



**Brief to the House of Commons
Standing Committee on
International Trade**

**Potential Impacts of
the ArriveCan
Application on
Certain Canadian
Sectors**

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Lewiston-Queenston Bridge / Rainbow Bridge / Whirlpool Bridge

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Summary

Canada Border Services Agency (CBSA) staffing shortages, restrictive public health measures and the mandatory use of ArriveCan have negatively impacted cross border travel and tourism trade. Processing times have increased and volume continues to be down from pre-pandemic levels.

Facts

FACT#1: There are three important areas of concern that are negatively impacting auto traffic into Canada from the United States. These are impediments that we did not see prior to the pandemic.

1. CBSA Staff Shortages
2. Public Health Measures and Reporting Requirements
3. Mandatory Use of ArriveCan

CBSA Staffing Shortages, Public Health Reporting and Mandatory use of ArriveCan

For example, this year during peak travel times on Victoria Day weekend at Rainbow Bridge, CBSA reduced the number of lanes open on average by 1-2 lanes when compared 2019 pre-pandemic levels. Reduced lanes combined with the increase in processing times due to public health measures and mandatory ArriveCan, resulted in an average of 29.58 to 126.67 minute (2 hours and 6 minute) increase in wait times over and above the wait times experienced in 2019 during that same pre-pandemic holiday weekend despite auto travel volume decreases of 49%.

Another example, this year during peak travel times on Memorial Day weekend at Rainbow Bridge, CBSA reduced the number of lanes open on average by 1-3 lanes when compared 2019 pre-pandemic levels with the exception on Monday May 30th. Reduced lanes combined with the increase in processing times due to public health measures and mandatory ArriveCan, resulted in an average of 55.33 to 161.67 minute (2 hours and 41 minute) increase in wait times over and above the wait times experienced in 2019 during that same holiday weekend despite auto travel volume decreases of 46%.

Public Health Reporting and Mandatory use of ArriveCan

Monday May 30th CBSA actually increased the number of lanes open by on average 1.58 lanes during peak travel times and despite the traffic being down 45% from 2019 they still experience wait-time increases of 21.33 minutes longer then compared to same holiday in 2019. Showing the direct impact of the Public Health measures and mandatory use of ArriveCan.

Another example, is on July 2, 2022 at Lewiston Queenston Bridge, CBSA had almost the exact number of lanes open on average during the peak travel times, but the average increase in wait time was 26.67 minutes (nearly a half an hour) longer compared to the same pre-pandemic 2019 day, which is a direct result of the Public Health measures and ArriveCan.

FACT #2: The mandatory use of ArriveCan has increased the processing times at the primary inspection booths for auto traffic.

- Individuals at the land border are arriving and are completely unaware of the ArriveCan requirement.
- Individuals are arriving at the land border and they do not have the correct version of ArriveCan downloaded.
- Individuals are arriving at the land border and do not have a SMART phone or access to a computer.
- CBSA union is publicly stating that ArriveCan slows down processing and are against it.

RESULT:

CBSA Officers are either assisting them in the primary lane, sending them to secondary for assistance or having to coordinate a turn around for them back to the U.S. This is significantly increasing the processing times and when you combine that with reduced staffing from pre-pandemic 2019 levels, the wait-times are increasing. When delays at the border increase and border crossing becomes unpredictable, discretionary traffic elects not cross. ArriveCan is a deterrent from crossing the border and negatively impacts volume.

QUESTIONS FOR GOVERNMENT:

Has Public Health Canada and CBSA conducted a comprehensive media campaign both within Canada and abroad to support the mandatory ArriveCan requirement?

Has Public Health Canada and CBSA been transparent and shared the data of the random testing? Is there any significant difference between those that are being tested and the average Canadians? Is there a real need for the Public Health requirements in the first place? What measuring stick or metric is needed for Public Health Canada to eliminate the health reporting entirely?

FACT #3: The mandatory use of ArriveCan has decreased the volume of auto traffic entering and exiting Canada.

- The government restrictions such as the mandatory use of ArriveCan have decreased the volume of cross border auto traffic and toll revenue generated by cross border traffic.
- In June 2022, the Bridge Commission had 138,446 auto crossing across our 3 bridges compared to 260,458 in 2019. This represents 53% of pre-pandemic crossings.
- The government restrictions such as the mandatory use of ArriveCan have created a substantial barrier for a number of individuals that do not have a SMART phone or access to a computer. Disproportionately impacting those that are not technologically savvy or do not have access to technology.
- The decrease in volume has had a devastating impact on the tourism industry and other cross border business such as Duty-Free Stores.

IMPORTANT INFORMATION

- Request information from Public Health Canada to determine the value in the data being gathered:
 - Request data on the number of times the information collected by ArriveCan was used to contact trace a U.S. citizen in the last 3 months.
 - Request data on the number of times the information collected by ArriveCan regarding destination address was used to inform that destination that a positive result was acquired from a random sample that provided that destination.
 - In the last six months what is the percentage of Americans entering at a land port of entry that received a random test and in comparison, what is the percentage that has actually submitted a sample.

You may find that all of the information being requested on the ArriveCan application is actually not being used with any great degree of effectiveness.

Recommendations

Recommendation #1: Suspend the mandatory use of ArriveCan. *The NFBC supports technology that expedites the flow of traffic, but ArriveCan has a way to go before it improves processing times in comparison to pre-pandemic levels. ArriveCan should be a voluntary program similar to NEXUS with dedicated lanes.*

Recommendation #2: Suspend the health reporting requirements at land ports of entry.

Recommendation #3: Increase CBSA staffing and staff lanes appropriately to off-set the increase in processing times so that CBSA can meet their service standards.

Organization Description

The Niagara Falls Bridge Commission is a unique, bi-national body. Canada and the U.S. are equally represented on the NFBC through the bi-national appointment of an eight-member Board of Commissioners. A Joint Resolution of the 1938 U.S. Congressional Third Session created the framework for the NFBC. In 1939, the Province of Ontario, Canada licensed the NFBC under The Extra Provincial Corporations Act and amended the Highway Improvement Act to authorize the appropriation of land in Ontario for transfer to the NFBC. Initially established to finance, construct and operate the Rainbow Bridge, the Commission proved efficient and effective at its mission. The NFBC's powers and authority were thereafter expanded through amendments to the Joint Resolution in the U.S., and by the Rainbow Bridge Amendment Act of 1959 and the Queenston Bridge Act of 1959 in Canada. Together, these enactments empowered the NFBC to assume responsibilities for the Whirlpool Rapids (Lower) and Lewiston-Queenston Bridges. Today, in addition to owning and operating three international bridges, the NFBC builds and maintains facilities for Customs and Immigration functions on both sides of the international border. The NFBC is self-supportive, largely through user fees (tolls) and private-sector tenant leases. NFBC is authorized to conduct international commercial financial transactions and empowered to issue tax-exempt bonds in the United States.

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