away for the other two warehouses, or all of the warehouses based on the expiry of these items?

Ms. Cindy Evans: Again, I will reiterate that any masks that were determined to be acceptable would have been transferred to another warehouse. I will say the masks from the Regina site were 10 years old and five years past their expiry date.

Mr. Matthew Green: This is what I have, Ms. Evans, from the request that I put forward. You will see that document is blacked out. This is about the current NESS stocks for the PPE. We started off in procurement by throwing away masks in 2019. We know one location threw away two million masks. Is it that you have the information and you're unwilling to give it, or you don't know?

Ms. Cindy Evans: Certainly the information appropriate to be disclosed would have been provided in the document production. Certainly I can't speak to an individual document and the specific redactions or the rationale behind that.

Thank you.

The Chair: Thank you, Ms. Evans, and thank you, Mr. Green.

We will now go to the second round, starting with Ms. Harder for five minutes, please.

Ms. Rachael Harder (Lethbridge, CPC): Thank you.

Just a few months before COVID-19 hit, the government effectively shut down Canada's pandemic warning system. This is a system, of course, that had established itself during the SARS outbreak in 2003 or just after as a frontline defence against pandemics. It was known for its capabilities and it was praised for them. As an intelligence unit, one of the warning system's key functions was to help inform Canada's risk assessment for an outbreak, which helps the government decide how quickly to respond and what measures are needed going forward.

For much of January, February and March, the Liberals maintained that the virus posed a "low threat to Canada" even as COVID-19 was spreading aggressively around the world. Even when the World Health Organization changed its rating to high at the end of January and warned other countries to prepare, Canada maintained a low risk and did nothing.

Had Canada's pandemic warning system been fully operational, do you feel that the government would have heightened the threat level of the pandemic at an earlier date and, therefore, increased safety measures such as closing the border?

Ms. Cindy Evans: Thank you for the question, and I'd really like the opportunity to set the record straight. The global public health intelligence network was never shut down. The number of alerts did decrease over the past number of years. However, GPHIN continued to operate without reductions in that time.

• (1615)

Ms. Rachael Harder: I'm sorry. I'll just pause right there, just so we have a clear understanding. You're saying that the system, the warning system, has stayed in full effect the whole time?

Ms. Cindy Evans: What I'd like to do is give some context—

Ms. Rachael Harder: It just takes a yes or no actually. It's just simply a yes or no.

Ms. Cindy Evans: The system was not shut down, if I might answer the question—

Ms. Rachael Harder: It was fully functional.

Ms. Cindy Evans: Mr. Chair, may I answer the question in my own words?

Ms. Rachael Harder: I would ask you to answer the question.

Ms. Cindy Evans: There are three components to the global information system. There's a GPHIN daily report. There are GPHIN alerts, and there's a GPHIN platform. The GPHIN program at no point was shut down, and what I would like to say is—

Ms. Rachael Harder: Were the GPHIN alerts shut down?

Ms. Cindy Evans: There was a reduction in the GPHIN alerts. They were not shut down.

Ms. Rachael Harder: It was a reduction from what to what?

Ms. Cindy Evans: I don't have that number in front of me.

Ms. Rachael Harder: Why don't you have that number in front of you?

Ms. Cindy Evans: What I'd like to state is—

Ms. Rachael Harder: Why don't you have that number in front of you?

[Translation]

Mrs. Julie Vignola: A point of order, Mr. Chair.

[English]

The Chair: Go ahead, Ms. Vignola.

Mrs. Julie Vignola: I have no translation anymore and I wanted to be sure I understand this well.

The Chair: Ms. Vignola, we're just going to pause for a second until we figure out what's going on. It's the translation. Is that correct?

[*Translation*]

Mrs. Julie Vignola: It's working now.

Thank you.

[*English*]

The Chair: Thank you, Ms. Vignola. We will try again.

Ms. Harder, carry on, please.

Ms. Rachael Harder: Thank you.

If you're not able to provide those numbers, which I find somewhat curious—it's quite convenient that you don't have those numbers in front of you—then why was the pandemic missed? If what you're saying is true, if the system was effectively in order, why was it missed?

Ms. Cindy Evans: The GPHIN detected a signal on December 30 of the COVID-19 pandemic and that signal was distributed on December 31, at which point a chain of action happened through the Public Health Agency. The GPHIN system did exactly what it needed to do and the issuance of an alert to international partners would have in no way impacted the domestic activity that took place, including the outreach that immediately happened from the chief public health officer to our colleagues across the country.

I would just like to state again for the record that the GPHIN program was not shut down and the critical component of the GPHIN daily report, which flagged the unusual cases of pneumonia in Wuhan, China, did go out on December 30.

Ms. Rachael Harder: In your estimation then, the GPHIN was functioning exactly as it should and that is the best capability that Canada had at the time.

Ms. Cindy Evans: The GPHIN system did exactly as it needed to do in providing the signal that was detected of the unusual cases of pneumonia in Wuhan, China. We at this point are looking forward to receiving the recommendations from the Office of the Auditor General's audit as well as recommendations from an external panel on the GPHIN program. As with any system and any program within the Government of Canada, we will welcome suggestions for continuous and ongoing improvement of that program.

Ms. Rachael Harder: I think it was already stated that there were significant reductions made.

You're saying that on December 31 a warning was delivered. It wasn't until two months later that Minister Hajdu was finally willing to acknowledge that maybe there was some problem. She still said it was low risk. It wasn't until two and half months later, after we received that first signal, that anything was actually actioned.

Why?

Ms. Cindy Evans: Officials have been asked today to come to the committee to speak to the national emergency strategic stockpile. Certainly, I can speak to issues on the GPHIN program. As I've stated, the signal was provided on December—

Ms. Rachael Harder: Would advice be given to the health minister on how to act, based on the data being collected?

Ms. Cindy Evans: As I've said, the signal based on December 30 resulted in—

Ms. Rachael Harder: I'm wondering if the information would be given to the minister and if she would be advised.

The Chair: Ms. Harder, if we could get a quick answer... Ms. Evans, please proceed with that. Thank you.

● (1620)

Ms. Rachael Harder: It's really yes or no. It's pretty quick.

Ms. Cindy Evans: The signal from the GPHIN system resulted in the chief public health officer alerting her colleagues and providing a system of readiness on the ground to watch for incoming cases. The risk assessment and decisions taken are outside the scope of the GPHIN program.

Thank you.

The Chair: Thank you.

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

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

Thank you very much, Ms. Evans and Mr. Dorion and all the witnesses for your testimony here today.

I offer a big thank you to all the staff at PSPC and PHAC for your heroic efforts during the pandemic to keep Canadians safe under incredibly difficult and historic situations.

Ms. Evans, the federal government has been a partner with the provinces and territories since the beginning of COVID. We've heard about the extensive funding that the federal government has provided directly to the provinces and territories. Of note, the fall economic statement allocates about \$7.6 billion to rapidly procure more than two billion pieces of personal protective equipment, and an additional \$1.5 billion to provide warehousing and logistic support to rapidly deliver critical PPE and medical supplies to provinces, territories and indigenous communities, as well as maintaining the readiness of the NESS.

Can you tell us more about how this funding will be used when Bill C-14 is passed?

Ms. Cindy Evans: I'm going to turn to my colleague, Martin Krumins to initiate the answer to that question.

Thank you.

Mr. Martin Krumins (Vice-President and Chief Financial Officer, Public Health Agency of Canada): Certainly.

Through the estimates this year, the national emergency stockpile has received a significant influx in funding. The total this year has been \$7.4 billion. As you will note, to date the department has spent approximately \$3.9 billion of this funding for a variety of commodities, including personal protective equipment, testing, supplies, warehousing, logistics and other services as well as supplies to support the vaccine deployment.

As this funding will continue, so will the response for next year. Funds will be reserved in the next fiscal year as well to continue the use and purchase of these commodities.

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

In your previous response, Ms. Evans, I believe you touched on the auxiliary supplies that will be provided as the vaccination efforts are ramping up right now.

As we ramp up those vaccinations and vaccine clinics across the country, can you tell us a little about what role PPE and the NESS will play in that process?

Are we ready for that demand, whether it's syringes or disposable gowns or just supporting the efforts on the ground? I would like to get a better understanding of that, please.

Ms. Cindy Evans: The vaccine rollout and the specifics of that work are outside my purview. What I can say is that, on personal protective equipment, we continue to work closely in collaboration with the provinces and territories.

Supplies that would be needed for vaccinations such as gloves, gowns and other pieces of PPE would form part of the demand and the burn rate [*Technical difficulty—Editor*] rollout, we have provided supplies in rollout like adhesive bandages, alcohol swabs, safety needles, sharps containers, syringes, fridges and freezers.

Certainly there are ongoing dialogue and discussions with the provinces in terms of their individual vaccine rollout plans within their jurisdictions. Certainly if the committee would like additional information on those plans, other officials could come to the table to share that information.

Mr. Irek Kusmierczyk: Does that stockpile include the so-called dead space syringes as well? Is that something we are going to be leaned upon to deliver to provincial and local partners, who are responsible for the rollout? They might come knocking on our door.

Ms. Cindy Evans: The Public Health Agency of Canada, with our partners at PSPC, have been procuring low dead-volume syringes as part of the Government of Canada's vaccine rollout plan. As of March 18, we have procured over 115 million of those low dead-volume syringes, and those have been actively distributed to provinces and territories as they have been received.

• (1625)

Mr. Irek Kusmierczyk: That is absolutely fantastic news. Thank you very much again for being on the ball here.

I have one last question. I know I am running out of time, but can you tell us a little bit about what lessons or what insights we have learned right now throughout this pandemic? Are there one or two key insights or lessons we have learned from this experience? That's in terms of the NESS itself.

Ms. Cindy Evans: In terms of the NESS, I would say two things. Certainly the efforts that have been made to galvanize the Canadian industry and allow us to pull from domestic supply have been quite critical in our response and something that we'll be looking at in terms of how we sustain those efforts going forward to bring some domestic self-sufficiency to Canada.

Second I would say that the data sharing with the provinces and territories and, quite frankly, the robustness of their systems to be able to look at their own stocks, burn rates, life-cycle management and the manner in which distribution occurs for the scope of their health care sectors has been quite critical in making sure that we're getting supplies through the provinces and territories to critical frontline health care workers.

I would say in summary that it's domestic self-sufficiency of supply and active and collaborative data sharing with the provinces and territories of their PPE situation.

The Chair: Thank you, Ms. Evans and Mr. Kusmierczyk.

We'll now go to Ms. Vignola for two and a half minutes.

Ms. Vignola, are you...?

[*Translation*]

Mrs. Julie Vignola: Good afternoon.

[*English*]

The Chair: Once you start asking the question, I'll start your clock.

[*Translation*]

Mrs. Julie Vignola: Thank you very much.

On May 15, 2020, a representative of the Public Health Agency of Canada stated that the national emergency strategic stockpile, the NESS, had an operating budget of \$3 million per year and 18 full-time employees. Ten or so years ago, the budget was almost double and there were 27 employees.

What has been the impact of those budget cuts on the performance, the actions and the response of the NESS?

[*English*]

Ms. Cindy Evans: I'd like to turn to my colleague Martin Krumins to speak to the specifics of the budget for the national emergency strategic stockpile.

Mr. Martin Krumins: What I can say is that, as you noted, the budget for operating the NESS was significantly less than it is this year, so annual-based funding for the NESS operations has ranged between \$3 million to \$5 million.

In the most recent year, that operating budget has grown significantly to almost double and is now sitting at approximately \$6 million for operations and FTEs. In the past I can say that specific investments for the purchases of equipment have been time limited or through internal reallocation, and some of that time-limited funding was, for example, a four-year investment for medical countermeasures against smallpox and anthrax that was made in 2015-16.

With the onset of the pandemic, those time-limited investments have grown significantly and are close to \$7.4 billion. The operating budget of the NESS has grown and is there.

In terms of the operations and how effective they are, I believe my colleague Cindy Evans would be able to speak to the effectiveness of that.

[*Translation*]

Mrs. Julie Vignola: Thank you, Mr. Krumins, but my question was this: what has been the impact of the cuts you have experienced in the last 10 years?

I am pleased to learn that the budget has increased and that you now have more employees. However, what was the impact of the budget cuts on the NESS and on how the NESS organized its planning in terms of responding to the pandemic?

[*English*]

Ms. Cindy Evans: Emergency management in Canada and the model for the national emergency strategic stockpile are built on the assumption that provinces, territories and local governments are prepared to handle the most common emergencies, so it was designed to provide health emergency assets when local, provincial and territorial resources were exhausted and to be the sole provider of certain niche assets.

It had not had a focus primarily on PPE historically in the past, but despite that, we worked quickly with the provinces and territories to deploy a multipronged approach, including our bulk procurement, to quickly bolster in Canada the supplies of the PPE and other medical equipment, in addition to galvanizing Canadian industry to help us gain additional sources of supply.

• (1630)

The Chair: Thank you, Ms. Evans and Ms. Vignola.

We'll now go to Mr. Green for two and a half minutes.

Mr. Matthew Green: Thank you very much.

To reframe the question, what is the service standard per warehouse for the stockpile of N95 masks?

Ms. Cindy Evans: I'm sorry, Mr. Chair. I'm not sure I understand the question.

Mr. Matthew Green: How many N95 masks are, by standard, stockpiled per warehouse?

Ms. Cindy Evans: I'm unable to provide a specific number of N95 masks. What I can tell you is that in terms of what we've procured overall—

Mr. Matthew Green: I'm sorry. That's not what I'm looking for. We have warehouses across the country. I would assume those responsible for the warehouses would know how much each warehouse is supposed to have on hand at any given time.

If we don't have that information, Mr. Chair, I'm going to go ahead and move a motion that Ms. Evans and her department report back to this committee on the number of N95 masks and critical PPE that were disposed of in 2018 and 2019—and we'll put 2020 in there—and what the standard is for the stockpiling of N95 masks across the country, as well as segregated by warehouse.

The Chair: Thank you, Mr. Green, for that motion.

We have a motion on the floor.

Mr. Green, do you have that in writing or can you...?

Mr. Matthew Green: No. It's an at-hand motion.

Mr. Chair, I've been unable to ascertain the answers to the questions I've been looking for.

The Chair: Certainly. Can you repeat it again so the clerk has everything down properly, please?

Mr. Matthew Green: Yes. The motion is that the department responsible for the national emergency strategic stockpile report back to this committee on the disposal of all PPE, including N95 masks, for the calendar years of 2018, 2019 and 2020, and what is the national standard for stockpiling these items nationally, as well as per warehouse.

Could I speak to that motion?

The Chair: Just hold on for a second, Mr. Green. I want to make sure the clerk has that down in case we're asked to repeat it.

All right, Mr. Green. Would you like to speak to the motion, please?

Mr. Matthew Green: It's clear that there was a [*Technical difficulty—Editor*] stockpile. To follow their own reports that go as far back as 2012, they knew that they were going to have issues with respect to the expiry and the maintenance of the standards for our stockpiles. This is something that has been reported on time and time again. In 2012, they knew that the assets stored within the NESS were no longer in good quality due to long-term storage, yet this government still failed to address the system management failures, resulting in the shuttering and disposal of millions of critical PPE on the eve of a global pandemic.

I still have not heard a rationalization for how this abject failure was acted on. This is something that has been known for almost a decade. I asked Ms. Thornton. I moved a motion hoping to get this information. I'm finding that, in all the materials that have been given to us, this information has either been redacted or not submitted.

There must be a national standard on how many N95 masks the national emergency strategic stockpile was supposed to have. We heard today that two million were thrown away in one location. We knew, and I have been on this now for the better part of a year, that two other locations were also shuttered. It is left to me to believe that those responsible, in the past it would have been Ms. Thornton and we have Ms. Evans here today... Again, it's not personal. They're just staffers on this file. If there were two million thrown out in Regina, there could have been two million thrown out at each of the other locations.

We started off this pandemic woefully behind the rest of the world as it related to having access to these. I have documents in which they're just unwilling to share what the stock levels looked like. I've asked questions in multiple different ways and iterations, trying to get to the information on who's accountable for the disposal of critical PPE.

This is all without it being said that, on the procurement side, even when we tried to catch up—you recall from the work of this committee—11 million masks were procured and nine million of them were deemed to be unfit for use and not to the standards of the N95.

It's my position that there was an abject failure. I think this is a scandal, quite frankly. I've been saying this now for the better part of a year. There are now internal documents that support that the requests from the provinces—this is March 18, 2020—far exceeded our stockpile, yet nobody within government wants to take responsibility.

Therefore, I'm moving this motion. I want to make sure that this committee is clear about what transpired in the shuttering of the national emergency strategic stockpile. How many were thrown out, and were they replenished? How was Canada situated on the eve of a global pandemic—which we knew to be coming going back 10 years now, this pandemic coming after SARS—to be in a position to address it?

Those are my comments, and I think you can hear my frustration. I just want to reiterate that it's not directed at any individual person. It's just that I've been after this now for the better part of a year.

• (1635)

The Chair: Thank you, Mr. Green.

I have Mr. McCauley, and then I have Mr. Drouin.

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

Mr. Green, I think you bring up a lot of excellent points. I think we certainly do support this, especially when you consider that in September 2019, just three months, if not less, before what Ms. Evans said was the warning given on December 31 to Dr. Tam and others about this problem coming out of China, PHAC was bragging about how well prepared they were, yet we know different.

Just to clarify, Mr. Green, when you talk about the standard in your motion, you're referring to set inventory numbers for N95 and other items.

Mr. Matthew Green: That's correct, the real numbers.

Mr. Kelly McCauley: I just want to make that clear so that people are not working around that.

Thanks very much, Mr. Green.

The Chair: Thank you, Mr. McCauley.

We'll now go to Mr. Drouin.

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

I just want to correct a few points that my friend, Mr. Green, has mentioned. Obviously, everybody was trying to procure PPE in the midst of this pandemic. I remind him that there's a reason why Mr. Trump tried to block some exports to Canada at the time for N95 masks. It wasn't just that Canada had an issue of procuring PPE when the whole world was trying.

He's asking for information with regard to the national standard, so would he be willing to change the wording of the national standard? I, too, get confused by what he means by that. If I'm getting confused, and we're going to be perhaps adopting a motion and sending it to the department, I'd hate to see the department reporting back and giving us the national standard wording.

Can he clarify that in his motion, just so everyone understands around this table what he wants?

Mr. Matthew Green: I think this—

The Chair: Mr. Green, I'm going to ask you to hold on that. We'll get you to respond once we get to the end, if that's okay with you. There might be other questions.

Mr. Kusmierczyk.

Mr. Irek Kusmierczyk: I'm sorry, but wasn't Mr. MacKinnon before me?

The Chair: Mr. MacKinnon doesn't have his hand up.

Mr. Irek Kusmierczyk: My apologies.

I guess I'm trying to get some clarification of the reasoning behind the motion. You're looking at the fact that literally \$7.4 billion of PPE was procured. That's PPE and medical equipment. For nitrile and vinyl glove pairs alone you're looking at 781 million, and 60 million face shields were received. I'm seeing 130 million medical gowns. This is as of February 26, 2021. If you're looking at N95 and KN95 respirators, 115 million were received, along with 10 million cloth masks, 63 million face coverings and 25,000 medical ventilators.

I guess I'm trying to understand this. It seems the supplies that were procured over this time have met the demand that was generated locally. It's up to the provinces and the local health units to indicate that they require additional assistance. PSPC and PHAC knocked it out of the park, providing, again, tens and hundreds of millions of pieces of PPE to help supply and fill the breach. Even earlier in testimony today, we heard one of our colleagues at the committee say that we've ordered so much of this stuff that we should consider potentially nullifying some of the orders because we have too much of it.

I'm looking at this situation and I see PSPC and PHAC really accelerating purchases and really stepping up to the plate in such a difficult situation, knowing that there is such tremendous demand globally in such a competitive situation. Again, they are hitting the ball out of the park in making sure that we procure an enormous amount of PPE to make sure that we have double, triple and quadruple the coverage of what is required.

I'm trying to understand this. I'm always open to discussion. It's the way that I approach committee and approach the work here. However, I'm trying to understand exactly what my colleague Mr. Green is trying to get at with this motion and what the purpose of the motion is. Again, I'm looking at this information and PHAC and PSPC, as I said, really ramped up the procurement process. They got to work quickly and created a PPE stockpile that I would say other countries probably wish they had.

Even looking forward right now, PSPC and PHAC are—

• (1640)

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

The Chair: Go ahead, Mr. McCauley.

Mr. Kelly McCauley: To the Liberals, are you planning on filibustering this and blocking it from the public? Are you going to get to the end of your question? This is vital information for the Canadian public. Just let us know if the Liberals are planning on filibustering this so that we can move on.

Mr. Irek Kusmierczyk: Not at all. I'm actually really curious to get the answer here. I'm just trying to provide the context in terms of some of the questions I have.

Again, from the picture we received from the testimony here, which was excellent testimony, I have to say, we were actually quite nimble. We responded very quickly to the pandemic. We provided more than enough PPE for local and provincial partners to protect us during this pandemic. We responded very quickly in securing all of these countless pieces of personal equipment—and not only for the current crisis or the current demand. Looking forward, for example, the provinces and the local health units may possibly need support in order to roll out.... As we accelerate vaccinations and as more and more clinics are up and running, we'll need additional supports that way. PSPC and PHAC were looking not only at the challenge right in front of them but also very much forward to the future challenges that would come out of the vaccination efforts.

Again, I'm just trying to understand this, because that's the picture I heard from the testimony from Ms. Evans and Mr. Dorion. I want to put the ball back into my colleagues' court, because I want to understand exactly what we're looking for with this motion that's being put forward.

• (1645)

The Chair: Thank you, Mr. Kusmierczyk.

I see no other hands up, so I will ask Mr. Green if he would respond to any of the comments and questions that were directed....

Hang on a second. I do see Mr. Drouin's hand up.

Mr. Green, I will ask you to hold on until we hear from Mr. Drouin.

Mr. Francis Drouin: I'm sorry, Mr. Chair. I just want Mr. Green to answer some of the questions. I don't want to talk about this all day, so I'll let him answer.

I'm just curious about the amendment, if he's going to be making that.

The Chair: Mr. Green, go ahead.

Mr. Matthew Green: Thank you.

I appreciate the intervention from my friend seeking that clarity, because it would be very disappointing to receive information back that didn't meet the spirit of the motion.

I'll speak in plain terms. I would just like to get the stockpile supply levels and quantities, in real quantities, per item throughout all of our national emergency strategic warehouses. I would also like to get the levels in quantity that were disposed of in the years 2018, 2019 and 2020.

Is that helpful?

The Chair: Mr. Drouin, is the—

Mr. Matthew Green: I called it a national standard, Mr. Chair.

I called it a national standard because, having read the national emergency documents, I understood that there were recommendations that came out of SARS. I would imagine that in a program as important as this, there would be standards for what the levels and quantities of supply should look like. Perhaps "national standards" is an inaccurate thing for me to say, given the flexibility of this particular program. Maybe that will be a recommendation and an outcome from this motion.

To be very clear, Mr. Chair, there were recommendations on this that go back 10 years. Post-SARS, we saw fit to have national emergency strategic stockpile warehouses across the country. Somebody, somewhere along the line, made the decision to close them down—to close three of them down.

I'll reiterate. We knew that two million were thrown out in Regina. I'm seeking to find out how many more of these units were thrown out and whether or not they were ever replenished.

If I can answer the second point in terms of context and this language of knocking it "out of the park", 20,000 Canadians are dead. You want to talk about procurement that took months to get online, to where we actually had real domestic products here, shipped, on the ground, that were qualified for distribution. Of the first 11 million N95 masks to hit the ground, the soil here in Canada, nine million were deemed unfit for use as N95 masks. We throw away millions, we bring in millions and all the while Canadians are contracting COVID.

As for the mental gymnastics of the contortionist, Mr. Chair, of patting ourselves on the back on this file when we failed to live up to the recommendations of our own reports that go back a decade, it's just simply something that I can't fathom. We know that their budget got slashed almost in half. Their staffing got slashed. This government is again failing to meet their own recommendations, and I would like to get to the heart of the matter, which is how we started off this pandemic.

We now know that masks are critical. We know, through some of the things that I was able to obtain, that provinces, right off the hop.... From the moment we started, we were behind. We responded to China and other places and sent this abroad, but then, as soon as Newfoundland, B.C. and medevac in the north were seeking N95 masks, staff said that it far exceeded their current stockpile.... I would wager that if we had had a system in place with the kind of management logistics that would have replenished the two million in Regina, that if we had kept those warehouses, we could have filled those requests right off the bat.

We're in our third wave right now, so on hitting it out of the park, which park are you in? We're modelling scenarios that are worse than anything we've ever seen before. We now know it to be true that this is airborne. N95 masks are going to be critical. The fact that we want to spend this committee patting ourselves on the back a year into this game negates the accountability this government has on the failure of having adequate supplies in the NESS to begin with.

I would love to be proven wrong. I would love for these documents to come back and say, "We threw out six million and we got six million, so it was a net-zero loss—no big deal—and we are ready to go." However, that's just simply not the case. There have been cuts to this program. They were cutting their own corners. They're not listening to their own recommendations. Dr. Tam was on the record 10 years ago in talking about post-SARS and what we needed to do. They knew, yet they failed to act on the national emergency strategic stockpile.

When you ask me what I'm getting at.... We shouldn't be in this third wave. That's what I'm getting at. We should have a program where we have domestic supplies taken care of. I would love to see it nationalized. I happen to think that the government should be producing critical PPE and vaccines, quite frankly, yet here we are, scrambling to this very day.

Again, it was Ms. Thornton before. It's Ms. Evans today. It's not about the individual people. It's not even about Mr. Kusmierczyk. I'm fired up because it has been a year in the making for me to get these documents. They filibustered the last time. You'll recall that I passed the motion, Parliament got prorogued and I brought it back. I got superheated. In fact, I even had suggestions from members on the other side that I needed to chill out on this.

● (1650)

I'm not chilling out on this, because 20,000 people have died. That's where we are. I want to find out if this national emergency strategic stockpile is under a better management system where it can deal with its own logistics in a way that doesn't result in millions of critical PPE being thrown into dumpsters on the eve of a global pandemic. It's quite simple.

I hope that the clarification on the amendment in terms of the numbers and getting clear about what those supply levels were.... I predict we're going to see a drastic decline without a replenishment, and I predict we're going to see that we came into this pandemic vastly unprepared despite our own recommendations. That's what I'm predicting, and I would love to be proven wrong.

The Chair: Thank you, Mr. Green.

Mr. Drouin, just before I let you have the mike, are you comfortable with his definition of the national standard, or do you wish to make an amendment? The amendment would need to be made by you. Otherwise, if Mr. Green is making an amendment, it would need unanimous consent.

Go ahead, Mr. Drouin.

Mr. Francis Drouin: We can certainly make a friendly amendment, but I would probably ask the clerk to reread the motion so we're all clear because it was given verbally. I get where Mr. Green is coming from, but he also knows that we have an hour of committee business to deal with, so he chose television over production.

That's your call, Mr. Green, but I wasn't born yesterday. I see this all the time.

I'd just ask the clerk to read the motion, and then we can propose a friendly amendment.

The Chair: Thank you, Mr. Drouin.

I will ask the clerk if he would read the motion, please.

The Clerk of the Committee (Mr. Paul Cardegnia): Thank you, Mr. Chair.

The text of the motion I have is that the department responsible for the national emergency strategic stockpile report back to this committee on the disposal of all PPE, including N95 masks, in 2018, 2019 and 2020, and what is the national standard for stockpiling PPE across the country nationally, as well as per warehouse.

Mr. Matthew Green: The clarified amendment, Mr. Chair, was it that "national standard" would be replaced with "supply levels in real quantities per item"?

The Clerk: Could you repeat that, please, Mr. Green?

Mr. Matthew Green: As per Mr. Drouin's intervention, in that friendly amendment, describe it as the "supply levels in real quantities per item"—how much we had and how many we threw out.

Mr. Francis Drouin: Just so you know, you certainly have unanimous consent for Mr. Green to present the wording of that on our side. I can't speak on behalf of my other colleagues though.

● (1655)

The Chair: Thank you, Mr. Drouin.

I'm seeing around the room that we have unanimous consent for....

Mr. Irek Kusmierczyk: Mr. Chair, I have just one question. Again, I appreciate my colleague's response to my original question as well. I wanted to ask whether that is just focused on N95s. Is that the motion? I wanted clarity what PPE that entailed.

Mr. Matthew Green: It entails the PPE that is designated to the national emergency strategic stockpile.

I just gave special attention to the specificity around N95s [*Technical difficulty—Editor*] that there were millions of other PPE also thrown out and then reacquired, as we've heard today in this testimony. It was for all quantities per item.

The Chair: Mr. McCauley, do you have a question?

Mr. Kelly McCauley: I'll be quick, gentlemen.

Thank you again, Mr. Green and Mr. Kusmierczyk.

Mr. Green, is it clear to you in the new motion that we are looking for what I believe you're saying is the set standard for the inventory pre-pandemic?

Mr. Matthew Green: At this point, I'm satisfied just to get the data, and then, from the data, we can determine later on through testimony if there were standards, because it might be the case there weren't.

We'll determine once we get the data whether or not those standards were met or not, but the most important part of this intervention is to get the data of the supply levels and the disposals.

The Chair: Did you have a question, Ms. Vignola? No. Okay. Thank you.

I'm going to read the question one more time and then I will ask if we have unanimous consent for this.

Go ahead, Mr. Clerk.

The Clerk: My understanding of the amendment is that the term "national standard for stockpiling PPE" be replaced with "supply levels in real quantities per item".

Have I understood that correctly?

The Chair: Is that correct, Mr. Green? Yes. Thank you.

Is there any further debate on the amendment? Seeing none, I will ask for consent on the amendment.

(Amendment agreed to)

(Motion as amended agreed to [*See Minutes of Proceedings*])

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

Thank you to the witnesses for bearing with us as we move forward.

We will go to Mr. McCauley for five minutes.

Mr. Kelly McCauley: Thanks, Mr. Chair.

Ms. Evans, we were talking earlier about ventilators. Were any ventilators, whether mechanical ventilators or N95-type ventilators, sent overseas whether sold, given or donated?

Ms. Cindy Evans: Thank you, Mr. Chair.

To clarify, are we talking about N95 respirators or ventilators?

Mr. Kelly McCauley: Ventilators.

Ms. Cindy Evans: Thank you for the question.

To my knowledge, none have been distributed overseas.

Mr. Kelly McCauley: When you say to the best of your knowledge, could another department have done it without PHAC being aware, or is that a definitive "no"?

Ms. Cindy Evans: To my knowledge, the ventilators that we purchased have not been distributed overseas.

Mr. Kelly McCauley: Okay. Thanks.

Mr. Chair, I'm sorry. I should have brought it up earlier. At the beginning of the meeting, on the response from TBS to our March 17 report, traditionally we go to the committee and we ask if we want those made public. Can we bring that up now and have that decision?

• (1700)

The Chair: I'm sorry. Just for clarification, on the TBS, we asked for that to be made public.

Mr. Kelly McCauley: Yes.

The Chair: Normally that would be the case—

Mr. Kelly McCauley: Yes, usually the chair, when he gets the report, would ask if we want to make it public, so I'm going to give you that opportunity to do so.

The Chair: I'm sorry. Just for clarification, you are asking that the documents we called for from March 17 would be made public. Is that correct?

Mr. Kelly McCauley: That's right. I think it's a tradition.

The Chair: Thank you.

Is there any debate on that motion?

Mr. Francis Drouin: I'm sorry, Mr. Chair.

Are these the documents that Treasury Board sent to us last week with regard to Mr. McCauley?

Mr. Kelly McCauley: That's right.

The Chair: Yes...and to be put on our website as well I'm assuming is your meaning, Mr. McCauley.

Mr. Kelly McCauley: Yes, sir.

The Chair: Thank you.

Is there any further debate on that? I'm not seeing any hands up.

Mr. Francis Drouin: Mr. Chair, in terms of a point of clarification, are we in committee business now, or are we still having our witnesses before us?

Mr. Kelly McCauley: It's still the witnesses.

The Chair: My understanding would be that this would be a motion that has been put forward to the committee versus whether we were going to bring it up in committee....

The fact is that it's a motion on the floor that would be debated here.

Mr. Francis Drouin: Okay. We're good.

Mr. Kelly McCauley: Thanks.

On that issue, I'd like to put through a matter-at-hand motion, please, from the floor in consideration of the fact that TBS has submitted documents to this committee that were not what the committee asked for.

The committee asked very specifically that the Treasury Board Secretariat provide the committee with "all monthly COVID-19 expenditures reports and COVID-19 spending data". For some reason, TBS has decided not to provide that information agreed to by the committee.

I would like to put forward a motion that the committee recall officials from the Treasury Board Secretariat to discuss the documents they provided regarding COVID-19 spending, and that the meeting be held no later than the third week of April.

The Chair: Thank you.

Mr. Kelly McCauley: That's April 23, more specifically.

Specifically—and I'll be very brief on this—I know that Treasury Board collects information, and I am happy to read the email that Mr. Huppé sent out in March 2020, an entire year ago. It says, "TBS efforts to collect estimated expenditures related to Canada's COVID-19 Economic Response Plan have been done on an exceptional basis, and these efforts have not been audited."

It also says that TBS "has reached out to organizations to gather spending data related to COVID-19 on a monthly basis, recognizing that the ability to effectively track expenditures attributable to the COVID-19 response".

Also in that same email, Treasury Board sent out an Excel spreadsheet to every single chief financial officer, asking for incremental expenditures, such as salary, overtime, operations—i.e., purchases—travel, grants, contributions, stat expenses and non-incremental expenditures, and asking for comments and current monthly expenditures.

The reason I bring this up is that it is very clear that Treasury Board reached out to all the CFOs in March 2020 to provide this information to Treasury Board. Treasury Board has this information—that's very clear—yet Treasury Board has refused the request from this committee to provide such information.

I would like to have Treasury Board please attend and explain to the Canadian people, the public, taxpayers and Parliament why it decided to ignore or defy a request from the committee.

The Chair: Thank you, Mr. McCauley.

Mr. Drouin.

Mr. Francis Drouin: Mr. Chair, we scheduled an hour of committee business. I'm wondering if we can excuse our witnesses so we don't waste their time. I know they took the time to come before us, so if Mr. McCauley wants to present any motion, I would suggest that we move to committee business because now we're not even discussing the matter at hand.

Obviously I understand that we are not against inviting Treasury Board officials to testify with regard to the documentation they have provided us, and I know that if our committee is not happy with their particular format, I'm sure this is something we can discuss with the Treasury Board officials.

For everybody's sake, it would probably be best if we move to committee business, as we are now half an hour over our allotted time with our witnesses.

• (1705)

The Chair: Thank you, Mr. Drouin.

With that said, we are debating it at this point. I assume that perhaps, Mr. Drouin, you're offering that Mr. Weiler not have any further questions.

As I see no more hands up, the motion is on the floor. I would ask for unanimous consent to approve this.

Mr. Matthew Green: For clarity, Mr. Chair, are you moving on the motion, or are you moving on going in camera?

The Chair: No, it's strictly on the motion.

Mr. Matthew Green: Perfect. Thank you. I am happy to keep it moving.

Mr. Francis Drouin: I'm sorry, Mr. Chair. Can the clerk reread the motion before we say yea or nay?

The Chair: I have already called for the vote, but I will have the clerk reread the motion you voted on.

Mr. Francis Drouin: You called for unanimous consent, so I need to know. Obviously another member was confused.

The Clerk: The text of the motion moved by Mr. McCauley was "That the Committee recall officials from the Treasury Board Secretariat to discuss the documents they provided regarding COVID-19 spending, and that the meeting be held no later than April 23, 2021."

Thank you.

The Chair: Thank you, Mr. Clerk.

(Motion agreed to)

The Chair: Mr. Weiler, you have five minutes.

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

I am happy to cede my time so that we can let the witnesses go and move to committee business.

Thanks.

The Chair: Thank you.

With that said, we have no more questions.

I would like to thank the witnesses, Ms. Evans, Mr. Krumins, Mr. Mills and Mr. Dorion, for their presentations and their answers, and for bearing with us today with the issues we've had.

I would appreciate it if, where questions were asked and where you indicated you would provide that in writing to the committee, you do so at your earliest convenience so that we can get that to the committee quickly. Thank you very much.

The witnesses can go now.

With that said, the public portion of the meeting is now complete for the committee. We'll now proceed to the in camera portion.

When I suspend this meeting the technical staff will end this part of the meeting in Zoom, so you will have to go to your computers and re-enter with what was sent to you by the clerk. You should all have that.

With that said, we will suspend temporarily.

Mr. Francis Drouin: Mr. Chair, I'm sorry. My hand was up.

The Chair: I apologize. We will allow that to happen.

Mr. Francis Drouin: It's just with regard to the way we just proceeded. You didn't say clearly whether or not that particular motion was adopted unanimously. For records that go into this committee, when somebody wants to look at this, it's not clear whether or not the motion was adopted unanimously, because we're not there.

I gave a thumbs-up, but you haven't officially said that the motion was adopted unanimously. Just for the record of Parliament, I want to make sure that if we're going to proceed like this.... It just gets confusing. That's all.

The Chair: The minutes will indicate that it was agreed to rather than that it was unanimous. I did ask on the vote to indicate that I was looking for a thumbs-down, and I did not see any. Not seeing any, I decided that everyone was in favour of it and that therefore it was carried.

We'll see you in a couple of minutes when we go in camera.

[Proceedings continue in camera]

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