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# Standing Committee on Procedure and House Affairs

EVIDENCE

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Thursday, October 29, 2020

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Chair: Ms. Ruby Sahota





## Standing Committee on Procedure and House Affairs

Thursday, October 29, 2020

• (1100)

[English]

**The Chair (Ms. Ruby Sahota (Brampton North, Lib.)):** I call this meeting to order.

Welcome to meeting number six of the Standing Committee on Procedure and House Affairs.

I would like to start the meeting by providing you with some information following the motion that was adopted in the House on Wednesday, September 23, 2020.

The committee is now sitting in a hybrid format, meaning that members can participate either in person or by video conference. Witnesses must always appear by video conference.

All members, regardless of the method of participation, will be counted for the purpose of quorum. The committee's power to sit is, however, limited by the priority use of House of Commons resources, which is determined by the party whips.

All questions must be decided by a recorded vote unless the committee disposes of them by unanimous consent or on division.

Finally, the committee may deliberate in camera, provided that it takes into account the potential risk to confidentiality inherent in such deliberations with remote participants.

Today's proceedings will be made available via the House of Commons website. The webcast will always show the person speaking, rather than the entirety of the committee, or what you may be seeing in grid view format on your screen.

To ensure an orderly meeting, I'd like to outline a few rules to follow.

For those participating virtually, members and witnesses may speak in either official language of their choice. Interpretation services are available for this meeting. You have the choice at the bottom of your screen of either "Floor", "English" or "French".

At the beginning, when we started virtual meetings, we were having to switch between English and French. I believe that this issue has been corrected, and you can choose either "Floor", "English" or "French" now. There should not be an issue with the interpretation, sound or volume level.

Before speaking, click on the microphone icon to activate your mike. When you're done speaking, please put your mike on mute to minimize any interference.

I will remind you that all comments by members and witnesses should be addressed through the chair.

Should members need to request the floor outside of their designated speaking time for questions, they should activate their mike and state they have a point of order. If members wish to intervene on a point of order, please use the "raised hand" function.

When speaking, please speak slowly and clearly. Unless there are exceptional circumstances, the use of headsets with a boom mike is mandatory for all participating remotely.

Should any technical challenges arise, please advise the chair. Please note we may need to suspend for a few minutes to ensure that all members are able to participate fully.

For those participating in person, proceed as you usually would when the whole committee is meeting in person in the committee room. Should you wish to get my attention, signal me with a gesture or call out my name. Should you wish to raise a point of order, wait for the appropriate time to indicate you have a point of order.

The clerk and I will try to keep a consolidated speaking list order.

Without further ado, let's welcome our fantastic witnesses before our committee today.

We've been watching you on our television screens, and maybe some members have been able to meet you personally as well, depending on what province they're from.

Welcome to Dr. Bonnie Henry, the provincial health officer from British Columbia; and also Barbara J. Raymond, the executive medical advisor, vice-president's office, for the infectious disease prevention and control branch of the Public Health Agency of Canada.

Each of you will have five minutes for introductory remarks. After that, we will have a few rounds of questions from our committee members.

Please go ahead, Dr. Bonnie Henry.

**Dr. Bonnie Henry (Provincial Health Officer, Ministry of Health, Government of British Columbia):** Thank you, and good morning.

I want to start by acknowledging that I am speaking to you today from the traditional territories of the Coast Salish, the Musqueam, Squamish and Tsleil-Waututh first nations here in Vancouver, and I'm very grateful to be able to speak to you from these beautiful territories.

We've been asked to talk about elections. As you know, we just completed one, although the final vote is not yet in, given the election legal requirement out here that you need to wait a certain amount of time for counting the ballots.

We learned quite a lot. I think the biggest thing we learned was to connect early and often. Where I come from in Prince Edward Island, we say that about voting: vote early and vote often.

Out here, we met with Elections BC starting in March. There were scheduled elections meant to happen in March. On my advice, we postponed those, given the situation we were dealing with at the time. We continued to meet to answer a number of questions. In particular, we developed a very detailed guidance, and that was very helpful. We met a number of times with Elections BC, but we also had question-and-answer sessions and detailed sessions with all of the electoral officers from each of the 87 electoral districts around B.C. We did Zoom meetings on those. Those were also very helpful.

As I'm sure is the same for federal elections, many of the people who work on elections are older and of a demographic that is concerned about their own health, and COVID in particular. We were able to allay fears and make sure we had all of the processes in place. We have detailed guidance on that, which we're happy to share.

Another thing that I think is really important is that we met with an all-party committee. The political parties have a committee—this is my not understanding the political part of things—around elections. We met with them a number of times to make sure each party had guidance on how they could conduct campaigns safely during COVID. We talked about things like going door to door and what that would look like, having smaller gatherings, not allowing large groups together, wearing masks and all of those things that are important in campaigning safely during this period of time.

I think there were three things that were the most important. Allowing the ability to mail in ballots was really helpful, not only for the public but also for the people who work in the elections. There were all kinds of questions. For example, what if somebody licks the ballot envelope; does that mean it's safe? We talked a lot about washing their hands.

We had extended advance polls and made sure they were over the weekend. That became really important. There was a lot of concern, as many voting places are schools. Schools are designed to be very easy. People can be indoors. You can separate them. There are gyms or other large spaces. Because our schools are back in session, for the teachers and students to feel that they were being respected and safe, it was important to have those places available on the weekends and to have other places during the week. We didn't want people mixing with the students and teachers in the school. Extending our advance polls for a longer period of days and over weekends was important.

As well, we switched the voting day. It normally would be a Tuesday, and it was switched to a Saturday. That proved to be really beneficial in a number of ways. One, it meant that we could use voting places like schools again, but it also meant that people who would normally be at work on election day were able to work in some of the voting stations. We had a broader swath of people who were available to work. Anton Boegman, our chief electoral officer here in British Columbia, can give you many of the details. We reduced it from two people sitting at a table to one. That worked very efficiently. We had provisions for being able to put in plexiglass barriers so that people could hold up their ID. There are lots of details that made it very efficient and very safe.

• (1105)

Lots of people voted, although I understand it was one of the lowest turnouts that we've had. It was all done safely. There were no incidents that we were aware of. It was really a matter of walking through all of the possibilities ahead of time and making sure that people were confident in being able to do it safely.

• (1110)

**The Chair:** Thank you, Dr. Henry.

Dr. Barbara Raymond has also circulated opening remarks to all the committee members, if you wish to follow along with those as well.

Go ahead, Dr. Raymond.

**Dr. Barbara Raymond (Executive Medical Advisor, Vice-President's Office, Infectious Disease Prevention and Control Branch, Public Health Agency of Canada):** Madam Chair, I'm pleased to return to this committee. I appeared before you last April, a mere lifetime ago. Today I am here to respond to your questions related to holding safe elections in our current COVID-19 environment.

There is no doubt that holding elections in the COVID-19 context presents unique challenges. The protection of Canadian voters and communities and the protection of Elections Canada staff and volunteers are key concerns.

To this end, the Public Health Agency of Canada, or PHAC, has been engaging with Elections Canada to support their planning efforts for an election during a pandemic. Guidance, tools and advice based on best current scientific evidence, expert opinion and public health practice have been shared with Elections Canada to assist them in determining what risks and mitigation strategies should be considered at election offices and at polling stations across Canada to prevent the transmission of COVID-19.

I will note that there is no one-size-fits-all approach, given the variability of COVID-19 epidemiology across the country. As a result, it is critically important for Elections Canada to be closely engaged with provincial and local public health authorities to ensure that their planning takes into account local regulations and guidance.

To this end, PHAC has also helped to facilitate connections between Elections Canada and our provincial and territorial public health counterparts in order for that provincial and territorial advice and guidance to be incorporated into the federal planning. Working with the provincial and territorial public health authorities across Canada really will be crucial to determining how the national framework for elections can be adapted to the needs of each jurisdiction for safe elections.

We are very fortunate to have Dr. Henry with us today. I'm very anxious to hear of her lived experience with the election and hearing her advice as we go forward.

Sadly, however, COVID-19 continues to have a significant impact on the lives of Canadians. It remains an unparalleled threat to the health and social and economic well-being of Canadians and the global community. At this point in time, there are 26,687 active cases across the country. The latest national-level data indicate daily averages of 2,747 new cases in the week of October 22-28. Close to 75,000 people were tested in the week of October 11-17, with 3.1% of those testing positive.

Outbreaks continue to contribute to the spread of COVID-19 in Canada. These vary in size from just a few cases to large clusters. They occur in a range of settings, including long-term care and assisted living facilities, schools, congregate living settings, industrial work settings and large social gatherings.

The number of people experiencing severe illness continues to increase. Provincial and territorial data indicate that an average of 1,095 people with COVID-19 were being treated in Canadian hospitals each day during the most recent seven-day period for which we have data—October 22-28—including 228 who were in ICU beds.

During the same period, there were unfortunately an average of 29 COVID-19-related deaths reported daily.

Sadly, as hospitalizations and deaths tend to lag behind increased disease activity by one to several weeks, our concern is that we have yet to see the extent of the severe impacts that are associated with the current ongoing increase in COVID-19 disease activity throughout Canada.

● (1115)

Although we are COVID-fatigued, we must continue to sustain our collective efforts to bring the infection rate down to manageable levels. Public health cannot do this alone; it requires sustained effort from each one of us. We must continuously and consistently maintain effective public health practices: stay home if you have symptoms, even mild ones; wash your hands frequently; maintain physical distancing and wear a face mask as appropriate.

I would like to highlight the unprecedented coordination among federal, provincial and territorial governments, which has allowed us to make the progress that we have in the implementation of robust public health and related response measures. We see the results of this work on a daily basis, and the core public health measures have become common features of our everyday lives and everyday conversations.

We continue to communicate daily to Canadians to make sure they have the information they need to protect themselves, to reduce the impact of the pandemic and to help Canadians make informed decisions about safely participating in everyday life, including elections. Dr. Theresa Tam has said that the hard truth is that COVID-19 is still very much with us. We have a long road ahead, so we are asking Canadians not to lose hope, to stay the course and to keep being part of the solution.

**The Chair:** Thank you, Dr. Raymond and Dr. Henry.

I will remind all the members that both witnesses are here to answer questions on public health considerations in conducting a federal election during the COVID-19 pandemic, so let us keep our questions related to an election and try to get the best advice possible from these wonderful witnesses.

We also have with us Ms. May, as she visits us from time to time when we are doing some interesting studies. Welcome to you as well, and if any of the members wish to share their time with Ms. May, please let me know. We'll see if we can be efficient and have some time before committee business starts today. We'll try to squeeze you in then, if there's some extra time. Please let me know if you want to share.

Thank you, Ms. May.

We'll start with the first questions for six minutes. We'll begin with Mrs. Vecchio.

**Mrs. Karen Vecchio (Elgin—Middlesex—London, CPC):** Thank you very much.

Thank you to both Dr. Henry and Dr. Raymond for joining us here today.

I want to focus a lot of my questions on seniors, and not just the seniors in our long-term care facilities and palliative care, some of our vulnerable demographics. I want to look at the people who do the work in the polls as well. As was indicated—Dr. Henry, you mentioned it—many of the poll workers are seniors, so I wanted to start with looking at the voters in long-term care homes.

What are some of the suggestions you have to make sure we can enable them to vote, while making sure we protect them?

**Dr. Bonnie Henry:** I'm happy to start with that.

That was, of course, something we were very concerned about. There were a couple of things. One was making sure they were able to vote, particularly people who were in long-term care or in hospital. We did make particular provisions. We had a couple of backup things that we could do. One of them was ensuring that we had people trained in using personal protective equipment who were able to go into a long-term care homes and facilitate people voting in the care home.

We also had the option of mail-in ballots that people could use within a care home as well, or in hospital, and they would be collected from them. They could do the ballot in their room, and rather than putting it in the mail, an electoral officer would go around and pick it up for them.

The final thing that we had for people who couldn't use those methods was an option that they've put together here in British Columbia—and Anton would have the details of it—that allows people to vote by phone. It's a process that allows you to call in to a specific number where your identification is confirmed, and then you're anonymously passed over to another person who takes your vote. We had all of those in place to be able to support seniors in care homes as well as people in hospital who were eligible to vote. That was really helpful.

As for seniors who were actively part of the electoral teams, we spent quite a bit of time with them going through the things that keep us safe and the barriers that are in place. There was a lot of detail put into how the voting places were set up. Plexiglass was our best friend, and there were lots of appropriate barriers. We had to have scripts to talk to people about how it's our natural inclination to look around the barrier to talk to people. We educated people in line as they were waiting to go in to vote.

We didn't make masks mandatory, but we made masks available for everybody coming in to vote. We asked them to wear a mask. We said that it was an expectation of people who were going into a voting place.

We had appropriate lines. The voting stations were all separated and marked appropriately, so you came in one way and out the other. There was no mixing, and it worked very well. The seniors and others who were involved had access to PPE. It was an additional expense, but everybody had access to masks and face shields. There were a lot of people who wanted to wear visors, particularly if they were monitoring people in line and talking to people about how the process was going to work.

Those were the basics.

• (1120)

**Mrs. Karen Vecchio:** Dr. Henry, I want to ask a couple more questions on this aspect.

You talked about the mail-in ballots and the fact that they are still being counted. I'm looking at what's happening as all Canadian media are covering the U.S. election right now. They're talking about the 71 million ballots that have been received, and we're seeing court injunctions that mean some people are going to be waiting two weeks, and some are saying the ballot has to be received by the date of the election. Do you believe that extending the voting time will be one of the things that will address this type of issue so that people will have more time to vote?

**Dr. Bonnie Henry:** I'm not sure what you mean about extending the voting time. What we did was—

**Mrs. Karen Vecchio:** I mean extending it by a number of days, so perhaps going from 35 to 50 days. Do you think that is something that should be considered?

**Dr. Bonnie Henry:** I don't have an opinion on that, to be honest. We had a set period of time that's the minimum under the law here. It was a relatively short period of time. Expanding the availability of advance polls was really helpful. A lot of people voted in the advance polls.

The other thing is that for us, the ballots had to be received by 8 p.m. on election day, and they could be dropped off at many different places. I know that in the U.S. they can be received as long as they're mailed by election day, so those are things that you would have to think through.

It is a quirk of the Election Act here in B.C. that we have to wait 13 days before the mail-in ballots are counted. That is hopefully going to change. The mail-in ballots in B.C. are all counted by hand, and that's one of the reasons it takes quite a bit longer, and I know they are looking at how to speed up that process by using electronic means. That would be very helpful as well.

It depends on what systems you have in place to be able to efficiently count mail-in ballots.

• (1125)

**Mrs. Karen Vecchio:** Thank you very much.

**The Chair:** Thank you.

Next we have Dr. Duncan. Go ahead, please, for six minutes.

**Hon. Kirsty Duncan (Etobicoke North, Lib.):** Thank you, Madam Chair.

Thank you, Dr. Henry and Dr. Raymond. Thank you for everything you're both doing to protect the health and safety of Canadians. I'm very grateful.

I have many questions. I'm looking for very short answers, most often yes or no. I'll begin with Dr. Henry.

Dr. Henry, did each political party develop a COVID safety plan for the B.C. election, yes or no?

**Dr. Bonnie Henry:** Yes, that is the requirement in British Columbia.

**Hon. Kirsty Duncan:** Thank you. Was that mandated or agreed to by political parties?

**Dr. Bonnie Henry:** It's mandated by me. I have a provincial health officer order in place that requires that of all organizations and businesses, and there was no exception for this.

**Hon. Kirsty Duncan:** Thank you. Did you review each of the plans, yes or no?

**Dr. Bonnie Henry:** My office did.

**Hon. Kirsty Duncan:** Thank you. Did you make recommendations to strengthen the plans, yes or no?

**Dr. Bonnie Henry:** Yes.

**Hon. Kirsty Duncan:** Thank you.

You mentioned there was provincial health guidance for the election to keep communities, candidates, staff, and volunteers safe during the election. Would you be willing to table that guidance with the committee, please?

**Dr. Bonnie Henry:** I will check with Elections BC. I'm sure they'd be happy to.

**Hon. Kirsty Duncan:** Thank you so much.

Did local health units provide additional guidance, yes or no?

**Dr. Bonnie Henry:** I don't know. Some of them probably did.

**Hon. Kirsty Duncan:** Okay.

**Dr. Bonnie Henry:** I will say we don't have a local system here; we have a regional health system.

**Hon. Kirsty Duncan:** That's right.

**Dr. Bonnie Henry:** Public health is regional as well.

**Hon. Kirsty Duncan:** Okay. Thank you.

Could you table a comparison, if you're able to, of the guidance for a usual election side by side with the guidance for this election?

**Dr. Bonnie Henry:** You would have to ask Elections BC for that.

**Hon. Kirsty Duncan:** Okay.

As of last night, sadly, there are close to 90 outbreaks in long-term care in my province, Ontario. Could you table with the committee what recommendations were made to ensure the health and safety of B.C. residents and staff of long-term care while ensuring their right to vote?

**Dr. Bonnie Henry:** Again, that's part of our Elections BC plan.

**Hon. Kirsty Duncan:** Okay. Could you table with the committee the range of coronavirus cases during the election in B.C., as well as the seven-day moving average of cases?

**Dr. Bonnie Henry:** That is publicly available on the BCCDC.ca website. We have a dashboard that's available.

**Hon. Kirsty Duncan:** I'm aware of the dashboard. Could that information be provided to the committee?

**Dr. Bonnie Henry:** Absolutely.

**Hon. Kirsty Duncan:** Thank you so much.

I will now go to Dr. Raymond.

Dr. Raymond, would you be willing to table with the committee all consultations that have taken place with the provinces and territories regarding election planning, please?

**Dr. Barbara Raymond:** I know that we have had conversations at a special advisory committee table, and I—

**Hon. Kirsty Duncan:** Could you table the dates of those?

**Dr. Barbara Raymond:** Yes. I believe it was September 1, and I'm sure that would be not a problem.

**Hon. Kirsty Duncan:** Thank you so much, Dr. Raymond.

Dr. Raymond, we've talked about this before. Do we have the complete picture of the number of coronavirus cases, or is there a

one- to two-week delay between when people get sick and when we have the information at PHAC? Is there a delay?

**Dr. Barbara Raymond:** There is variability, yes, absolutely.

**Hon. Kirsty Duncan:** Thank you.

To your point, there is regional diversity, and I'd like that to be part of our study, so could you table with the committee the new number of cases today, the cumulative cases, percentage of positive tests, and the number per either 100,000 or one million population, whichever is easiest, for all the provinces and territories?

● (1130)

**Dr. Barbara Raymond:** That information is also available—

**Hon. Kirsty Duncan:** I'm aware.

**Dr. Barbara Raymond:** —online. Yes, I'm sure we could collate it and provide it.

**Hon. Kirsty Duncan:** That would be very helpful.

Could you table how many outbreaks there are in Canada today? As you say, they range from a few cases to clusters. I think in Ontario—and again, that's where I'm from—there were close to 100 new outbreaks last week. Could you table that with the committee, please?

**Dr. Barbara Raymond:** Yes. I believe that information is also publicly available, but we can arrange for it to be collated.

**Hon. Kirsty Duncan:** Thank you.

Is asymptomatic spread possible, yes or no?

**Dr. Barbara Raymond:** Yes.

**Hon. Kirsty Duncan:** Is pre-symptomatic spread possible, yes or no?

**Dr. Barbara Raymond:** Yes.

**Hon. Kirsty Duncan:** Is it possible to look at our largest communities in the country—say, the top 10—and table the same information that I asked for from the provinces to really show that regional variation? Again, we are looking at elections, and a one-size approach is not going to fit all. Would that be possible?

**Dr. Barbara Raymond:** I'm sorry. Do you mean for the cities?

**Hon. Kirsty Duncan:** Yes.

**Dr. Barbara Raymond:** I am not sure we have that level of detail, but we can verify if it is available, certainly.

**Hon. Kirsty Duncan:** Thank you so much, Dr. Raymond and Dr. Henry.

**The Chair:** Next we have Dr.... Sorry, all the doctors in the room have got me going. Unless you want to correct me, Mr. Therrien, you are up next for six minutes.

[*Translation*]

**Mr. Alain Therrien (La Prairie, BQ):** Thank you, Madam Chair. I have only a master's degree in economics, not a Ph.D.

Good morning, ladies. Thank you for being here. It's an honour to have you.

I have a question for Ms. Henry and one for Ms. Raymond, so I'll try to manage my time accordingly.

What was the biggest problem you ran into as far as voting by telephone or by mail was concerned?

[*English*]

**Dr. Bonnie Henry:** I actually think the mail-in voting worked really well. The challenge we have is the way the Election Act is written here. There's a delay period, where every single one of the mail-in ballots has to be verified, and there's a delay period before they can be counted. With the large number we have, we need to make that process more efficient.

The telephone voting is very limited. It's not something that could be done for large numbers of people, so it was reserved for those people who couldn't vote any other way.

[*Translation*]

**Mr. Alain Therrien:** Could voters make sure their ballots had been received in time? In other words, was there any confirmation that their vote had been counted?

[*English*]

**Dr. Bonnie Henry:** I don't know the answer to that question. I believe there was a process.

I know there were some concerns with some of the envelopes. Elections BC was able to reassure people that they were aware that some of the envelopes had become sealed before they were received by the voter. There were concerns that they would look like they were tampered with. Elections B.C. was able to address that issue.

I don't know if they can tell an individual whether their individual package was obtained, but they do have a process that's quite rigorous to ensure that somebody doesn't vote twice. If you voted on voting day and then a mail-in package...they can make sure that doesn't....

[*Translation*]

**Mr. Alain Therrien:** I am going to come back to you later.

Now I'll turn to Ms. Raymond.

If I understand correctly, Ms. Raymond, you leave some jurisdiction to Quebec's public health agency, as well as the respective agencies of the provinces and territories.

Does that mean you're somewhat limited in the advice you can give, because you give those agencies room to manoeuvre?

[*English*]

**Dr. Barbara Raymond:** The role of the Public Health Agency is to provide guidance and advice. We do not specify, regulate, or tell anyone what to do. We do not surrender jurisdictions to the provinces and territories. The jurisdiction is theirs for public health within their jurisdiction.

We always engage. That's common practice in public health.

• (1135)

[*Translation*]

**Mr. Alain Therrien:** All right. I see.

Elections Canada administers elections. It will turn to your agency for advice. Since the COVID-19 situation varies from province to province, Elections Canada will ask the provinces to adapt the process to their respective realities. Is that correct?

[*English*]

**Dr. Barbara Raymond:** Yes. Essentially, we have had to adapt our activities in many aspects of our lives. The recommendations that are in place in, say, St. John's, Newfoundland, are quite different from those in Toronto, Ontario or in Vancouver, B.C. That is true, yes.

[*Translation*]

**Mr. Alain Therrien:** When your advice differs from that given by a province or by Quebec, what happens if you can't come to some sort of agreement? It is a possibility. I'm not pointing any fingers; I'm just trying to understand what happens in that case.

[*English*]

**Dr. Barbara Raymond:** I referenced earlier that there is a federal-provincial-territorial special advisory committee, or the SAC, which meets twice a week. Dr. Henry is on that committee, as are the chief medical officers of health from all jurisdictions.

We have not encountered a situation where we have not been able to resolve a fundamental difference. There are general principles, but we recognize there are factors that will determine implementation differently, and we respect that across jurisdictions.

[*Translation*]

**Mr. Alain Therrien:** I see. Thank you.

Rapid testing has started arriving in Canada and Quebec. How will rapid testing play a role in the election? What would make a big difference? How would such an improvement help?

[*English*]

**Dr. Barbara Raymond:** To be frank, the use of rapid testing for elections is not something that would necessarily be all that feasible at this moment in time, but it is an evolving development that could be considered as we move into the future.

The important considerations are the availability and access to rapid testing, and whether that is, in fact, the best use of a scarce resource, but that is definitely something that would be evolving over time.

**The Chair:** Thank you, Dr. Raymond. That's all the time we have for this questioner.



Next, we have Mr. Blaikie.

**Mr. Daniel Blaikie (Elmwood—Transcona, NDP):** Thank you very much.

Thank you to both of you for taking time out of your important work on behalf of Canadians to share some of that time with us here at committee.

Dr. Henry, in the recent B.C. election, did you find there were particular groups of people who, as a result of public health orders, faced particular barriers to voting? I'm thinking of indigenous communities that might have had a travel ban in place. I'm thinking of people living with disabilities, and students who might typically vote on campus who may not have had the option.

Could you speak a little bit to those kinds of particular demographic challenges, who was affected and what you learned in terms of how to mitigate some of those barriers to voting?

**Dr. Bonnie Henry:** We did address some of those issues early on with Elections BC, particularly with first nations communities. We knew that several communities in the province had restrictions on people moving in and out of their jurisdictions because of the pandemic. I know specific electoral officers were recruited from within the community to facilitate communities being able to safely vote. That was done on a one-on-one basis with the communities. It really speaks to the importance of early connection with public health, but also with communities to ensure that those needs are met.

For many people, including students and people with disabilities, mail-in ballots were incredibly helpful. For people who didn't want to go out into the community, because they perceived they were themselves at risk, the mail-in option was a really important one. For some people who were not able to leave their home, and for whom mail-in ballots weren't an option, telephone voting was put in place, particularly for people with disabilities. We also had telephone voting available for people who were sick with COVID, who would not want to leave their home, as well as for people who were in public health-mandated quarantine.

• (1140)

**Mr. Daniel Blaikie:** Thank you very much.

Dr. Raymond, does the Public Health Agency of Canada foresee similar challenges? If so, what are some of the groups that Elections Canada ought to be thinking about to facilitate their voting because public health orders may present unique challenges to them?

**Dr. Barbara Raymond:** That has been a topic of discussion very much along the same lines of the groups that Dr. Henry described, and examining the safest way to permit everyone who is able and wants to vote to do so.

Those are people who have limited mobility, who may be quarantined or isolated, who may be at high risk and therefore at home, and individuals in long-term care or other types of congregate living settings. All of them have received consideration.

**Mr. Daniel Blaikie:** Thank you.

Dr. Henry, you mentioned that the political parties in B.C. had a steering committee or an advisory committee on best practices or safe practices for campaigning. Would you consider the establish-

ment of such a committee an election best practice from a public health point of view?

**Dr. Bonnie Henry:** Yes. Elections BC has a standing committee on an ongoing basis, and we use that platform to discuss the importance of having guidance around elections in a pandemic. I believe it would be a best practice, yes.

**Mr. Daniel Blaikie:** Is there a key set of campaign activities that you think is particularly important for political parties to discuss and ideally reach some kind of agreement on, in terms of what the safest way to conduct campaign activity would be?

**Dr. Bonnie Henry:** Yes. I heard a lot of concern in communities about people going door to door. That is part of political campaigning; I understand that, but there are alternative ways of doing that and making sure that people know they could signal their concerns if they don't want somebody to come to their door. That was one of the biggest concerns people had, so we put out some guidance to support being able to campaign. A lot of people I know were doing it by phone or connecting remotely.

The other one is about having rallies or some of the large get-togethers that are common during elections. We have a limit on gatherings here in British Columbia. The number involved in gatherings varies across the country. We provided guidance around having them outside with small numbers, wearing masks and all the other important things that we know work to protect people.

**Mr. Daniel Blaikie:** Thank you very much.

Dr. Raymond, are these things on the minds of people at the Public Health Agency of Canada when they think about the potential of our being in an election? If so, what are some of the campaign behaviours that PHAC believes political parties ought to be talking about and establishing guidelines or best practices prior to an election?

• (1145)

**The Chair:** Unfortunately, that's all the time we have, Mr. Blaikie. You're going to have to try to get that in at your next slot.

Next, we have Mr. Tochor for five minutes, please.

**Mr. Corey Tochor (Saskatoon—University, CPC):** Thank you to our witnesses for appearing today.

I will carry on with what the honourable member from the Bloc was asking about rapid testing.

Dr. Henry, if we had rapid testing, would you have that available for key members on your staff? Outside of the fact that we don't have rapid testing approved in Canada, did you have a way to get test results back more quickly for those key members to make sure that the election occurred as smoothly as possible?

**Dr. Bonnie Henry:** The short answer is no. People who had symptoms and who were concerned about COVID-19.... Our testing strategy in B.C. has always been to test people who have symptoms, so there was a process and it was available to everybody.

**Mr. Corey Tochor:** I'll go back to the timeline you laid out.

The election was supposed to be held in March, and then on your recommendation that it wasn't safe or we didn't know enough about the virus at the time.... I'm paraphrasing, but please correct me if I'm wrong. Then, several months later, you felt it was safe enough to recommend to the premier that an election could be done in a safe manner. Is that correct?

**Dr. Bonnie Henry:** That's not correct. No, I do not recommend anything to the premier. The political decisions are made by the political people. My relationship and my purpose is to provide health advice to Elections BC about how to carry out an election safely. Elections BC has the ability to postpone or stop an election if they have concerns.

They consulted with us because there were municipal elections that were meant to occur in March. At that time, it was right at the time when we did not understand what was happening. We had a rapid surge of cases and we were trying to manage the pandemic. My advice to Elections BC was that the municipal elections that were meant to happen on March 14 be postponed.

The decision to call an election is not mine. It's not Elections BC. It's the political parties. I did not provide advice, nor was I asked for advice, nor would I expect to be asked for advice on calling an election.

**Mr. Corey Tochor:** Just to confirm, the premier never talked to you directly about holding an election during the pandemic.

**Dr. Bonnie Henry:** No, he did not.

**Mr. Corey Tochor:** Okay.

Dr. Raymond, in your statement you said not to lose hope. If we go into an election federally and people are in quarantine without some of the measures that the B.C. elections people...vote, then those people in quarantine or in the hospital would have their rights as a voter diminished.

How would they not lose hope? I know that's a partisan question, and more so for parliamentarians. From a health standpoint, can you see the risks of an election changing people's hopes perhaps, on the pandemic? As we go through the fatigue of COVID-19, there has to be a breaking point. Are there concerns this could be the breaking point?

**Dr. Barbara Raymond:** That's an interesting question.

To start, I don't envision a scenario where Canadians would be deprived of their right to vote. I think every possible contingency plan is being put into place to enable that to happen. It is a challenging time right now. We are on a long road—I say it's the long and winding road, so I at least hear the theme music. It's also getting colder and darker. It's very important for each and every one of us to try to maintain that hope and to try to be a bit of light in the darkness on the road, rather than a doomsayer, screaming that the end is nigh just around the next bend.

I do not think Canadians should lose hope. I think Canadians should be exceptionally proud of how far we have come and how hard we have worked to get here. There is no shame in being fatigued. It has been a long haul. I look at Bonnie Henry. I know how hard she's been working. I've been at this since December 31.

It is tiring, but I am more proud of Canadians and hopeful for Canadians. I think Canadians have demonstrated great resilience and great capacity. I have no doubt they're going to continue on the road, that we are going to come to the end and it's going to be a sunny day, but there's a slog ahead.

• (1150)

**The Chair:** Thank you.

Mr. Turnbull, go ahead.

**Mr. Ryan Turnbull (Whitby, Lib.):** I couldn't agree more.

I want to thank you, Dr. Raymond and Dr. Henry, for the exceptionally important work you do to protect the health and safety of Canadians. I know that force of hope is truly a powerful force in people's lives. We shouldn't lose sight of that. Thank you for being here, both of you.

I have a few questions. I'll start with Dr. Raymond.

You mentioned in your opening remarks that the Public Health Agency of Canada has been engaging with Elections Canada. I understand that your role is to provide expert opinion, advice and evidence on public health practices related to understanding the risks and mitigation strategies.

Could you table with this committee some of those engagements in terms of a timeline and perhaps some of the risk mitigation strategies that have been recommended? I think it would be really helpful for us in this study.

**Dr. Barbara Raymond:** Certainly, I believe we can share some of the chronology of engagement. It has been ongoing. There are formal engagement meetings, and then there are numerous calls and informal consultations. But sure, we will do our best on that.

In terms of advice provided, I would say that the bulk of advice provided is consistent with our existing guidance and so forth, perhaps customized a little bit or applied situationally. However, that's all available as well.

**Mr. Ryan Turnbull:** Great. If you're willing to table that, that would be really helpful. I think the timeline and the amount of communication happening is certainly comforting for me and builds confidence in the Elections Canada process. Thank you for that.

I have another question for you, Dr. Raymond.

The COVID Alert app is fully functional here in Ontario and is available in many other provinces. I think it's a very helpful tool to let people know whether they've been exposed to COVID-19. I wonder if you could speak to the importance of this app and the exposure notification in limiting the spread of the infection and in preventing future outbreaks.

**Dr. Barbara Raymond:** The COVID Alert app is one tool in our tool box, one additional measure we have implemented in an attempt to reach out and increase the number of people who may be aware that they've been unknowingly exposed. It certainly has areas of applicability.

I would like to highlight that this is a relatively new app as well. We are really starting to see increased uptake of it. We're starting to see a value benefit for individuals who are using it, and we are encouraging all who wish to, to use it. It's an interesting tool, because again, it is essentially sort of a social contract. It's people sharing their information in a safe and confidential and anonymous way to help others, so I think of it as a very Canadian approach.

It's one tool, but it's not the only tool.

• (1155)

**Mr. Ryan Turnbull:** It sounds like it's not the only tool, but it's an important tool in our tool box to help mitigate the risk.

Thank you for that testimony. I appreciate that.

Dr. Henry, you mentioned in your remarks that you had effectively allayed some of the fears of the general public in the election in B.C. What were the key factors in allaying those fears? That's certainly a concern I have in terms of voter turnout, that there's a general fear out there.

**The Chair:** You have 30 seconds, please.

**Mr. Ryan Turnbull:** Was Elections BC responsible for working with you on that? Was it a public health initiative? Can you explain a little bit more about that?

**Dr. Bonnie Henry:** Sure. We worked closely with Elections BC and Anton Boegman, the chief electoral officer. I did a press briefing, but we also made it available publicly, the work that we were doing together and the fact that we had guidance in place.

Really, it was about making sure that we could carry on these important functions safely and reassuring people that we could, making sure there were options for people who didn't feel comfortable going to a voting place, and making sure the voting places themselves were run as efficiently as possible and had the precautions in place that worked. Being open about that and letting people know what precautions were in place was very important.

**Mr. Ryan Turnbull:** Thank you.

**The Chair:** Thank you.

Monsieur Therrien, you have two and a half minutes.

[*Translation*]

**Mr. Alain Therrien:** Thank you, Madam Chair.

Ms. Henry, I'm going to come back to the matter of telephone and postal voting.

I've been involved in a number of election campaigns, and from time to time, political parties or candidates would contact us to say that their vote had been stolen. In other words, someone else had voted in their stead.

Clearly, mistakes can happen, but did you receive any such complaints from people who had voted by telephone or by mail? Did you receive more complaints than usual about that?

[*English*]

**Dr. Bonnie Henry:** I think, Mr. Therrien, you need to ask Elections BC that question. I provide public health advice about how to

do it safely. The running of the election is the responsibility of Elections B.C.

[*Translation*]

**Mr. Alain Therrien:** I understand, but wouldn't it be helpful to know that sort of thing? You provide advice to returning officers, after all.

This is a unique situation, and tests are being carried out to determine which methods are most appropriate. Wouldn't that information help you to ascertain whether the methods being used were appropriate and find ways to improve them if they weren't?

[*English*]

**Dr. Bonnie Henry:** Absolutely. If there were concerns that because of health reasons there was an increase in voter fraud, then Elections BC would let me know that, but I have no indication of that from this election.

[*Translation*]

**Mr. Alain Therrien:** Perhaps we can assume that is not the case, since they haven't brought it to your attention. It's not something you check automatically. It's not information you ask for. Is that correct?

[*English*]

**Dr. Bonnie Henry:** No, the safe running of elections and election fraud.... My job was the health aspects of the safe running of elections. Elections BC is very focused on making sure that everybody can vote, that their right to vote is protected, and that voter fraud is detected and managed.

I can certainly ask the question of Elections BC, but I have no indication that there was any increase or change or any concerns around voter fraud.

• (1200)

**The Chair:** Thank you.

Mr. Blaikie, you have two and a half minutes.

**Mr. Daniel Blaikie:** Thank you very much.

I wanted to ask you both for your opinions on what the public health impacts or risks are of spontaneous or snap election beginnings, as opposed to having more certainty around the windows within which an election might begin. Does that make no difference at all in terms of public health risks, or does it present additional challenges beyond the types of challenges you would expect with a fixed election date?

**Dr. Bonnie Henry:** Let me start by saying that we were very aware early on that we had a minority legislature in B.C., so we were prepared. We had a minority both provincially and federally, as you know, so we had prepared early on. In theory, we have fixed election dates for British Columbia, but recognizing that with a minority government elections could happen at any time meant that we needed to prepare.

**Mr. Daniel Blaikie:** In the opinion of the Public Health Agency of Canada, are there any additional risks or challenges posed by uncertainty about when an election might begin, as opposed to a context where there is certainty?

**Dr. Barbara Raymond:** I have to tell you, it strikes me as more of a logistical challenge from an Elections Canada point of view, but in light of the preparedness work they have done, in light of the experience that has been gained in a couple of by-elections in Toronto and by our provincial colleagues, I think it's entirely feasible, although I'm sure it will be a challenge.

**Mr. Daniel Blaikie:** I think we've heard pretty clearly in the testimony that there's an onus on the part of elections officials and public health officials to be ready for an election if political circumstances produce one. I'm wondering if, in your opinion, there's any onus in the other direction, particularly in a minority Parliament context, for politicians to be aware of the public health context and whether that should inform their behaviour or not.

**Dr. Barbara Raymond:** I would say that we expect our public leaders, our public politicians, our MPs, our elected officials to always, whenever possible, exemplify the kinds of behaviours that we are encouraging Canadians to take.

**The Chair:** Thank you, Dr. Raymond.

Next, for five minutes, we have Mr. Doherty.

**Mr. Todd Doherty (Cariboo—Prince George, CPC):** Thank you, Madam Chair.

First, I want to say thank you to our guests who are here today.

Dr. Henry, as a fellow British Columbian, I am very proud of the leadership that you have shown from day one during this pandemic. I know it hasn't been easy on you. I am sure that your measured approach is owed to your military background. I've had the opportunity to speak publicly in the House about your leadership, and I just want to take this opportunity before we start to give a heartfelt thank you.

Our province has weathered the storm to this point. We are obviously undergoing a second wave here, but I think British Columbians owe a debt of gratitude to you and the work you've done. You've communicated very well and in a measured approach. Thank you.

Dr. Raymond, I have a question for you. We have petitioned Dr. Tam as a witness. Are you appearing on behalf of Dr. Tam?

**Dr. Barbara Raymond:** I am appearing on behalf of the Public Health Agency of Canada, which would be Dr. Tam as well.

**Mr. Todd Doherty:** Should we expect to see Dr. Tam before the committee, or is your appearance going to be the only one we get?

• (1205)

**Dr. Barbara Raymond:** I am not sure, but I think I might be as good as it gets.

**Mr. Todd Doherty:** Dr. Henry, was it your testimony that this was the lowest voter turnout that we've seen as a province?

**Dr. Bonnie Henry:** That's what I understand, yes. It was 52% or something like that, which I was actually surprised at, given the

number of people who went to advanced polls and the number of mail-in ballots that were received.

**Mr. Todd Doherty:** Was it your testimony that the premier didn't consult you before he called the election, or did you have any advance notice?

**Dr. Bonnie Henry:** I did not have any advance notice.

**Mr. Todd Doherty:** If you had—and I know you said that it's not your position to provide advice—would you have advised against it?

**Dr. Bonnie Henry:** It is not my position to provide advice around those issues. My sole focus is to ensure that we can carry out the necessary functions that we have in our democracy in a safe way.

**Mr. Todd Doherty:** You spoke to the committee and mentioned our regional health authority system that we have here in British Columbia. Do you have an elections readiness committee based on all of the regional health authorities and yourself?

**Dr. Bonnie Henry:** No, we didn't have an elections readiness committee in public health. My office had been working very closely—as this is a provincial issue and my office is a provincial body—with Elections BC, as I mentioned, from March, when there were concerns raised by Elections BC.

**Mr. Todd Doherty:** As it stands today with our increasing numbers, in your opinion, would it be safe to launch a five-week election?

**Dr. Bonnie Henry:** With the measures we had in place, I think we could safely have an election at any time during this pandemic. At this point, where we know what we know, we know what measures need to be taken.

**Mr. Todd Doherty:** Are there things that you would do differently?

**Dr. Bonnie Henry:** From a health perspective, I think we covered all the bases. It's a challenge with the way the Election Act is; there is this period of time before the counting of the mail-in ballots. I'm sure Elections BC would have things to say about that.

**Mr. Todd Doherty:** Dr. Raymond, would you be aware if the Prime Minister had consulted yourself or Dr. Tam on the potential snap election?

**Dr. Barbara Raymond:** Dr. Tam briefs the Prime Minister and the cabinet on a regular basis. I'm not privy to what is said in those meetings. I can tell you that if Dr. Tam were posed the question, I'm confident that she would be very careful, as Dr. Henry has alluded to, in terms of outlining and providing advice or saying what considerations need to be taken into account. However, I would be surprised if she were to give that sort of advice. It wouldn't be consistent with her.

Elections Canada is our interlocutor. That's whom we work with, and that's whom, I assume, the Prime Minister works with. There's no direct contact between the agency and the Prime Minister.

**Mr. Todd Doherty:** Thank you for that. As a Beatles fan, I appreciate your Beatles reference to *The Long and Winding Road*.

I just want to clarify this. I believe my colleague Daniel Blaikie asked you this question, but in your opinion—

**The Chair:** I'm sorry, Mr. Doherty, your time is up. I think I lost track a little bit there. I'm sorry about that.

Next we have Mr. Alghabra.

**Hon. Omar Alghabra (Mississauga Centre, Lib.):** Thank you, Madam Chair.

Good morning to the witnesses. I do want to echo what our colleagues have said and offer my deep gratitude and appreciation to both of you, Dr. Henry and Dr. Raymond, for the work you've done over the last seven months. I can't even imagine how demanding it's been and how many sleepless nights and long hours you've had. I know you also have teams working with you who are working equally as hard, so I do want to acknowledge and appreciate your work.

This is a good segue from my other statement. One of the things I really adore about our institutions is the separation between political and government institutions, including public health advice. Unlike what we're seeing in some other countries, at the political level we have resisted—at times it may not have been easy—the politicization of public health advice and the role of public health in the public square. That's why I think it's really important, while both you and your agencies are working closely with Elections Canada or Elections BC, that the premier or the Prime Minister avoid the appearance of politicization, the timing of an election, and drag you into the timing of an election. Can you just imagine what that would imply? As I said, I'm grateful.

Dr. Henry, if you allow me to ask a question, the B.C. election, as you said, has just wrapped up, although they're still counting some votes. It's been ongoing for several weeks. Have there been any reports of spread or transmission at polling stations or because of the election process?

• (1210)

**Dr. Bonnie Henry:** I can say quite perfectly, no. We have been monitoring that carefully. We were looking for any challenges that arose. We had contact with the electoral offices about that and we have had no concerns with the conduction of the voting.

**Hon. Omar Alghabra:** Can you describe to the committee the relationship you had with Elections BC? Was it a formal weekly meeting or informal? Can you describe to us the interaction before and throughout the election period?

**Dr. Bonnie Henry:** They reached out to my office in March, and we met. One of my colleagues, Dr. Brian Emerson, was the primary contact, and we had discussions with them by phone and email at least weekly through this entire period. They had very detailed plans and thought through concerns in some detail, and we provided advice to them on that. We had several meetings by Zoom with the electoral officers from all of the electoral districts as well as with the all-party committee that developed the guidance for conducting the campaign. We met, I believe, two or three times with them.

It was not formal in that we didn't have terms of reference, but we did meet regularly and had an ongoing back-and-forth around questions and guidance as needed.

**Hon. Omar Alghabra:** Did you have any employees of your agency visit election polls or inspect them?

**Dr. Bonnie Henry:** We had an opportunity to do that if it were needed and we provided advice. I voted, so we were certainly aware, but we didn't do formal inspections.

**Hon. Omar Alghabra:** This is a question for both of you. Our task here at committee for this study is to provide guidance to the returning officer for Elections Canada on guidelines for an upcoming election, whenever it happens, under pandemic circumstances.

Do you have any advice for us on what we should provide as guidance to Elections Canada or to the public?

**Dr. Bonnie Henry:** I'm certainly willing to start.

I think there should be very detailed plans about how electoral places will work, but I would also suggest that it would be helpful for the committee to provide recommendations to parties about how to campaign safely. That was something that the public appreciated. Also, the fact that we were able to ensure that they all had plans that were reasonable was something that supported the election happening safely.

• (1215)

**The Chair:** Thank you, Dr. Henry.

Mr. Lukiwski, go ahead for five minutes.

**Mr. Tom Lukiwski (Moose Jaw—Lake Centre—Lanigan, CPC):** Thank you very much.

Thanks to both Dr. Raymond and Dr. Henry for being here. I appreciate that very much.

Many of my colleagues have gone over a lot of the ground and asked questions that I was going to ask, although I do have a couple, but before I get into those, just to satisfy my own curiosity, if nothing else, I'd like to get a couple of questions out to both of you, starting with Dr. Henry.

Dr. Henry, how long have you been in your current position?

**Dr. Bonnie Henry:** I was appointed as the provincial health officer in February 2018.

**Mr. Tom Lukiwski:** Since you say you were appointed, I assume then there is a term that you have been appointed for. Could you tell us what the term is, or is it unlimited?

**Dr. Bonnie Henry:** No, it's unlimited. My position is an independent position, but it's an order in council position, so I serve at the pleasure.

**Mr. Tom Lukiwski:** The term for your position has no end.

**Dr. Bonnie Henry:** No. My predecessor was in it for almost 20 years.

**Mr. Tom Lukiwski:** I think I am on quite safe ground to say that I'm sure that most British Columbians are very happy to hear that you'll be with us, hopefully, for a very, very long time. You've done an outstanding job—I'll underscore what my colleague Mr. Doherty has already said—so thank you so much for that.

Dr. Raymond, I'll ask you the same question. When were you first appointed to your position, if you were appointed?

**Dr. Barbara Raymond:** I'm not sure if I'm appointed or not, but I am an executive with the Public Health Agency of Canada and I've been in a range of positions there since 2009. I joined at the time of the H1N1 pandemic, so it's come full circle.

**Mr. Tom Lukiwski:** Thank you very much.

Specifically, Dr. Henry, you talked about the recent campaign in British Columbia and how there is a steering committee that met with all political parties to discuss health protocols for campaigns. Could you tell us whether or not you gave any—and I'm trying to choose my words carefully—absolutes? In other words, was it mainly guidelines that you suggested for campaigns or were there any absolutes, such as that candidates must wear masks when door knocking or candidates must ensure that all election propaganda or pamphlets were duly sanitized before dropping them off at households?

Could you explain a little bit exactly how strict or absolute the instructions and/or guidelines that you gave to campaigns were?

**Dr. Bonnie Henry:** They were guidelines, but they were aligned with the guidance that we're providing in B.C. There were, for example, public health orders that had to be followed with regard to gatherings. The maximum was 50 if you were in a space that allowed for physical distancing. There were also other measures in place. Those are absolutes and the guidance was around wearing a mask, the number of people together who were going door to door, if they were going to do that, the number of people who could be in a campaign office, the hierarchy of controls, as well as guidance around things like physical distancing, barriers, and the use of PPE.

**Mr. Tom Lukiwski:** Did you, during the recent campaign, do any kind of a follow-up to ensure that all candidates and campaigns were following the health protocols that you had established?

**Dr. Bonnie Henry:** We didn't do a formal inspection, for example, but we were monitoring how campaigns were being run to see if there was anything. As well, we have a complaints-based process, so if the public had concerns about things that were happening, we received emails or phone calls about those, or they went to the local public health agencies. There were very few of those. The campaign was run by all parties in accordance with the guidelines, for the most part.

**Mr. Tom Lukiwski:** So it would be safe to say then—and I don't want to put words in your mouth—that you were satisfied that all candidates ran their campaigns, either individually or collectively,

in complete adherence to the health protocols that you had established?

**Dr. Bonnie Henry:** I cannot say that it was in complete adherence, because I didn't measure completeness, but we did not receive a large number of complaints. We understood that the campaigns were run in accordance with the guidelines, yes.

• (1220)

**Mr. Tom Lukiwski:** My final question is again for Dr. Henry. You had mentioned that the voter turnout in British Columbia—to your knowledge, at least—was the lowest perhaps in history. To me, it speaks to the fact that since the voter turnout for advance polls and mail-in balloting was extraordinarily high, a number of people didn't go out in person to vote, perhaps because of safety concerns.

Do you think it would be worthwhile for your agency, during an election period, to put out public service announcements to ensure that the public is confident in the safety protocols established and confident that voting in person is as safe and secure as possible?

**The Chair:** We are out of time and over time, Mr. Lukiwski.

Next is Mr. Gerretsen, for five minutes, please.

**Mr. Mark Gerretsen (Kingston and the Islands, Lib.):** Thank you, Madam Chair, and thank you to both of our witnesses for being here.

I will start with Dr. Henry. Thank you for your service. It's worth putting on the record that *The New York Times* referred to you as one of the most effective public health officials in the world. That is quite an honour to receive from it, I would imagine.

You talked a little bit about mail-in ballots. In response to some of the questions from Mr. Therrien in particular, I understand you don't want to get into the politics of mail-in ballots. I completely respect that, but from a public health perspective, do you consider mail-in ballots, phone-in voting and options like those to be in the interests of public health?

**Dr. Bonnie Henry:** They were important in the context that we were in, where some people quite rightly had concerns about going out with their past experience of waiting in lines and being in contact with people during an election. Yes, I believe they were important options.

**Mr. Mark Gerretsen:** May I ask, as the public health official for the area, was any information reported back to you that would suggest there were fraudulent activities with either of those two?

**Dr. Bonnie Henry:** No.

**Mr. Mark Gerretsen:** I want to reference a *The Globe and Mail* story. It said:

Provincial Health Officer Bonnie Henry said Thursday that there have been no COVID-19 cases linked to any campaign-related activities, despite a continuing rise in the daily number of new infections in the province over the month-long campaign.

I know Mr. Alghabra asked you a similar question, but can you confirm once again that the quote from the *The Globe and Mail* is accurate?

**Dr. Bonnie Henry:** It is accurate. We follow-up every single case of COVID-19 in the province and our contact tracing, so we have a sense of where people have been exposed. There have been no reports provided to me from anywhere in the province that people have been exposed at election events.

**Mr. Mark Gerretsen:** Dr. Raymond, in an iPolitics article on April 23, you said that it could be difficult to conduct a federal election during a pandemic. This is what it says in the article:

I would recommend taking whatever measures we could to avoid creating a condition where we increase the risk of transmission where we create an opportunity for mass gatherings or large gatherings or an obligation for people to gather together where they possibly can't maintain their distancing.

I realize this was at the beginning of the pandemic, and there was a lot going on. We still hadn't learned a lot, and we've since had elections. Would you like to provide an update to that comment at this time?

**Dr. Barbara Raymond:** I would not like to see us create circumstances that would facilitate the further transmission of COVID-19, but I don't necessarily believe that an election per se would create those circumstances. We are in a very different place on the road now than we were back then, and we are very much now in the space of living with this, because avoiding it is apparently not an option.

• (1225)

**Mr. Mark Gerretsen:** Yes, we certainly have learned a lot since then. I believe the President of the United States said it would be over by Easter, but it wasn't.

Nonetheless, is it safe to say that it is your opinion that an election can be held in a safe manner during a pandemic like this and that it is possible to put the measures in place to make that happen?

**Dr. Barbara Raymond:** I believe it is possible. I believe we have examples of that happening in several jurisdictions across the country.

**Mr. Mark Gerretsen:** Again, thank you to both of you for coming today.

**The Chair:** Thank you.

Mr. Therrien, you have two and a half minutes.

[Translation]

**Mr. Alain Therrien:** Has anyone given their speaking time to the Green Party member?

[English]

**The Chair:** No, not as of yet.

[Translation]

**Mr. Alain Therrien:** Then I will. The Green Party member can have my time.

[English]

**The Chair:** That's very generous of you. I was trying to figure out how to squeeze them in at the end. Thank you.

[Translation]

**Ms. Elizabeth May (Saanich—Gulf Islands, GP):** You are too kind, Mr. Therrien. Many thanks to the honourable member.

[English]

**Mr. Mark Gerretsen:** For the record, Madam Chair, I think we also were going to give some of our time later.

I just want it to be known that we wanted to be equally nice.

**Ms. Elizabeth May:** Oh, thank you.

Dr. Henry, I hope you know that, as a British Columbian, my deep respect for you was manifested in leaving you alone when we were both on Galiano at the same time. I figure if anyone is more tired than me, it's you.

I'll try to be concise with my questions, because some of them have been canvassed. I recognize that B.C. elections will still be grappling with some things. I'm getting reports from all over where people feel that they tried to vote by mail, they're not sure that vote got counted, and they're still trying to figure out if their ballot was received. There are questions here.

I wanted to track this to see whether it could be a public health question. We did have a historic low voter turnout. We did see, through the election period, an increase in the incidence of COVID. I mean, compared with New Brunswick when Blaine Higgs called his election, British Columbia's COVID rate was, at that time, six times higher than New Brunswick's. As politicians, particularly those who are looking to the main play—to move from a minority to a majority government—it looks like, quote, “it works”. I'm very nervous about that, because I think we're taking risks as COVID rates go up. We're in a second wave.

I'm wondering if you have any public health perspectives on how likely it is, or whether you have evidence, that people felt they didn't want to participate in an election because of COVID.

**Dr. Bonnie Henry:** That's a very challenging question. I don't have an answer to that. I know that a lot of polling is happening. There are many different reasons why people didn't vote. I have no specific knowledge that people were not voting because they felt it was unsafe.

**Ms. Elizabeth May:** Dr. Henry, I do want to confirm, as a British Columbia voter, that I found the experience of voting as you described it—extremely well run and quite COVID-secure. My friend Todd is nodding as well. We both voted in B.C. My experience of voting was that it was very safe.

As for my experience campaigning, I had less confidence. We were very careful. I campaigned, obviously, with Green Party colleagues. We were in masks and at six-foot distances, but I did observe conduct during the campaign that was, I would say, risky. I won't say by whom, but I didn't feel confident that the campaigning process was as secure as the voting process.

Can you imagine, for one moment, if we'd had a politician in British Columbia who was the B.C. version of Donald Trump? How would public health officials have contained that risk?

**Dr. Bonnie Henry:** That's a very good question—

**The Chair:** That's all the time we have. Too, it's kind of a rhetorical question, in a way, I think.

**Ms. Elizabeth May:** No, not really.

Thank you.

[*Translation*]

Again, I'd like to thank the honourable member.

[*English*]

**The Chair:** We are very close to the end of our time, and I'm wondering if we could squeeze in Mr. Blaikie for two and a half minutes before we move to committee business.

Is that okay with all the committee members? Good.

Mr. Blaikie, you have two and a half minutes before we end the formal portion of the meeting with our witnesses and move into our committee business discussion.

• (1230)

**Mr. Daniel Blaikie:** I was just going to say that I know the pandemic is grim, but I'm with Dr. Raymond: I don't think it's the end times.

Actually, I thought Ms. May posed an excellent question. I was disappointed that there wasn't time to answer.

Dr. Henry, I'll let you avail yourself of some of my time to answer a question that I did not take to be rhetorical at all.

**Dr. Bonnie Henry:** It would be the same as we do for any other person or organization or group. We do have the ability to enforce public health measures. We have not taken an enforcement-first approach in British Columbia. We do encourage and believe that most people are doing the right thing. It would be on a complaints basis, but if we saw that people were engaging in risky behaviour, then we have measures that we can take to deal with that. It's challenging to know. I think most people want to do the right thing. I think the important thing is having clear guidance about what is acceptable and what is not, and then parties holding each other accountable for making sure they're following that guidance. I am very thankful that we don't have that type of political rhetoric around the important measures that we need to take to prevent the transmission of this virus in Canada.

I'll just stop by saying what Shelagh Rogers said to me when we were talking the other day: This is not a bump in the road. It is the road?, and we need to learn to walk on it over the next coming months, and potentially years.

That's where we need to have our social contract here in Canada, so that we can keep each other safe and can still fulfill these important parts of our society and our democracy.

**Mr. Daniel Blaikie:** Thank you very much. I think that's an excellent note to end on.

Thank you, Mr. Blaikie.

**Mr. Tom Lukiwski:** On a point of order, Madam Chair, I just have a quick ask. There were a couple of times during our question and answer periods when questions were asked of our witnesses, but there was not time enough for them to answer.

In particular, I had a question for Dr. Henry about what advice she might give on enacting a public service announcement campaign to assure voters during a pandemic election that it would be safe to go out to vote. I'd like to hear an answer to that. I think it would be helpful for our committee if we could include that, perhaps, in our final report to the federal government.

If there are any answers that were not given because of time constraints, I would ask that the witnesses provide those answers in writing to our clerk so we could have them included in our final report.

**The Chair:** We could have the clerk maybe clarify what a couple of those questions were. Would the witnesses be able to provide answers?

**The Clerk of the Committee (Mr. Justin Vaive):** Madam Chair, I would have to look at the transcript, once it is out by the end of the day or tomorrow. I could get back to the witnesses with what those questions were, to facilitate a written response from them.

**The Chair:** Okay.

Thank you, Mr. Lukiwski.

Thank you to our witnesses.

I guess I stand corrected. It wasn't a rhetorical question, but it was a tough one, and you did a great job in answering that. I guess it's hard for me to fathom that we would have the type of political climate that they are having down south, but you never know.

You have done a fantastic job answering all of the committee's questions, so thank you so much. We know it's a busy time for you, and has been for a long time now. Thank you for helping us walk that road together throughout this pandemic. You've been great.

I guess you can log off if you're able to.

The rest of the committee members, if you can stay logged in with your screens on, we have a few things on the go right now. I don't know how much we will get done in committee business today, but I wonder whether you'd like to set a meeting for the subcommittee on agenda so that we can maybe chart in, or properly mark out, our different days, at least from now through Christmas, because there are a couple of things on the go.

I don't know, Mr. Doherty, if you wish to move your motion that you've put on notice.



• (1235)

**Mr. Todd Doherty:** Yes, I would, Madam Chair.

**The Chair:** Okay.

**Mr. Todd Doherty:** I move:

That the Committee schedule the following appearances, before November 27, 2020:

(a) at least one hour with the Speaker of the House of Commons and senior officials of the House of Commons Administration in respect of the Main Estimates, 2020-21, and the Supplementary Estimates (B), 2020-21;

(b) at least one hour with the Speaker of the House of Commons and senior officials of the Parliamentary Protective Service in respect of the Main Estimates, 2020-21;

(c) at least two hours with the Chief Electoral Officer in respect of the Main Estimates, 2020-21; and

(d) at least two hours with the President of the Queen's Privy Council and officials of the Leaders' Debate Commission in respect of the Main Estimates, 2020-21 and the Supplementary Estimates (B), 2020-21.

One of Parliament's core functions is to exercise the power of the purse. The least the committee can do is to spend a few hours before it the estimates get approved, asking questions about them. So far, as you know, we haven't done that. It is the core function of this committee to make sure that we are looking after it. It is one of the biggest committees that we have in Parliament, and I believe we should have these witnesses appear before our committee.

We do have a busy autumn, and this study, as we've just gone through in the last couple hours, is very informative. I believe the time can be found for things that are important, which obviously this spending is. The planned spending of the House is \$771 million, which has been referred to the committee for study. The House of Commons is \$516 million, plus \$22 million. The leaders debate commission is up to \$5.4 million, Elections Canada is \$133 million, and the Parliamentary Protective Service is \$92 million.

I believe it's imperative that as a committee we take leadership and have these witnesses appear before us, and with that, I'll ask my other colleagues whether they have any questions.

**The Chair:** Before we move on to questions, I just want to outline that your motion indicates that you would like six hours of witness appearances.

**Mr. Todd Doherty:** That's correct.

**The Chair:** Okay, so we would have to find the time for that. The clerk and I were discussing that we are one of the rare committees that currently has a set-up of two meetings a week. Because of the lack of House resources or of tech support right now to run these meetings in a hybrid format, most committees are only having one sitting a week, so we are one of a few.

Despite that, I still feel that it's going to be tight, because we have over 25 witnesses still to hear from on this study. I don't know. Would the committee be willing to add extra time at a 6:30 to 8:30 meeting in order to accommodate this? You guys could perhaps give me your feedback as to how we make this all work so we can get it done before the November 27 deadline, and then also meet the self-imposed deadline of our study.

**Mr. Todd Doherty:** Madam Chair, I can speak for myself. I will let my other colleagues speak, but I can say that I would make myself available for that.

**The Chair:** It's possible. It's not a guarantee. We'd still have to figure it out, but there are time slots from 6:30 to 8:30 in the evening that might need to be tacked on. Maybe we could give this to the subcommittee to chart it all out. That might be appropriate.

What do you guys think?

**Mr. Mark Gerretsen:** Perhaps I could just weigh in really quickly. I don't think it's so much a matter of our willingness to do it; I'm more concerned about the fact that we might be taking resources away from other committees.

If we're already meeting twice a week and other committees are forced to only meet once a week, and now we're basically saying, let's add on another meeting to that, are we acting in a way that is fair to the other committees? That would be my concern.

• (1240)

**Mr. Todd Doherty:** Is there a speakers list?

**The Chair:** Yes, there is a speakers list that has started now. We'll go to Mr. Daniel Blaikie, and then Mr. Turnbull next.

Mr. Blaikie.

**Mr. Daniel Blaikie:** Thank you very much.

There are a couple of things. One is that I am hoping the committee might consider the option, if it is indeed an option—I'll look to the clerk for some guidance on that—of having our normal meeting times during the upcoming break week, which I think is not next week, but the following week. That would provide an extra four hours for us to be able to undertake what Mr. Doherty is proposing.

I note that if we were to spend one hour instead of two hours on each of paragraphs (c) and (d), it would actually allow us to do those things in the break week and leave some time without holding any evening meetings—which I am not opposed to, incidentally. I think we have a lot of work before us and that it's really important that we table an informative and helpful report in the House by the deadline we set in the motion establishing this study.

I also note that the government has tabled its report on prorogation today, which is certainly of interest to me, and I expect will be of interest to many other members of the committee. That is also going to have take time.

I definitely think, if it's possible, that we should be looking to schedule at least our normal meetings during the break week. I'd be happy to try to use more of that time during that week, as opposed to doing things in the evening, if it's possible. But if it's not, then I'm open to having meetings in the evening. If we could tighten up the timeline for what's covered in this motion, it would help create more time for the study we just worked on today, as well as create some time to consider the report on prorogation prior to our adjournment in December.

**The Chair:** Perfect. That was helpful, Mr. Blaikie.

Maybe we'll hear from the clerk just before we continue with the speakers list. We have Mr. Turnbull next, then Ms. Vecchio, Mr. Lukiwski, and then Mr. Gerretsen, but if we could get Justin to maybe weigh in on what the calendar looks like and what might be possible that may assist us.

**The Clerk:** I would just inform members of the committee, for their own input, that extra meetings can be had, as the chair indicated, from 6:30 to 8:30 during sitting weeks. Those slots, however, are available on a first-come, first-served basis and some other committees have already started to avail themselves of those slots. For example, there wouldn't be any such slot available for next week. However, I'm tentatively holding two slots for the week after the break week, should the committee choose to have extra meetings.

On the point of possibly having the committee meet next week, during the break week, I'm just, as we speak, trying to ascertain whether there is tech support available to support committee meetings during a non-sitting week. As soon as I do have that information, I'll mention it or I'll pass it on to the chair.

Thanks.

**The Chair:** Thank you.

Mr. Turnbull.

**Mr. Ryan Turnbull:** Thanks very much, Madam Chair.

It's been a good conversation. I certainly agree with the intent of this motion. I liked Mr. Blaikie's attempt to try to potentially shorten (c) and (d) to one hour each, just in view of perhaps getting things condensed into one or more meetings.

I was going to ask for clarification from Mr. Doherty about paragraph (d), where he asked for two hours for the president of the Queen's Privy Council and officials of the leaders' debates commission and wondered whether that would be for one hour each. That is what I had assumed when I read it, but it wasn't clear just the way it was stated.

Also, personally, my calendar for the break week is completely booked. I couldn't book more things during that week. I really think it's going to be virtually impossible for me to participate in a meeting if we were to try to schedule one for that week. That doesn't mean that I don't feel this is important, because I do. I think it's extremely important, but I would just caution against that.

I think that all committee members are likely in a similar circumstance where they've had.... Now that we're in a more regular schedule—which we did not have for a long time during this pandemic, when we've been doing parliamentary business that we would normally do on the Hill, as well as constituency outreach work at the same time—we're counting on those constituency weeks for us to be available to our constituents. That's all I would say: that it's going to be quite difficult.

Thank you.

• (1245)

**The Chair:** Okay.

Mrs. Vecchio.

**Mrs. Karen Vecchio:** Thanks very much.

As Ryan had said, thanks very much to Daniel, for coming up with a good idea. I think there are some really good issues that we need to discuss here.

Specifically with regard to paragraph (d) on having the president of the Queen's Privy Council and looking at some of the other things, I think it's really important that we do have that minister, specifically in regard to the Canada Elections Act and any amendments we may need to start talking about.

We've sat here talking about mail-in ballots. We just heard earlier from the health officials from B.C. on different options that they had available. It is really important that we start having these conversations on what will happen, recognizing that amendments will need to be made. I'm also looking at all the other things, like the leaders' debates. If we're talking about a snap election, it's really important that we do reflect on some of these costs and what is being put into that.

I respect trying to make sure that we have enough time, but I do think that paragraph (d) of this is really important. Once we have the minister here, having his ear to we make sure we're serving all Canadians democratically would be best.

Thank you.

**The Chair:** Thank you.

Mr. Lukiwski.

**Mr. Tom Lukiwski:** Most of my questions have already been dealt with. I wanted to say very quickly that I certainly support what Ryan said in terms of availability of our own time during the break week. My calendar is extremely busy during that Remembrance week, plus I don't think we're going to have the resources. I've been around long enough to know that the technical support is not always available during break weeks. It's not the easiest thing in the world to ask employees to take time out of their break week to facilitate one of our meetings.

The break week is probably not an option, but I do think it is important that we make time to go over the estimates. One of the fundamental tenets of all committee work is to hold the government to account and to question the financial presentation.

To speak to Daniel's suggestion, I think we can perhaps condense those six hours a little bit to gain more time.

I also agree with Mrs. Vecchio. Whenever a minister is appearing, particularly when we're talking about a report that might impact the government's decision on election planning, I think it is important that we can find the two hours both for the minister and the commission to talk about election planning.

If we cut the Speaker down to one hour, for example, and security down from the suggested time frame, it would probably work. We've done it in the past. I can tell you from experience that we haven't spent a lot of time with the Speaker in the past.

If we can condense the time and find the time, let's go for it.

**The Chair:** Okay.

Mr. Gerretsen.

**Mr. Mark Gerretsen:** I just want to echo some of what's been said by Mr. Turnbull and Mr. Lukiwski.

I don't know why we call it a break week because it's not as though we're taking breaks. We're just completely busy with other stuff and more focused on our ridings. I would agree that is not an option, in particular on the break week that includes Remembrance Day. We all have a lot of stuff that usually goes on and now it's only complicated more by being virtual and so on.

The only other thing that I would add is that I do agree with Mr. Blaikie's comment regarding the reduction to see if we can get this into two two-hour slots. I think Mr. Lukiwski just hinted at the same thing. That might be beneficial to us so it can be done within two meetings. I'm definitely supportive of that idea.

**The Chair:** Okay, I think the speakers list is done.

I don't feel I completely understand. One meeting would be for the Speaker of the House of Commons, where he would have House administration and the PPS with him within one meeting. Is that correct?

Okay, that's what it is right now anyway. It's one hour each, so in two hours we would be getting that done. It's stated in a way that it's just one hour each. That was already kind of a given already, I think.

Where the problem lies is whether we squeeze the (c) and (d) into one meeting.

• (1250)

**Mr. Todd Doherty:** Madam Chair, I believe the suggestion by Daniel was for four hours. Because what I'm asking for in the motion is two hours with the Speaker of the House, what I would suggest then is one hour with the Speaker, one hour with the CEO, and then two hours with Mr. LeBlanc, the minister and the commissioner.

**The Chair:** Okay, perfect.

So, paragraph (c) would also be one hour.

**Mr. Todd Doherty:** Correct.

**The Chair:** Okay. Perhaps we can—

**Mr. Todd Doherty:** That's four hours total.

**The Chair:** I see five hours now.

**Mr. Todd Doherty:** No, it would be four hours. There would be one hour with the Speaker of the House and senior officials. For paragraph (b), we are asking for another hour with the Speaker of the House of Commons and senior officials with the protective service if we could get them in as well. Then we would have one with the Chief Electoral Officer and one with the president of Queen's Privy Council. That's four in total.

**The Chair:** Okay.

**Mr. Todd Doherty:** I'll defer to my colleagues that are in the room just to make sure that I got that correct.

**The Chair:** Okay.

Mr. Blaikie, I think you had your hand up, and then you took it down.

**Mr. Daniel Blaikie:** Yes, I lowered it. I was essentially going to propose what Mr. Doherty just did a very good job of articulating.

**The Chair:** Okay.

**Mr. Daniel Blaikie:** I support that reconfiguration.

**The Chair:** I'm just going to repeat it. It's one hour with the Speaker and the House administration staff, and then a second hour with the Speaker and officials of the PPS, correct?

**Mr. Daniel Blaikie:** I don't think that's it, Madam Chair.

**The Chair:** Okay, it's just one hour with the Speaker, one hour with—

**Mr. Daniel Blaikie:** Yes, it's one hour with the Speaker, who would appear both with the officials from the House of Commons administration and the officials from the PPS at the same time in that hour. Then the second hour of that meeting, providing that the scheduling works out, would be an hour with the Chief Electoral Officer. That would be one meeting where we do the estimates with the Chief Electoral Officer and the House and the various officials, and then the next meeting would be a two-hour meeting as described in paragraph (b).

**The Chair:** Okay.

**Mr. Todd Doherty:** If I could go as far as proposing the dates, I would propose November 17 for the CEO, November 19 for the Speaker, and November 24 for LeBlanc and the commission.

**The Chair:** Do you see now? There are three meetings still, not two meetings.

**Mrs. Karen Vecchio:** Yes. I think that—

**The Chair:** I think that what Mr. Blaikie—

**Mr. Todd Doherty:** There would be an hour with the CEO on November 17, and November 19 would be an hour of drafting instructions. Then November 24 would be two hours with LeBlanc and the commissioner.

**The Chair:** Okay.

**Mrs. Karen Vecchio:** I'm thinking—

**The Chair:** Mr. Turnbull.

**Mr. Ryan Turnbull:** I'm sorry.

I was with you when Mr. Blaikie clarified that. I thought that (a), (b) and (c) essentially were being put together into one meeting where the Speaker and senior officials would take an hour, but the Speaker, Anthony Rota, would appear with senior officials from House administration and senior officials from PPS. Then the second hour would be with the Chief Electoral Officer. That's what I heard.

**Mr. Todd Doherty:** I'm sorry to interrupt.

I would just say that maybe we would turn it to the analysts to tell us how long it would take for drafting instructions. That's the only concern that—

**The Chair:** Okay.

**Mr. Todd Doherty:** —maybe we would have. Again, I would leave that to the analysts.

**The Chair:** I think there's a slight difference between what Mr. Blaikie said and what Mr. Doherty said, so that's what we're realizing.

**Mr. Todd Doherty:** Sorry to interrupt you.

**Mr. Ryan Turnbull:** That's what I was trying to clarify.

**The Chair:** Yes.

Andre, how long would drafting take since we have a deadline for this?

• (1255)

**Mr. Andre Barnes (Committee Researcher):** Thank you, Madam Chair.

My colleague, Laurence, and I were thinking about trying to get the bulk of the draft report written during the November 9 constituency week. We would ask for it to come back from translation for the meeting on the 19th. Any meeting held on this topic subsequent to that could be added to that draft report, if that helps.

**The Chair:** Okay. You would be writing an interim draft report on the study that we're currently on.

**Mr. Todd Doherty:** Madam Chair, if my memory serves me correctly, the Chief Electoral Officer did say that he would come back on the pandemic election study. That could be covered off as well on the same day he's here on the estimates.

**The Chair:** Rather than having three meetings, even if we have to extend the time for one of the meetings, I still think it might be better, to accommodate all the hours you're requesting, to have one three-hour meeting instead of having three meetings. I think it would be more efficient because it would leave us a time slot to go back to our other study.

How do you guys feel about doing it that way: having a three-hour meeting, and then having a two-hour meeting?

**Mr. Todd Doherty:** I'm okay with that. I will defer to my colleagues who are in the room as well.

**The Chair:** I think it might be better than having three meetings, and we're focused on the main estimates rather than going back and forth.

Mr. Lukiwski.

**Mr. Tom Lukiwski:** Madam Chair, I'm fine with that, depending on being able to find the time and the room.

**The Chair:** Yes, of course.

**Mr. Tom Lukiwski:** That's always the concern. In a perfect world, if we had one three-hour meeting and another two-hour meeting, and we have the facilities to accommodate that, I would have no problem. Let's ask the clerk to determine whether that's possible.

**The Chair:** It might be easier than having an evening meeting as well.

**The Clerk:** Madam Chair, I thank Mr. Lukiwski for raising that, because that is a consideration, to see if there is the available support for our usual block to go from 2 to 3. I would have to look into it. That variable might determine if the committee could meet for a full three hours or not.

**The Chair:** Perhaps we can try to tack on an hour. This is contingent upon Mr. Doherty and Ms. Petitpas Taylor—those on the coast are dealing with a very different time—being okay with starting at 10. I know right now that all committees are starting at 11, generally speaking, and if we were to go from 10 to 1—

**Mr. Todd Doherty:** Madam Chair, I was in my office at 4:30 this morning, so I have no problem.

**Mrs. Karen Vecchio:** Nor do I, Madam Chair.

**The Chair:** Would that work?

**The Clerk:** It's probably easier to get an extra hour at the end of the meeting than before the meeting.

**Mr. Todd Doherty:** Thank you, Justin.

**The Chair:** Thank you.

**Mr. Daniel Blaikie:** Madam Chair, if I may, I'm sensing that we have pretty good agreement on what we want to do. There are some extant questions about scheduling.

To codify what I take to be a consensus—but of course we can test the will of the committee on this—I move to amend the motion on the floor so that paragraph (a) would read, “at least one hour with the Speaker of the House of Commons, senior officials of the House of Commons Administration, and senior officials of the Parliamentary Protective Services in respect of the Supplementary Estimates (B), 2020-21, and/or the Main Estimates, 2020-21”, and that we delete paragraph (b) and amend paragraph (c) to include “at least one hour with the Chief Electoral Officer in respect of the Main Estimates, 2020-21”.

I think that reflects the substance of what we want to do and provides the maximum amount of flexibility, so that things can be scheduled appropriately as the clerk receives more information about what is possible.

I would like to move that amendment to Mr. Doherty's motion.

**The Chair:** That would only require two meetings of regular two-hour slots, then?

**Mr. Daniel Blaikie:** It would require one hour with the Speaker and senior officials, one hour with the Chief Electoral Officer and two hours with the president of the Queen's Privy Council. It's agnostic as to whether that would happen over two meetings or three meetings, or whatever. All the motion would do is to say how much time we want to spend with whom, and by when, and allow for the maximum amount of flexibility to be able to figure out scheduling as we get more information from the House of Commons administration on what's technically possible.

• (1300)

**Mr. Todd Doherty:** Madam Chair, I am okay with that amendment.

**The Chair:** Okay.

We have Monsieur Therrien, who's had his hand up for quite some time, then Ms. Vecchio and then Mr. Turnbull.

[*Translation*]

**Mr. Alain Therrien:** I gather, from what Mr. Blaikie just said, that it would still be possible to have a three-hour meeting. Is that correct?

**Mr. Daniel Blaikie:** Precisely. The amendment would not rule out that possibility. It would simply mean we don't have to determine the number of meetings or their duration ahead of time. We want to leave as much flexibility as possible because we will have to work around certain technical limitations, which are still unknown. Once we know what they are, the clerk and the chair can advise us on scheduling.

**Mr. Alain Therrien:** I see.

As far as I'm concerned, it would be best to hold a single three-hour meeting, from 10 in the morning to one in the afternoon. I see it is possible. I understand what the clerk is saying, but if it's not possible, I will do whatever the committee decides. That would be my preference, if I were asked, but I'm flexible.

[*English*]

**The Chair:** I think that is easier for most of us, with a question period there and sometimes needing to prepare for it, and all of that. It's very tough, especially for House leaders like you, to be ready for QP.

We'll go to Ms. Vecchio.

**Mrs. Karen Vecchio:** Thanks very much. I'm really happy with this amended motion. I was just wondering if we could go ahead and focus on the amended motion, pass it, and then take it to subcommittee for the planning and to make sure that each party has a representative to discuss the ins and outs on the timing when it comes to scheduling this.

**The Chair:** Fantastic. Thank you.

Mr. Turnbull.

**Mr. Ryan Turnbull:** I want to ask for one small point of clarification. I totally agree with the amendment. I think we're reaching a consensus on this, which is great.

I want to ask, realistically, from the analyst.... We committed to another timeline for an interim report, and now we're committing to fitting these meetings into the schedule. I want to make sure that this wasn't going to impact our ability to fulfill our other commitment with the interim report that we committed to. I think that it was early December. I'm conscious of that. With this motion having a very specific commitment to November 27, I wondered whether we needed any added flexibility there, just to fit it in.

**The Chair:** I think Andre is saying that he's going to start working during this constituency week on that draft report for the COVID election study.

**Mr. Andre Barnes:** Thank you, Madame Chair. I don't have a lot to add to that. I will give my assurances to the committee on behalf of my colleague that we'll do everything possible to meet that deadline of December 1 for the interim report on the COVID election study.

**The Chair:** Okay, let's put the amendment to a vote if needed, unless there's consensus. Then we could punt this to a subcommittee, and the clerk and I will try to schedule a date for the subcommittee—

**The Clerk:** Madam Chair.

**The Chair:** —to iron out the fine details.

Yes.

**The Clerk:** I'm sorry to interrupt you.

The committee can still hold subcommittee meetings, but based on the schedule of meetings the whips have agreed to with the House administration, those subcommittee meetings must take place during our regular committee block.

Unlike when we're operating in usual circumstances and can schedule a subcommittee meeting around our usual committee meetings, unfortunately we don't have that flexibility. If there were an appetite to have a subcommittee meeting, we would have to take all of a regular committee's slot or a portion of that regular committee's slot. For the next week coming up, we do have the witnesses already scheduled for our two meetings.

**The Chair:** Yes.

**The Clerk:** I can suggest, though, that maybe at the end of one of those meetings there could be another similar, brief discussion such as the one you're having right now, and we could go over the plan. That would give me time to see what technical capacity there is to support the committee's having two extra three-hour meetings in the week coming back from the non-sitting week.

• (1305)

**The Chair:** Okay. We can tack on half an hour of subcommittee time maybe, where all the other members can be dismissed and the subcommittee members can remain to iron out the details. I think we can find that time because we've been able to do so well this time. Let's go with that, rather than putting it all on me and then trying to call everybody to see if there's agreement.

**Mrs. Karen Vecchio:** Is it deemed friendly so that we can maybe just move on to the main motion as amended?

**The Chair:** Yes, it looks as though there is a consensus.

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

**The Chair:** It has passed, and I will see you all on Tuesday, November 3. I hope you all have a great Hallowe'en, although I know that nobody will be able to partake in the festivities in the usual way.

Happy birthday to Dr. Duncan in advance. I just heard today that she's a Hallowe'en baby.

So, happy birthday and I hope you have a good day that day.

Take care, everyone.

**Mr. Ryan Turnbull:** Happy birthday.

**Hon. Kirsty Duncan:** Thank you, Madam Chair.

**The Chair:** Goodbye, everybody. We are adjourned.

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