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Mrs. Joy Smith

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• (1100)

[English]

The Chair (Mrs. Joy Smith (Kildonan—St. Paul, CPC)): Good morning, ladies and gentlemen.

I want to welcome the firefighters this morning.

It's terrific to have you here. As you know, we're having a meeting today on vaccine priority lists during pandemics. I'm going to give you the opportunity to make a seven-minute presentation. At the end of the presentations from each of you, we're going to go into questions and answers. We certainly want to invite you to give us your insights into this issue.

We're very pleased to have you here at committee. I know that members of the committee have been very active in recommending that you come here today.

Welcome.

We will begin with the International Association of Fire Fighters and Scott Marks.

Mr. Scott Marks (Assistant to the General President, Canadian Operations, International Association of Fire Fighters): Thank you.

Good morning. On behalf of the International Association of Fire Fighters and the 22,000 professional firefighters and emergency medical responders we represent across Canada, we appreciate this opportunity to share our views about vaccine priority lists with the health committee.

The full-time firefighters we represent risk their lives and safety on a daily basis to protect the lives and property of our fellow citizens. Professional firefighters protect 85% of the nation's population and infrastructure and are first on the scene in virtually any kind of emergency, whether it's a structural fire requiring rescue and suppression, a medical emergency such as a heart attack or respiratory distress, or a vehicular or industrial accident requiring an extrication.

Firefighters are also first on the scene at haz-mat and CBRNE calls, whether it's the result of an industrial accident, a highway accident, a natural disaster, or an act of terrorism.

Professional firefighters are Canada's first line of defence and part of the nation's critical infrastructure.

The IAFF, which represents 300,000 professional firefighters and paramedics in North America, has been researching pandemic issues for years. As part of our mandate to be an international leader in

firefighter and public safety, the IAFF first published a guide during an influenza pandemic close to 10 years ago to educate our members on how to respond safely and effectively.

In early 2009, a couple of months before the H1N1 virus emerged, the IAFF was sitting on a pandemic advisory committee that was examining various contingencies in the event of a flu pandemic. Little did we know when we began that work that it would include a real-time example of pandemic planning and response.

When the World Health Organization declared H1N1 to be a pandemic illness in June 2009 and it became clear that a second wave was coming, the timeframe for an H1N1 vaccine suddenly became a hot topic. When would the vaccine be ready, and who would be the first group to get it?

This is where a gap in Canada's pandemic plan exists, as shown by the events leading up to the release of Canada's H1N1 vaccine.

The most vulnerable citizens and those who maintain our health care infrastructure, such as doctors, nurses, and paramedics, were rightly prioritized for the vaccine in "Guidance on H1N1 Vaccine Sequencing", released by the Public Health Agency of Canada in September 2009. But essential services workers, who maintain the nation's emergency infrastructure, were not.

Is it okay to protect the nation's health care system and not its emergency services infrastructure? Risk analysis experts from the United States and Canada have calculated that without intervention such as priority access to vaccines and antivirals, up to 30% or 40% of firefighters could be unavailable for duty in the case of a moderate or severe influenza pandemic.

Even in this technological age, firefighting is still a labour-intensive operation. With that kind of absenteeism, there are simply not enough firefighters available to adequately perform the critical life-saving functions that citizens expect and deserve, such as fire suppression, search and rescue, protection of our national infrastructure, and, in most cities, first response to medical emergencies such as heart attacks.

As fire department capabilities decrease, so does public safety in general. I wish to emphasize this point. Priority vaccination for firefighters during an influenza pandemic is not a matter of firefighter safety—it's a matter of public safety. It becomes even more important to vaccinate firefighters to ensure public safety when you realize that the role firefighters play as emergency medical responders puts them at an increased risk of exposure to the influenza virus.

•(1105)

The Chair: I think Kevin White is going to be sharing your presentation.

Go ahead, Mr. White.

Mr. Kevin White (Fire Fighter, Barrie Professional Fire Fighters Association): Thank you.

The federal government's guidance on vaccine sequencing, released through the Public Health Agency of Canada in September 2009, was drafted as a guideline for provincial and health officials to help them determine who to prioritize for the H1N1 vaccine once it became available. By drafting this document for provincial and local health officials, the federal government, through the Public Health Agency of Canada, clearly took a role in the vaccine sequencing decision process, especially when they stated upon releasing the guidance that:

Provinces and territories are expected to use the guidance for planning purposes and will interpret it based on local circumstances and realities.

If we look at the Public Health Agency's H1N1 vaccine guidance, we see that the medical role of firefighters is described perfectly where the document defines health care workers. It cites direct patient care. It even lists emergency medical services. By this token, it should have been easy to determine that firefighters should be in the top tier of the vaccination. The problem is that firefighters weren't specifically named in the first tier, but they were in the second tier, under "others who would benefit from immunization". This doesn't sound alarming until you realize that there are only two tiers, and it's the same tier as the general public.

A provincial or local health official looking at the agency's guidance to see where the firefighters should be in the vaccine sequence would have seen this, and not the definition of their job that's listed in the tier above. This is an error that needs to be corrected and made clear in the name of public safety.

It is also a mistake in the guidance on vaccine sequencing to imply that it's for their own benefit that firefighters should receive influenza vaccine. It misses the point that vaccinating firefighters benefits the public by guarding critical public safety services.

The United States got it right. They viewed the threat of a pandemic from a wider perspective, and the decision about vaccine sequencing was made by the Office of Health Affairs, which is part of the Department of Homeland Security.

In the U.S., fire protection is correctly recognized as a part of the nation's critical infrastructure, and professional firefighters were included in the first tier of vaccinations, which, in addition to public groups at risk, identified emergency services sector personnel.

Even a subsequent priority list issued by the U.S. Centers for Disease Control in July 2009 in the event of a vaccine shortage still prioritized health care and emergency service personnel with direct patient contact.

Mr. Scott Marks: Meanwhile, in Canada, firefighters in one province were actually ridiculed in writing by a senior provincial health official for daring to ask during the H1N1 pandemic that they be properly recognized as front-line health care workers and be prioritized. In another province, firefighters were turned away from a

vacant H1N1 vaccination clinic that had been set up for health care workers at a city hospital.

The firefighters weren't recognized as front-line health care workers despite the fact that they were coming into direct contact with citizens infected with H1N1 in the course of their duties as medical first responders and accompanying them to the hospital.

This is typical of what we saw during the H1N1 pandemic and the vaccine rollout. Some firefighters were successful in getting priority, but many weren't. A patchwork of protections was in place.

In testimony here Tuesday, we heard about the need to maintain flexibility in vaccination prioritization so that a vaccine can be targeted to those in the greatest need. Provincial and local health officials will still have a say in the final vaccine sequencing, so the federal government should not be afraid to formalize language that recognizes firefighters as front-line health care providers and as essential service providers who need to be protected.

I would add that in Canada, 50.4 million doses of the H1N1 vaccine were ordered, and there are approximately 25,000 professional firefighters. In the city of Ottawa, for example, you're talking about prioritizing an extra 900 individuals who could be vaccinated by paramedics in fire halls, thus not taking space in vaccination clinics for at-risk public groups. In many places, such as Saskatoon, firefighters did receive priority vaccination without any recorded consequences to other groups.

The Canadian pandemic influenza plan includes a good discussion about vaccine prioritization, including some good language about the recognition of firefighters as health care workers and the need to protect firefighters in order to minimize the societal impact of the pandemic. Unfortunately, these facts seemed lost when the Public Health Agency's guidance in H1N1 vaccine sequencing was drafted and released to the provinces.

•(1110)

The IAFF believes that all Canadians are deserving of an equal level of protection in the event of an influenza pandemic, and we believe that the Government of Canada has the responsibility to create a clear, nationwide protocol for vaccine sequencing that considers the protection of all facets of the nation's critical infrastructure.

We also understand that consultation is now under way on a revision of the plan, including vaccine prioritization. The International Association of Fire Fighters, Canadian Office, would welcome the opportunity to be a stakeholder in those discussions and also when future vaccine guidance is being drafted in response to a future pandemic.

To clarify testimony delivered here on Tuesday, the IAFF was not consulted by the Public Health Agency of Canada on this issue until yesterday.

In closing, we request the committee to recommend that the Government of Canada, through the Public Health Agency of Canada, clearly state in the Canadian pandemic influenza plan and in any subsequent vaccine sequencing guidance that professional firefighters should be included among the first to be eligible for available vaccines and antivirals in the event of an influenza pandemic, in recognition of their role as front-line medical first responders as well as the need to protect the nation's emergency services infrastructure.

The IAFF appreciates the committee's consideration of our views and our recommendation, and I am glad to answer any questions you may have. Thank you.

The Chair: Thank you.

We will go to questions after all the presentations.

I'll now go to the Canadian Association of Fire Chiefs, with Mr. Daniel Albert, please.

[Translation]

Mr. Daniel Albert (Assistant Director, Gatineau Fire Services, Canadian Association of Fire Chiefs): Hello, Madam Chair. I would like to thank you for giving me this opportunity to talk to you about the Canadian Association of Fire Chiefs' position.

My name is Daniel Albert. I am the Assistant Director of the Gatineau Fire Services and a member of the Canadian Association of Fire Chiefs.

In 2009, I was among those who had to manage the pandemic at the local level. I also tried to organize and structure the whole process. Let me tell you that it was not an easy task. It was chaos on a number of levels. Contradictory information was provided at various points from different people and organizations.

The reason that I mention this is that clear communication regarding the fact that our firefighters are front-line health care workers is very important for fire services, the directors and the firefighters, who work on a full-time, part-time and volunteer basis. Let us not forget that there are approximately 3,500 fire services in Canada, a large number of which include part-time and volunteer firefighters.

When your ambulance attendants are overwhelmed with work, who are you going to call? Clearly, you will call the firefighters, both professional full-time firefighters who work in the large municipalities and firefighters who work part-time.

In Gatineau's neighbouring communities, volunteer firefighters are the first responders. They help ambulance attendants and paramedics on a daily basis. It is clear for we members of the Canadian Association of Fire Chiefs that the Public Health Agency of Canada must ensure that all its provincial and territorial counterparts know that fire services staff must be given priority access to vaccinations. It is also important that they understand why. My colleagues, Scott Marks and Kevin White, spoke at length on this subject. I will therefore not reiterate the reasons it is important that firefighters be given priority access to vaccinations.

All municipal public health authorities must be aware that fire services staff need to be treated as a priority and they must

understand why. It is for the same reasons mentioned by Mr. Marks and Mr. White, in both pandemic and other interventions. Other interventions will continue to be needed. There will still be fires and car accidents. Clearly, those things are not going to stop happening. When municipal, provincial and federal infrastructure crumbles, firefighters will be there to help. That is for certain. It is guaranteed.

In the larger communities that have their own fire, police and emergency services, specialized clinics should be set up that are separate from the clinics for the general public. Why specialized clinics? Sending firefighters, police officers and first responders to the same clinic as the general public creates disorder and imbalance. It does not send a good message because seniors will be there with able-bodied young men. People may get the impression that we are getting preferential treatment. Rest assured, we are not asking for preferential treatment. Firefighters do not want preferential treatment. They want to be there to help people, to help Canadians in communities big and small.

Since volunteer firefighters are very important in small communities, additional efforts must be made to ensure that volunteers are able to receive the vaccination quickly. Let us not forget that 78% of the 108,000 firefighters in Canada are volunteers.

Finally, I would like to add that every effort must be made to avoid preferential treatment, to avoid fraudulent vaccinations, which undermine the credibility of a large organization such as the Public Health Agency of Canada.

There is no doubt about it: we were lucky that the 2009 pandemic was not more serious. Canadians may not be so lucky the next time.

● (1115)

The message that our association wants to send to the Public Health Agency of Canada is that fire services know their role in a pandemic. We know that our role is potentially dangerous, but we are there to help. In co-operation with the Public Health Agency of Canada, the association can do a lot to protect Canadians.

If you have any questions, I can respond to them at the end.

Thank you.

[English]

The Chair: Thank you so much, Mr. Albert, for your presentation.

Now we'll go to M.D. Ambulance Care Limited, with Paul Hills, paramedic.

Mr. Paul Hills (Advanced Care Paramedic, M.D. Ambulance Care Ltd.): Thank you. Good morning. I appreciate the opportunity to be in front of you today and to share some of my experiences.

My name is Paul Hills. I'm an advanced care paramedic for M.D. Ambulance in Saskatoon as well as a professional development officer there. I also serve another role, as vice-president of the association that represents the members of M.D. Ambulance.

As my experience shows, as front-line health care workers, Saskatoon paramedics received priority access to the H1N1 vaccine once it became available in October 2009, in accordance with the federal guidance on vaccine sequencing. We were then able to administer this in-house to our own staff. This allowed us to safely and effectively continue our jobs without fear of serious symptoms or side effects from being exposed to or infected by the virus.

The other factor that we needed to consider was the incubating of the virus and exposing other staff and family, or infecting our patients who may have come into contact through our service.

The medical protection afforded by prompt access to the H1N1 vaccine gave us peace of mind to continue doing our jobs on the front lines without any fear or hesitation. This was critical at the time of considerable anxiety for everyone, as the second wave of the H1N1 virus hit.

Vaccination not only protects the individual but limits any future transmission of the virus. This is paramount, especially when firefighters and paramedics are caring for the public. Compounding the wait for vaccines in Saskatoon was a shortage of N95 respirator masks and protective gowns that we prefer to wear on every call in the spirit of universal precaution. It can be hard to estimate a required number of masks and gowns for a particular service to stockpile or quickly access in the event of something like an influenza pandemic. But if recommendations for guidelines could be made in this area, it would be most welcome.

I want to describe how our emergency medical response system works in Saskatoon. It is served extremely well by around 125 paramedics and dispatchers who provide critical life-saving service to a population of 250,000 in Saskatoon and the surrounding area. We have a coordinated response with Saskatoon fire and protective services, whose members have medical training as emergency medical technicians. Through 911, a call is classified into different response tiers, and for most moderate to severe calls, firefighters are notified for simultaneous response to assist in the patients' care.

Due to pressures on the ambulance service system, a fire crew sometimes arrives at a 911 call prior to the ambulance and provides care to the patient until a transport crew arrives. Also, there may be other cases where firefighters are requested to provide assistance to paramedics at the scene of an emergency for extra resources due to patient care requirements.

Firefighters also provide integral assistance to the community and paramedics for what's called the lift assist. This is very common in our community, when we're treating patients who literally need to be lifted off the floor and require further assessment for potential injuries. These lift assists often don't trigger an EMS response through 911 unless they're activated by firefighters on scene after an appropriate assessment is done. So an elderly person who falls and can't get up may do so because they're weak from symptoms of influenza, and that information doesn't get caught and prioritized before the responding crews are exposed to the virus.

Firefighters may be on scene and in contact with any kind of patient for 10 to 60 minutes at any given emergency medical call, depending on the availability of an emergency transport unit.

There are pre-set determinants, based on the nature of the complaint that comes in through the 911 system, which dictate whether firefighters are also dispatched to a medical or trauma call. You get a brief description of the complaint, but it often doesn't end up being the main complaint or giving you the whole picture. There are so many variables in this determination.

A simple complaint of a sore back may gain status for a coordinated response based on being short of breath due to pain. So when both paramedics and firefighters arrive on scene, the patient may have back pain but also be a carrier of the influenza virus without it being known. For example, a 911 call may report someone with chest pain and dizziness or fainting, and firefighters and EMS would be dispatched. These symptoms could be caused by coughing or generalized aches, influenza symptoms, and from low blood pressure due to dehydration from the influenza infection.

Depending on how the patient represents their complaint over 911, it could be taken any number of ways that might not give us a high index of suspicion for influenza, therefore leaving all responders at an increased risk for exposure. There's a chance we could all be exposed to influenza at any given call. We don't know it when we're rolling out of the station to respond.

The environment in which paramedics and firefighters work is much more unpredictable than a hospital setting due to the significantly lower amount of pre-information that we receive and the need to administer emergency medical care in a less controlled setting.

• (1120)

We were one of the jurisdictions in which firefighters did receive prompt access to the H1N1 vaccine during the pandemic in 2009. Saskatoon paramedics went to the fire halls to vaccinate the Saskatoon firefighters, and it was done very easily. It did not tie up other public vaccination clinics because the paramedics were able to visit the halls and administer it to the firefighters who were on duty. This was a good thing because of the coordinated response model that I described above, in which firefighters and paramedics work side by side on the front lines.

I would have found it strange to be working alongside a firefighter I knew personally and professionally to find out on a medical call, where a risk of H1N1 was present, that the firefighter had not been vaccinated because he or she was not eligible yet. Yet I understand this was the case in many regions of Canada due to the lack of clear guidelines from the federal government for provincial and local health officials. From my perspective, the firefighters are at a similar risk of exposure to influenza in the field as the paramedics are, and they should be protected accordingly.

I wish to comment on risk analysis studies that projected that absenteeism rates are 25% to 30% higher among firefighters in the absence of intervention such as priority vaccination. From my perspective, again, as a paramedic, I can see where this would not only decrease fire protection but also emergency medical response capability, given the coordinated response we have in Saskatoon. A decrease in the number of firefighters available for duty would also be a decrease in the number of firefighters available to assist emergency medical calls. And it would come at a time when the entire medical system is already under strain due to a moderate or severe pandemic.

It's when our system is under this strain that we rely on firefighters the most as an additional resource. In my opinion as a front-line health care worker, a high absentee rate of firefighters during an influenza pandemic, or at any other time, would constitute a significant decrease in overall emergency medical response capabilities and consequently affect public safety.

The environment that firefighters work in when operating as EMS response puts them at huge risk for contracting influenza during a moderate to severe pandemic. We never really know what is waiting for us at the other end of a 911 call, regardless of how well we try to pre-screen the calls for the potential risks. A shortage of firefighters to assist in these calls would negatively affect initial response times, as well as patient access and transportation to hospital, for example, in those lift-assist cases.

It is certainly appropriate to vaccinate paramedics and other health care professionals on a priority basis during a pandemic. But as was experienced during an H1N1 pandemic, an entire sector of front-line medical responders was missed because the guidelines that were sent to provincial and local health officials by the federal government put the firefighters in with the general public.

I would ask the committee to consider the issue closely, and to consider recommendations to the federal government that would ensure all front-line medical responders across Canada have priority access to any subsequent influenza vaccine.

Thank you. I look forward to any questions you may have.

•(1125)

The Chair: Thank you for your presentation, Mr. Hills.

We are now going to go into the seven-minute Q and A section.

We'll begin with Ms. Davies.

Ms. Libby Davies (Vancouver East, NDP): Thank you very much, Chairperson.

First of all, thank you to the witnesses for being here today. I feel that you've provided us with detailed and thorough information of the actual experience, and, of course, that's very, very valuable. I don't think you have to convince us of how important it is that firefighters be included in the top tier.

I know in my community in east Vancouver, which includes the downtown eastside, with the role the firefighters play, particularly in terms of the people who are on the street and are very marginalized, high-risk—their health is compromised—it would be unthinkable that firefighters would be compromised because a plan wasn't

properly executed. I think the subject we're discussing today is very real and obviously has direct consequences for your member firefighters. I'm glad to hear that it was a better experience for the paramedics.

It seems quite extraordinary that we are at a committee, listening to this issue to try to fix it and work it out, and this wasn't addressed a long time ago. I was one member of Parliament, and I know there were other members, who wrote to the minister last year as a result of the lobby by the IAFF to ask the minister to be proactive on this issue. The response we got was "Here is the plan. It's basically implemented by provinces and territories." It was sort of passing it on.

It's very clear from what you said today that this is unsatisfactory and that we need to take more assertive direction and action.

I wonder if you could answer a couple of questions. First of all, is there any sense of what kind of lack of coverage there was? You've given us the number of firefighters, but could you say that more than 50% had difficulty getting the vaccination because they had to hassle at the local level? It would be nice to have a sense of that, even if it's anecdotal.

Secondly, you made it very clear that you're asking us to say something about the revision of the plan that's under way. I'm hoping that, as a committee, we could maybe write a letter or something to the minister.

I wonder if you have any specific wording you would want to include in this, so we can be very, very clear that what we're saying needs to be addressed in the revision of the plan.

•(1130)

The Chair: Mr. Albert, you are going to take that.

Mr. Daniel Albert: If you don't mind, I'll try it in English.

What I can say is that during the pandemic, we started off by getting access to the vaccine. We had the authorization locally to give vaccinations. We set up a private clinic to do the vaccinations, and when we got to the day of vaccinations, the plug was pulled on us, so we didn't get the vaccine.

Ms. Libby Davies: How did that happen?

Mr. Daniel Albert: That's local management—they got orders from provincial management in l'Agence de la santé. So that's our reality. In that same week, our firefighters heard that in Montreal or another part of the province they got their vaccines.

In dealing with a real pandemic situation, not just an epidemic, communication is really important. It's the front line of action, and we need leadership from l'Agence de la santé publique du Canada to give a clear message to everyone about the order in which they're going to do the vaccinations. I'm just talking about vaccinations, and that's where the firefighters were uncomfortable. They needed reassurance as front-line workers in the medical field.

We had to go as far as screening out and telling the local Agence de la santé that we would not answer if there was fever and H1N1 symptoms. We had to go that far to protect our personnel. Don't forget that every leader in the fire department has obligations, and one of those is to put everything in place so the workers are safe, and that's where the Canadian government, or the provincial government, did not go far enough. That's where we should have been more specific.

Ms. Libby Davies: Is there time for Mr. Marks to add anything?

The Chair: Mr. Marks.

Mr. Scott Marks: Considering the firefighters, and we represent 22,000 across Canada, I would say it would be in the vicinity of 90% who did not receive the vaccine. It was an anomaly that we're the ones who did receive the vaccine in that first tier. It was due to the confusion and the miscommunication that occurred among everyone else.

As far as actual language goes, we would certainly welcome the opportunity to be a stakeholder in any discussion on the revision, but I think the most important part of the revision has to be the recognition of firefighters as front-line emergency medical providers —

Ms. Libby Davies: In the top tier, just spell it out: in the top tier.

Mr. Scott Marks: —or not to differentiate them. I understand the concerns about tying the hands in the actual plan, but I think that any time there's an inclusion and discussion of emergency medical providers, firefighters should be part of that definition.

The Chair: Thank you, Mr. Marks.

Dr. Carrie.

Mr. Colin Carrie (Oshawa, CPC): Thank you very much, Madam Chair.

I want to thank all of you for being here today for this very important discussion we're having and for your testimony. I think everybody around the table recognizes the important role that firefighters play in our different communities.

Earlier this week we did have some testimony, as you mentioned. It did get into some of the challenges we have in Canada, with the delivery of health care being more of a provincial-territorial jurisdiction because of the vastness of our country. I know the minister is from Nunavut, and in Nunavut, the nurse practitioners tend to be the first responders.

You mentioned even in Quebec there were different priorities in different regions.

When the federal government and the provinces and territories get together, they do sit down and try to come up with plans that will work for everybody and to be as flexible as possible. One of the concerns I had—and I did ask the witnesses here on Tuesday. Sometimes politicians can be well-meaning, but sometimes you make changes. It was interesting, I think Mr. Marks said, tying the hands of the plan. When you have different regions within provinces, things are so different.

We heard from Nova Scotia, where their biggest concern at the beginning was the school kids, because the outbreaks were in the

schools. I believe Nova Scotia was one of those jurisdictions that decided to give vaccination priority to firefighters.

It is a huge challenge. I am interested in what you have to say, because we were told earlier this week by the Public Health Agency of Canada that the implementation of any recommendations in the Canadian pandemic influenza plan on priority access to vaccines would fall on the provinces and territories. Our role is to provide guidance.

Mr. Marks, do you think the federal government should determine how provinces and territories distribute these vaccines?

• (1135)

Mr. Scott Marks: I think it's clear that it is a guideline. I don't think we dispute or are suggesting the government should go beyond issuing a guideline. We're suggesting that the plan and subsequent guidelines that are released have to be very clear and clearly understood.

Again, I think in any situation you're going to face—H1N1, in many ways, in a positive way, was a perfect storm. We had a situation where a virus emerged just before the school break. It allowed things to slow down before the second wave hit. By the time the second wave hit, we had a vaccine, and we had ample supplies. In any of the pandemic planning that has looked at the H1N1 scenario...we realized we were extremely lucky in the way the plan rolled out.

What I think is of concern to us still is that the plan itself has to make that basic distinction of who firefighters are. They are first-line emergency workers. Any subsequent guideline shouldn't draw distinctions just based on an occupational category. For instance, I use the H1N1. If firefighters weren't separated in that second tier and named as firefighters, I'm not sure we would have had the problem we had, because we clearly met the criteria as an emergency medical responder.

I don't think the question here is that we're saying the federal government should be necessarily making those determinations without allowing provinces or municipalities to look at their unique situations. All we're saying is that the current plan and the subsequent sequencing that came out of it were unclear. It's clear that it was unclear by the amount of confusion and the patchwork that went on because of that. That's what we're really looking to clear up—that confusion and the lack of clarity.

Mr. Colin Carrie: Thank you for that answer.

I was wondering, because there is the partnership component of all these things; as you said, everybody recognizes the plan does have to be flexible. We're always thinking ahead: what's going to happen next time? I agree with you that H1N1 happened to turn out a lot better than people predicted.

Have you been in touch with the provincial health ministers regarding your concerns about firefighters getting priority access to the vaccine? If you have been in touch with them, what responses have you had from the provincial levels? It's interesting. When you talk about provincial-federal jurisdiction, sometimes if you have different agreements, it makes things a little bit easier. What's been your advocacy there?

Mr. Scott Marks: There has been no concerted effort by us to deal with it at a provincial level because quite frankly we see the confusion originating at this level. If the guidelines and the plan were clear on that, I think the individual issues that may arise at the provincial and municipal levels could be handled within that jurisdiction.

At the end of the day, most provinces adopted the federal guideline. Most provinces looked at firefighters specified in the second tier and said, "That's what we're doing."

I guess I'm not understanding how we would fix anything by approaching the provincial governments. Quite frankly, to try to do it during a pandemic is the wrong time.

• (1140)

Mr. Colin Carrie: I agree, and that's why I'm asking you now. I do disagree with you when you say the confusion is at the federal level, because in each municipality, each jurisdiction, each province, it's different. By actually tightening things up at the federal level, what we heard from our witnesses anyway, is that you'd be taking away some of their flexibility.

My question would be, and in agreement, why wouldn't we get ahead and talk to the provinces and jurisdictions now, not during a pandemic?

The Chair: Mr. Marks, we're just about out of time for Dr. Carrie's questions and we have to go to Mr. Goodale, so can you quickly wrap it up?

Mr. Scott Marks: Very briefly, regardless of what goes on...the provinces will always have the flexibility to view this as a guideline. The federal guideline was confusing, because we fit the definition for emergency health responders, yet we were pulled out of it by specifying firefighters separately. That's where the confusion is.

The Chair: Thank you, Mr. Marks.

Now we'll go to Mr. Goodale.

Hon. Ralph Goodale (Wascana, Lib.): Thank you very much, Madam Chair.

With everybody else here today, I want to express our appreciation for the presence of these witnesses and the very useful testimony they are giving. It's very helpful to the committee.

On that last point, Mr. Marks, it seems to me that it's clear in the Public Health Agency of Canada Act that when you have a public health emergency of some kind that affects people in more than one province, there is a jurisdiction and a responsibility that then falls at the federal level. It is up to the Government of Canada, obviously in consultation with the provinces and a lot of other groups, to make sure that the guidance that's given about sequencing is as clear, proper, and appropriate as it can be. Within that national guideline, there is flexibility for provinces to make local decisions if their circumstances are dramatically different. Obviously, guidance is guidance. It's not a legally binding rule, but it is helpful to say at the national level that, in principle, all other things being equal, this is the order that seems to be the most appropriate.

You, of course, have made a very powerful case today for a high-priority ranking for first responders.

I was taken in the testimony a couple of days ago by the Public Health Agency officials. It didn't seem to be clear that they had a grasp of the point that firefighters do a variety of different things. You fight fires, thank God, but you also are first responders, along with your colleagues, the EMT folks and others. In that capacity, you function very much like front-line health care workers. If it weren't for you on the scene of some very dangerous situations, some of those victims would not actually get to the doctors and nurses who are waiting for them in the emergency rooms.

What we're being asked to do here is to go back uphill to the origin of the problem and to make sure that you're dealing with the disease situations *ab initio* and not just coming in partway through. I think your points there are very well taken.

I have three questions. One is very specific to the EMTs. I'm happy to hear about the situation in Saskatoon.

I wonder, Mr. Hills, if you could comment on the situation. Pardon me for being parochial, but in Regina as well...was this a Saskatchewan situation you were describing, where you had access to the vaccines, or was that Saskatoon-specific?

Let me just ask the other two questions and then I'll allow you a full response.

Secondly, I wonder if we could have a description of some of the circumstances at the scenes of difficult accidents and so forth that you have to deal with. How risky and dangerous and exposed to disease and infection are your members actually in real-life circumstances?

Finally, on this issue of consultation, I'm glad to hear that PHAC has been in touch with the IAFF in the last 24 hours. But would all of you and your organizations expect to be consulted in this process of developing a new protocol on vaccine sequencing by the Public Health Agency as they are putting together their recommendations for new protocols about public sequencing?

• (1145)

The Chair: Thank you, Mr. Goodale.

Unfortunately, it was a four-minute question and we only have three minutes left, so be mindful of that.

We'll begin with Mr. Hills, and forgive me if I have to cut you off. We try to give everybody equal time.

Mr. Hills.

Mr. Paul Hills: As far as what happened in Regina is concerned, I can't speak to specifics there, but perhaps I can look at it from the point of view that it's the same thing as federal-provincial jurisdictions. Different EMS services and different fire services have different coordinated responses on how well they work together. We have a very good relationship in Saskatoon with our fire department. It was a no-brainer for us when vaccines became available that we would go out and do it for them. That's the kind of relationship we have.

As far as Regina goes, since their EMS services are run by a health region, they would probably have different guidelines and probably not have the paramedics. They would send out their own nursing staff to do it.

Availability on vaccine I can't speak to specifically, but in Saskatoon, once it became available, we went out and did that.

As far as exposure—

Mr. Kevin White: I can speak to that.

How exposed are we, or how are we exposed? I work in Barrie, Ontario, and 80% of the time we're the first responders in advance of the paramedics to medical calls. When a medical call we're tiered out to is defined as shortness of breath, any chest pains, gross bleed, or unconsciousness for any reason, we're tiered out, and 80% of the time in my area we're there first.

So we are the medics on scene. We're trained to emergency medical response level, and we are, in our case, the responders, so we are definitely exposed first. We listen to our county-run paramedics as to what parameters we need to follow when we get there, but they're the ones who are automatically inoculated.

The Chair: Okay.

Mr. Daniel Albert: Madam Chair, could I answer the last question?

The Chair: Yes, please, Mr. Albert.

Mr. Daniel Albert: Are we ready to participate with l'Agence de la santé? Yes, we are ready. The Canadian Association of Fire Chiefs has already offered their collaboration. So to that question, yes, we are ready to work with l'Agence de la santé.

The Chair: Okay, and thank you very much for your very concise and helpful comments.

We'll now go to Mr. Brown.

Mr. Patrick Brown (Barrie, CPC): Thank you, Madam Chair.

That last comment that Kevin White made about 80% of the time being the first responder, that's very telling. Is that something that is common among firefighters? I know you mentioned that at your station, in particular, it was 80%. But if you're the first medical response team so often, obviously that's a very compelling case for why you'd want to be vaccinated on a priority basis.

In your discussions with IAFF, is it your sense that it's a common percentage around the country?

Mr. Scott Marks: The percentages can differ, and obviously in a case such as Barrie, which has expanded into a bedroom community of Toronto, and there are still some rural areas serviced, it's probably a little bit higher.

In the city of Toronto, where I was a firefighter for 28 years, on average Toronto firefighters are on scene first or simultaneously with EMS 50% of the time. So I would say 50% would be the low end; it's anywhere between 50% to 100% of the time. For the vast majority, over 95% of the professional fire services in Canada provide emergency medical response as part of a tiered response system.

● (1150)

Mr. Patrick Brown: Go ahead, Kevin.

Mr. Kevin White: I'd like to point out that when we are called it's usually in the most severe cases. It's not just because someone needs transportation to the hospital. We're called because there is a need. In the upper echelon of medical response, that's when they ask firefighters to attend, and that's in Barrie, where we're the first ones there 80% of the time.

Mr. Patrick Brown: I know of a firefighter in Barrie, Nevin Hamilton, who is also a paramedic. I know that in some cases with fire forces, they actually contract out to do the paramedic services in their individual municipalities.

A general question to the panel: Kevin, is that something you've looked at in Barrie, and do we see firefighters actually performing that service elsewhere in the country?

Mr. Kevin White: I can speak to that first. I know there are a lot of municipalities across Canada where paramedics and firefighters even work on the same truck. You could have a situation where there's a paramedic who does have tier one access and is available to get the inoculation, but the firefighter riding in the same unit does not have the same access.

That's the situation you brought up with Nevin Hamilton, who is a paramedic. He had front of the line service for the H1N1 inoculation, yet the firefighters on our squad did not.

Mr. Scott Marks: Further to the same question, there are a number of municipalities in Canada where the paramedic service is administered through the fire department: Winnipeg, Lethbridge, and Strathcona County in Alberta. Those are the examples that spring to mind.

An interesting situation happened in Strathcona County, where all firefighters are trained as paramedics and they do provide the paramedic service, with funding through the Alberta Health Services. In Strathcona County the provincial health jurisdiction looked at it and determined that firefighters did not get first-level priority. So although they were paramedics as well, they didn't get access to the H1N1 inoculation. The strange thing that occurred, which is what I'm talking about, is the confusion that had Strathcona County had separate paramedic and fire units, the paramedics would have got it and firefighters would not have. Because they were one unit, administered out of the same department, no one received it. Again, this is why the guideline is very unclear, and we have a problem.

Mr. Patrick Brown: In terms of the guideline that you talked about before, I know there were questions about approaching the provincial government. Is it your expectation that if the federal guideline were changed, you would approach every provincial government to make sure they would honour those changes, knowing that it's only a guideline, however loose that may be?

Mr. Scott Marks: I think it would make it so much easier for us if, for instance, some provincial jurisdiction stated that they were not going to provide firefighters with the vaccine even though the guideline suggested they should. We would be looking for some sort of rationale to back that up.

I think we all agree that there are sometimes circumstances that dictate certain things in certain areas, but in the absence of any specific circumstances, I think it would make our situation as firefighters much easier to be able to go to the provincial medical officer and say, “Here's the federal guideline. Why are you not honouring this?”

Mr. Patrick Brown: In a jurisdiction like Nunavut, where they're not the first responder, wouldn't it be reasonable to expect they wouldn't be on that priority?

Mr. Scott Marks: If there is a reason why the firefighters aren't in the same situation, then obviously the jurisdiction would be able to make that decision and justify it.

Mr. Patrick Brown: Daniel, I think you had a comment.

Mr. Daniel Albert: I'd like to add some comments on that.

[Translation]

Firefighters have a variety of tasks. First, they respond to fires. That is the main emergency that they deal with. They also respond to car accidents. They help people in all sorts of situations when they are panicking and do not know who to ask for help. Firefighters help not only the general public but also the police in some situations. The police call us to see if we can help them. Paramedics also frequently need help. Earlier, we said that firefighters arrive before ambulance attendants in 80% of situations. That is the case in Gatineau and most communities in Quebec. Given the geographic location of fire stations in the municipalities, firefighters are available and on site more quickly when medical calls come in.

That being said, if we are talking about the entire country, why are we not speaking to all of the provinces, to the provincial health agencies? We believe that the Canadian Association of Fire Chiefs represents all—

• (1155)

[English]

The Chair: I'm sorry, Mr. Albert, your time is up. We now have to go to our five-minute round.

If you can watch the chair, what I try to do is be very fair with committee members so they have equal time, because every question is extremely important and your answers are extremely important. I hate to interrupt, so if you watch for it, I'll give you a one-minute warning.

We'll go into our five-minute round, and we'll begin with Dr. Sellah.

[Translation]

Mrs. Djaouida Sellah (Saint-Bruno—Saint-Hubert, NDP): Thank you, Madam Chair.

I would first like to thank the group of witnesses who came to tell us about the difficulty that the definition of the term “first responders” in federal guidelines presents for firefighters. Correct me if I am wrong, but I believe that this is the main focus of your request.

I would like to know how many firefighters there are in Canada and how many of them you think need to be vaccinated. With regard

to pandemics, which is what we are talking about today, should all firefighters be vaccinated or just some of them?

Mr. Albert, you spoke about the differences between volunteer firefighters and professional firefighters. Can you elaborate on the vaccination of these two categories of firefighters?

Mr. Daniel Albert: According to our figures, there are 108,000 firefighters in Canada, and they can be found in all Canadian communities. I could not say exactly how many of them are professional firefighters. However, I can say that they all have the same goal of saving the lives of Canadians. They all have the same goal, whether or not they are paid full time, as are professional firefighters, many of whom are represented by Scott Marks and his association or by other associations in the other provinces.

Although their jobs are similar, the difference between a volunteer or part-time firefighter and a permanent or professional full-time firefighter—these are the terms used in our field—is that volunteer firefighters work every day at their regular job, and in the evenings and on weekends—when they are available—they will help their fellow citizens. They take training during their free time. All of their social activities revolve around helping their fellow citizens. That is the beauty of these people. It takes an incredible amount of courage to do this. Firefighting is in their souls; they are committed to it.

How many of these 108,000 people should be vaccinated? I could not exclude anyone; it would be impossible. When we are in a situation where all of our ambulances and emergency rooms are busy, will we wait for people to die? No, I do not think so. People will keep asking for help. Where will we send those requests? It will be the part-time firefighters who will want to help.

Why will they do that? Because they have first aid training. They know CPR. Their very presence among the people who need help will make them feel better. That is why we cannot distinguish between firefighters.

• (1200)

Mrs. Djaouida Sellah: I wanted to know what is the difference between a professional firefighter and a volunteer firefighter during, for example, the H1N1 flu pandemic. What happened with that?

Of course, the goal is to define the federal directives, but we would also probably like to know what categories and what people will be classified as first responders in the case of a pandemic.

Mr. Daniel Albert: I will try to answer your question again.

In the case of a pandemic, even part-time firefighters will be called in. These people will be called upon by their communities to help out. These people will answer the calls for help that they receive.

It is impossible for me to distinguish between the work of a part-time firefighter and the work of a professional full-time firefighter. We cannot make that distinction. When they are facing a virus, they are just as vulnerable as anyone else. That is impossible for me to do.

What happened to people working part-time during the last pandemic? Unfortunately, I cannot say. I do not have that information. I can only speak for the firefighters I was working with at the time.

[English]

The Chair: Thank you, Monsieur Albert.

Mr. Lizon.

Mr. Wladyslaw Lizon (Mississauga East—Cookville, CPC): Thank you very much, Madam Chair.

I thank the witnesses for coming here. I don't think there is anybody in this room who does not recognize the importance of your services and does not appreciate your dedication and great service to the communities you serve. Thank you very much.

First, I don't know whether or not you have statistics like this, but would you know whether you responded to any calls to people who were later diagnosed with H1N1? Were there calls? Do you have these kinds of statistics or not? I am talking about the last pandemic.

Mr. Scott Marks: From the association's point of view, we don't have access to those statistics. Whether municipalities kept them, specific to that—they likely had some sort of feedback. But there's no question that firefighters responded to patients with H1N1. It would be virtually impossible that it didn't happen.

Mr. Wladyslaw Lizon: If you were on the priority list or if you were not.... Maybe another question: how many firefighters actually got vaccinated in the pandemic? It doesn't matter when, at what point, but percentage-wise?

The reason I'm asking this question is I know of cases, not among firefighters but other groups, where some people refused to be vaccinated, and that's absolutely understandable. It's a personal decision. I didn't get vaccinated. It was my choice. Some people don't get vaccinated. Therefore, it probably is the same situation among firefighters.

Mr. Daniel Albert: In regard to your question on statistics, first of all, I have to refer to Paul Hills' testimony, where he said that once you get a call, it starts out with a small *bobo* and ends up with a big headache—and not the patient's; it's your headache. That's the reality all firefighters are faced with every day.

We're the ones who tell them, no, it's not a small *bobo*, it's a big headache, so get geared up for something else. That's the first question, but we don't have statistics on that.

Statistics-wise, how many firefighters were vaccinated or refused vaccination? Unfortunately, that comes down to a municipal or a provincial level, and there are no statistics. The Canadian association does not have that information, and I do not have it either.

• (1205)

Mr. Wladyslaw Lizon: Don't get me wrong; I truly believe that you should get vaccinated if it means peace of mind, considering the importance of your services. Firefighters and first responders who

come to work and are called to emergencies should not be afraid to go and attend someone because they may fear they would contract a disease from that person.

I believe that's very important. You can discuss it, and anybody can argue about the effectiveness of the vaccine. We found out at the last meeting that the last pandemic, the H1N1, was the first one where a vaccine was available. In previous pandemics, there was no vaccine available.

We were also told that, on average, pandemics happen about three times every 100 years. Therefore, it's possible that we would not see another pandemic in our lifetime, but we may see it very soon as well. That's how the statistics sometimes work.

The Chair: You have 20 seconds left, Mr. Lizon.

Mr. Wladyslaw Lizon: I have a quick question. Do you know which provinces recognize firefighters as first responders?

Mr. Scott Marks: I don't believe any of them did at a provincial level. I think some municipalities provided vaccines at that level.

The Chair: If I may intercede here, Mr. Marks, and correct me if I am wrong, but I believe Manitoba did.

Mr. Scott Marks: You may be right. I'm not sure.

The Chair: Thank you.

We'll go to our next person because your time is up, Mr. Lizon. Thank you.

We'll now go to Mr. Kellway.

Mr. Matthew Kellway (Beaches—East York, NDP): Thank you very much, Madam Chair.

Through you, to the witnesses, thank you very much for being here today and illuminating this issue.

Scott, I don't know when you last served in Toronto, but you may be aware that in my riding of Beaches—East York we have this little ceremony every year, a remembrance of 9/11. It's an interesting and emotional reminder to everybody who attends that ceremony what the firefighters did on that day. It stands out and I think represents your profession well in the duty that you feel professionally, and for the volunteers as well—not to distinguish between the professional firefighters and volunteers—to public safety.

Last time you guys came to visit me in my office here on the Hill, Damien and gang left me with a remembrance memorial book of 9/11, which I've kept out. I raise all that because your testimony today has been a great reminder of the duty that your members feel for public safety, and all of us in the room, I'm sure, appreciate and thank you for that.

I want to get a little more precision on the issue with the guidelines. Maybe I'm a bit slow on this, but I thought I heard you say at the very beginning that the guidelines recognized firefighters as part of the first responder medical care, that you were in the guidelines as part of that group. Yet when it was prioritized and tiered, the occupation of firefighters was pulled out and put in the second tier. Am I understanding this correctly?

Mr. Scott Marks: It's actually the pandemic plan that recognizes firefighters as part of the emergency medical provision. From the plan, they take the sequencing guideline and in that translation to the guideline for H1N1, firefighters were somehow separated from other emergency medical responders and placed in a different tier. We don't really understand this. Maybe when the guideline was developed the people involved didn't fully understand the role firefighters play in emergency medical responses.

• (1210)

Mr. Matthew Kellway: So it's the translation from the plan to those priority sequences.

Are the rest of the occupations recognized as front-line first responders? They were all included in tier one in that translation except for firefighters? Is that the case?

Mr. Scott Marks: It's probably easiest to actually look at the guidance on H1N1, the vaccine sequencing. It's a little hard to find on the Internet now. It's been removed, but if you read the definition of "health care workers" it actually says:

All health care workers (HCW) involved with pandemic response or delivery of essential health services:

- Those who provide direct patient care as well as those who support the provision of health care services
- Includes full-time staff, part-time staff, students, regular visitors and volunteers, i.e., all persons carrying out the health care function

That definition, as far as I'm concerned, covers firefighters. However, inclusion of firefighters separately in the guideline is what caused the problem.

Mr. Matthew Kellway: So from the firefighters' perspective, you should always be included. Wherever the tiering of prioritization falls out, you should always be included in that global group of front-line health care workers. Okay, that's point one.

Point two, we heard from the folks on Tuesday about the epidemiology that goes behind the prioritization of these groups. I don't know whether I was blinded by science, but it was a very compelling presentation about what they do to figure out how the epidemiology affects different populations.

The Chair: I'm sorry, we don't have time.

Mr. Matthew Kellway: Can I ask this very briefly, then, and for a quick response?

The Chair: Very briefly, but your time is up now.

Mr. Matthew Kellway: Is it the case that the health care workers should always be in tier one, from your perspective, or is the answer maybe to have more tiers rather than just tier one and tier two? To what extent do you give credibility to this epidemiology issue?

The Chair: Sorry, this has gone on too long. We're going to have to go to Mr. Strahl. Thank you.

Mr. Mark Strahl (Chilliwack—Fraser Canyon, CPC): Thank you, Madam Chair.

Perhaps I will pick up a little bit where Matthew left off there. We did hear from the public health officials, both Dr. Spika as well as...I am forgetting the name of the doctor in the Yukon who rolled out the program—about the importance of letting the epidemiology of any specific pandemic determine the priority for the vaccination. They were quite passionate about not interjecting politics into that

decision, and that it had to be made based on the science. Based on that, they wanted to continue to have that flexibility going forward.

I just want to take issue with something. I heard previous questioners say they didn't think the Public Health Agency of Canada got it. I asked the question of Dr. Butler-Jones when he appeared before committee on March 13 of this year specifically about firefighters and the vaccination. I just want to read his answer to me on that. He said:

...it's one of those eternal questions. The principles that underlie the recommendations in terms of priority are those who are most likely to be seriously ill or die, so protecting life, and then protecting essential functions. Clearly police, fire, first responders, central services, etc., obviously come into the category of essential services, trying to minimize disruption in the face of an outbreak, etc.

With H1, clearly firefighters and others who were at risk of severe disease were in the first tier, but we found that with people of that age, it was not a threat to civil society. If it had been, if they were either at greater risk or there was an issue of access, then clearly they would have moved up the queue.

I know Dr. Butler-Jones became the face of Canada's response to that. He indicated that if there had been a threat in the view of the public health officials to firefighters and to society in general, clearly you would have been moved up the queue.

My question is, how do you respond to that? He seems to indicate there is flexibility in the system to allow for firefighters if the epidemiology of a pandemic is threatening specifically societal infrastructure or firefighters as first responders. He seemed to indicate there was flexibility there to deal with that. If we take that away and base it now on a political policy as opposed to the epidemiology, how do you respond to this, that it would be a dangerous position to take?

• (1215)

Mr. Scott Marks: If I heard the quote correctly, he related it to the age of firefighters. Did I hear that correctly?

Mr. Mark Strahl: Yes. The age and health of... He put first priority, because there was a limited number of vaccines, on the seriously ill, chronically ill—you have the list. That was his indication, that you are a robust group of individuals in society and weren't at highest risk of becoming infected.

Mr. Scott Marks: Let me make it clear. I think any system, even within the tiering, allows public health officers within their community... For instance, there was the priority tier for H1N1. I am absolutely sure that public health officers, hospitals, or whatever made determinations on who we are going to do first and who we are going to do second. That's understandable.

However, I do find it somewhat of an unusual comment, and on the surface not very scientifically based. Maybe there is a more scientific basis for it that I am missing. I would suggest to you that there is no specific criteria that define firefighters differently from other health care workers. I point to Mr. Hills there. There is no defining difference in age between paramedics and firefighters. As I pointed out, in some communities they are the same people. I am not suggesting that if there is overwhelming epidemiological evidence, scientific evidence, to suggest, for instance, that males don't get this disease—and firefighting is still predominantly a male occupation, although it is certainly changing—there could be circumstances that preclude.... I think the guideline allows flexibility for local public health officers to make the decision.

The Chair: Thank you, Mr. Marks.

We'll now go on to Dr. Morin.

[*Translation*]

Mr. Dany Morin (Chicoutimi—Le Fjord, NDP): Thank you very much for your testimony and for the answers you gave to my colleagues on the Standing Committee on Health. I thank you for the work that you do.

Firefighting is in my family's history and in our blood. My father was the fire chief in a village of 500 people for some time. I am sure you can understand the realities in rural areas and what a huge responsibility this role represents. In addition, my cousin is a full-time firefighter for a city with 150,000 people.

My region was relatively untouched by the H1N1 flu pandemic, but I understand that the purpose of today's meeting is to prevent a potential pandemic, or at least minimize the effects.

My colleague Matthew Kellway had a good question earlier. I will offer the rest of my time so that you can answer his question.

[*English*]

Go ahead, Matthew.

Mr. Matthew Kellway: I just wanted to get back to this epidemiology question. It's really what Mark also followed up on.

If the epidemiology suggests that the real risk is a certain group in society—it could be the very young, it could be the very elderly—and firefighters and all front-line health care workers are going to largely be exempt from those criteria, are you saying that firefighters and all front-line health care workers should always be tier 1? Or are you suggesting that there should be room for more tiering, or finer prioritization sequencing, under these guidelines?

• (1220)

Mr. Scott Marks: I'm not suggesting at this point in time that they look at more tiering. I really don't think I'm qualified to answer that. My point, very simply, is that firefighters are front-line emergency health care workers and they should be recognized in that capacity. They shouldn't be pulled out and separated, as they were in H1N1. By default, that's where they should be.

Once it goes beyond and rolls out to the provinces or whatever, if there's overwhelming evidence to define them differently, then so be it. Let the provincial health agencies or whatever have that flexibility

to make that decision. At that point, we can determine whether there's any justification.

In a nutshell, firefighters are emergency medical responders.

Mr. Matthew Kellway: Do you have a clear sense of the solution?

Mr. Daniel Albert: Could I just add to this question?

[*Translation*]

The H1N1 flu case is a good example of inadequate communication about the classification of groups to be vaccinated.

Firefighters are all healthy individuals.

[*English*]

We're all robust. Look at this guy.

Voices: Oh, oh!

Mr. Daniel Albert: This guy was vaccinated and I was not. That's where the communication goes haywire. That's where we need to define. H1N1 is not the issue. The issue is pandemics.

Should we do more classification? We are not specialists. Should we have not been vaccinated at all? In that case, during H1N1, he should not have been vaccinated. He's probably more in shape than I am.

That's just a clear picture of what we're living. We are not scientists. We do not know which people will be affected by the pandemic. Our specialists do.

Mr. Matthew Kellway: Very briefly, going back to where Libby started, what's the solution to ensure that firefighters don't slip out from that front-line health group to an occupation that falls into tier two in the guidelines?

Mr. Daniel Albert: I clearly recognize firefighters as being in the same group as they are.

The Chair: Thank you very much.

Dr. Carrie.

Mr. Colin Carrie: Thank you very much, Madam Chair.

I want to get back to a point I was making a little bit earlier. My colleague brought up an issue of political decision versus epidemiological decision. The example I was thinking of was that certain pandemics and flus affect young children. What we're talking about with any plan is flexibility, and I believe the provinces and territories could decide today that you could categorize firefighters as first responders, with the guidelines we have today.

What we've heard with other and previous testimony is that every place is so different. I believe you brought up examples. You can have an EMS guy and a firefighter as the same guy in one community. Up north, a first responder is a nurse practitioner.

I'm curious why you're not... It's important that you're here and that we're hearing your testimony here, but because of the flexibility across the country, why are you not approaching the provinces and even the municipalities? I think you made a good point, Scott, that ultimately these are guidelines. Whatever guidelines we make, the province, at the end of the day, is going to interpret them the way it wants.

If you're looking after the best interests of firefighters across the country and the individual circumstances for every professional, don't you think it would be important to have those discussions with not only provincial governments but municipal governments along the road?

Mr. Kevin White: If I may use Barrie as an example, because of the way it was rolled out federally, we were completely out. We weren't given that opportunity to lobby municipally or provincially. We were out.

• (1225)

Mr. Colin Carrie: But why aren't you doing it now, in between pandemics?

Mr. Kevin White: Once it's changed from the federal level, we'll have that ability to make sure we're covered municipally.

Mr. Colin Carrie: Are they saying to you right now that we're not going to have these discussions because of federal guidelines?

Mr. Scott Marks: If I may, I think what we're doing is striking at the source. The source of this confusion—and I'll be perfectly blunt: I think an error was made. I think whoever put firefighters in that second tier—this is only my opinion—didn't realize we are first-line emergency health providers.

What we are trying to get at is that the definition within the pandemic plan has to recognize and incorporate firefighters within that first tier. If there's a reason down the road to remove them, whether it be epidemiology or whether that determination be done in the rollout of the guideline at the federal level or in the rollout at the provincial and municipal levels, then let that happen. But we don't want a repetition of what occurred last time. In my view, with all due respect to the doctors involved, I don't believe firefighters were removed based on some of the reasons given here. I believe there was an oversight; I believe an error was made and they didn't recognize that firefighters perform a function no different from paramedics, and they didn't understand the nature of our job.

We're here because this is the source, and we want to make sure you understand what we do for a living, the risk we are at, and why we belong side by side with other emergency medical providers.

Mr. Colin Carrie: Well, that—

Mr. Daniel Albert: If I may add quickly...

[*Translation*]

Activities during a pandemic are managed by both the federal and provincial governments. A pandemic affects the whole country, in various places, while an epidemic is more at a local or provincial level. We came to share our position here, before you, rather than address the provinces, simply because pandemics are managed by the federal government, unless I am mistaken, which I do not think I am.

Thank you.

[*English*]

Mr. Colin Carrie: It is a partnership between all the different jurisdictions. I understand your interpretation—I do get it—but as I said, we've heard testimony before, and with the guidelines the way they are, if the ultimate goal is that in each jurisdiction professionals should be handled appropriately...regardless of the guidelines the federal government puts in, if we're the source of it, if they don't interpret them the way you would like, then making a change at this level would not make any difference, because they can actually make the changes today.

We're simply one small panel, one small meeting, but because it does include these areas, I'm curious to know whether you have had a chance to—

The Chair: I'm sorry, Dr. Carrie, your time is up. I have to go to Ms. Block. Thank you.

Ms. Block.

Mrs. Kelly Block (Saskatoon—Rosetown—Biggar, CPC): Thank you very much, Madam Chair.

I want to thank all of our guests for being here. It has been a good discussion, and I echo my colleague's comments about the important role that our firefighters, our paramedics, and our emergency services play in our communities.

One of the joys of going last is that so many of the questions you may have wanted to ask have already been asked, and I find myself in that situation right now. We're all fairly like-minded in wanting to try to get at a solution that will ensure that all Canadians are protected in the event that we find ourselves facing another pandemic.

It may come as no surprise to any of you that, being a member of Parliament from Saskatoon, I should want to zero in on our paramedic who has put forth some testimony today.

Mr. Mark Strahl: That's our very robust...

Mrs. Kelly Block: Yes, our very robust paramedic, who I must say led all of our MPs and our staff in some CPR training about half a year ago, and it was a great thing for us to do.

I'm very pleased to know that our firefighters in the Saskatoon area received the immunization vaccine. Were you a part of any conversations in the planning? Obviously, this came up quickly, but were you as a paramedic or was M.D. Ambulance involved in bringing forward any suggestions on how it should be handled? And have there been any conversations after the fact about lessons learned and what could be done differently?

• (1230)

Mr. Paul Hills: I'll just touch on the fact that discussions happen maybe one level higher than my pay grade back home. But in a department where I hold my title, I would do the rollout, the immunization, so it gets filtered down.

One thing I saw with H1N1 at the time was the lack even of communication and the difficulty in just receiving vaccinations for ourselves and the red tape we had to go through about where we fall in that. So I can understand from a firefighter's point of view how difficult it would be, communication-wise, when their hands are tied as well by the rollout and the sequencing guidelines that came out.

As a practitioner at arm's length to a lot of this, when I look at it and read the sequencing, to me it's very clear that... It lists what "pre-hospital patient contact" and "emergency medical services" mean and indicates that the people who are involved in them should be prioritized because our risk factor is so high. Vaccination is not only to protect ourselves but to protect against the spread of the influenza as well. Hitting the people who are going to be exposed to a high number of cases is extremely important.

Now, when in the second tier it listed firefighters, it handcuffed the ability of the provincial or local jurisdictions to give that opportunity to them. They can say that some places did and some places didn't, but in a pandemic, when everyone is rushing to get everything done and there is great concern, that's not the time to make decisions. What's happening here is that we need to re-evaluate, look at what pre-hospital patient contact means in the case of emergency medical services and at the roles that paramedics play and that firefighters play alongside the paramedics.

Every day I go to calls with firefighters, and every day we're all put at risk for anything that could happen there. In our role during a pandemic, bureaucracy and everything aside, with all due respect, we're exposed every day. If we're not given the tools, whether those be gloves, gowns, masks, or vaccinations, then we're putting ourselves at extreme high risk, and not only our own selves and our future patients whom we come in contact with 24 or 48 hours later, but also our families at home.

To wrap it all up, there is a lack of communication at some points and a lack of clarity in documents that filter down. What we're asking for is for some of that communication to be cleared up and for improvement to the consultation process, so that when information is filtered down, things are clearer during a stressful time such as that is.

The Chair: Thank you. I think that would be good.

Now we go to Dr. Fry.

Hon. Hedy Fry (Vancouver Centre, Lib.): You have caught me with my mouth full.

The Chair: Dr. Fry, I have a question, if you would give me some time, and then I'll have you follow it. Is that okay?

Hon. Hedy Fry: I'm fine.

•(1235)

The Chair: I thought you would be, actually.

Some hon. members: Oh, oh!

Hon. Hedy Fry: Thank you very much, Madam Chair.

There has been a lot of discussion here today about what epidemiology is about and what the primary principles of public health policy are.

It depends on what the epidemic and pandemic is. H1N1, SARS, etc. were spread through human contact and respiratory droplet infection. But let us imagine, for instance—and I hope not—that massive numbers of people suddenly became ill because of eating E. coli-tainted beef. Touching them isn't going to give you E. coli. You cannot pass it on as a first responder to somebody else.

But in the case of an epidemic that is contact- and droplet-borne, then the people who are in contact with the people who are sick must be protected, and first is to keep them healthy enough to continue to do their work as a first responder, but second—and you said it extremely well, Mr. Hills—they cannot therefore pass it on to other patients. The primary thing we heard Mr. Brown say, heard the chief public health officer say, is that it has to do with protecting people from getting the illness. It therefore means protecting against contact and getting the illness, not simply a certain group of people. If you are in contact with sick people and you pass it on to other people, you are in a very high-risk group in that kind of pandemic.

My question to you is this. Do you believe that what you really would like to see is based on the type of disease or type of pandemic, so that if there is a possibility that there is contact spread, you are deemed to be a first responder because of the nature of the work you do, and that the Public Health Agency, which is supposed to be setting all the guidelines in a pandemic—"guidelines" meaning there is flexibility at the local level. You would like to ensure in such pandemics or such epidemics that you are deemed therefore to be a first responder like other health care professionals?

If that's the simple thing you're asking for, you're not asking for political interference; you're asking to fulfill the objectives of public health principles.

Is that it? Is it that simple?

Mr. Scott Marks: Yes, absolutely. I think we've made the point fairly clearly that what we are looking for is to be considered no different from any other emergency health provider. The reason we're here at the federal level as opposed to the provincial level is that if we go out tomorrow and convince all of our provincial health ministers that firefighters are emergency health providers, and then six months from now a new guideline comes out for a new pandemic and we're listed differently, we're going to have the same confusion. Different public health officers might be in place, or whatever.

Again, if the epidemiology of a virus states that only children are at risk of getting it, then I'm quite certain that the medical people who determine who gets the first priority are going to recognize that within the way they roll it out to all emergency health providers. It doesn't make any sense to me that you would look at a robust firefighter and say that he doesn't need it because he's strong or robust but that this strong, robust emergency physician needs it. That's a factor; it's separate from the occupation. We all deliver emergency medical response; we're all emergency medical responders.

You've hit the nail on the head: that's what we're looking for, the recognition that this is what firefighters do.

Hon. Hedy Fry: Thank you.

The Chair: You have another minute, Dr. Fry.

Hon. Hedy Fry: Madam Chair, I would graciously say—

The Chair: Might I ask a quick question?

Hon. Hedy Fry: —give my minute to someone else.

The Chair: Okay.

Mr. Daniel Albert: I might add something in regard to flexibility. It's very clear to us that guidelines give flexibility, but guidelines need to be respected up to some point in time. If municipally or provincially they do not follow the guidelines, they will have to answer for their actions.

And of course flexibility is important. Why? It's because there may be one province that, because they're on an island, will not be affected, so they do not need to go to vaccination immediately. That's flexibility, for me.

Hon. Hedy Fry: Madam Chair, I just wanted to quickly say one thing.

The Chair: I'm sorry, Ms. Fry.

Hon. Hedy Fry: It's a 10-second thing. You've given other people the ability to go over.

The Chair: The answer is no, Ms. Fry.

Hon. Hedy Fry: In my opinion, as a physician—

The Chair: Could you turn her microphone...?

Hon. Hedy Fry: Madam Chair, you are being fair. You gave other people the ability—

The Chair: Ms. Fry, you're ignoring the chair, and that's not acceptable. Sorry, Ms. Fry, I said no.

To be able to accomplish what we need to accomplish.... To clarify, we're just about to go into a business meeting, which will be in camera, so we don't have the time to start another round. But what you said today has been very helpful.

Basically, just to clarify, it seems to me that you're not against the provinces having the priority, it's just that you're in the second tier right now and you feel you should be in the first tier. Provinces have a chance to make their own pandemic.... But you just want to go to tier one rather than tier two. That's what I've heard all morning.

Everybody around this table appreciates the sacrifice you make and what you do, and we appreciate your coming today. We actually moved our whole agenda so we could have this day. Each one of us appreciates the fact that you've come today, so please go away knowing that your testimony is very important and it will be examined very carefully.

We do have a business meeting. What I'm going to do is suspend for about three minutes. That will give members a chance to shake your hands and say goodbye, and then we will start right at a quarter to one.

Thank you.

[Proceedings continue in camera]

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