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• (1105)

[English]

The Chair (Mrs. Kelly Block (Carlton Trail—Eagle Creek, CPC)): I will call this meeting to order.

Welcome to meeting number 26 of the Standing Committee on Public Accounts. The committee is meeting in public today and is being televised.

Pursuant to Standing Order 108(3)(g), the committee is meeting today to study Report 8: Pandemic Preparedness, Surveillance, and Border Control Measures of the 2021 reports 6 to 9 of the Auditor General of Canada.

Members, I'd like to take the last 10 minutes of the meeting today to discuss some committee business. I believe the clerk has sent you the relevant information for that portion of our meeting.

Today's meeting is taking place in a hybrid format pursuant to the House order of January 25. Therefore, members may attend in person in the room or remotely using the Zoom application.

Madam Clerk, I would just have you confirm that there—

The Clerk of the Committee (Ms. Angela Crandall): There's no one in the room. Sorry about that.

The Chair: Thank you very much.

For all of you who are participating virtually, interpretation services are available for this meeting. You do have the choice at the bottom of your screen of the floor, English or French. Before speaking, click on the microphone icon to activate your own mike. When you are done speaking, please put your mike on mute to minimize any interference.

When speaking, please speak slowly and clearly. Unless there are exceptional circumstances, the use of headsets with a boom microphone is mandatory for everyone participating remotely. Should any technical challenges arise, please do advise me and note that we may need to suspend for a few minutes as we need to ensure that all members are able to participate fully.

I'd now like to welcome our witnesses this morning. Joining us today from the Office of the Auditor General are Karen Hogan, Auditor General of Canada; Carol McCalla, principal; Chantal Richard, principal; Sarah McDermott, director; and Francis Michaud, director.

From the Canada Border Services Agency, we have John Ossowski, president; and Denis Vnette, vice-president, travellers branch.

From the Public Health Agency of Canada, we have Iain Stewart, president; and Cindy Evans, vice-president, emergency management branch.

With that, welcome, all. I will turn the floor over to Ms. Hogan for five minutes.

[Translation]

Ms. Karen Hogan (Auditor General of Canada, Office of the Auditor General): Madam Chair, thank you for this opportunity to discuss our audit report on pandemic preparedness, surveillance, and border control measures. I am accompanied today by Carol McCalla and Chantal Richard, the principals responsible for this audit, and by Francis Michaud and Sarah McDermott, the directors for the audit.

This audit focused on whether the Public Health Agency of Canada was ready to respond to a pandemic and on the agency's actions in the early stages of the COVID-19 pandemic. We also examined whether the Public Health Agency of Canada and the Canada Border Services Agency implemented and enforced border control and mandatory quarantine measures to limit the spread of COVID-19 in Canada.

Overall, we found that the Public Health Agency of Canada was not as well prepared as it could have been to respond to a pandemic. I am discouraged that the agency did not resolve issues that, in some cases, were raised repeatedly for more than two decades.

Since the last major health crisis in Canada in 2009, the agency had worked with its provincial and territorial partners to develop plans and guidance to support a coordinated national response. However, not all emergency and response plans were up to date, and more importantly, the federal-provincial-territorial response plan had not been tested before the pandemic broke out.

Early warning is key to limiting the introduction and spread of an infectious disease. We found that the agency's two main early warning tools—the Global Public Health Intelligence Network and the agency's risk assessment process—did not work as intended. When an unknown pneumonia was first reported in China, the network did not issue an alert to domestic and international public health officials, contrary to its own criteria.

[English]

In addition, the agency used a risk assessment tool that was untested and not designed to assess the potential impact of the introduction and spread of COVID-19 in Canada. The agency continued to assess this risk as low, despite growing COVID-19 case numbers in Canada and around the world, until the chief public health officer of Canada requested a change to the risk level in mid-March 2020.

We also found that the agency had not addressed long-standing issues, including with the information technology infrastructure it uses to conduct health surveillance activities. For example, the agency had not finalized an agreement to share health data with its provincial and territorial partners. These issues impeded the exchange of health data between the agency and the provinces and territories, and had an impact on the agency's ability to form a consistent and timely picture of COVID-19 infections in Canada. Despite these problems, as the pandemic progressed, the agency quickly and continually adjusted its response to trigger public health measures and slow the spread of the virus.

When discretionary travel was prohibited and mandatory quarantine was imposed on incoming travellers, the Canada Border Services Agency reacted quickly to implement public health measures at all air, land and marine ports of entry into Canada. The Public Health Agency of Canada and the Canada Border Services Agency worked together to implement border restrictions and communicate quarantine requirements to incoming travellers.

However, the Public Health Agency of Canada had not contemplated or planned for quarantine on a nationwide scale, including following up on travellers identified to be at risk of non-compliance. As a result, the agency had to develop enforcement capacity in real time. We found that the agency did not know whether two-thirds of incoming travellers had complied with quarantine requirements. Therefore, the agency could not gauge the effectiveness of the mandatory quarantine in place to limit the spread of COVID-19.

Our report includes eight recommendations, and the two agencies agreed with all of them.

- (1110)

This concludes my opening statement. We would be pleased to answer any questions the committee may have.

The Chair: Thank you very much, Ms. Hogan.

We will now go to Mr. Ossowski, for five minutes.

[Translation]

Mr. John Ossowski (President, Canada Border Services Agency): Good morning, Madam Chair and members of the Public Accounts Committee.

I am pleased to be here to respond to your questions about the Auditor General's findings on the enforcement of border control measures during the pandemic. I am here with Denis Vinette, vice-president of the Travellers Branch.

[English]

Mr. Lloyd Longfield (Guelph, Lib.): I have a quick point of order, Madam Chair.

The Chair: Yes, Mr. Longfield. I think I know what you're going to say.

Mr. Lloyd Longfield: The English and French are at the same volume on the English channel. If that could be fixed, it would be great.

The Chair: Madam Clerk, what is the remedy for that?

The Clerk: I'll let you know in a moment.

Mr. John Ossowski: I can continue in English, if that's okay.

Mr. Lloyd Longfield: No, it's important to get the translation right.

The Clerk: Mr. Ossowski, are you now on the floor channel and will be speaking in English?

Mr. John Ossowski: I'm speaking English and I have the English channel selected.

The Clerk: You should be fine.

Mr. John Ossowski: I want to thank the Auditor General for her report. We accept the recommendations to ensure that border service officers have the appropriate guidance and tools to enforce border control measures and to conduct a review of decisions related to essential service providers to ensure that exemptions are properly applied.

The Canada Border Services Agency's border service officers have been at the front line of the pandemic since January 2020, when enhanced screening measures were first implemented. In addition to the 90 acts and regulations that they normally apply, they've also been responsible for implementing the provisions of over 45 pandemic-related orders in council. These provisions apply to different categories of persons presenting at our ports of entry, such as essential service providers and citizens. They are designed to restrict travel and reduce the spread of the virus.

It's important to note that these provisions, which are revised regularly to reflect the changing pandemic conditions, add several layers of complexity to the decision-making process. Every day, CBSA officers make over 35,000 decisions regarding entry. Each decision reflects an individual's unique circumstance and is based on several factors, including the OIC provisions, to determine whether a person is permitted to enter Canada and what their quarantine obligations are. Our officers exercise their professional judgment in a highly complex environment and are well supported in their training to apply these measures.

I want to emphasize that our officers have neither the discretion nor the authority to overcome the obligations and requirements as prescribed in the orders in council. They cannot exempt travellers from quarantine based on any business-related or compassionate factor. That said, given the complexities they face while making these decisions, there may have been isolated incidents of misinterpretation that resulted in incorrect decisions. In such cases, we have strategies to continually learn and improve.

The CBSA continues to support other government departments and initiatives. We have been supporting the implementation of pre-arrival testing and the mandatory digital submission of contact and quarantine information with the ArriveCAN application, which has now been downloaded over 1.4 million times. These contributions have helped the government monitor and control the travel-related spread of COVID-19.

In response to the Auditor General's recommendations, the CBSA has developed a management response and action plan and is already taking steps to address the findings.

To ensure that our officers have a sound understanding of new border measures, the CBSA has significantly expanded the provision of detailed technical briefings before new or amended OICs are implemented. Our objective is to support how new measures are applied to ensure clarity for frontline staff and consistency of application.

The CBSA has also established a process to monitor decisions made by CBSA officers in the application of the OICs for essential service providers, and adjustments will be made as required. We are also developing a new training tool to better assist frontline officers in understanding the complexities of the orders in council.

The CBSA is committed to enforcing border measures to minimize the spread of COVID-19 and its variants, while facilitating the continued flow of essential goods, including food and medical supplies.

• (1115)

[Translation]

We have been at the forefront of all this since the beginning. I am very proud of the work CBSA officers have done, and are continuing to do to protect Canada during this pandemic.

[English]

The Chair: Mr. Ossowski, I am so sorry, but are you finished your statement?

Mr. John Ossowski: Yes, I am.

[Translation]

Thank you.

[English]

The Chair: Thank you.

We will now go to Mr. Stewart, for five minutes.

Mr. Iain Stewart (President, Public Health Agency of Canada): Thank you, Madam Chair, for the invitation to discuss the Auditor General's performance audit of pandemic preparedness and response. Foremost, we'd like to thank the Auditor General for her work and that of her team. We're pleased that she recognized the efforts of the public service to mobilize, adapt and respond to the COVID-19 pandemic.

Our top priority, as you can imagine, is supporting Canada's response to the COVID-19 pandemic, and we are committed to incorporating the lessons learned to better our actions now and to prepare for future pandemics.

The Public Health Agency of Canada accepts all of the recommendations in the Auditor General's report, and we are already organizing ourselves to respond to those recommendations. A formal and detailed action plan has been developed and will be implemented within two years of the pandemic's ending. We're making progress on implementing the plan, but it may take longer than it would under normal circumstances, as many of the people involved in activities with the pandemic are, of course, the people who also need to turn their attention to the report's recommendations.

The Auditor General's report covered the period of January 1, 2020 to June 30, 2020. Since June 2020, of course, the pandemic has continued, and in fact we're in a third wave right now which is very serious. We have taken further actions in some of the areas touched on by the OAG, and therefore some of these things help inform our response to the recommendations.

With respect to, for instance, the recommendations on public health data and information sharing across Canadian jurisdictions, in October 2020, the Public Health Agency implemented a national COVID-19 public health data portal. This supports COVID-19 data collection, sharing and management. We're also working with federal, provincial and territorial partners on a pan-Canadian health data strategy.

On the early detection of public health events, an independent review of the Global Public Health Intelligence Network, GPHIN, is currently under way to ensure that it meets today's public health needs but also looking at its role in global and domestic public health surveillance going forward. We expect a final report and recommendations from this independent review later this spring. The advice and guidance from the Auditor General as well as the work of this review will inform our way forward in this area.

With respect to COVID-19 border measures, the Public Health Agency and the Canada Border Services Agency work very closely together—hand in glove. CBSA expanded its support for frontline border services officers beyond existing operational guideline bulletins with 24-7 live support and regular case reviews. CBSA also supports the Quarantine Act emergency order-in-council measures by conducting detailed technical briefings prior to their implementation to ensure they're well done. CBSA also monitors emergency order-related decisions by border services officers and is developing a training tool to help the border services officers implement the orders in council.

Finally, related to COVID-19 mandatory quarantine administration, in November 2020, PHAC transitioned to mandatory submission of contact information and quarantine plans via the ArriveCAN mobile app and website. This has significantly improved the collection of traveller information and has also supported the verification of compliance with the mandatory requirements.

PHAC's response to the pandemic, therefore, has evolved and been informed at each step by what is the evidence available, the science, the epidemiology, the expert opinions. These can and do change as information and knowledge about the virus and how best to fight it become available.

There are and will continue to be lessons for PHAC. These are lessons we learn through discussions like this. These are lessons we learn from watching how others are dealing with the pandemic. We continue to learn and adjust our approach as we work to respond to this and future global health events. Along with other audits, evaluations and lessons learned from the response, we are looking forward to continuing to improve the work of PHAC.

Thank you for the time.

● (1120)

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

We will now move into our first six-minute round of questioning, starting with Mr. Webber, I believe.

Mr. Len Webber (Calgary Confederation, CPC): That's right, Madam Chair. Thank you.

Thank you to everyone for being here today.

To the Auditor General, in your opening remarks, you seemed to suggest that the Public Health Agency is slow and mismanaged, failing to respond to audits, etc. Would you say that the root cause is poor management or a lack of funding resources?

Ms. Karen Hogan: Our audit looked at many aspects of how the Public Health Agency of Canada should be prepared for a pandemic, and we did identify that many long-standing issues had gone unaddressed. I think the most important one would probably be health surveillance information and finalizing an agreement with the provincial and territorial partners. That is a matter we raised back in 1999, in 2002, and again in 2008 during audits. There were even lessons learned that the department had identified.

What this underscores is that all too often we don't place a lot of importance on being prepared. The current pandemic has hopefully made everyone realize that we need to take time to invest in IT tools that support important aspects of preparedness and response for health crises, and that we need to act on known issues. This isn't the first audit where we've seen known issues that go unaddressed, and across the entire federal government, it's time to place some importance on those things we do behind the scenes that no one really sees but that really make a difference when we're in the middle of a crisis.

Mr. Len Webber: Yes, absolutely.

Ms. Hogan, the Global Public Health Intelligence Network was, of course, shut down by the current government, even though it was considered a world leader in its work. Who made that decision and how much did the government stand to save by doing so?

Ms. Karen Hogan: To understand the Global Public Health Intelligence Network, I would highlight that it does two things: It issues alerts and it issues daily reports. A daily report was issued at the end of December that contained links to an article about a virus that would eventually become known as the virus causing

COVID-19, and that did trigger a response within the Public Health Agency of Canada.

However, an alert, which I think is very different from a daily report, is something that makes you pause, stop what you're doing, go investigate and decide what response is needed. That was an issue. The criteria within the agency would have required that an alert be issued in this instance, and it's unclear why one didn't get issued. We saw it issued in the past.

What we did see is that in 2018, there were some changes to operating procedures within the agency about who would approve the issuance of an alert, from analysts to senior managers, and it appears that this caused some confusion about when an alert should be issued, if it should be issued. We did note throughout the audit that alerts were issued for other matters.

I think it's up to the agency now to decide what the Global Public Health Intelligence Network is needed for, to make it clear and then to use it as intended.

● (1125)

Mr. Len Webber: Again, who made the decision to shut it down at that time?

Ms. Karen Hogan: Unfortunately, that's a question you'll have to ask the deputy minister of the agency. I just know that the approval rating changed and we saw a substantial decline in the issuance of alerts. It's important because an alert is not just a domestic issuance; it's also an international issuance. I think the agency would be best placed to answer that.

Mr. Len Webber: Did Canada consult at all with the World Health Organization or our allies about shutting down GPHIN?

Ms. Karen Hogan: Again, that's a great question for the agency. What we saw during our audit was that the World Health Organization and our international counterparts had not been alerted that there was a change in the operating procedures that would impact the number of alerts that would be issued.

Mr. Len Webber: I'll continue on here.

The network has now been restarted, I take it. Is the system fully functional now? Does it have a larger or smaller budget than it did back in 2016?

Ms. Karen Hogan: Again, those are all things that happened after our audit. My apologies. I don't know if I would even categorize it as stopped and restarted; I would categorize it as its expectations changed when it wasn't clear to us during our audit why an alert had not been issued.

These are all excellent questions that I would hope the agency can respond to.

Mr. Len Webber: Ms. Hogan, do you plan on doing an audit on GPHIN in the near future?

Ms. Karen Hogan: I believe in making sure that we go where there isn't already evidence, so I am going to wait to see what this independent report on the Global Public Health Intelligence Network comes out with. We will monitor the actions taken by the agency in response to our recommendations. That's a commitment I have made: that we will do some more follow-up work. Then we will see whether or not it warrants our returning.

Mr. Len Webber: Okay.

Madam Chair, I must be close to the end.

The Chair: I think you have about 45 seconds left.

Mr. Len Webber: Are there any comments from any of the witnesses on any of these questions with regard to PHAC? Is there any information there?

I take it there's not, Madam Chair. I will pass on my time.

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

We will now go on to Mr. Blois for six minutes.

Mr. Kody Blois (Kings—Hants, Lib.): Thank you, Madam Chair.

Thank you to the witnesses for their testimony here today and their continued work.

Ms. Hogan, I'll start with you.

Around health surveillance information, for someone who would be sitting at home watching this, what exactly does that entail in your mind, in layman's terms, as quickly as you can, from the work you've done?

Ms. Karen Hogan: Health surveillance information is about sharing data around infectious cases, so it would be the age and the ethnicity of the individual, with a key factor being symptoms and when these were identified. It helps to enable tracing, I guess, and to understand the potential of spread.

It's key information that the Public Health Agency does need on a nationwide basis when we're in the middle of a pandemic or at the beginning of a pandemic in order to adjust its response across the country.

Mr. Kody Blois: Mr. Stewart, as the deputy minister for PHAC, how is that information generally disseminated? It's clear for me, or at least in what the Auditor General has said, that we have a bit of a legacy issue in this country, perhaps around our constitutionality, where there doesn't seem to be an easy transfer of information between the federal government and the provinces as it relates to health care. How generally is this health surveillance information shared?

• (1130)

Mr. Iain Stewart: A lot of the information is gathered and made public by the provinces and territories themselves in their reporting. We do have data-sharing agreements and relationships. For instance, right now, during the vaccine rollout, they are providing us weekly updates on the coverage of the different populations that they are vaccinating and so on, but as you just said, quite insightfully, it is an area of federal-provincial jurisdiction, so these arrangements are arrived at collaboratively.

Mr. Kody Blois: Ms. Hogan, you mentioned in your report the federal-provincial-territorial public health response plan. As illustrated in exhibit 8.2 of your report, part of the plan essentially was that there would be actual rehearsals or practices for how this plan would play out in real life. That didn't happen.

Can you speak to whether or not that's clear at this point? I guess it's clear that the practice didn't happen. Do we know whether or not the contents of the actual report were generally met in response to this pandemic? Yes, we know there wasn't an actual practice, but in theory, when the game happened, how well did we meet our plan? Or is that going to be part of a subsequent audit that you may take on?

Ms. Karen Hogan: You're accurate in your description that a testing of the plan hadn't happened. It was identified as being critical and that it needed to occur. The agency was in the planning stages of having a rather comprehensive test.

I guess I just want to highlight why a test is important. Some people might think it's kind of silly to have a plan and test it, but it allows you to identify whether or not roles and responsibilities are clear, whether there are gaps in resources or in expectations and where you might have obstacles that you're going to have to overcome in the event of an emergency.

As for what we saw at the beginning of the pandemic—recognizing that our audit only went to the end of June, so it hasn't extended beyond that time frame—we did see that it informed the response. One of the elements of the plan was to create a special committee that included the Chief Public Health Officer of Canada and her provincial counterparts. We saw that committee coming together, meeting and discussing.

The plan was almost live-tested, I guess. It would be up to the Public Health Agency, as it committed to do a lessons learned exercise, to inform whether or not it was effective and what the gaps and obstacles were and how to fix those going forward.

Mr. Kody Blois: Mr. Stewart, one part of the report that I found a little interesting, and perhaps troubling, is paragraphs 8.82 and 8.83, which talk about the pandemic risk assessment and how the reports that were being tabled, basically from June to March, were really looking at the status quo in Canada at the time and perhaps not looking at the global context of what was moving forward.

Mr. Stewart, can you speak a bit to about why that was the case, and perhaps whether or not that led to some of our measures at the border in how we were responding to this?

Mr. Iain Stewart: I think it was a learning process—the way you're describing. With our original assessments, which are well documented and which the Auditor General speaks about, it would be fair to characterize that it took the severity of the situation to manifest and then we responded to that.

One of the ways that we responded, as you were pointing out, was in beginning to establish a series of border measures in response to what was happening externally. That was a process of ramping up, which has continued to this day, per my opening remarks. We've added more and more border measures, as you know.

It was a response to what was happening externally. As the Auditor General points out, there was delay, I think, in recognizing the need to put those measures in place.

Mr. Kody Blois: I have about 35 seconds left.

As an Atlantic MP sitting in Nova Scotia, of course—we have four international airports in this country where PHAC has testing going on—there have been questions in my province about whether there would be a fifth airport established to support the Atlantic provinces. I don't know whether that has been discussed.

Can you talk about why it's those four international airports and perhaps the lack of coverage in Atlantic Canada?

Mr. Iain Stewart: That's an excellent question.

To be quick, the original focus was on volumes and the organizational resources required to stand up the kinds of measures we're doing, such as testing and so on. I think there's a live and ongoing discussion around what happens next. Certainly Stanfield airport is important and takes a lot of international flights, and would be one of the ones that would be in the next layer of the onion, as it were.

• (1135)

Mr. Kody Blois: Thank you very much.

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

We will move on to Mr. Blanchette-Joncas for six minutes.

[*Translation*]

Mr. Maxime Blanchette-Joncas (Rimouski-Neigette—Témiscouata—Les Basques, BQ): Thank you, Madam Chair.

I want to welcome our witnesses today.

My first question is for Ms. Hogan.

Welcome back to our committee, Ms. Hogan. It is a pleasure to see you again. We usually see each other about twice a week.

Among all the reports you tabled on March 25, I note that the one we are interested in today is without question the most alarming and probably the most devastating. You have identified major shortcomings within the Public Health Agency of Canada in the distribution and transmission of information intended for Quebec, the various provinces and their partners, as well as in risk analysis. You have raised issues regarding information technology infrastructure.

As you mentioned yourself in your introductory remarks, this lack of preparation has been going on for over 20 years. Beyond these dismal failures, do you think there is an even bigger problem within the federal government in this area? I take as evidence your needs at the Office of the Auditor General as well as the failures of the Phoenix payroll system. Is this negligence or laxity?

We are currently seeing that the federal government is not focusing on prevention when it comes to computer system maintenance

and upgrades. They seem to be waiting for the worst to happen, a disaster, before they act.

Ms. Karen Hogan: Your question touches on a point that certainly concerns me. It sounds as if we've been reacting instead of relying on prevention. Yet, an ounce of prevention is worth a pound of cure; that's the expression that comes to mind here. There is a constant focus on the immediate emergency. Everyone is very good, even within the federal government, at getting by and managing to do their job with the tools in place.

However, we really need to start being better prepared and better supported by our tools. In our office, as well as throughout the federal government, we see decisions being made to support individuals instead of investing in systems. We must remember that the effectiveness of any system relies on well-trained, intelligent individuals, but the system must also be prepared to support them by enabling data analysis.

So I would say that this is a government-wide problem, not just in the Public Health Agency of Canada. That said, this is the report that the committee is considering right now, and there are obviously gaps there as well.

Mr. Maxime Blanchette-Joncas: Thank you, Ms. Hogan.

You're taking the words right out of my mouth. You say prevention is better than cure. I would like to add that governing is planning. But we have not foreseen anything in the last 20 years. Before we decide to act, we really wait for a catastrophe to happen and for it to blow up in our faces.

At the same time, you have raised an important alert about the Public Health Agency of Canada's transmission of data to its partners in the Global Outbreak Alert and Response Network, where Canada has played a leading role for decades.

The previous government cut investments in scientific research, literally muzzled government scientists, and eliminated their independent thinking and policy role. In your opinion, is there a causal link between this attitude of the previous government and some of the problems revealed by your report?

Ms. Karen Hogan: In our report, we did not look at this point. We did not look at the human resources aspect of PHAC.

You mentioned the Global Public Health Information Network. I think the problem with that network is the confusion it causes. The moment when an alert should be issued was not clearly defined. That is why I encourage PHAC to properly establish the objectives of this network and make the guidelines very clear. Employees need to be trained and the network needs to be used properly. There is nothing easier than having clear guidelines and following them. That's what I encourage PHAC to do in terms of the network. It plays an important role internationally as well as nationally. There needs to be accountability for both of these responsibilities.

• (1140)

Mr. Maxime Blanchette-Joncas: Thank you for the clarifications, Ms. Hogan.

And speaking of specific instructions, I have a clear question for Mr. Stewart.

Has the Public Health Agency of Canada submitted recommendations to the government to completely ban non-essential travel abroad?

[English]

Mr. Iain Stewart: The Public Health Agency of Canada has not been the source of a recommendation of that nature, to my knowledge. A lot of advice has been generated on various ways to respond to the border, but we can come back to that issue, if that would be helpful to you.

The Chair: Thank you very much, Monsieur Blanchette-Joncas.

We will now move on to Mr. Bachrach for six minutes.

Mr. Taylor Bachrach (Skeena—Bulkley Valley, NDP): Thank you, Madam Chair.

It's good to see you again, Ms. Hogan, and thank you, Mr. Stewart and Mr. Ossowski, for being with us and answering our questions today.

I must say that reading over your report, Ms. Hogan, I felt a fair degree of alarm that this could have happened under such serious circumstances. I was trying to think of a metaphor or an analogy that could help Canadians understand the main findings of your report, particularly around the risk assessment. It seemed to me that in a way, Canada had installed a fire alarm system and our house was filled with smoke, and yet the fire alarm didn't go off. Then in mid March, the public health officer of Canada had to go in and manually pull the alarm. Is that a fair characterization? I want people, without having to dive into the detail of the report, to be able to understand the key failure that you've characterized.

Ms. Karen Hogan: I like your analogy. I think I've used it before, that an alert is like a fire alarm. An alert is meant to make you stop what you're doing and go investigate and decide what action is needed. If you're standing outside your home looking at the fire, it doesn't really matter if your smoke detector is going off inside.

I think when it comes to risk assessments, I would look at two things. I would look at the alert system having to trigger a different response or create a sense of heightened awareness. As well, once the daily report identified this that this virus was of concern, the agency had the risk assessment tools it needed to use in order to help predict the impact of the virus. This is where we saw a tool that was not appropriate being used: It wasn't considering the risk of a pandemic. As you can imagine, when there is a virus here, you need to look at risk of its spreading. In a pandemic you also need to look at what the risk of a virus coming to Canada is and then look at what the risk of its spreading. It really needs to have that forward-looking projection. That was not there. Again, it's like your smoke detector, that warning that makes you stop and go to look to see what you need to do.

In this instance, our audit found that the two alert systems did not work as intended.

Mr. Taylor Bachrach: Thank you, Ms. Hogan.

Turning to the Global Public Health Intelligence Network, in your report, paragraph 8.76, reads:

We found that no alert from...GPHIN...was issued to provide early warning of the virus. According to the agency's criteria, an alert is to be issued for an unusual event that has the potential for serious impact or spread. However, no alert was issued when news of an unknown pneumonia was first reported, when the virus had spread outside of China, or when domestic cases were first suspected and confirmed. Public Health Agency of Canada officials confirmed that by the end of December 2019, other international sources had already shared news of the virus and therefore it was unnecessary to issue an alert.

Perhaps I'll ask this of Mr. Stewart. How did your agency determine that COVID-19 didn't warrant an alert?

Mr. Iain Stewart: On December 30, an event was reported through the GPHIN system, as we're talking about here. The GPHIN system succeeded in identifying the event and then it was communicated out. As the Auditor General mentioned in her comments, the notification of an event goes out through two pathways. It goes out through a daily report, which goes to the Public Health Agency of Canada and domestic parties, and then there's an alert, which goes to a broader international audience. The daily report went out and notified people about this event of concern. As has been noted here, the chief public health officer acted upon that and spoke to provincial public health officers, for instance, as a result. The international alert, as the Auditor General mentioned, did not get issued.

• (1145)

Mr. Taylor Bachrach: Mr. Stewart, would an alert have prompted a different response if it had been issued?

Mr. Iain Stewart: No, not within the Public Health Agency of Canada, nor within the Government of Canada per se, because the daily alert resulted in action from the chief public health officer.

Mr. Taylor Bachrach: Ms. Hogan, if I understand Mr. Stewart correctly, he's saying that in our domestic response, there was no need for an alert because the daily report was adequate to trigger the domestic response. Is that consistent with your findings?

Ms. Karen Hogan: What I would highlight is that alerts are also meant to alert our international counterparts. If we had done that, maybe we would have changed the response internationally, which may have changed the response, or the need to respond, in Canada.

I agree that the chief public health officer, in following the daily report issued at the end of December and with her knowledge of what was going on around the world, alerted her provincial counterparts, and this did trigger some response in Canada. However, I think no one will really know whether an alert would have caused a global change in the response.

We have a system in place that has issued alerts in the past for H1N1 and SARS, and we saw alerts being issued for other events during the COVID pandemic. What therefore really needs to be clarified is when an alert should be issued, why and what the expected response is once it has been issued.

The Chair: Thank you very much, Ms. Hogan.

We will now go to our second round of questioning of five minutes, starting with Mr. Berthold.

[*Translation*]

Mr. Luc Berthold (Mégantic—L'Érable, CPC): Thank you very much, Madam Chair.

Ms. Hogan, word choice is always important in your reports. What prompted you to write that you were discouraged? You knew that word would have a lot of impact and send a very strong message. How discouraged were you that you felt compelled to phrase it in that way?

Ms. Karen Hogan: I personally made the decision to use the word “discouraged” to describe my perception of the situation. I am discouraged that long-standing deficiencies have not been addressed. The Public Health Agency of Canada was not made aware of these problems only once; they were made aware of them repeatedly by our office, in addition to the lessons they themselves have learned from other health crises.

It is disheartening that we wait for an emergency to respond. So I chose this word in the hope that it would provoke a change in the approach to preparing for another health crisis in this country.

Mr. Luc Berthold: Thank you, Ms. Hogan.

Mr. Stewart, how did you react to the Auditor General's use of the word “discouraged”? I think you just got a big rap on the knuckles.

[*English*]

Mr. Iain Stewart: I received it as a call to service and a call to action. I think the work of the Auditor General is invaluable in identifying areas where we could make improvements. Her report is actually very helpful in that regard in a number of areas where, I agree, that we need to do more.

If I talk about words that I use personally, I used the phrase, “a call to duty”. I was doing a different job and was asked to do this job. I came to it because of the pandemic. It was a call to action, and I'm pleased and honoured to be here.

Like the Auditor General, I believe we can do more and we will do more.

[*Translation*]

Mr. Luc Berthold: Mr. Stewart, how can you explain the failure of the alert issuance system?

Earlier, you mentioned the Chief Public Health Officer of Canada. What is the relationship between politicians, the Chief Public Health Officer and the Public Health Agency of Canada? Who is to blame?

• (1150)

[*English*]

Mr. Iain Stewart: The distinction I'm trying to introduce, which I think the Auditor General did first in her comments, is that there is an internal system that says “something's happening”. That's the daily report. I get it myself every day, as does every other public health official and our related agencies in the government. They tell us “something's happening, pay attention to this”.

We have them every day occurring in different places in the world, with Ebola right now in Africa and so on.

Mr. Luc Berthold: Who is responsible to read it and interpret it, and to call for action after that? I ask because that is the main problem we have.

Mr. Iain Stewart: That's right. With us here today is Cindy Evans, the vice-president of emergency management. We set up a health portfolio operation centre; we set up a team around the response. As our chief public health officer, Theresa plays a big role in leading us on that guidance, and she has mentioned in an analysis of GPHIN that she herself reached out to the provincial chief public health officers.

There is an integrated system through which notifications get triggered, and which organizes a response. The emergency management group under Cindy looks after organizing that response.

Mr. Luc Berthold: I know that everyone in your agency has the well-being of every Canadian at heart. I don't doubt that, but we must have a better system to prepare for the next time.

Mr. Ronald St. John, who was responsible for the public health agency before, said:

I am left wondering what kind of event would merit a Level 4 activation. I can't believe that a global pandemic with millions of deaths, variants...and on and on, would not merit continuous Level 4... I mean, what would be a Level 4 event, the extinction of humanity?

I think he is talking about a level of security. What does it take to elevate the level and to be prepared? We don't perceive it right now.

The Chair: Make it a very short answer, Mr. Stewart. I'm sorry.

Mr. Iain Stewart: Okay.

There is a set of criteria and a system through which event acceleration, or escalation, occurs, as you're referring to, sir. In the case of GPHIN, as the Auditor General has noted, it happened more slowly than it ought to have happened, so part of our work going forward is revisiting the system. Again, the Auditor General has mentioned that the people who are running it are trained and understand the processes and are applying them.

Mr. Luc Berthold: We're still not at level four.

The Chair: Thank you very much.

I will now be moving on to Ms. Yip for five minutes.

Ms. Jean Yip (Scarborough—Agincourt, Lib.): Thank you to all of the witnesses for coming and answering questions on this important report.

Ms. Hogan, recommendation 8.65 states the following:

The Public Health Agency of Canada should finalize the improvements to its information technology infrastructure to facilitate the collection of timely, accurate, and complete surveillance information from provinces and territories, both during and after the COVID-19 pandemic. The agency should establish timelines for the completion of these improvements.

How serious are these problems related to the agency's IT infrastructure? Does this situation require a major overhaul, or can this be accomplished with smaller modifications?

Ms. Karen Hogan: In the paragraph that you're referencing, we were recommending improving the IT infrastructure around the gathering and assessment of health surveillance data, an item that had been flagged for many years as having some issues in the agency.

We saw throughout the audit that the data that comes from the provinces comes in inconsistent formats, and in some instances, incompatible formats. We saw that information needed to be cut and pasted, or it was difficult for it to be converted to meet the requirements of the system being used at the agency.

We also saw that the IT system lacked some of the capacity to handle the volume they were expecting to receive of health data throughout this crisis.

It's about making sure that you have a clear understanding with provincial and territorial counterparts about what data, and how you're going to share that data, and then making sure that the system has the capacity to treat it all. It wasn't about the broader systems within the agency, but really about the one linked to health surveillance. I do think it's a key and essential component in formulating the response to a pandemic, especially one like COVID-19, which has evolved and changed so much throughout the past year.

• (1155)

Ms. Jean Yip: Yes, I think it's very important to be able to collect that data accurately and quickly. Do you feel that there are enough resources there?

Ms. Karen Hogan: I believe that throughout the audit we saw them responding and trying to adjust. Ultimately, the question about whether they have enough resources, whether monetary or human, to deal with a change in an IT system is one better asked of the deputy minister of the agency.

Ms. Jean Yip: In terms of timeliness, do you feel this is something that needs to be looked at urgently?

Ms. Karen Hogan: I think it's an essential part of being better prepared. If anything, what we've learned is the importance and value of being better prepared for a crisis, whether it be a health crisis or a major weather catastrophe that has impacts on individuals. I think you just need to be better prepared, and having the tools to better support you is essential. It should be part of the whole lessons learned session that the agency is going to do and then acted on in a timely way.

These are issues that have been raised as far back as 1999. It really is time to put in the manpower and the money to fix it, so that

in the next crisis we're not in reactive mode but a little bit ahead of the game.

Ms. Jean Yip: Thanks for answering that 20-year-old, decades-old problem.

Moving on to Mr. Stewart, after undergoing the audit from the OAG, what is PHAC doing differently in this third wave compared with the first and second waves?

Mr. Iain Stewart: In a way, we're trying to evolve strands of activity that started. For us, the pandemic is a continuous process. As the virus and the behaviour of the variants of concern of the virus evolve, it poses new challenges for us.

I'll give you an example, Mr. Chair. If you think about the initial establishment of quarantine, we subsequently went on to add testing before someone arrives at the border; then testing when they arrive and then the government-approved accommodations to hold people until we have their test results. Then we established the day 10 testing, because the variants of concern were suggesting perhaps more infectious arriving travellers and we needed to better know what was coming into the country. As you see, it's an evolution of response in relation to the severity of what was happening within the pandemic.

We're trying to learn from various sources like the Auditor General's report and the independent review of GPHIN, for instance, and many other comments, questions and studies. We're trying to evolve how we're doing what we're doing in real time, as the pandemic evolves.

Hopefully, that answered your question, Member.

Ms. Jean Yip: Thank you.

How much time do I have left?

The Chair: I'm sorry, Ms. Yip, but your time is up. We've gone a bit over time.

Ms. Jean Yip: Thank you.

The Chair: I know it goes very quickly.

Ms. Jean Yip: It does.

The Chair: We will now move on to our next round of questioning of two and a half minutes, starting with Mr. Blanchette-Joncas.

[Translation]

Mr. Maxime Blanchette-Joncas: Thank you, Madam Chair.

My question is for Mr. Stewart.

Mr. Stewart, it's plain to see that the Auditor General's report is quite damning to your organization. I appreciate that you have made efforts to correct the situation. I don't think we can expect anything less. However, unless I am mistaken, I do not recall your organization making any requests to increase its IT budget. I understand that it may be a little late and that we are already experiencing the impacts and consequences of these choices, but we need to act preemptively now.

Have you costed your needs in this regard? Have you detailed your plan of action in terms not only of budget, but also resource allocation, to ensure this never happens again?

• (1200)

[English]

Mr. Iain Stewart: We have actually done, as you're suggesting, investments in this area.

We created, for instance, a chief data officer and a vice-president for information, and we also created a team around better organizing how we work with the provinces and territories on data, so to your point, yes, we have begun to increase resources in this area.

Secondly, to your question, sir, through the fiscal and economic snapshot in the fall, we did get additional resources to help us do these kinds of actions.

[Translation]

Mr. Maxime Blanchette-Joncas: Thank you for the clarifications, Mr. Stewart.

Your agency has long been considered a world leader in terms of global risk prevention and analysis. We can say that this is certainly not the case today, and indeed your image has unfortunately been tarnished.

To what extent do you take responsibility for the Auditor General's finding?

How do you believe you can regain your credentials?

[English]

Mr. Iain Stewart: That's a daunting question. Thank you for that.

First of all, I'm accountable for all things that occur within the agency under my authorities, and so, yes, I do take accountability in that regard.

Second, it is an area where I believe we have to be a leader, as you say, and based on the recommendation and advice of the Auditor General, we will be helped in better organizing how we do this function. I'm looking forward to a renewal of our activities in this area, and we have plans in place to do so.

I have with me the vice-president, who leads in this area as well, if we have any detailed questions.

The Chair: I'm sorry, but our time is up. Hopefully we'll get more answers throughout this testimony today.

I will now move on to Mr. Bachrach for two and a half minutes.

Mr. Taylor Bachrach: Thank you, Madam Chair.

I'd like to dive into paragraph 8.82 of the Auditor General's report. This deals with the 24-hour rapid risk assessments, and it reads:

the agency prepared a series of 24-hour rapid risk assessments, using a methodology that was in a pilot phase of implementation and had not yet been formally evaluated or approved. Furthermore, the assessments were designed to assess the risk of a disease outbreak at a specific point in time and were meant to trigger more thorough risk assessments. We found that the methodology was not designed to assess the likelihood of the pandemic risk posed by a disease like COVID-19 and the potential impact were it to be introduced to Canada.

My question is for Mr. Stewart.

Even if PHAC were using COVID to test drive a new methodology, why didn't your agency also follow its established procedure? It seemed that essentially you were test driving a new methodology but you had nothing to compare it with in order to know if the new methodology was producing accurate results.

How did you know that the new methodology was going to provide the required thoroughness if you didn't have that comparable?

Mr. Iain Stewart: The pandemic has presented us with challenges and strains at each step of the way, for which we didn't necessarily have something that responded to that specific instance, and so we experimented. In this instance, this was staff trying to find a tool that would help us deal with the challenge of the moment.

As we make our way through this pandemic, we'll find things that worked well for us and then things that did not, and so experimentation sometimes doesn't result in the best outcome.

In this instance, people were using a tool to try to deal with a situation at a moment in time, and we learned from that.

Mr. Taylor Bachrach: Did you get your experiment wrong, Mr. Stewart?

Mr. Iain Stewart: In each instance of the moments where we try something to respond to a situation, we're going to have things that work and things that don't work.

In this specific instance, I think we can take stock of that as part of what the Auditor General is advising us to do and make an assessment about how to do it better next time.

The Chair: Thank you very much.

Your time is up, Mr. Bachrach. Two and a half minutes go quickly.

For the next five-minute round of questions, we have Mr. Lawrence.

• (1205)

Mr. Philip Lawrence (Northumberland—Peterborough South, CPC): Thank you very much.

I'm going to follow up my colleague's questioning.

First of all, I will read the paragraph right under paragraph 8.82, which is paragraph 8.83. The Auditor General said:

Five rapid risk assessments were prepared from January to mid-March 2020 to inform the public health response. All except the last risk assessment, which was prepared on March 16, provided an overall ranking that assessed the impact of the virus as low. Because these assessments did not consider forward-looking pandemic risk....

Mr. Stewart, do you think those earlier assessments were flawed?

Mr. Iain Stewart: I think the Auditor General identified a key consideration that was not part of the risk assessment and I think, therefore, it impacted the overall rating result.

Obviously, the future directions the pandemic can be projected to be moving into is going to be a key consideration for the risk it poses. That's part of the area where we're going to have to be improving our tools.

Mr. Philip Lawrence: However, even looking at a static review and not a prospective review—although a warning system should—at the time, on March 12, there were 148 cases in Canada, 1,500 in the United States, 3,000 in Germany, 4,000 in France, and 15,000 cases in Italy, with 1,000 deaths there. How could we have not changed the assessment?

Mr. Iain Stewart: I'll have to turn to my colleague, the vice-president, who does that group's work, because she can more closely answer the question you're asking, if that's acceptable, Madam Chair.

The Chair: Yes.

Ms. Cindy Evans (Vice-President, Emergency Management, Public Health Agency of Canada): As President Stewart referenced, certainly the risk assessments would be done at a point in time, and our systems were triggered in Canada immediately following our alert of the pneumonia cases in Wuhan, China. That meant the system was ready: It was alerted to and watching for cases coming into Canada.

That being said, the risk assessments at that point in time would have looked at the cases around the world and what they meant on the ground for individual risk to Canadians and transmission. Certainly those cases would have been taken into account and reflected in the risk assessment results.

Mr. Philip Lawrence: Looking retroactively, I don't think there can be any doubt that a mistake was made. In fact, the Auditor General calls that out.

Who in your department has been suspended, fired or has felt any consequences because of the failure to react?

Mr. Iain Stewart: We'll have to go back and look for that. I can't answer that question off the top of my head. We'll investigate.

In effect, you're asking why the risk assessment did not work. In retrospect, it seems that it underestimated the risk available, so what would have been the consequences for those who took the assessment? Your question is noted, sir.

Mr. Philip Lawrence: Thank you for that. I look forward to your reporting back.

Who made the final call on what the risk assessment was? Was that the Minister of Health?

Mr. Iain Stewart: No. That was a staff assessment. That was within my responsibilities, not the minister's.

Mr. Philip Lawrence: I have one last line of questioning for you with respect to the pandemic.

Do you know when the pandemic is going to end?

Mr. Iain Stewart: There are many different ways to answer that, and I'm not quite sure what you're looking for. I'll point out—

Mr. Philip Lawrence: The answer is that you probably don't. I'll be fair there. You're putting in a plan within two years after the end of the pandemic. We have variants going on right now and need to get these things fixed now. I understand you, and as a parliamentarian I'm willing to argue for more resources for you, but we cannot wait two years after the pandemic ends to get these issues fixed.

Mr. Iain Stewart: Okay, I understand your question, sir.

The people who are doing the work are also the people responding to the Auditor General's report. There is no division of teams.

One of the challenges of being audited by the Auditor General in real time—where we are at this moment in time—is that my staff are working immense amounts of overtime. They're under great stress. In our public service employee survey, you can see the impact of the strain the organization is under.

When the Auditor General brings forward a plan of this nature, we talk to the Auditor General about having a management response and how we'll bring that forward. What we're suggesting here is to recognize that right now, with the third wave and in the middle of the vaccine rollout, it's a very difficult time for us to stop the line-work and focus on working on the systems.

That being said, we're trying to set out, sir, the very specific things we can do, will do and are doing. However, as to when we'll achieve it, we're just asking for your understanding, as it's very difficult to set a specific point in time. Frankly, the numbers have been deteriorating in some provinces, not improving, so the strain on the organization is quite large right now.

With some time we will be able to come back and make sure that we have addressed these things. I'd be very happy to come back to report on progress at any time in the year.

• (1210)

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

We will now move on to Mr. Longfield, for five minutes.

Mr. Lloyd Longfield: Thank you, Madam Chair.

Thank you again to the witnesses, including the Auditor General.

Mr. Stewart, I want to expand on a few of the comments you've made about the value of these audits. This is an interim audit. As you've just said, we're still in the middle of a very serious situation with the third wave. It's more serious in my province of Ontario than in other provinces.

There has been an increase in capacity within your department, with about a thousand or so employees being added to help with the enormous amount of work that needs to be done in real time. Could you comment briefly on the expanded duties these thousand people who have been added to your department are doing?

Mr. Iain Stewart: There are, kind of, several main sets of activity. If you go back to a year ago or a year and a half ago, we did not have a vaccine rollout machine under Major General Fortin. It just didn't exist. There was a small group who knew a lot about vaccines, who understood the vaccine manufacturing industry and who understood the value of different vaccines and so on, but those, of course, were focused on traditional vaccines, not these new COVID ones. We did not have the ability to purchase, transport from other countries, distribute nationally, work with the provinces on their implementation, do the IT systems, and all these things.

Of that 1,000 people, a significant proportion are just a whole new function that the organization didn't have before.

The same is true with regard to quarantine. As people have pointed out, including the Auditor General, we had a relatively modest complement of people who provided advice to my colleagues, John Ossowski and Denis Vinette, and they were responsive, providing advice to the border services officers. Now we have several hundred people involved in ensuring that people arriving in the country are tested and quarantined and, if we find a positive genetic sequence, making sure that we know whether or not they have a variant of concern.

We have whole new functions in effect that we've had to build out.

Lastly, I'll note that we've been enhancing our science, our public health and our medical knowledge. We've hired several hundred epidemiologists and others in the health practices field to reinforce the health voice within the organization.

Mr. Lloyd Longfield: Thank you.

I know that you're also using other contracted labs, including a lab in Guelph, Ontario—which is my riding—so you're really building capacity at the time of a pandemic.

The test was going to happen in March 2020 that was scheduled from 2018, and now you're doing it in real time, so I'm actually going to add my compliments for the work that you're doing and for your answering the call and the challenge to stand up for Canadians.

However, yes, there are things that we need to improve.

I want to pivot over to the Auditor General, Madam Hogan. I'm concerned about paragraph 8.51 in your report, which says the following:

The Public Health Agency of Canada should, in collaboration with...provincial and territorial partners, finalize...annexes to the multi-lateral agreement to help ensure that it receives timely, complete, and accurate surveillance information from its partners. In addition, in collaboration with provinces and territories, the agency should set timelines for completing this agreement.

Another part of your report talks about incomplete information from provinces, which hindered the progress in interpretation of data by the Public Health Agency of Canada. I wonder about the work

of the provincial auditors general in coordinating the next audits so that we can see what in their systems is working, what isn't working and how we could maybe collaborate on some of the data-sharing that's so critical. This would include data-sharing on vaccine roll-out—which, as Mr. Stewart just said, is another responsibility—and the concern about not getting vaccines distributed properly through-out provinces and territories, which is within their mandate constitutionally to do. Could we look at that via an audit through the provincial organizations?

• (1215)

Ms. Karen Hogan: The member's questions are always very involved. Let me try to answer all of those items.

I'll start, maybe, with the health surveillance information. Definitely, we saw throughout the audit that there was some difficulty in obtaining timely and complete information. I think we all have to acknowledge that the pandemic complicates matters and that, at times, provincial organizations were likely responding and couldn't always provide the information in the needed way. However, that information was needed to help evolve and alter the response.

What we found is that in only about 10% of the cases were symptoms included on the forms at the early stages of the pandemic, which really makes it difficult to understand how a virus might be evolving and how a nationwide response should be formulated.

The Chair: Thank you.

Ms. Karen Hogan: Oh, can I continue?

I'll talk really quickly talk about collaboration. I'll go really fast.

The Chair: Go really quickly.

Mr. Lloyd Longfield: Or, if you like, you could give that to us in writing. I know that I've given to respond to in one question. I apologize for that.

Thank you.

Ms. Karen Hogan: I can do it in writing in order to keep us on time, absolutely.

Mr. Lloyd Longfield: Thank you very much.

Thanks, Madam Chair.

The Chair: Thank you so much.

We will now go to our next round of questioning—our first round in the second hour, I guess—starting with Mr. Pierre Paul-Hus for six minutes.

[*Translation*]

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

Good morning, everyone. I thank the witnesses for being here.

My first question is for the representatives of the Public Health Agency of Canada.

I would like to talk about airport screening. I have a report in front of me from your website that has some pretty disturbing numbers. In two weeks, from April 5 to 17, 117 international flights that landed in Canada had people on board who were infected with COVID-19 or COVID-19 variants. Thus, it can be estimated that a few hundred infected individuals arrived in the country as a result.

Can you explain to me how it is that infected people could have been on 117 planes that landed in Canada, when all passengers are, in principle, required to provide a negative test before takeoff?

[English]

Mr. Iain Stewart: It is a question of volumes. We've had about 193,000 people come to Canada by air since we established the new border measures. There are three tests. As you point out, there is the first test. It may be that they had a faulty test. It may be that the test was inaccurate. In some instances, which Transport Canada has pursued, it might be that the documents were not in fact accurate.

They have the pre-arrival test. Once they get off the plane, after they've gone through my colleagues at the Canada Border Services Agency, they come to us for a discussion of their quarantine plan and they go and get the on-arrival test. The on-arrival test is very important because, as you point out, we're catching people who are in fact COVID-positive. If they're COVID-positive, we take a genetic sample from that test and sequence it to determine what they're COVID-positive with, what variant it is. Then they go into quarantine. In the quarantine, they have their third test.

To your point, some people do arrive, and that's why we have that second and third test.

[Translation]

Mr. Pierre Paul-Hus: I'll come back to this later.

In the report, I see that between April 5 and April 17, there were a huge number of flights from Delhi, India, via Air India. To me, that sets off loud alarm bells.

Is Air India asking passengers to provide a test or is this airline ignoring our rules and regulations? Do you have an easy answer to this question?

[English]

Mr. Iain Stewart: The question about whether Air India is responding to the rules and so on would probably be better put to my colleagues at Transport Canada, who are responsible for that aspect. It may also be that there are problems with the testing or the standards of testing. We are investigating to see that we're using the right testing standards.

[Translation]

Mr. Pierre Paul-Hus: I would like to go back to what you were saying earlier about testing. We can take for granted that some countries or airlines are not doing their job, but what is done when passengers arrive in Canada? Let's take the example of an Air India flight arriving in Canada. If passengers in three rows of seats test positive when they arrive, what do you do? Do you put those people in isolation?

I am trying to understand. The government claims that we have the best screening system in the world and keeps saying that we are the best. On the other hand, we find that variants from all countries have entered Canada. There must be a reason why we have not been able to control that.

If we are as good as the government says we are, can you at least tell me what you do with people who are infected, after they test positive when they arrive?

● (1220)

[English]

Mr. Iain Stewart: If the people who test positive are highly symptomatic, we bring them to medical help. They have to go into health care if they're very ill. If they're asymptomatic, they go into the designated quarantine facilities that we run, which are intended to hold people who may well be infectious.

To answer your question, they're held. They either end up being in medical care or they end up being in a quarantine facility, to ensure that they don't infect others.

[Translation]

Mr. Pierre Paul-Hus: Good.

Now let's talk about passenger screening. We heard testimony that there was a problem with that. Some passengers were not listening to the instructions and deciding to leave. Are the measures rigorous enough?

Normally, Canada Border Services Agency officers do not have the authority to detain people. However, you have that authority under the Quarantine Act. Are there controls at the airports to intercept people and force them to stay if they are infected? Are there people who have left the airport without concern for the problems their behaviour would cause?

[English]

Mr. Iain Stewart: Madam Chair, to the member's question, when we were presented with cases of non-compliance, at the get-go we took a decision that we would fine them. Under the Quarantine Act, we have the ability to fine them. The Public Health Agency is a public health agency; we don't have a course of force. We're public health professionals, and so we use fines.

As of this moment, or as of yesterday, we have issued 964 fines for people who have not complied with one aspect or another of the regime we're discussing at this moment.

The Chair: Thank you very much, Mr. Paul-Hus. You have eight seconds left. I think we will move on to Mr. Sorbara for six minutes.

Mr. Francesco Sorbara (Vaughan—Woodbridge, Lib.): Thank you, Chair.

Good morning to everyone, to my colleagues and all of the witnesses.

A lot has been discussed today, and I thank everyone for those questions. I'll try to be as succinct as possible.

First, to the Auditor General, in all sincerity, thank you to you and your team for your work. I did a deep dive in the last couple of days into this report on pandemic preparedness, surveillance and border control measures. It is very thorough, and I expect that from an Auditor General and her team. At the same time, there are a lot of really good recommendations.

I'd like to speak to the border measures on page 28 at paragraph 8.86 in terms of the findings with regard to the CBSA and the CBSA's ability to "quickly...enforce emergency orders prohibiting the entry of foreign nationals", which was obviously something that the government put in place.

At the same time, there was the Public Health Agency and CBSA's ability to disseminate the pertinent information to the frontline officers in terms of the exemptions or non-exemptions. Can you comment on that for essential workers? It is something that we've had to deal with here at the constituency office several times for businesses and organizations needing essential workers to come to Canada. How has that iterative process happened?

Ms. Karen Hogan: Thank you for your nice comments about our work. I am very proud of all of the work we do, and it's always nice to hear some nice feedback. Thank you.

What we saw at the border was that the Canada Border Services Agency collaborated very well with the Public Health Agency of Canada in order to develop guidance for border service officers to use. As you can imagine, with the evolution of the pandemic, the requirements and the orders about what the restrictions would be and who would be allowed entry into Canada were evolving, hence a lot of judgment needed to be used by border service officers.

What we found was that there was a need for better follow-up to see that those exemptions were being applied consistently, hence our recommendations to provide more detailed guidance, some training and better follow-up on the consistent application of restrictions. Any time judgment is involved, there are going to be differences and we're going to hear about individuals who believe they weren't treated fairly, but we have to recognize that it was an evolving situation. That's why we thought more oversight was likely a good solution as this continues to evolve.

• (1225)

Mr. Francesco Sorbara: Thank you, Auditor General.

In this world we live in, there are some commentators.... I remember reading a book many years ago called *The Black Swan*. An event happens and it's a black swan; you go to a lagoon and you usually just see white swans, but the book's title is *The Black Swan*. When that event happens, we look back and think that we should have been able to predict that event. Specifically, that book referenced the events of 9/11 and how that event should have been predictable and that we should have been prepared, but no one actually predicted that the event would happen.

Here, we have an event, a once in a hundred years event, a global pandemic that no one was speaking to or referencing or that a lot of countries were even prepared for. In terms of the folks over at the

Public Health Agency of Canada, from where we were pre-pandemic to where we are now in terms of resources, IT structure and the ability to communicate with our provincial partners, can you please comment? I know that it's a big holistic question, but I do want to understand where we are now.

Mr. Iain Stewart: Well, I think we're in a significantly different place, whether it's the scale of human resources or financial resources. Think about what's been done to secure personal protective equipment and stockpiling, and what's been done with respect to securing vaccines. This will be a multi-year pandemic, so we now have an inventory of vaccines and we have people who can handle and administer them.

Think about the border. The border is in effect a perimeter of knowledge now with regard to what's going across, and we can identify what issues it raises. So a lot of infrastructure and skills and talent have been brought to bear, to answer your question, honourable member. I think we have actually made substantial improvements at many levels, to be honest.

As the pandemic evolves, the question will be how our organization needs to continue to evolve to respond to it. We are kind of in the middle of responding to the needs of the day, and they will continue to change, and so we must continue to change too.

I hope that answers your question, sir.

Mr. Francesco Sorbara: It does in terms of direction, because the way I look at things, it's not just about adding human capital to an issue; it's about adding the right resources to an issue. You can hire on 10,000 people but the outcome may not change unless the organizational structure, the goals, and the methodology in place are pertinent to the issue at hand, and the problem and right strategy are identified. That's my humble opinion.

We need government to be efficient and effective and to protect Canadians. Unfortunately, more than 23,000 Canadians have passed away from this pandemic. We know that we all need to do better and that we all need to be better prepared in that light—and that goes to all levels of government, of course.

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

Mr. Francesco Sorbara: Thank you, Chair.

That's totally correct, thank you.

The Chair: You're welcome, thank you.

We will now move to Mr. Blanchette-Joncas for six minutes.

[*Translation*]

Mr. Maxime Blanchette-Joncas: Thank you, Madam Chair.

My question will be simple, Mr. Stewart. I want to understand the source of the problem that is plaguing your organization right now, but was also plaguing it at the beginning of the pandemic, if not in previous years.

Has the reduction in financial support from various governments in recent years undermined your organization's ability to respond and be fully prepared for a pandemic?

[English]

Mr. Iain Stewart: It's very interesting to think about what your question implies, which is that in a pandemic it's evident how much capacity and scale and competencies are required. In a way, the previous question was getting at that.

What's harder is that during the periods prior to that, imperatives like balancing the books and being responsible and prudent and so on come to bear. So a very interesting challenge for the Public Health Agency going forward is how we evolve to recognize that there's an accordion kind of function, such that there will be moments of great stress and need, and then we'll have to sustain things over the longer term. I think your question touches on that.

Prior to a pandemic, the scale of the operations required needs to be planned, and I think that goes to the Auditor General's point about the planning and planning exercises. This scaling up of capacity that's required needs to be better planned and better understood. As we go forward, we as a community need to remember the level of what will be required for the next pandemic.

Thank you for your question, sir.

• (1230)

[Translation]

Mr. Maxime Blanchette-Joncas: What I take away, Mr. Stewart, is that you were short on money to prepare for the pandemic. Is that correct?

[English]

Mr. Iain Stewart: Those are questions that are always difficult to answer. I think what we can say with absolute hindsight is—

[Translation]

Mr. Maxime Blanchette-Joncas: Mr. Stewart, I just want to understand the logic. You say you were happy with the economic update last fall because there was additional money to help you more. Does that mean that you were short of money? At the same time, you say there was no shortage of money before the pandemic. So what are you going to do with the new money?

[English]

Mr. Iain Stewart: Substantial money has been provided, Madam Chair.

If you look at the public accounts for the Public Health Agency of Canada, you'll see that we received a lot of additional resources to help us buy vaccines, get personal protective equipment, and so on, and, yes, we did receive operating resources to increase the scale of our staff as well.

I think that kind of indicates the level of resources required for this moment in time.

[Translation]

Mr. Maxime Blanchette-Joncas: It's April 20, the day after the tabling of a historic budget with billions of dollars in investments.

Is there anything you, the Public Health Agency of Canada, are missing to get through the pandemic?

[English]

Mr. Iain Stewart: Where we have needed resources, they have been provided.

Going back to my overall theme, Madam Chair, about the fact that the pandemic evolves and the needs evolve, my experience since I started on September 28 has been that if we need something, people support us.

[Translation]

Mr. Maxime Blanchette-Joncas: I thank you for the answer to my question.

I will address Mr. Ossowski and Mr. Vinette from the Canada Border Services Agency.

From day one of the health crisis in March 2020, there was tremendous pressure to repatriate Canadian citizens abroad. We saw countries literally closing their borders and airports. This complicated this massive task. The more time passed, the longer it took for Canada to also close its borders, which had become real sieves, let's face it.

To what extent can you assess, after the fact, the consequences of these delayed decisions?

[English]

Mr. John Ossowski: Madam Chair, from the outset the government worked closely with our public health advisers, both provincially and federally, to respond to the threat of the virus. It was evidence-based, based on scientific advice, so it was done in a very step-wise manner.

We started with our first screening measure January 22, screening travellers who had come from the Wuhan region, and it has progressed through 47 different orders in council to date as we have adjusted to the changing requirements on the ground.

We had a good plan in place. We've had a pandemic plan at the agency since 2012 and we've updated it and exercised it, so I am grateful for the Auditor General's comments about how well we responded.

[Translation]

Mr. Maxime Blanchette-Joncas: Thank you, Mr. Ossowski.

Do you believe that decisions that came from the top were communicated too late? Earlier, I asked Mr. Stewart if the Public Health Agency of Canada had made recommendations to ban non-essential travel altogether. He said no. So I'm trying to understand. I'm trying to figure that out.

We let people travel abroad. We gave ourselves targets to make sure that those who came back into the country were quarantined, but we didn't meet the targets. So we continued to bring people back into the country, even though we knew we were not able to enforce their quarantine.

In your opinion, would limiting non-essential travel have helped you in your work? Fewer people would have returned to the country, so you would have been better able to enforce the Quarantine Act.

• (1235)

[*English*]

The Chair: May we have a very short answer, please?

Mr. John Ossowski: We did ban non-essential travel, but Canadians have a right of entry to Canada. If you're coming back, we have to respect your charter and mobility rights. Even though we banned foreign nationals for non-essential travel, certainly Canadians all over the world had a right of entry.

The Chair: Thank you very much.

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

Mr. Taylor Bachrach: Thank you, Madam Chair.

I'd like to pick up where I left off, discussing the rapid risk assessment.

Mr. Stewart, in your response you indicated that with the rapid risk assessments, the Public Health Agency of Canada was essentially experimenting—in your words—with an unproven methodology. I think when we read Ms. Hogan's report we can see very clearly that the experiment failed.

Did the failure of that experiment cost Canadian lives?

Mr. Iain Stewart: It's in the Auditor General's report that we tried to use these methodologies, so it's a matter of public record. Overall, there has been a loss of Canadian lives arising from the pandemic.

Madam Chair, as previously mentioned, that of course is a tragedy and unacceptable to all of us.

I think it would be difficult to know the connection that you're proposing, sir, but we do note the importance of ensuring that our efforts are better, and that we're making a more constructive and positive impact in fighting the pandemic.

Mr. Taylor Bachrach: Mr. Stewart, in paragraph 8.62 in the Auditor General's report it states:

We found that for more than 10 years prior to the COVID-19 pandemic, the agency had identified gaps in its existing infrastructure but had not implemented solutions to improve it. In its last 2 strategic plans for surveillance, the agency identified several capacity deficiencies in the information technology infrastructure used to support its public health surveillance activities....

How could this be allowed to happen? Did PHAC underestimate the importance of addressing these deficiencies?

Mr. Iain Stewart: Madam Chair and honourable members, the infrastructure being referred to is IT infrastructure. A lot of effort has been made to address and remediate the issues that were raised by the Auditor General, and more work is proposed.

I mentioned earlier that in fact new resources and a new unit have been created in that exact area. We've been working closely with the provinces and have a shared plan about how we're going to approach data, which touches on infrastructure like our data portal. We have an outreach and a consultation agenda to try to identify how to improve it.

We take it very seriously, and we see it, as you're suggesting, as an area for improvement.

Mr. Taylor Bachrach: Mr. Stewart, I appreciate that a lot of work is currently being done, obviously knowing the impact of the pandemic and the severity of things, but this is something that goes back 10 years.

In the 10 years between when it was first identified—this information infrastructure gap and the Auditor General's report—what actions did PHAC take to resolve those deficiencies that were identified?

Mr. Iain Stewart: Madam Chair, I could maybe say two things.

First of all, I'd be happy to come back to you in writing with a narrative on the 10 years with respect to infrastructure investments and activity done. I think that might be the kind of thing you're looking for that very squarely responds to your question.

Secondly, I would point out that IT infrastructure is a boundless frontier.

In my last job at the National Research Council, we were forever trying to keep ourselves current and, in fact, at the leading edge of IT infrastructure. For a public health agency, that's true as well.

May I come back to you with a chronology in that regard?

Mr. Taylor Bachrach: That's fine. Maybe I can ask one follow-up question.

Was additional funding ever requested in budget submissions to address those gaps over that 10-year period and were those budget submissions approved?

Mr. Iain Stewart: We'll come back to you in that regard, sir.

Thank you very much.

Mr. Taylor Bachrach: Okay. Thank you.

Turning to Ms. Hogan, you referenced a 2009 report by the Auditor General's office related to pandemic preparedness.

Did the Public Health Agency of Canada also accept all recommendations in that report?

• (1240)

Ms. Karen Hogan: In one of my previous comments, I think I referenced a 1999 report, a 2002 report and a 2008 Auditor General's report related to this, in case you're going to go look for them. It is my understanding that in all of those cases, our recommendations were agreed to, and actions expected to be taken.

Mr. Taylor Bachrach: Were the actions that were committed to followed through on? Were the recommendations implemented from those reports?

Ms. Karen Hogan: What we saw in 2002 was that not everything from 1999 had been addressed and so on. What we're finding now is the same thing: There were actions taken in some areas, but not completely.

As we identified in the current audit, some key areas, like coming to a mutual understanding with federal, provincial and territorial health agencies about the kind of information to be shared, how it should be shared and when it should be shared, were not taken care of.

Mr. Taylor Bachrach: Mr. Stewart, there are these reports that Ms. Hogan has indicated. Your agency accepted all of the recommendations in all of those reports, yet those recommendations weren't implemented.

What I heard you say in your opening comments was that you accepted these recommendations and that they were going to be implemented. Why should the Canadian public trust that this time is different?

The Chair: We need a very short answer, Mr. Stewart.

Mr. Iain Stewart: Well, Madam Chair, we've set out in our response to the Auditor General the plans that we intend to undertake.

To the honourable member's question, we will be responding as we set out in those documents. There are other times and events where not all recommendations could be addressed specifically. We can explore in that chronology what we've been missing.

The Chair: Thank you very much.

We will now move to our last round of questioning, starting with Mr. Paul-Hus for five minutes.

[Translation]

Mr. Pierre Paul-Hus: Thank you, Madam Chair.

I would like to continue asking Mr. Stewart about passenger arrivals at airports.

Last week, we asked questions in the House of Commons about flights from Brazil. We had learned that specific tests had been cancelled, even though the Brazilian variant was known to be very virulent.

Can you tell me, as president of the Public Health Agency of Canada, why tests are being cancelled when we know that this virus is incredibly dangerous?

[English]

Mr. Iain Stewart: Madam Chair and honourable member, as I was outlining earlier, we set out a perimeter that now involves three tests: one before arrival, one on arrival and one 10 days into quarantine, along with the government approved accommodations for the first test done here in Canada, and genetic sequencing, etc. That perimeter is extensive and applies to every non-exempt traveller arriving in Canada, and that applies whether you're coming from Brazil or coming from, well, pick your country of choice. It's extremely comprehensive.

[Translation]

Mr. Pierre Paul-Hus: Are we testing more specifically for people coming from Brazil, given the Brazilian variant, or do the same tests apply to everyone?

There is the South African variant, the British variant, and now the Brazilian variant. We know that there were specific tests, but that they have been discontinued. Is that the case, yes or no?

[English]

Mr. Iain Stewart: Madam Chair, no tests have been stopped. We're doing three tests for every non-exempt traveller who gets off an airplane, and they're genetically sequenced.

It's important to note that it's the same testing technology identifying the original virus or the variant. It works for them, and what we genetically sequence for is to identify which variant it is.

There has been no reduction in testing at all. It applies to everybody arriving who's a non-exempt traveller. It's consistent and therefore includes Brazil.

[Translation]

Mr. Pierre Paul-Hus: I asked earlier about travellers who did not quarantine or refused to quarantine. Figures tell us that 964 tickets were issued. Would you confirm that that is the correct number?

That means that out of thousands, 964 people were intercepted. You talk a lot about volume. You're saying that a lot of people are still coming into Canada, even though the border is supposed to be closed. We're talking about thousands of people. Is the information accurate on that?

So we're talking about 964 people who did not comply with the guidelines, and that's already 964 too many.

• (1245)

[English]

Mr. Iain Stewart: Madam Chair, I don't know what the right number of the tickets would be. We have issued 942 tickets under the Quarantine Act, and then we have 22 additional tickets that were issued under municipal orders, and the total is 964. Those are the facts, sir.

[Translation]

Mr. Pierre Paul-Hus: Thank you.

Ms. Hogan, on page 39 of your report, there is a nice chart that shows the checks you did on people who were required to self-isolate. It shows that 46% of them did not comply with the quarantine order. In that regard, I would like to know if you did the checks for people who were coming into Quebec.

A few weeks ago, the Quebec Department of Public Safety said it did not have information about passengers arriving in Montreal, particularly from Toronto, because there was no exchange of information between the Quebec and Canadian departments of public safety to allow for follow-up. In Quebec, the RCMP is not involved in any of this.

If I understood correctly, no one could do checks on all passengers arriving in Quebec.

Ms. Karen Hogan: The chart indicates that the Public Health Agency of Canada reported 40% of cases where individuals were at high risk of not following quarantine rules to law enforcement. I can't confirm whether we have done these audits for each province. Regardless, we found that only 40% of these cases were reported to law enforcement for follow-up.

Mr. Pierre Paul-Hus: When passengers arrived in Quebec, police forces did not conduct checks. So no one could be monitored in any way. Is that correct?

Ms. Karen Hogan: I'll respond quickly, as the allotted time is up, I believe.

I see that it is the agents at the border who determine whether someone can enter the country. The case is then referred to the Public Health Agency of Canada if self-isolation is required.

Mr. Pierre Paul-Hus: I'm talking about the follow-up that consists in doing field checks, but there was no one on the ground. That's what I'm saying, basically.

[English]

The Chair: Thank you.

Thank you very much, Mr. Paul-Hus.

Our last questioner will be Mr. Fergus for five minutes.

[Translation]

Mr. Greg Fergus (Hull—Aylmer, Lib.): Thank you very much, Madam Chair.

I would also like to thank the witnesses who appeared today.

I will put the same question to the representatives of the two agencies, as well as to Madam Auditor General, beginning with Mr. Ossowski.

Today is April 20, 2021. It has been nearly 14 months since the start of the pandemic. You have read the Auditor General's report and agree with all of her recommendations.

If you implement all of these recommendations, are you confident that the country will be ready for a future pandemic?

[English]

Mr. John Ossowski: I'm pleased to report that we had implemented almost all of the recommendations in the measures we had put in place. The one outstanding is an additional training tool for officers. Those would be the people in our training college, the new recruits, just to familiarize them with the order-in-council regime. In terms of the feedback loop to provide more clarity and to make adjustments regularly, we have a very robust action plan that has almost been completed.

[Translation]

Mr. Greg Fergus: Thank you, Mr. Ossowski.

I now go to Mr. Stewart.

Is the Public Health Agency of Canada prepared for the next pandemic?

[English]

Mr. Iain Stewart: The agency is equipped and able to respond to the needs of the current pandemic. The next pandemic may take a different form, to be honest, and that's part of the planning and discussion we need to do as per the Auditor General's report.

I'll give you an example. We've been talking about quarantine. The Auditor General in her report pointed out that there was insufficient follow-up to make sure people were in quarantine. Since the time the Auditor General looked at it, which ended in June, we have hired four national security companies who now do that function with the Sûreté du Québec and the RCMP, or the local public health authorities.

Just for the record, we have done 179,953 door knocks following up on people in quarantine to make sure they are where they are supposed to be, so part of the problem with the Auditor General's report is that it was looking at a period where we were launching, building, and so on.

Madam Chair, we have built capacities that are enabling us to do the things we are trying to do now.

To the Auditor General's report, we have to continue to improve our planning ability with respect to your question about whether we are ready for the next one.

• (1250)

[Translation]

Mr. Greg Fergus: Ms. Hogan, I'm giving you the opportunity to supplement the response of the other witnesses and explain the role you play in providing the Canadian public with the latest conclusive data.

Are you confident that both agencies are on track to respond appropriately to a future crisis?

Ms. Karen Hogan: No audit can provide you with absolute assurance.

Mr. Greg Fergus: I don't necessarily want you to give me absolute assurance, just your opinion.

Ms. Karen Hogan: I am confident in the goodwill of the agencies and the desire of federal officials to answer the call to support Canadians. If the agencies act on our recommendations, we will be well prepared to respond. But preparedness requires flexibility because, as one of the witnesses mentioned, the next pandemic will be different from the one we are experiencing now. So we need to be prepared to go out and get resources and have plans that set out roles and responsibilities very clearly, so that the response will be faster and more coordinated the next time.

Mr. Greg Fergus: Thank you very much, Madam Chair. I believe my time is almost up.

[English]

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

You are correct. Those were great questions to end our time on.

Witnesses, I'd like to thank you for joining us, and I invite you to take your leave at this time.

Thank you very much, colleagues. It looks like our witnesses have all left. I wanted to take a couple of minutes to discuss some future business so that we can provide direction to our clerk and the analysts for scheduling our meetings in May.

All of you should have received the list of the remaining reports from the Auditor General that we may study, as well as a proposed calendar. I guess what I would do now is just ask if anyone has any questions or comments about the proposed calendar that you have before you. I know that we've had—

Go ahead, Mr. Longfield.

Mr. Lloyd Longfield: Yes, we sure have a lot of studies, and I'm wondering about the time to review the reports that we're sending back. We're really front-loading our schedule here.

The Chair: That's a very good question. I will ask Dillan to respond, perhaps, because we did have this very conversation.

Mr. Dillan Theckedath (Committee Researcher): Thank you, Madam Chair.

To the member's question, as the chair cited, we had a chair's meeting last week and we talked about some of the scenarios. The issue is that we have the nine reports that have been tabled recently, and then the Auditor General will be tabling two more. Do we want to, for example, study all 11 reports, which would mean that we would not be able to do draft reports for all of them in this current session by the end of June?

The thinking was—and of course it's up to the members to agree—that it might be easier if we were to review a draft report for something that was studied within the same month. Perhaps it might be easier for the members if we were to study the two reports that are soon to be tabled in the fall, and then, when the draft reports are made available, they'll be closer in mind and memory on some of those key issues.

I hope, Madam Chair, that this addresses your question.

• (1255)

The Chair: I believe so.

Go ahead, Mr. Longfield.

Mr. Lloyd Longfield: Yes. I mean, I love the idea that we're coming back in the fall. Of course, we never know what might happen in the House.

I wonder about maybe doing some draft reports after.... Maybe what you were saying, Dillan, was that at the end of the month we could have a month-end meeting where we look at draft reports.

Mr. Dillan Theckedath: Absolutely. We have budgeted time to.... André can add to this, but we, the analysts, together with the clerk, have budgeted enough time to study the nine reports and will very likely have nine draft reports—at least eight, but possibly nine draft reports—ready by the middle to the end of June, meaning having all of the hearings held, translations done, notes taken, etc., and ready with draft reports for approval by the committee.

The Chair: Does that answer your question, Mr. Longfield?

Mr. Lloyd Longfield: Well, it's certainly aggressive. I'm just thinking of what kind of shape our brains will be in when we're going through the eighth, ninth, tenth and eleventh reports and whether we could maybe break it up a bit more to have us review four reports at a time.

Mr. Dillan Theckedath: Pardon me, Madam Chair and Mr. Longfield. I guess I wasn't clear.

No, it would not be all nine at once. We plan on doing a couple in about a month or so, and then there will be more hearings. It's like a daisy chain of hearings, draft reports, hearings and draft reports. It's like that. Certainly we would not task members with having to do that many in one day. In Mr. Sorenson's time, they did undertake seven in one day, but that's not a favourable position, no, sir—and Ma'am and everybody in the room.

[Translation]

The plan is to have a few meetings and then review a few draft reports, then have a few more meetings followed by a few more draft reports, and so on, to regularly see progress.

[English]

The Clerk: Could I get some clarifications, since I'll be contacting the witnesses? If we look at the calendar, we had scheduled meetings on reports from now until May 13. That would cover all of the reports currently referred to the committee, and then we'll start doing draft reports after the break week in May.

If I understand Dillan correctly, he's thinking of maybe doing some draft reports in the first weeks of May, and I just want clarity this so I can contact the witnesses to give them dates.

The Chair: Yes, André.

[Translation]

Mr. André Léonard (Committee Researcher): In fact, we had scheduled an initial meeting on May 26, after spring break, to review the committee's draft report on the first three Auditor General's reports that we will have considered, the one on the Canada emergency benefit, the one on pandemic preparedness, which we're considering today, and the one on the Canada emergency wage subsidy. The following week, probably on June 1, we may examine three more reports. The following week, on June 8, we could look at three more reports.

That is the work schedule that has been drawn up at this time.

[English]

The Chair: I see Mr. Longfield giving us a thumbs up.

Mr. Fergus.

[Translation]

Mr. Greg Fergus: I completely agree with the proposed work schedule. However, I feel very guilty because of all the work that our analysts must do over the next 10 weeks. I would like to congratulate and thank them in advance for their work.

• (1300)

Mr. Dillan Theckedath: Thank you, Mr. Fergus.

[English]

The Chair: Yes, thank you, Mr. Fergus.

Mr. Sorbara.

[Translation]

Mr. Francesco Sorbara: Madam Chair, I just wanted to say the same thing as my colleague Mr. Fergus.

[English]

I want to say thank you to the analysts for all of their work.

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

Colleagues, are you ready to adopt the work calendar as proposed?

Mr. Blanchette-Joncas.

[Translation]

Mr. Maxime Blanchette-Joncas: Thank you, Madam Chair.

I have a simple question for our analysts about planning.

I know that, in response to a motion passed by the House of Commons on the emergency response, the Office of the Auditor General must provide a report on the findings by June 1.

Are the analysts expecting more reports on COVID-19 by June 1? I realize that they can't respond on behalf of the Office of the Auditor General. However, in their opinion, should we save time for this as well?

[English]

The Chair: Thank you, Mr. Blanchette-Joncas.

I know that we also talked about future reports, so I'll turn it over to André.

[Translation]

Mr. André Léonard: Thank you, Madam Chair.

I believe that the Auditor General has already stated her intention to table two reports at the end of May. I'm not sure whether the tabling dates have been formally announced. However, we believe that one of these reports could be tabled at the end of the last week of May. This is set out in the proposed schedule. Basically, we would have enough meetings to consider both the committee's draft reports and the next two Auditor General's reports, although we don't yet know what those reports will cover. That said, it's quite possible that the committee won't be able to table its report on the last two Auditor General's reports submitted in late May, because we may run out of time.

[English]

The Chair: Thank you very much, André.

Colleagues, in answer to the question regarding the adoption of the work calendar as proposed, I saw thumbs up from most of you, if not all of you. I'll just remind you that Thursday's meeting will be on "Report 7— Canada Emergency Wage Subsidy".

Is it now the committee's will to adjourn the meeting?

Some hon. members: Agreed.

The Chair: Thank you very much.

The meeting is adjourned.

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