



HOUSE OF COMMONS
CHAMBRE DES COMMUNES
CANADA

43rd PARLIAMENT, 2nd SESSION

Standing Committee on Procedure and House Affairs

EVIDENCE

NUMBER 008

Thursday, November 5, 2020

Chair: Ms. Ruby Sahota



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• (1100)

[English]

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

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

Today is November 5, 2020. I'd like to start the meeting by providing you with information following the motion that was adopted in the House on Wednesday, September 23.

The committee is now sitting in a hybrid format, meaning that members can participate either in person or by video conference. Witnesses must appear by video conference. All members, regardless of their method of participation, will be counted for the purposes of quorum. The committee's power to sit, however, is limited by the priority use of House resources, which is determined by the whips. In committee business today, I think we're going to have a couple of hurdles because of this issue, which we can discuss.

All questions must be decided by a recorded vote, unless the committee disposes of them with unanimous consent or on division. Finally, the committee may deliberate in camera, provided that it takes into account the potential risks to confidentiality inherent in such deliberations with remote participants.

Today's proceedings will be made available via the House of Commons website. I remind you that the webcast will always show the person speaking, rather than the entirety of the committee.

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 the official language of their choice. Interpretation services are available for this meeting. You have the choice, at the bottom of your screen, of floor, English or French. Please make sure you select your choice at this time, so there are no delays once you start speaking. Before speaking, click on the microphone icon to activate your mike. When you are done speaking, please put your mike on mute to minimize any interference.

I 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 time for questions, they should activate their mike and say that they have a point of order. If a member wishes to intervene on a point of order that has been raised by another member, they should use the "raise hand" func-

tion at the bottom of their screen. This will signal their interest to speak.

When speaking, please speak slowly and clearly. Unless there are exceptional circumstances, the use of headsets with a boom mike is mandatory. Should any technical challenges arise, please advise the chair. Please note that we may need to suspend for a few minutes to ensure that all members can 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, just signal me with a hand gesture on the screen, or you can call for the chair. Should you wish to raise a point of order, wait until the appropriate time to indicate that clearly, and raise your point of order.

The clerk and I will maintain a consolidated speaking order. However, the speaking order for the purposes of the formal portion of today's meeting has already been given to me in advance, so if you want any changes to that, let me or the clerk know, or you can just speak up at the time I call out your name.

Let's get started with today's meeting. We're pleased to have, from the Government of Saskatchewan, Dr. Saqib Shahab, chief medical officer for the ministry of health; and Dr. Denise Werker, deputy chief medical health officer for the ministry of health. From the Government of New Brunswick, we have Dr. Jennifer Russell, chief medical officer for the ministry of health.

Welcome to all of you. We're honoured to have you. I know we have members from your provinces who may have gotten to know you or at the very least we have gotten to know you through our television screens, because we see you so often delivering updates for your various provinces. We really appreciate the hard work you've been doing throughout this pandemic. It has been a marathon and I can't imagine how tiring it must be for everyone working within the ministry of health federally and provincially.

Dr. Shahab, we'll start with your five-minute opening remarks.

• (1105)

Please let me know if I'm pronouncing anyone's name a little off.

Dr. Saqib Shahab (Chief Medical Health Officer, Ministry of Health, Government of Saskatchewan): Thank you, Madam Chair. Your pronunciation was perfect.

Good morning, Madam Chair and honourable members. Thank you for this invitation and opportunity.

I am here with my colleague Dr. Denise Werker, who was the deputy chief medical health officer until August 2019, but thankfully agreed to come back from retirement and join us in the office of the chief medical health officer as a public health consultant. We will be speaking on behalf of Saskatchewan. I'll be making some opening remarks, and then we'll both be available for questions.

As per the written statement that we shared earlier, Dr. Michael Boda, the chief electoral officer at Elections Saskatchewan, approached me in February 2020 to ask about public health advice to support the planning and implementation of the provincial elections during the COVID-19 pandemic. It was in this spirit that the provincial elections would be held in October 2020, and the CEO of Elections Saskatchewan built a relationship with us and the office of the chief medical health officer to address prior issues related to communicable disease control during earlier elections and by-elections, so we already had that working relationship.

It was my view and the view of my office that the provincial election could be held in such a way as to minimize the risk of transmission of SARS-CoV-2, despite all the uncertainties about how the pandemic would unfold. The initial advice from my office to Elections Saskatchewan was to optimize voting by mail; to reduce crowding by increasing the number of hours of advance polling and the number of polling locations; to organize the flow of voters and the processes of voting at polling locations to minimize COVID transmission risk; to implement additional transmission mitigation measures at polling locations, including hand hygiene; to increase cleaning and disinfection; to establish measures to promote two-metre physical distancing to further minimize COVID transmission risk; and to apply additional precautions for voting occurring in long-term care facilities and personal care homes.

It was also recommended that Elections Saskatchewan independently contract an infection prevention and control specialist to provide direct support to Elections Saskatchewan on many of these mitigation details. We also agreed to plan for a worst-case scenario in which an election would remain feasible.

In addition to the medical health officers at the ministry of health, environmental public health consultants were also available to provide input through a structured process to Elections Saskatchewan on opportunities to mitigate transmission risk during the planning and implementation of the elections. The public health consultants and the medical health officers provided guidance and proposed mitigation measures. We also facilitated operational connections within the ministry of health and the Saskatchewan Health Authority as needed and were available to provide input to address issues throughout the planning and conduct of the elections.

As chief medical health officer, I participated in regular meetings with the CEO of Elections Saskatchewan and also had an opportunity to visit a mock-up of a polling location before actual voting was held. As the chief medical health officer, along with the House

leaders of the two main political parties, I was a member of the electoral advisory group that was established by the CEO of Elections Saskatchewan. This electoral advisory group convened monthly from June to September to review the state of the COVID-19 pandemic in Saskatchewan.

Thank you. Both I and Dr. Werker will be happy to answer any questions you may have.

● (1110)

The Chair: Thank you so much, Dr. Shahab.

Dr. Russell, go ahead, please.

Dr. Jennifer Russell (Chief Medical Officer of Health, Ministry of Health, Government of New Brunswick): Good afternoon.

Here in New Brunswick, the provincial election was held on September 7, and the writ dropped on August 17, so that was a 28-day election period.

Our role at Public Health New Brunswick was not to endorse whether an election should proceed; rather, we reviewed the operational plan that was put forward by Elections New Brunswick and provided feedback to ensure agreement with public health guidance. WorkSafeNB also reviewed and approved the operational plan.

Public Health New Brunswick provided guidance to all the parties on how to safely host public gatherings. In terms of other activities commonly conducted during elections—for example, door-to-door canvassing—public health provided feedback on individual party plans submitted by parties, but it never provided direction on what types of activities could or could not occur.

Elections New Brunswick followed public health guidelines to make visiting polling stations and returning offices safe for electors and election workers. Electors were asked to apply hand sanitizer as they entered the building. Frequent cleaning of high-contact areas was conducted at all voting locations. Election workers were required to wear masks or face shields during their interactions with each elector. As much as possible, two-metre physical distancing was practised during an elector's visit, and electors wore a non-medical mask at polling stations when physical distancing could not be maintained. The number of electors allowed in a voting location was limited.

We also had the option to vote by mail. All New Brunswick electors could apply to receive a mail-in ballot, and the Department of Social Development worked with long-term care facilities to ensure that ballots were provided and that there was no unnecessary election-related visitation to these vulnerable settings. We also had advance polling stations.

There are municipalities in New Brunswick. Municipal elections will be held in May 2021, and all the best practices from the September provincial election will be built upon to provide advice for those elections. It is hoped that the favourable conditions in New Brunswick during the past summer months recur in the spring for these elections.

What is known is that New Brunswick is in a good position to contemplate its participation in a federal election, but there are aspects that remain unknown.

New Brunswick has alert-level phases that dictate varying degrees of societal limitations, ranging from yellow to orange to red phases. New Brunswick's red phase is as close as we come to returning to a lockdown.

It's difficult to contemplate a region of New Brunswick being in an orange or a red phase, with public health dictating that contacts be limited to those within a household, while simultaneously gathering for an election. However, I did look up what the New Brunswick Public Health Act says around this type of thing, and I believe that, based on the authority that public health has, limiting a democratic right would be something quite out of the range of the actions we would be taking.

Obviously, it would have to be quite a serious situation for us to ever interfere with the democratic process, so, again, stopping an election probably wouldn't be in the scope or the range of the things we would do. In this particular election that we just had, we were in the yellow phase throughout the province. There were no active outbreaks, and we were fortunate that nothing like that happened during the election period.

The Chair: Thank you to all three of our witnesses.

We'll start with our first six-minute round.

I just want to remind everyone, once again, that there are so many questions with this pandemic, but our focus should remain within the scope of how they advised the running of a safe election within their provinces and what advice they may have for running a federal election.

We'll start with Mrs. Vecchio for six minutes, please.

Mrs. Karen Vecchio (Elgin—Middlesex—London, CPC): Excellent.

Thank you very much, everyone, for joining us. This is a really important topic. Ensuring the safety of all Canadians while continuing to enfranchise them to vote is paramount.

I'll start with Dr. Shahab.

Following the election, did you see any increase in the number of COVID cases caused by any gatherings or anything of concern like that?

• (1115)

Dr. Saqib Shahab: We are following that very closely. The in-person voting ended over the last two weeks.

So far, we have not seen any specific signals of concern. We have had one instance where someone who had been at the voting site was identified as COVID-positive, but the way the protocols were set up was such that there was no one else identified as a close contact. I think that's an important lesson for us.

In terms of the way we planned it, if for some reason we had someone who may have been infectious, either going in to work or volunteer, the protocols were such that there shouldn't really be any situation where someone would be considered as a close contact or exposed, and that's what we saw in just one situation. Apart from that, we have not seen any signal of concern related to elections. Because of the way the polling was done, we would not expect to see that either.

Thank you.

Mrs. Karen Vecchio: Thank you so much.

I'll now turn to Dr. Russell.

Following the election that you oversaw, you've had a few more weeks on that to be able to look at this and identify.... Was there any increase in COVID cases following the election, or, with all the protocols in place, did it come out rather safely?

Dr. Jennifer Russell: There were no cases as a result of the election. Obviously, again, we're in a fortunate situation that we have not had very many outbreaks in total during the entire pandemic. The cases that we had over the summer months and into September were, for the most part, travel-related cases, and they were self-isolating and did not transmit to anybody else.

Mrs. Karen Vecchio: Thanks very much.

I'll switch back to Saskatchewan now. I want to look at long-term care homes and places where vulnerable people would be going, such as the hospital and things of that sort. What types of protocols did you have for election workers who were going to be entering those facilities? What additional protocols had you mandated?

Dr. Saqib Shahab: Maybe I'll ask Dr. Werker to speak to those details, as she was providing direct advice.

Dr. Denise Werker (Medical Health Officer, Ministry of Health, Government of Saskatchewan): Thanks very much, Saqib.

Michael Boda worked directly with the Saskatchewan Health Authority, as well as the ministry of health branch that licenses personal care homes. Under The Election Act, they have a requirement to enfranchise people in personal care facilities. That's under their legislation, but Michael Boda had to translate that to our legislation and how our facilities are licensed.

The election officials and administrators were considered critical workers, which meant that they could enter those facilities in the same way that other essential services could enter those facilities. What Elections Saskatchewan arranged was to have a central polling location, if that was feasible, within the facility, or they arranged for what was called door-to-door voting. In that circumstance, the election official would stand at the door, and the health care professional, in full PPE, would administer the ballot under the observation of the election officials.

There was also guidance that the infection prevention and control program for the Saskatchewan Health Authority, developed for both hospitals and long-term care facilities, be generalized to the personal care homes, although the Saskatchewan Health Authority is not responsible for the policies in the personal care homes.

Mrs. Karen Vecchio: Thank you very much.

I have a quick question for Dr. Werker. Because they were critical staff, did they have to be tested, like other staff members, to see if they had COVID or carried the antigen?

Dr. Denise Werker: No, staff entering those facilities did not have to be tested before entering those facilities, but there are precautions in terms of wearing masks and physical distancing.

Mrs. Karen Vecchio: Perfect, thank you.

Dr. Denise Werker: As I said, if there was close proximity with an individual.... The election officials did not get into close proximity with those individuals. If they set up a polling station, it would have been done in the same way, with physical barriers as well as physical distancing.

Mrs. Karen Vecchio: Excellent. Thank you so much.

The reason I ask specifically about this is that here, in the province of Ontario, whether you are working in that facility or whether you are visiting, there is mandatory testing for some of these locations. I wanted to see where you're at.

Dr. Russell, I had read somewhere about how in New Brunswick, because of COVID, they were trying not to do the door-to-door in long-term care facilities. I read this...it was a place dealing with long-term care homes.

I want to ask you the same question I asked Dr. Werker. What was the role, when it came to medical health officers, with testing anyone coming in who was working for the polls or anything of that sort? What were the restrictions put into the long-term care homes? As I brought up, Dr. Werker indicated door-to-door. Was that allowed in New Brunswick?

• (1120)

Dr. Jennifer Russell: We didn't make a distinction between door-to-door in an adult residential facility and a long-term care facility, etc. Each facility has protocols that reflect which phase of the response we're in. At that time, the province was in the yellow phase, which means that they all have a certain type of visitation that is allowed, and it's limited to one family member, usually.

Door-to-door was not done anywhere in the province, actually, even though we didn't say that it couldn't happen. There was no party that put out an operational plan to do it, so there actually was no door-to-door anywhere, including long-term care facilities, etc.

But I don't even know how they would have been able to, based on the visitation requirements in the yellow phase.

The Chair: Thank you, Dr. Russell.

Next, we have Ms. Petitpas Taylor, for six minutes, please.

Hon. Ginette Petitpas Taylor (Moncton—Riverview—Dieppe, Lib.): Thank you so much, Madam Chair.

I also want to take a moment to thank Dr. Russell, Dr. Werker and Dr. Shahab for the tremendous work they have done over the years.

Specifically this year, I would think, Canadians have a greater appreciation for the work that public health officials have done. I can only speak for my province, Dr. Russell. I've watched your daily briefings, and you've certainly done an exceptional job of informing our New Brunswickers, educating us and also reassuring us. Thank you to each and every one of you for the work you continue to do.

I'm going to focus a bit on Dr. Russell, because I am from New Brunswick. I have a few questions.

First and foremost, what is your relationship with the chief electoral officer in the province of New Brunswick?

Dr. Jennifer Russell: I don't have any official relationship with the chief electoral officer.

Again, we provided input from a public health perspective around how to safely have an election. It was very, very basic advice, from the perspective of all the engagement sessions we had early on in the pandemic when we were going through our phases around what businesses or other establishments could do in different sectors of industry.

In terms of having templates all ready to go, in terms of Work-Safe's involvement, it was very straightforward. For any types of activities, whether it was business or otherwise, that were happening in the provinces, it was how to do them as safely as possible, depending on what the situation was with respect to the phase we were in.

Hon. Ginette Petitpas Taylor: Great.

The Province of New Brunswick was in a minority, just as we are here nationally with our federal government. I'm wondering, when did the conversation start between your office and the chief electoral officer on planning the election?

Dr. Jennifer Russell: During the first wave of the pandemic, when it was clear that during the red phase of our response many things would not be able to take place.... I remember the very first conversation around what things could happen and what things could not happen in the red phase, well before any lockdown happened.

Certainly, when the first lockdown happened in that first wave, it was clear that things like legal proceedings and elections would not be allowed at that time. Then, as things evolved through the summer, I don't have a distinct timeline of when the first conversations happened, but we would have been contacted by the chief electoral officer for our public health advice and input.

Hon. Ginette Petitpas Taylor: Right. Thank you so much for that.

You also indicated that come the spring in New Brunswick, we're going to be having municipal elections. From your experience with this last election in New Brunswick, what additional measures do you think could be put in place to guarantee even further public health measures and safety for people to get out to the polls?

• (1125)

Dr. Jennifer Russell: Well, our public health advice depends on what phase we are in, and we keep revising that. The original red phase of lockdown is very different from our new version of that, because as we get new information and new data and the risks change globally and in other jurisdictions in Canada, we continuously take that new evidence-based information and data to inform what our different phases will look like.

When the election took place, I don't think mandatory masking was in place. Whatever updates we have in terms of public health advice would reflect anything new with regard to revisions for the ongoing yellow phase and information we have received from either outbreaks we have dealt with in our own province or evidence-based information we have seen from other jurisdictions.

Hon. Ginette Petitpas Taylor: Right. Again, as you indicated, I would say we had a successful election in New Brunswick overall.

However, in the event that we had an outbreak within our province during the election period, was there an actual protocol that was in place that you could provide to us with respect to information, best practices, guidelines that were prepared?

Dr. Jennifer Russell: I don't think there was anything specific. Again, it would be the same type of guidance that would exist for any operating business or establishment.

With respect to changing response phases because of an outbreak, the most recent outbreaks affected only one zone at a time. We did happen to have two separate outbreaks concurrently in two different zones, but the orange phase of response meant that certain businesses could not operate. We are revising that now. The only other changes were around how many people could gather with respect to close contacts and household members.

Technically speaking, that wouldn't necessarily impact all of the protocols that are in place for an election to take place—again, with the physical distancing and spacing, etc. As you may or may not know, during the last outbreak in the northern part of the province, in zone 5, we did have, as we have had on other occasions, mass testing. The physical distancing is in place. The masking is in place. The hand sanitizing is in place, and so on.

There was nothing specific around that, again, because the protocols that would be in place already—which are set out in our advice, recommendations and requirements for the orange phase

should there be an outbreak—technically would not impact all the things in the protocols and plans for an election.

Hon. Ginette Petitpas Taylor: Great.

The Chair: That's all the time we have, unfortunately.

Madame Normandin, you are next, for six minutes, please.

[*Translation*]

Ms. Christine Normandin (Saint-Jean, BQ): Thank you, Dr. Russell, Dr. Shahab and Dr. Werker. I don't have the pleasure of knowing you personally, since I'm not from Saskatchewan or New Brunswick. My questions will be for the three of you in general.

I want to talk about worst-case scenarios.

At some point, either early in the preparations for the election or around the time of the election call, were any scenarios considered in the event that an election couldn't be held?

I understand that this may be sensitive information. However, what general criteria would have led you to conclude that an election couldn't be held?

[*English*]

Dr. Jennifer Russell: Who wants to go first?

Dr. Saqib Shahab: I'm happy to start.

I think that's a really important point, because when we first started having discussions with Elections Saskatchewan... We had a relationship with Elections Saskatchewan in previous elections. We would always work with them. For example, elections frequently happened during the influenza season, so there would be outbreaks in long-term care facilities, and we would work with Elections Saskatchewan to make sure that voting occurred in a safe way, as described by Dr. Werker, for long-term care facilities where you have more vulnerable clients.

With our electoral advisory group, which had membership from the political parties, we met monthly from June to September. We would look at our rates, which were generally low. We would look at the rates in the rest of Canada, which were also generally low. We would look at rates in other parts of the world. We would say, "If we had rising rates, what would we do?"

Our advice from Public Health was to have protocols that would ensure safe voting, so that even if rates were high, we would be confident that people could go and vote safely. The question, of course, was what the public confidence would be in terms of turnout, and what the confidence of staff would be in terms of working for Elections Saskatchewan. Elections Saskatchewan was very much aware of that. My understanding is that they did a lot of work to encourage staff to understand the protocols, such as masking and infection control, so that everyone felt safe—the staff and volunteers, as well as the people coming to vote.

• (1130)

[*Translation*]

Ms. Christine Normandin: Dr. Russell, do you have any comments?

Dr. Jennifer Russell: In terms of the possibility of not holding an election, in New Brunswick, all our discussions focused solely on providing advice and recommendations on how to conduct as safe an election as possible. There was no discussion about not holding an election.

Ms. Christine Normandin: Thank you.

I want to ask you the same question that I asked your chief electoral officer colleagues.

Would it have been useful to collect the contact information of the voters who came to vote, a bit like what some provinces have recommended that restaurants do? When we went to a restaurant, we had to write down our names and telephone numbers. That way, we could be reached in case a person at the restaurant at the same time as us subsequently tested positive for COVID-19 and was potentially contagious.

Is the contact between voters negligible enough to justify not keeping a record? I'm not talking about contact between a voter and an election worker, but about contact between voters.

Dr. Jennifer Russell: Who are you asking?

Ms. Christine Normandin: I'm asking anyone who wants to answer.

[English]

Dr. Saqib Shahab: Maybe I can make some quick comments, and Dr. Werker can then add to them.

Our premise was that elections... We know much more now about COVID than we knew in March. We know that people are most infectious in the two days before symptoms and the two days after symptoms, and many young people can have very mild symptoms. We know that testing and symptoms alone are not sufficient to promote safety during voting or any other activities in the public sphere that are essential, such as grocery shopping or going to school.

We were working, along with Elections Saskatchewan, to make sure that processes were such that even if someone was infectious, the risk of transmission would be minimal. My understanding was that each polling location would have a record of the staff who worked there on specific days and would be able to either communicate through a public service announcement, if there was a need to contact people who had voted there in person, or have a record of who voted at a particular location.

I'll see whether Dr. Werker has further information on this, or whether Elections Saskatchewan can confirm. I would like to reiterate that the way it was done, even if they needed to do a public service announcement and reach out, the expectation would be that the process works in such a way that there would be minimal infection of others, based on physical distancing, mask use, hand hygiene and other measures—the layers of protection already in place.

Thank you.

The Chair: Thank you, Madame Normandin.

Next we have Mr. Blaikie for six minutes.

Mr. Daniel Blaikie (Elmwood—Transcona, NDP): Thank you for taking time to be with us at what I know is a very busy time for you in your important work.

I want to start by asking this. We know that the pandemic has affected different groups of people differently. I'm thinking particularly about indigenous communities, people with disabilities and other groups. I'd like your reflections on how public health orders might present unique or different barriers to different populations who are already struggling with the pandemic in different ways. Over the course of the elections in your respective jurisdictions, were there any problems that came up that you hadn't anticipated, or were there best practices or solutions that you found to particular barriers that you'd like to share with the committee as part of our study?

We could start with Dr. Shahab and then go to Dr. Russell and Dr. Werker, if she'd like to contribute as well.

• (1135)

Dr. Saqib Shahab: Thank you for that question.

We worked very closely with Elections Saskatchewan. From our side, the emphasis was that the processes should be such that everyone, even if they were from an older demographic with underlying risk factors, would feel very safe going to vote in person. That is essential.

Of course, Elections Saskatchewan always ensures that access to polling locations is available to everyone. Beyond that, we recognized that many people would feel more comfortable voting by mail. I understand that although voter turnout was strong in Saskatchewan, there was a much greater proportion of people who voted by mail. Also, there were more polling locations numerically and more pre-polling opportunities. All of that contributed to thinning out any sense of crowding. The protocols were such that there shouldn't really be any crowding; there was good separation.

I think the perception of that was very important, that individuals would feel comfortable voting, either by mail—and there were lots of opportunities to do that; as early as August, I think, the opportunity was there to register to vote by mail—or by going to more polling locations than normal, either before or on election day.

Thank you.

Mr. Daniel Blaikie: Thank you.

Dr. Russell.

Dr. Jennifer Russell: To Dr. Shahab's point, we had advance polls and we also had mail-in options, so that definitely gave a lot of flexibility for people who wouldn't necessarily be able to vote on election day. The only complaint I heard was, I think, about a wheelchair accessibility issue in one of the polling stations. I think it was in one of the advance polling stations. That was addressed.

Mr. Daniel Blaikie: Okay.

In the case of indigenous communities, particularly where there might be travel bans in effect by public health orders, did anything come up that you were asked to address in terms of how some of those public health measures impacted people's ability to vote?

Dr. Jennifer Russell: For indigenous populations, there was nothing that would have prevented anybody here from voting in that way, although there was a recent election on the Quebec side of our border. We did actually give exemptions for the New Brunswickers who needed to go across to vote to do so.

Mr. Daniel Blaikie: Thank you.

What about Saskatchewan?

Dr. Saqib Shahab: In Saskatchewan, during the election period some first nations had the jurisdiction to limit non-essential visits on reserve. They had the option to either have polling locations on reserve or work with Elections Saskatchewan off reserve. Public health itself did not have any travel restrictions during the current elections in October.

In July, we had an outbreak in northwest Saskatchewan and there were some travel restrictions for non-essential travel, but travel was allowed for all residents of the northwest—in indigenous communities and non-indigenous communities—for essential reasons like grocery shopping or medical visits. If elections had been held during such a situation, I would have suggested that travel should be allowed for voting purposes as well.

Mr. Daniel Blaikie: Beyond the question of access to voting stations and being able to mail in your ballot, another really important component of the conduct of an election obviously is campaigning activities. We're heard that different things have happened in different jurisdictions in terms of consultation and collaboration with political parties about best practices around campaigning.

Can you speak to whether you think it's important that there be some kind of body set up with recognized parties in order to discuss those things in advance and come to some understanding? How did that unfold within your respective jurisdictions? I know we're very short on time. Could you let us know—just a yes or no for each jurisdiction—if you think it is a best practice that there be a body with political parties to discuss campaigning methods?

I hope to return to this in a later question.

• (1140)

Dr. Saqib Shahab: I would say yes, but that is not seen as the responsibility of Elections Saskatchewan. For any questions we received in public health, we said that we needed to follow the general measures, so door-to-door canvassing in Saskatchewan was allowed, and all the guidelines should be followed by political parties. Certainly, the meeting limits of 30 people indoors and 30 people outdoors were in place and had to be followed. Jurisdictions can be in different phases. That would be an important thing regarding campaigning before an election.

The Chair: Dr. Russell, go ahead.

Dr. Jennifer Russell: Again, to Dr. Shahab's point, we did not say that door-to-door canvassing was not allowed. We were in the yellow phase at that time and we just gave guidance on how to do it safely.

The Chair: Thank you.

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

Mr. Corey Tochor (Saskatoon—University, CPC): To our witnesses, thank you, everybody, for attending today. More importantly, thank you for your public service during these trying times.

My first question is for Dr. Russell.

You talked about the different colour phases in Saskatchewan, and we don't have colour phases per se on there. It's interesting, though, that early on in the year you were talking about how it was evolving and we were trying to figure out what we were facing. I believe it was a red phase that your province was in. Just to clarify, it's during that phase that you wouldn't recommend.... As much as I know you don't have power over federal elections, provincially your recommendations would hold a fair bit of weight with the election officials.

Would your advice then be not to have an election? Am I hearing you correctly?

Dr. Jennifer Russell: Again, I went through the Public Health Act to see what powers we have under the act to use our judgment around what things are safe and what are not, in different situations. My understanding is that we would not really be stepping in to interfere with the democratic process.

I doubt very much that anybody would decide to hold an election if we were in a lockdown red phase. In terms of the fine line between who decides and what should be done or not done, for the most part public health stayed out of those decisions. We just offered our advice: "If you are going to have an election, this is how to do it safely."

The only question would be, would we give different advice on what that safe way of doing it would look like in red and orange? I think so, absolutely.

Mr. Corey Tochor: I appreciate that.

Dr. Shahab, thank you again for being here today, and for all the work you're doing in our province.

There was consideration and public conversation about a spring election. With the leadership of Premier Moe, it was decided it wasn't worth the risk to hold a snap election for somewhat partisan reasons. What happened was that we followed the election law in Saskatchewan, and the election took place at the scheduled time.

Dr. Shahab, were you relieved when that statement came out in the spring?

Dr. Saqib Shahab: My role is to support Elections Saskatchewan. When the government calls an election and Elections Saskatchewan is required to conduct an election, I would support an election during any situation.

In the spring, we knew less about COVID, but we certainly knew enough about basic measures. Our rates at that time were mostly due to international travel. Of course, the dynamics of COVID have changed.

I would have been happy to support Elections Saskatchewan and the Province of Saskatchewan whenever an election had been called.

Mr. Corey Tochor: Just to make sure I'm hearing you right, depending on what stage we are in, there would be different restrictions or different advice given on how to handle a safe election. Is that correct?

Dr. Saqib Shahab: That is correct.

If I may add, in Canada generally, although we've had increasing cases throughout Canada, we have been fortunate so far not to have seen the cases that parts of Europe and the U.S. have seen, which are 10 to 20 times higher. It's difficult to visualize whether our recommendations would be the same if we had cases 10 to 20 times higher.

Certainly, I think that the way you go to vote is still safe even when you have very high cases, but the public confidence may not be that high, and the confidence of volunteers and staff may not be that high. That's the only thing I would say in terms of thinking about holding an election with much higher rates, which we in Canada fortunately have not seen so far.

Thank you.

• (1145)

Mr. Corey Tochor: I appreciate that you have a set number that you follow...policy. In Saskatchewan, we just had a series of days where we had over 60 cases. You have stated in previous months that if there were increased loads, such as we were experiencing, we would have to consider other measures. I appreciate that you have a number in your head. Sometimes it's public; sometimes it's not. We all have our different roles to play and reasons why that would be released or not.

Was there a number in your mind that was a no-go in Saskatchewan for an election?

Dr. Saqib Shahab: Again, I would say that... In Canada, we have generally been using thresholds of 500,000, which for Saskatchewan is 60. I would really start getting concerned in terms of a general increase that was 10 per 100,000, which would be 120 cases.

The threshold where these specific measures have to be taken has generally been, in Canada and other parts of the world, at much higher levels. Initially, they were more on slowdowns and lockdowns, but as we learn more, I think we can be more confident that a lot of activity, whether it's business or pleasure, can happen as long as specific guidelines are followed. The real risk is where interactions are not controlled, whether that's in leisure time or in workplaces, where there is crowding and lack of attention to physical distancing and mask use.

The Chair: Thank you, Dr. Shahab.

Mr. Turnbull, you have five minutes, please.

Mr. Ryan Turnbull (Whitby, Lib.): Thanks, Madam Chair.

Thanks to all the witnesses for being here. We really appreciate your expertise and all you have to contribute to this important study that we're doing. Thank you.

Dr. Shahab, I read your remarks in advance and listened when you made them today. Would it be fair to summarize your overall

remarks as "Avoid crowding and spread the election out in both time and space"? Would that be fair to say?

Dr. Saqib Shahab: Absolutely. I think the ability to use remote voting, like mail-in ballots or other technologies, would be very important, as much as feasible. For in-person voting, absolutely, spread it out and have more locations and more time to do pre-polling and polling.

Thank you.

Mr. Ryan Turnbull: Great.

I am going to ask you some short questions.

From a public health standpoint, would you recommend more polling stations or fewer?

Dr. Saqib Shahab: More.

Mr. Ryan Turnbull: More advance polls or fewer advance polls?

Dr. Saqib Shahab: More.

Mr. Ryan Turnbull: A longer writ period or a shorter writ period?

Dr. Saqib Shahab: I may not understand all the dynamics of a writ period, but certainly, if that relates to pre-election activities, I would say.... I would hesitate to suggest longer or shorter, but pre-election activities have to be generally safe, and in parts of Canada or parts of the province where transmission rates are higher, they may have to be further curtailed depending on the transmission risks.

Mr. Ryan Turnbull: Right. I mean, the writ period is just the election period. If we have more days, we spread things out more, so I think it's consistent with the other things you said. I'll leave it at that for the moment.

In terms of vulnerable populations, we've heard that seniors are more at risk during the pandemic, as are the immuno-compromised, people with underlying health conditions, people with disabilities, people who have lower income, people who are indigenous, etc. I think there are many other groups. Have I missed any major groups that you think are vulnerable?

Dr. Saqib Shahab: I think those are the broad categories—age and underlying risk factors—but certainly, COVID-19 can have serious outcomes even for the young.

Mr. Ryan Turnbull: Would you say that voting by mail is essential, as a tool for elections, for people who present a slightly higher risk?

Dr. Saqib Shahab: Our recommendations and the protocols we had would have made it safe to vote in person or by mail, but voting by mail I think lends confidence to those who would rather vote by mail and also decreases the crowding, even if you have more polling locations and more pre-polling.

• (1150)

Mr. Ryan Turnbull: For people who have legitimate concerns about going to a polling station and know that they are at a higher risk, would you not recommend that they vote by mail if there is that option?

Dr. Saqib Shahab: Yes, especially if transmission is high, voting by mail or other remote methods, if available, I think increases confidence.

Mr. Ryan Turnbull: Okay, great.

I know your electoral advisory group was meeting quite regularly and was quite effective. Would you say that's kind of a best practice?

Dr. Saqib Shahab: I think that is very important, to look at scenarios that may unfold and how we would continue, both in the pre-election activities and in polling.

Mr. Ryan Turnbull: Great, thank you.

In terms of ideal site selection for polling stations, were you involved in developing any criteria for that?

Dr. Saqib Shahab: Yes. When we did the mock-up, I think there was a good discussion to the effect that, instead of having six lines in a room, for example, you may have just two voting lines to spread everything out. That leads to more polling locations. We had discussions about whether they could be in schools, because schools have also started, and we thought, yes, you could separate out the school from the actual voting process. I think that if they were in schools, the school would not be in session that day, but that also generated the selection of many non-school-based polling locations as well.

Mr. Ryan Turnbull: Would you be able to table anything for this committee in relation to site selection from a public health standpoint at some point?

Dr. Saqib Shahab: I could work with Elections Saskatchewan, because we worked on that together. Obviously, there were recommendations—

Mr. Ryan Turnbull: Thank you, yes.

My last question is about communications. You mentioned reassuring the public, and there's definitely a perceived risk out there. We can make these sites secure and safe, but we also have to let the public know that they can have confidence. Would you say that public health has a lot of experience in raising public awareness in terms of campaigning, yes or no?

The Chair: Answer very quickly, please.

Dr. Saqib Shahab: Yes.

Mr. Ryan Turnbull: Great.

Should they be involved in informing, messaging and the communications strategy?

Dr. Saqib Shahab: I think we can assist in promoting safe pre-elections and election activities.

The Chair: Thank you.

Mr. Ryan Turnbull: Thank you so much.

The Chair: Madame Normandin, you have two and a half minutes.

[*Translation*]

Ms. Christine Normandin: Thank you.

The chief electoral officers told us that, this year, election workers were much younger and that there were fewer people from the at-risk population.

Did you recommend to the chief electoral officers that they specifically seek out election workers who were less at risk?

I want to hear from Dr. Russell first, and then from Dr. Shahab.

Dr. Jennifer Russell: I don't have any information on this. I don't know whether we recommended that people be younger or less at risk. I think that people made their own choice about whether to participate.

Ms. Christine Normandin: Dr. Shahab, is your answer the same?

[*English*]

The Chair: You're on mute, Dr. Shahab. If you could start over, I'll add those seconds back on.

Dr. Saqib Shahab: We wanted to make sure the protocols are safe for anyone, whether they're older, with underlying risk factors, or younger. We also realized—and Elections Saskatchewan, I think, also realized—that there may be less interest for some traditional staff and volunteers who were older. Then I think they also reached out to younger people.

The process is.... We wanted to make sure that, irrespective of age or underlying risk factors, it is safe.

[*Translation*]

Ms. Christine Normandin: Thank you.

You spoke of the importance of staggering the number of voting days so that fewer people physically show up to vote at the same time.

Could we recommend that people who have last names starting with the letters A to F go to the polls on Saturday, for example, in order to spread out the turnout? Could this idea be considered?

Dr. Jennifer Russell: I would say so. However, I think that we also want to encourage people to use the vote—

[*English*]

Mrs. Karen Vecchio: I have a point of order.

The Chair: I think we're not getting.... Okay, the interpretation was just delayed.

Mrs. Karen Vecchio: I'm watching Omar and I, too, am having some issues.

The Chair: Dr. Russell, could give that response once again? We'll see how it works.

• (1155)

[*Translation*]

Dr. Jennifer Russell: To really minimize the risks, people can vote by mail. This would be the safest way to vote.

As Dr. Shahab said, the other very safe way to vote would be to ensure more designated advance polling locations. This would decrease the number of people voting on election day.

Ms. Christine Normandin: Dr. Shahab, is it worth considering the idea of having people go to the polls on a designated day according to the first letter of their last name, in order to better spread out the turnout?

[English]

Dr. Saqib Shahab: I would not be able to comment. I think having too rigid a protocol may reduce voter turnout.

The Chair: Thank you, Dr. Shahab.

Next we have Mr. Blaikie for two and a half minutes.

Mr. Daniel Blaikie: Thank you very much.

We've heard in the testimony so far that even if the voting process itself is safe, provided that directions are followed as they should be, in the event of an extreme outbreak people's confidence in the safety of the process might be shaken.

In your opinion, whom does it properly belong to to make a decision or a call about the point at which—even if the public health orders are good and would permit a voting process that's safe from a health point of view—it would not be appropriate to have an election for fear that voter turnout would simply be too low because people are concerned or worried about their personal health if they engage in that voting process? Who do you think ought to make that call? Is it public health officials? Is it election authorities, or is it the political side of the equation?

Dr. Saqib Shahab: Maybe I can start. It is about thinking about the unthinkable. If we had a situation that we in Canada have not seen but some parts of the world have seen, where ICUs and hospitals are overrun and there's quite a lot of concern, I think, certainly, it would be up to the government and Elections Saskatchewan to see the feasibility of conducting an election in a situation where there may be very low voter turnout.

The role of public health would be to intervene if elections were being conducted in a way that was not safe. That should not be happening, either when the case rates are low, as they were in Saskatchewan, or when they are high. The process should be safe in any case.

Mr. Daniel Blaikie: Dr. Russell, where do you think that decision ought to be made? Is it with public health officials, with election authorities, or is it really on the political side that a call has to be made about the risk to turnout, and, by implication, the legitimacy of the election? Is that something that politicians decide, or somebody else?

Dr. Jennifer Russell: I don't think it's public health, because, again, our advice is on how to make it safe. In terms of the voter confidence in how safe it is, obviously the mail-in ballot is a very safe way to vote. Again, we can only give our advice about how to make it as safe as possible, no matter what the setting is in terms of outbreaks and cases.

The Chair: Thank you.

Mr. Doherty, you have five minutes, please.

Mr. Todd Doherty (Cariboo—Prince George, CPC): Thanks, Madam Chair.

Dr. Shahab and Dr. Werker, were you consulted by the premiers on how elections should be conducted in the context of a pandemic?

Dr. Saqib Shahab: My recommendations were only provided to Elections Saskatchewan. Any discussions that happened further to that were by the electoral advisory group, where the House leaders of both political parties were present, along with me and the chief electoral officer.

Mr. Todd Doherty: Okay.

Dr. Russell, I have the same question for you.

Dr. Jennifer Russell: I exchanged information in writing with the elections officials, but I know that we had people from public health working with Elections New Brunswick folks. As for the only conversation I had, the premier phoned me at one point and he let the public know that he had spoken to Dr. Russell and was comfortable holding the election, but I didn't tell him whether to hold an election or not. He just wanted the comfort of knowing that he was able to speak with me.

• (1200)

Mr. Todd Doherty: Dr. Shahab, you spoke of your electoral advisory board. Who comprised that?

Dr. Saqib Shahab: That had me and Dr. Werker from the office of the chief medical health officer. It was called by the CEO of Elections Saskatchewan, Dr. Michael Boda. It had two further members, the House leaders of the two main political parties.

Mr. Todd Doherty: How often did you meet?

Dr. Saqib Shahab: We met once a month for four months, June to September.

Mr. Todd Doherty: Did you meet throughout the election as well?

Dr. Saqib Shahab: We did not meet during the writ period.

Mr. Todd Doherty: Dr. Russell, on the same question, did you have an electoral advisory committee as well?

Dr. Jennifer Russell: I'm not sure. Again, I know that I had public health employees who worked on the official advice and would have interacted with the ElectionsNB employees.

Mr. Todd Doherty: This question is for both of you. You said you reviewed the plans of Elections New Brunswick and Elections Saskatchewan. Did you periodically check in? Were there regional health officers or public health officers who went to polling stations to make sure that everything was being maintained?

Dr. Jennifer Russell: I'm not sure who would have done inspections. We would have had public health inspectors who could have helped with that, but also WorkSafeNB inspectors could have helped in the situations where there seemed to be complaints or what have you, which people did go to inspect.

With respect to the plan, we reviewed the plan that was presented and helped make suggestions for improving it and changing it. Again, there was collaboration in that way.

Mr. Todd Doherty: What types of complaints did you receive?

Dr. Jennifer Russell: Well, there's the one I mentioned about the lack of wheelchair accessibility for one of the voting sites.

Mr. Todd Doherty: Dr. Shahab, I have the same question for you.

Dr. Saqib Shahab: Because we had been involved for many more months than New Brunswick and B.C., we were very confident of the plans and visited a mock-up. I'm not aware of any specific issues during the election.

Dr. Werker may have some comments.

Dr. Denise Werker: We provided input to the processes as Michael Boda adapted his processes for a safe election. We did not receive any complaints, and the polling locations were not inspected.

Mr. Todd Doherty: I have a question for both groups. Would it be your recommendation...? I understand you don't inform political offices. Would it be your preference not to hold an election during a pandemic?

Dr. Saqib Shahab: From my side, this pandemic is a marathon. We are in our 10th or 11th month. Hopefully, we will wax in spring, but then some caution will be needed to continue for another eight or twelve months.

Again, I think essential work, including elections if it is a time for elections, will probably need to happen. That's all I would say.

Mr. Todd Doherty: Okay.

Dr. Jennifer Russell: I agree with Dr. Shahab.

Mr. Todd Doherty: Was voting allowed in hospitals for long-term care folks who were...? As a case in point, my father-in-law is in palliative care and had a stint in the hospital. Voting was not allowed for him.

Dr. Saqib Shahab: Dr. Werker may comment in some detail.

Dr. Denise Werker: Yes, voting was allowed in hospitals. The election administrators were considered critical services. Individuals who had COVID-19 were not allowed to go down to the polling station. All of this was done under the Saskatchewan Health Authority's infection, prevention and control guidance.

Mr. Todd Doherty: Would that be the door-to-door service?

Dr. Denise Werker: Yes.

The Chair: Thank you.

Mr. Alghabra, you have five minutes, please.

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

I want to welcome our witnesses. Dr. Shahab, Dr. Russell and Dr. Werker, thank you for being here, and thank you for sharing your insight with the committee. As a committee, we are looking at offering recommendations to Elections Canada in preparation for a potential election during the pandemic.

Let me start by asking, where is the highest risk during an election period? Is it the entire writ period, or is it the actual days when people are gathering to vote?

Dr. Shahab, you can go ahead.

• (1205)

Dr. Saqib Shahab: If your population transmission levels are higher, that could raise a higher risk. In my view, certainly the highest risk at any time is the importation of COVID into long-term care facilities. I think the guidelines can vary during the writ period about gathering size and door-to-door canvassing.

Again, I think it's a function of following the guidelines. Even if you're having a small gathering of 15 to 30, which is allowed in Saskatchewan, it's about having that safely.

Hon. Omar Alghabra: Dr. Russell, go ahead.

Dr. Jennifer Russell: I have to agree with Dr. Shahab again.

Our goal with public health is really to be able to mitigate all the risks for any type of situation. Obviously, following all the public health guidance in this situation is imperative, regardless of whether it's pre-election or during the election itself.

Hon. Omar Alghabra: Again, this is a question for both of you. Maybe I will start with you, Dr. Russell.

Do you recommend protocols for tracing for people who show up at the polling station?

Dr. Jennifer Russell: I believe all that information was captured. That is similar to restaurants, etc. and any gatherings. It's very wise to have that information available. Certainly, with more technology and the COVID app.... That's another piece of technology that can be useful in this situation.

Hon. Omar Alghabra: Dr. Shahab, go ahead.

Dr. Saqib Shahab: I would agree. Also, I think the confidence that the process, to start off with, is such that even if someone was infectious and came to vote, the risk of transmission would be next to negligible is an important piece as well.

Hon. Omar Alghabra: Again, I will ask the question of both of you. I will start with you, Dr. Shahab.

If, as a committee, we're going to offer advice to political parties on campaigning, can we do canvassing safely? If so, what are the necessary requirements to keep canvassing as safe as possible?

Dr. Saqib Shahab: During canvassing, for all the activities involved in federal elections—interprovincial travel, meet-and-greet and all those things—even though you minimize risk, the risk is never zero. There is always a small risk for any activity, but keeping it as low as possible is the goal of everything we do now. We're not in lockdown. We go to work and school. We socialize and go to restaurants, but we need to keep the risk as low as possible. It can never be zero.

Hon. Omar Alghabra: Instead of just party leaders who are travelling province to province, for local candidates such as myself, my colleagues here and our campaign teams, if we were to go door to door, what would be necessary to minimize the risk?

Dr. Saqib Shahab: Our canvassing guidelines allow for door-to-door—and have for several months—in a way that minimizes the risk, I would say, to close to zero. We can't predict how individuals will feel about people knocking on their door. Some are fine; some feel uncomfortable. Certainly the guidelines would minimize any risk of transmission.

Hon. Omar Alghabra: Thank you.

Dr. Russell, go ahead.

Dr. Jennifer Russell: I echo what Dr. Shahab says. That is very true.

The only other thing.... This is an evolving situation. We do keep learning new things and we do keep having newer technologies available to us. We've recently started to do testing for essential workers every several days. If we were looking to add anything to consider, we could perhaps add testing the next time we have an election, depending on how things have evolved with that.

Again, because the risks keep changing and the evidence, research and technology keep changing, we'll take advantage of these to make things as safe as possible.

The Chair: Thank you, Dr. Russell.

Mr. Lukiwski, you have five minutes, please.

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

First, let me say to all of the doctors present, thank you so much, on behalf of all Canadians, for the work you've been doing. It's been extraordinary in these very trying times.

Dr. Shahab and Dr. Werker, as a Saskatchewanian, I'm very proud every time I see you on the screen talking to Saskatchewan residents about the health protocols that you are encouraging them to follow. It's been extremely helpful and extremely necessary. Once again, thank you.

My questions will be primarily for Dr. Shahab and Dr. Werker.

Dr. Shahab, you talked about the liaison committee that was established, which met monthly starting in June. The committee consisted of Dr. Boda from Elections Saskatchewan, you, Dr. Werker and the House leaders of the two main political parties. During those meetings, I suppose you offered advice as to health protocols that you would encourage the two main political parties to adhere to during the upcoming campaign.

I'm curious as to why some of the other Saskatchewan political parties were not involved. I understand that the call of Dr. Boda was the one that everyone listened to. In other words, he was the one who formalized this committee and invited representatives from the two major political parties. But there were five political parties campaigning in Saskatchewan, including the Greens, the Liberals and the new Buffalo Party. In fact, the Buffalo Party, which is an extension of the Wexit Party—now called the Maverick Party, a western separation political entity—actually finished second in four of the Saskatchewan ridings.

I am curious, Dr. Shahab, to know whether you felt confident that the advice you were giving to the two main political parties was being transmitted to some of the other, lesser-known political entities in Saskatchewan.

• (1210)

Dr. Saqib Shahab: Thank you. I think that's an important question.

The chief electoral officer convened that table, not me. From my side, if they had asked all political parties to come to the table, I would not have had any concerns. I agree that this was an important table to forecast what we would see, what we were seeing, and to address any issues of concern.

Mr. Tom Lukiwski: To recap.... I'm trying to make sure I ring-fence this and get accurate information. Are you saying that you were satisfied that the information and advice you were giving to the two main political parties in Saskatchewan was also being transmitted through Elections Saskatchewan to the other three smaller political entities? Were you confident and satisfied that your advice was being trickled down, so that all political players would have access to the same advice?

Dr. Saqib Shahab: I would think that those discussions and other discussions would inform the protocol for conducting elections. So yes, I would say a lot of that advice was translated into both public health guidance for pre-election activities and also Elections Saskatchewan guidance for conduct of voting.

Mr. Tom Lukiwski: I want to talk a little bit about public awareness campaigns. I asked this of Dr. Boda when he was here. He seemed to indicate that any public service announcements or awareness campaigns to assure Saskatchewan people of the safety of residents going out to vote in person should primarily be the responsibility of Saskatchewan Health.

Do you agree with that? If so, what plans did you implement, if any, or what plans would you envision in the future to try to encourage and educate residents of the province that there is safety in actually physically going out to vote at polls?

Dr. Saqib Shahab: I think in public health our advice is general but also sector-specific. While I would agree with Dr. Boda, I understand they also had specific advice on their website and through social media about how to vote safely, so it was complementary. If they had asked us to do it, there's a lot we could have done, but it was complementary and there was no duplication. The specific advice about safe voting was done by Elections Saskatchewan.

Mr. Tom Lukiwski: Thank you.

The Chair: Thank you, Mr. Lukiwski.

Next we have Dr. Duncan, please.

Hon. Kirsty Duncan (Etobicoke North, Lib.): Good morning, everyone. Thank you for your expertise, your experience and everything you've been doing to keep Canadians healthy and safe. We are grateful.

I have limited time this morning, so I'm going to ask for short answers, often only a yes or no, if I may, please.

To Dr. Shahab, would you agree that other provinces are in a second wave of COVID-19, yes or no, please?

• (1215)

Dr. Saqib Shahab: Yes, some are.

Hon. Kirsty Duncan: Thank you.

Do you believe the recent increase in your province to be the first wave in your province, yes or no?

Dr. Saqib Shahab: Yes, and it was predictable because of people moving indoors.

Hon. Kirsty Duncan: Thank you.

Do you believe that you were in the first wave during the election, yes or no?

Dr. Saqib Shahab: No, the cases rose towards the end of the election and after the election.

Hon. Kirsty Duncan: Thank you so much.

During the election, did you have only localized outbreaks, yes or no, please?

Dr. Saqib Shahab: We had only localized outbreaks, yes.

Hon. Kirsty Duncan: Thank you very much.

During the election, what was the range of coronavirus cases that you had and what was the average number of new daily cases? Could that information be tabled with the committee, yes or no, please?

Dr. Saqib Shahab: Yes, it can be tabled with the committee.

Hon. Kirsty Duncan: Thank you so much.

Did you have outbreaks in long-term care during the election, yes or no, please?

Dr. Saqib Shahab: I'm not aware of specific outbreaks during the election.

Hon. Kirsty Duncan: Thank you.

I know we've talked a bit about this, but could you table the guidance for long-term care with this committee, please?

Dr. Saqib Shahab: Yes.

Hon. Kirsty Duncan: Thank you so much.

Were there outbreaks in any other congregate settings during the election, yes or no, please?

Dr. Saqib Shahab: Not in congregate settings, but outbreaks in small clusters were happening.

Hon. Kirsty Duncan: Thank you.

Did you have guidance for other congregate settings, please?

Dr. Saqib Shahab: Yes, we had it for personal care homes.

Hon. Kirsty Duncan: Could that information be tabled with the committee, please?

Dr. Saqib Shahab: Yes.

Hon. Kirsty Duncan: Thank you so much.

I'm wondering if you could table with the committee the range of coronavirus cases and the average number of new daily cases for Saskatoon, Regina and Prince Albert, please.

Dr. Saqib Shahab: Yes.

Hon. Kirsty Duncan: We know that in a community, you don't have the same level of positive tests. Did you see a range in a community of positive testing, yes or no?

Dr. Saqib Shahab: Yes.

Hon. Kirsty Duncan: Thank you.

I was really interested in the IPAC specialists. To whom did the IPAC specialists report, please?

Dr. Saqib Shahab: To Elections Saskatchewan, but they were linked to medical health officers and environmental health consultants in my office.

Hon. Kirsty Duncan: Could you provide what the organization chart looked like and the roles and responsibilities of the IPAC specialists, please?

Dr. Saqib Shahab: Yes.

Hon. Kirsty Duncan: Thank you very much. I'm grateful.

I will go to Dr. Russell.

During the election, what was the range of coronavirus cases that you had in New Brunswick? What was the average number of new daily cases? Could you table that with the committee, please?

Dr. Jennifer Russell: Yes, I can.

Hon. Kirsty Duncan: Thank you. That's fine, Dr. Russell.

Dr. Jennifer Russell: Are you going to be submitting these in writing? I'm not taking notes, but I can take notes.

Hon. Kirsty Duncan: That will be provided, thank you.

Dr. Jennifer Russell: Okay, great.

Hon. Kirsty Duncan: During the election, what was the range of coronavirus cases you had, and what was the average number of daily cases, for example, for Moncton, Saint John and Fredericton? Would you be willing to table that with the committee?

Dr. Jennifer Russell: Yes.

Hon. Kirsty Duncan: Thank you.

I have one last question for you both. You are both so gracious.

Dr. Shahab, you talked about contact tracing and signing in. Would you be worried in a location where you may be doing the contacts but there is no contact tracing happening in the city?

Dr. Saqib Shahab: We work with local public health, so we would not expect that to be the situation. It has not arisen so far.

Hon. Kirsty Duncan: But would you be concerned?

Dr. Saqib Shahab: I would be worried, yes.

Hon. Kirsty Duncan: Thank you both very much.

● (1220)

The Chair: Thank you.

Next we have Madame Normandin for two and a half minutes, please.

[*Translation*]

Ms. Christine Normandin: Thank you.

Dr. Shahab, I want to address something that you said. You stated that public confidence is one of the important criteria in holding an election. In the United States, and here too, we see that people in the city often vote differently from people in the regions. There may be outbreaks in the cities, which could cause people to be afraid and to vote in smaller numbers. In contrast, people in rural areas may vote in greater numbers because they're less afraid.

Have you considered this scenario?

[*English*]

Dr. Saqib Shahab: Certainly, I think if there was a big difference between case rates in different parts of the province, that might impact how many people choose to vote by mail or how many people turn out. That could have an impact.

[*Translation*]

Ms. Christine Normandin: Dr. Russell, what do you think?

Dr. Jennifer Russell: It's hard to say, because there wasn't any outbreak at that time. Granted, people living in rural areas may behave differently in this situation. Dr. Shahab clearly stated that it was possible to vote by mail.

Ms. Christine Normandin: Thank you.

I want to hear your comments on the situation in seniors' residences and long-term care facilities. I know that documents will be submitted. However, I want to know whether the measures were stricter in long-term care facilities and residences, and whether more staff were required.

Dr. Jennifer Russell: People in long-term care facilities were only able to vote by mail because we didn't want to increase the risks.

Ms. Christine Normandin: Dr. Shahab, would you like to add anything?

[*English*]

Dr. Saqib Shahab: As Dr. Werker described, there was certainly a need for more coordination, and I would estimate that Elections Saskatchewan did have to have more staff available for that process.

[*Translation*]

Ms. Christine Normandin: Dr. Shahab, I gather that the health rules were stricter at long-term care facilities than at polling stations. Is that right?

[*English*]

Dr. Saqib Shahab: Yes, but we already used to do that during influenza outbreaks, so the process was established. It was just done more methodologically for all long-term care facilities, irrespective of outbreaks of influenza or COVID.

The Chair: Thank you, Dr. Shahab.

We have Mr. Blaikie for two and a half minutes.

Mr. Daniel Blaikie: Dr. Russell, in your opinion, does a longer writ period contribute to being able to better deliver an election that is safe from a public health point of view?

Dr. Jennifer Russell: I can't really see the length of time of the writ period affecting the safety of an election with respect to the public health measures that would be in place throughout.

Mr. Daniel Blaikie: Okay.

Dr. Shahab, I know you have answered this question already. You put an emphasis on the importance of pre-election activities. I'm wondering, in the event of a snap election, whether a longer writ period, in your opinion, would help mitigate any challenges that might arise from not knowing in advance when the election would begin.

Dr. Saqib Shahab: It's hard to say. I think whatever the writ period is, all activities must be safe, and even before the writ.

Mr. Daniel Blaikie: Okay. Thank you both very much.

The Chair: Thank you. We have about 10 more minutes of questioning.

Next we have Mr. Doherty and then Mr. Drouin. Then we have Ms. Elizabeth May, who joined us for this meeting a while ago. Since we have a little bit of time, I was wondering if everybody would be okay if we gave Ms. May a round at the end as well.

Some hon. members: Agreed.

The Chair: We'll move on with Mr. Doherty right now for five minutes.

Mr. Todd Doherty: Mr. Shahab and Ms. Werker, could you please table with this committee your door-to-door voting protocols?

Dr. Denise Werker: These are not our protocols. They are the Elections Saskatchewan's protocols.

Mr. Todd Doherty: Yes.

Dr. Russell?

• (1225)

Dr. Jennifer Russell: It's the same as Saskatchewan. The protocols are part of Elections New Brunswick. We provided advice in writing, in terms of our public health advice, but their operational plans and protocols were set by them.

Mr. Todd Doherty: Okay.

The Chair: Justin, correct me if I'm wrong. I think we have already asked for those protocols from Elections New Brunswick and Elections Saskatchewan.

The Clerk of the Committee (Mr. Justin Vaive): Madam Chair, I believe that is correct. The information that was asked for.... That that type of information was also requested of them.

Mr. Todd Doherty: My next question is directed to Dr. Shahab and Dr. Russell.

Do you believe that in-person polling locations were safe for people to vote in person?

Dr. Saqib Shahab: Yes.

Dr. Jennifer Russell: Yes.

Mr. Todd Doherty: Dr. Werker, it's the same question.

Dr. Denise Werker: Yes.

Mr. Todd Doherty: I think this question has been asked a number of times in different ways, but I just want to confirm. What measures were taken by the public health office, the ministers of health, and Elections Saskatchewan and Elections New Brunswick to convey a message to the electors that voting in person was a safe option?

Dr. Saqib Shahab: My understanding, and actually I did see many of those ads—print, media, social media and other media—about Elections Saskatchewan detailing all of the processes and how it's safe to vote in person, but also...the opportunity to vote by mail.

Mr. Todd Doherty: Do you have any anecdotal evidence of any complaints in Saskatchewan at polling stations?

Dr. Saqib Shahab: I'm not aware.

Mr. Todd Doherty: I'm just going through my notes. I think you both have gone through everything.

I'll yield the floor, Madam Chair.

The Chair: Mr. Drouin, go ahead.

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

At the risk of repeating myself, I also want to thank you. I certainly watched all of you operate in your own provinces. Even

though I'm from Ontario, it's in all of our interests to see all Canadians do well and succeed and be healthy.

I'm interested in the governance and how the relationship with Elections New Brunswick.... Perhaps I could start with you, Dr. Russell. I know the writ was dropped on August 17. That's just the fact. I'm wondering whether Elections New Brunswick reached out to you prior to the writ being dropped, or whether they reached out to you on the 17th and said, "Oops, now that we have an election coming, how do we prepare to make sure we can have safe elections?"

Dr. Jennifer Russell: They did reach out ahead of time, but I don't know how far in advance.

Again, I think the idea of the safety of elections in terms of public health advice.... With each phase of our recovery and with each new onset of different things that were going to be opening, we would take on that as a chunk of work. When it was time to work on the schools, we had all of the guidance documents ready for how to have school open safely. For elections, that was just another piece of that work.

They definitely reached out to us in August; I just don't know the exact date.

Mr. Francis Drouin: Would there have been a lot of back-and-forth? Would Elections New Brunswick propose a plan and then you would provide your input?

Dr. Shahab said there should perhaps be more polling locations. Is that something your organization advised on as well?

Dr. Jennifer Russell: My understanding is that there was a lot of back-and-forth and input. We gave them our advice, and then they came back to us with their operational plan, and then we helped them improve that operational plan to make it as safe as possible.

Mr. Francis Drouin: Thank you.

Dr. Shahab, I would ask the same question of you.

With Saskatchewan, were you involved before the writ was even dropped to provide advice on elections?

Dr. Saqib Shahab: Yes. We had a strong relationship with Elections Saskatchewan for prior elections and by-elections. Our first contact was made at the end of February, when we knew there would be an election in 2020, likely in October, and we worked closely together.

• (1230)

Mr. Francis Drouin: My colleague Mr. Lukiwski touched on this. You had convened the two major parties. I know that hindsight is 20/20, but would you advise—if Elections Canada does provide advice to parties—to ensure that all parties are at the table to make sure they have the same information and can practise healthy and safe elections?

Dr. Saqib Shahab: The table was convened by the CEO of Elections Saskatchewan, but yes, I think opening that for all political parties can only be of benefit.

Mr. Francis Drouin: Thank you.

I have one final question.

Public Health Canada is probably going to be giving the advice to Elections Canada, but Public Health Canada flies at 10,000 feet.

Would you welcome input from each of your own provinces on how to conduct safe elections even though they may be federal?

Dr. Saqib Shahab: I think input and support would likely be required with the coordination of all public health jurisdictions: federal, provincial and, of course, local.

Mr. Francis Drouin: Great. Thank you.

The Chair: Thank you, Mr. Drouin.

Ms. May, go ahead.

Ms. Elizabeth May (Saanich—Gulf Islands, GP): Thank you.

I thank the colleagues on the committee for giving me this opportunity. All of the committee's observations have been very helpful, as have all of the witnesses that PROC has been calling this last while to look at holding elections in pandemics and how it can be done safely.

I want to ask Dr. Russell—and I hope I don't put you on the spot—do you think that voters in New Brunswick got the impression that when the premier said he'd spoken to you he'd actually obtained your advice, as opposed to just enjoying speaking with you?

Dr. Jennifer Russell: I think because I represent public health.... Again, I can't put words in the premier's mouth. Certainly, any time that I was asked what my role was in the election and decisions around it, I said that the only input I really had was how to do it safely.

Obviously, if you're going to try to reduce the risk to zero, that's impossible. No matter what the outbreak situation is and no matter how many daily cases you have, it does change the risks and we can't ever make them zero.

In our Atlantic bubble, we've been successful at keeping our case numbers low and keeping our outbreaks small and short. We have the luxury of having a low-risk setting to have an election. Our experience is going to be very different from what the federal experience will be, in the sense that it's hard to predict where the second wave is going or when it's going to peak.

The projected numbers right now are that by mid- to late November, the cases in Canada are going to go up to 8,000 per day. With the global risks increasing and lockdowns happening in Europe and England, it's hard to say when things are going to change in terms of the risk setting—the backdrop in which you'll have to make those decisions.

Certainly, we would never say whether to have an election or not. We would just say, this is how to make it as safe as possible, knowing that the risk will never be zero in a global pandemic.

Ms. Elizabeth May: Thank you.

At the point that British Columbia's snap election was called, I looked at the rate numbers, and British Columbia's incidence of COVID at that point was six times higher than New Brunswick's.

This might be more of a political question, but I'd like to ask both Dr. Shahab and Dr. Russell. Do you think the fact that New Brunswick went first, with a very low COVID rate, led to any misperceptions in other jurisdictions that it's relatively easy or safe to hold an election in a pandemic?

Dr. Jennifer Russell: Do you want me to go first?

Ms. Elizabeth May: Yes, thank you.

Dr. Jennifer Russell: Communications are a really big part of what happens in any crisis management. Evidence-based, transparent, up-to-date information around risks and what behaviours people have to do to keep themselves and their communities safe is very important.

Here in New Brunswick, we have the luxury of having a low number of cases due to a lot of hard work and a lot of protocols that are placed around our borders and the Atlantic bubble. I don't think people have a false sense of security—I hope they don't—around what it means to have an election during a pandemic.

All we can do is make the risks as low as we possibly can, knowing that, again, the risks will never be zero. I think that if it's framed properly from a communications perspective, people will understand that.

The democratic process probably does take precedence over all other issues at this time, but again, I think with proper communication, the understanding and framing of those risks can be done properly.

• (1235)

Ms. Elizabeth May: This is a Saskatchewan question to Dr. Shahab. The leader of the Green Party in Saskatchewan, who is a friend of mine—and thanks to Tom Lukiwski for raising that there are other parties in Saskatchewan—was personally collecting signatures from any of her candidates who didn't own automobiles. A high proportion of the candidates who ran for the Green Party in Saskatchewan didn't own their own cars. The leader was out there collecting signatures for them and having to knock on many doors to get people to sign up so they could run.

Were there any protocols in place for that aspect of the election campaign, collecting signatures to get names on the ballot?

Dr. Saqib Shahab: We had guidelines in place since the end of May or June for door-to-door canvassing activities. The cautions that were outlined there would apply to any such process.

Ms. Elizabeth May: Thank you.

Thank you very much, Madam Chair.

Also, if I get any information from Ms. Hunter as to what she observed in the election, I'll pass it on to the committee.

The Chair: Yes, absolutely. It would be helpful from anyone who has run in a provincial election or by-election.

Thank you to all of the witnesses today.

Mr. Todd Doherty: I have a point of order, Madam Chair.

The Chair: Yes, Mr. Doherty, go ahead.

Mr. Todd Doherty: Is it possible to ask one last question of the witnesses?

The Chair: You let go of some of your time, so I am sure it would be okay with the committee. Go ahead.

Mr. Todd Doherty: It's just following up on what Ms. May brought in, and I think others.

To our witnesses, are you consulting or did you consult with other jurisdictions on best practices and are you continuing that? It goes to all witnesses.

The Chair: Dr. Shahab.

Dr. Saqib Shahab: We had been planning since February. We did not formally consult with New Brunswick or B.C., to my knowledge. I think Elections Saskatchewan may have connected horizontally, but obviously, we do look at each other's protocols and guidelines and learn from them all the time, and all our guidelines are posted online.

Thank you.

Mr. Todd Doherty: There were no formal discussions, though.

The Chair: Dr. Russell.

Dr. Jennifer Russell: No, not to my knowledge. Again, the basis of our public health information and guidance is ultimately from our conversations with the special advisory committee and the Public Health Agency of Canada.

All the evidence-based information that we use to base our decisions on in each jurisdiction comes originally from the Public Health Agency of Canada and our discussions with the special advisory committee, which includes all the chief medical officers of health for the entire country.

Mr. Todd Doherty: Great, thank you.

The Chair: Thank you, Dr. Russell, Dr. Werker and Dr. Shahab. It was a real pleasure having you provide your feedback and testimony today.

At this point, the rest of the committee is going to move into some committee business, but you are free to log out and go back to the busy day that you have.

Dr. Saqib Shahab: Thank you for the opportunity. The yes/no questions are very hard.

Voices: Oh, oh!

The Chair: I know. They're hard for us in politics as well. We like to elaborate.

Okay, for committee business, I want to go over the plan that was proposed by the subcommittee. I need to have it approved by the full committee. There was a report that was put out listing about 11 different decisions that were made by the subcommittee. First, I want to let you know that some of those suggestions may not be possible at this time, but most are.

The very first one that we have is.... Actually, let me jump to suggestion number four. We suggested that we have an evening meeting on November 18. That is no longer possible, because of the resources that are being used. We're not going to be able to have

a meeting in between the meetings. We were originally thinking it would be between our meetings of November 17 and November 19, which are already scheduled for main estimates. We were going to have an evening meeting on November 18. That was decided by the subcommittee, but the clerk has informed me that this is no longer possible, because the whips have all decided that they are going to allow the other committees to have two meetings each a week. Because of that new allowance, we're not going to be able to take that time slot. The other committees are going to have it.

I think we can still get quite a lot done. We will be able to still do the meeting next week, during our constituency week.

The rest of it remains pretty much the same, other than two more things. A whole bunch of members—Mr. Doherty, mainly—said that they'd prefer the 10:00 to 1:00 time slot. That is also not possible. It can only be 11:00 to 2:00. I think we're just going to have to deal with that and have our meeting from 11:00 to 2:00 whenever we need to have a three-hour meeting. If you need to get a substitute for that last hour, it will be on you to find a substitute for that one hour that you might not be able to make it.

There were a couple of meetings that we had established that we needed the three-hour time period for. One, in particular, is the one where we're going to have the House administration, the Parliamentary Protective Service and the Speaker. That's going to have to be a three-hour meeting. There are some other witness meetings that are going to have to be three hours so that we can get three panels of sixty minutes in. Whenever those occur, they will be from 11:00 to 2:00.

Justin, I want to let you know that I did get an email after this meeting had started. Apparently, the availability of Minister LeBlanc, for the Privy Council, is for November 17. He said that he could make himself available for November 17. I am wondering if the committee would have a problem with flip-flopping the two days: having the meeting of November 17 with the President of the Queen's Privy Council, and then having the meeting of November 19 with the Speaker and House administration. We're just flipping the two days; that's all that would be done there.

Would that be okay with you, Justin, first?

• (1240)

The Clerk: Yes, Madam Chair. I can talk to the Speaker's office and Elections Canada about whether they can come in on November 19.

The Chair: Thank you.

The Clerk: I'll definitely confirm with them and reschedule them for November 19 so that Minister LeBlanc can come in on November 17.

The Chair: November 19 would have to be the meeting that would be three hours long, so it would have to go from 11:00 to 2:00.

The Clerk: That's correct. If that works for all of our witnesses, the meeting on November 19 would go from 11:00 to 2:00 with the Speaker of the House in the first panel, followed by the Chief Electoral Officer and Elections Canada in the second panel. Then November 17 would be a two-hour meeting from 11:00 to 1:00 with Minister LeBlanc and senior officials from the federal Leaders' Debates Commission.

Mr. Tom Lukiwski: Madam Chair, I have a question.

The Chair: Mr. Lukiwski, go ahead.

Mr. Tom Lukiwski: I hope I'm not interrupting the flow of your discussion.

The Chair: No, I'm pretty much done. Everything else is the same.

Now ask whatever questions you have.

Mr. Tom Lukiwski: This falls in line with the fact that we're discussing the subcommittee report anyway.

I'm wondering whether we could agree as a committee, even though perhaps the subcommittee should technically be dealing with this.... The report on prorogation has been tabled in Parliament. We had been talking previously about getting that report and either engaging in a study of it or, at least, allowing the committee to devote a meeting to it—having a discussion, bringing forth witnesses, that type of thing.

Are we able to find any time so we can actually get that discussion and that study on the agenda?

The Chair: The subcommittee decided on that as well. I believe you will find it under number 11 of the subcommittee report:

That the committee, upon completion of its study on the conduct of a federal election during the COVID-19 pandemic, initiate a study on the document tabled in the House, pursuant to Standing Order 32(7), and referred to the committee, on the Government's reasons for proroguing parliament in August 2020.

It was decided there that once we complete this study—and from what we have slotted into the calendar, it looks as though we will be able to complete the study some time in early January—we would carry on into the prorogation study right after.

The interim report was originally due by the committee's self-imposed deadline of December 1. It was decided by the subcommittee, as shown in bullet 7 of its report, that the deadline would now be changed to December 11 instead of December 1. We would be able to get in the main estimates and we'd be able to get in the bulk of the witnesses needed. Testimony would get cut off for the interim report, at what was going to be the meeting of the 18th, I believe, but we won't have that meeting anymore.

I know this is very confusing to everyone else, but your colleagues who sit on the subcommittee have hopefully filled you in a little bit about what was decided.

Then the rest of the witness testimony would continue—

• (1245)

Mr. Tom Lukiwski: Madam Chair, perhaps for the sake of clarity, if nothing else, and to put a little precision on the timing of our discussion and study of the prorogation report, rather than just say, as the report you delivered to us states now, that we'll get into it at

the completion of this study, if we were able to say “at the completion of the interim report”, that might be a little more precise in timing as to when we can actually get hold of that report in terms of discussing it in this committee.

I guess what I'm saying is that I just don't think it would be in the best interests of this committee, if we really do want to discuss the prorogation report, to leave it as open-ended as it is now by saying “at the completion of the study”.

The Chair: We've already started inviting witnesses, right?

Mr. Tom Lukiwski: If the study is never completed, we'll never have an opportunity to discuss that report.

Mr. Todd Doherty: Madam Chair, if you remember, during our meeting we suggested, and I think Mr. Blaikie did as well, that it would be good for scheduling purposes to at least put in a placeholder, a date when we would start this, and get some assurances that the election report is not going to be a never-ending report and that we will be able to get to the prorogation report.

I suggested at one point that we at least look at a date when we can say confidently that we will begin the prorogation report.

The Chair: I have Mr. Blaikie, and then Mrs. Vecchio.

Mr. Daniel Blaikie: Thank you.

I am on a different issue, in the sense that while I agree with what's being said about targeting a date in the calendar for the beginning of that examination, it's not what I intended to speak to.

I don't know, Madam Chair—I'll just defer to you—whether you want to conclude that conversation first before proceeding to another matter, or whether you want me to put what I have to say on the table.

The Chair: Just put it out on the table, I think, at this point.

Mr. Daniel Blaikie: Okay. Just quickly with respect to item 6, which I quite like, I note that it's the four recognized parties that will be asked to give a written submission. When we are talking about having a panel, the question arises about how many people are going to be at the table and how unwieldy it may become.

In light of the fact that we're asking for written submissions, I don't see why we wouldn't extend the invitation to all parties registered with Elections Canada. There are about 20 or 21 of them. I don't know that they'll all get back to us, but I don't see a reason not to have the benefit of their input, considering that it's not just parties that are recognized in the House that have an interest in the conduct of federal elections.

The Chair: Yes, there are a lot of parties that are registered. We might get a whole bunch of information from parties that may not be very active in the electoral process.

It's up to the committee, really.

• (1250)

Mr. Daniel Blaikie: One possible option for the committee, if the committee is really concerned that it might be too much, would be to invite parties that are registered with Elections Canada and that have at least one representative in the House of Commons to produce a written submission.

I'm happy extending the invitation to all of them. That would be my preferred position, but if there's concern about the magnitude of that request, this might be a suitable option B in the eyes of the committee.

I put both out there for the consideration of the group.

The Chair: That's great. Thank you, Mr. Blaikie.

Ms. Normandin is not on the list anymore.

Mrs. Vecchio is next, and then Mr. Turnbull.

Mrs. Karen Vecchio: Thank you very much.

I want to add a couple of things. One thing I'm aware of, which just came in, is that we will be having Minister LeBlanc on the 17th now, and there was talk about others. If we're switching things, with the House of Commons staff on the 19th.... There may be estimates on behalf of the Board of Internal Economy on the 19th. I think we need to look at what their availability is. We may have to switch a couple of other things, just not that. Perhaps we can give Ruby the opportunity to switch as she needs to.

Another question I have is specifically on witnesses. I think we have put in the majority of the witnesses we wanted to see. I see that Dr. Tam is listed here; that is still another person outstanding.

When we're talking about the time frame, what our expectations are and what we want to get out of this study.... We've had some excellent people come here as witnesses, but what is it that we're trying to get from this study, and what is the date by which we want to drop a full report? Or is it the interim report that is going to be the speaking...?

I think we really need to see how many more witnesses we are expecting and, going back to the motion, what our guiding principles are for getting a report out as well.

Thank you.

The Chair: The clerk is working on inviting other groups that have some vulnerabilities throughout this pandemic, so we are lining up panels. We agreed in the subcommittee that one of our next witness-heavy meetings would be with a panel of indigenous witnesses, seniors and, I believe, long-term care people. We're trying to slot in most of those witnesses.

My goal—I don't know whether this is a direct answer—is really to try to get in all of our witnesses before the winter break, or as many as possible. Then, what we discussed at the subcommittee was that, at that point, we'll see where there might be a few gaps left and, if there are a few more witnesses we need to hear from, we'll hear from them quickly at the beginning, after the winter break, and then work on our draft report and basically have it tabled as soon as possible after the break.

That's the conversation that happened at subcommittee, and that is why in this report you'll see that we've asked New Zealand and the parties to just submit written submissions, so that we can decrease the amount of time it will take to have physical witnesses before the committee.

We have quite a good list to fit in the groups that face challenges. I think it can be done. We have lost one meeting time slot, but I still think we can get it done.

Mr. Todd Doherty: Madam Chair, can we just bring it back to the prorogation report again? Can we agree today in the committee on a definitive start date? As Mr. Lukiwski said, once we have the interim report and we know where we're going, is there a time when we can slot in a short meeting at which we can start the discussions on the prorogation, knowing that the fulsome discussion and hearings are not going to start until after the elections report is finished?

The Chair: Would you like that meeting before the winter break, or right after the winter break? Before the winter break, I have some challenges, because I'm not allowed to.... Extra meetings were going to be our saving grace, but right now I'm hearing that, because all committees are allowed two meetings each, extra meetings are not in the future for us.

• (1255)

Mr. Todd Doherty: I would put it to the committee. I think we're okay with moving the bulk of the study, and I conveyed this during our committee meeting, that pushing this into January or February.... This elections report is very serious. Can we start the discussions about potential witnesses and what have you, whether we tack it on at the end of one of these studies...? Because we are nearing the end of our witnesses, let's at least start the discussion, and then we can frame the rest of it as we get back from Christmas break.

The Chair: Perhaps I can tack on another committee business meeting when we can have our preliminary discussion about witnesses and the timelines of that study. We could probably do that.

Mr. Todd Doherty: Right.

The Chair: We have Mr. Turnbull, and then Mr. Blaikie.

Mr. Ryan Turnbull: Thanks, Madam Chair. I appreciate the conversation. I have some thoughts to share on both points.

With regard to the current study, based on the witness testimony we've heard, I really feel that there is a large amount of importance being placed by public health professionals and elections officers on mail-in voting. I know that many constituents—

The Chair: Could you please put your headset on, Ryan?

Mr. Ryan Turnbull: Oh, I'm so sorry.

How's that?

The Chair: That's great. Could you repeat that? Thank you.

Mr. Ryan Turnbull: My apologies to everyone.

So, I just have a few thoughts to share on both points here. With regard to our current study, on having elections in a pandemic and doing so safely, I think we've heard quite a bit of testimony that has placed importance on mail-in ballots and that process. I've heard from quite a few stakeholders in my riding that this process can be quite clunky and present challenges for people.

From my perspective, it would be great to have some more witnesses who can speak to how we might streamline that process. I think it would be very useful for this study, so I think there are additional witnesses I certainly would like to hear from. I also have other colleagues who may have other witnesses in mind for other topics that are relevant to the current study.

In terms of the timing.... I obviously wasn't at the subcommittee meeting, but I did look at the report. With regard to the prorogation report that has been tabled and referred to us, I suggest that we set a definitive end date for our current study. As I understand it, we've only set a date for the interim report, but not for the end of the study itself. Perhaps if that's some time in January, then the prorogation report could begin after that. That would be my thought on it, so we can get what I think is extremely.... I mean, all things are important, but I think the elections report and the recommendations that members of Parliament on this committee will make are pretty important to get out there. So that's two thoughts.

The third one is just in terms of the Standing Orders and what PROC's role is in terms of a prorogation report. I would find it helpful to hear, perhaps from the clerk, as to what we are required to do. My understanding, based on my reading of the Standing Orders, is that we're not required to do a study on a prorogation report; it's just that we have the opportunity to review it. I just wonder what we are actually required to do, and if there is a requirement there, what specifically it is. That would be helpful for all of us.

Mr. Tom Lukiwski: Madam Chair....

The Chair: We have a speaking order, still. We have Mr. Blaikie and Mr. Alghabra. I think we're running low on time, so if I could quickly hear from them, I think we could sum this up.

I think we have consensus on almost everything in terms of what's required. We could probably talk about that at whatever time slot we pick in the next committee business portion of our meeting to talk about prorogation. We could hear from the clerk and get into what would be required, what the committee could do and whom we would hear from.

In terms of the first issue that Mr. Lukiwski and Mr. Doherty brought up, if you trust to leave it with me, I will slot in a time that I think would work in the coming days where I think that we only have, like today, about 90 minutes of witness testimony and therefore we can have 30 minutes of committee business on that day.

• (1300)

Mr. Tom Lukiwski: Very quickly, my only point to Ryan's question about what the mandate of PROC is.... Let's not forget that if something is referred to our committee, we are obligated to deal

with it. That's why I'm trying to get at setting a firm date, so we don't let it go by the wayside.

The Chair: Maybe at the next meeting I can get you a firm date as to.... Right now, I'd have to sit and look at which witnesses are falling into which days. If we have three hours of witnesses, I obviously wouldn't pick the three-hour day; I would pick the day where we have fewer witnesses who have said they are coming in, leaving us with some time to set aside to discuss the prorogation study and to plan for it.

If you allow, at the next meeting I can probably give you a better picture of what date we could put that on.

Is that okay, Mr. Lukiwski and Mr. Doherty?

Mr. Tom Lukiwski: That's fine.

If we can deal with it, timing-wise, by the next meeting, Madam Chair, that's fine. I have infinite trust in your wisdom and judgment as to giving us an appropriate date at the next meeting.

The Chair: The date will be within the next few meetings. Before we break, basically, we'll have that discussion. We'll set in place a timeline for that study, and hopefully maybe even have a timeline for finishing the study we're on right now.

Mr. Tom Lukiwski: Excellent.

The Chair: Mr. Blaikie, go ahead.

Mr. Daniel Blaikie: First of all, I'm satisfied with that solution on the question of getting more clarity around the timing for looking at the prorogation report.

Second, I am aware of the time. I'm just wondering if there's a sense of the direction for the clerk on the question of which political parties will be invited to submit written remarks.

The Chair: We have Mr. Alghabra next. I don't know whether he has remarks to make about that, but that might help.

Hon. Omar Alghabra: Madam Chair, no, I wasn't necessarily going to comment there. I have no objection...in fact, I support the idea of inviting political parties to offer their plans.

I would also like to add the importance of inviting Canada Post. We are watching what's happening in the United States, and the Elections Canada commissioner spoke about how he expects four million to five million ballots to arrive in the mail if there is a general election. I think it would be really important for our report to include our own insight on how Canada Post is prepared and also provide advice to Canada Post on how to be even more prepared.

I'd like to suggest that we invite Canada Post.

The Chair: I think that's an excellent suggestion.

If all the parties would like, maybe over this constituency week, or by the end of it, if there are other witnesses popping up whom you would like us to add to the list, please email me who those witnesses are so we can start slotting them in. Of course, don't be liberal with your list; really pinpoint what testimony we need at this point and then let me know who that is so we can add them in. Be very—

Mr. Ryan Turnbull: Can we not be Liberal?

Mr. Todd Doherty: Madam Chair.

The Chair: Be conservative this time, Ryan. Be conservative.

Yes, Mr. Doherty.

Mr. Todd Doherty: I believe that Canada Post is on our witness list and has been too. I think it's so important as well.

Thanks.

The Chair: Yes, it is on your witness list. You're correct.

In terms of Mr. Blaikie's suggestion, maybe I could see hands. We have two options: One is to invite every party registered with Elections Canada, and the other is to invite registered parties that have at least one representative in the House.

Who is in favour of every registered party?

Who is in favour of every registered party that has at least one member represented in the House?

I see it is the latter, and we have made note of that. I think that resolves that.

At the next meeting, I will let you know which meeting will have committee time set out in which we can discuss the prorogation issue.

We've made some amendments to the subcommittee report. We're switching around prong one and two in the committee report. Prong four would no longer exist, because we don't have that time slot, but the rest of the report seems to be accurate.

Does the committee approve of the report with those minor changes?

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

The Chair: Seeing as there's no opposition, the clerk and I will get working on scheduling those meetings and getting the witnesses we need briefings from to the committee. Thank you.

Goodbye, everyone. Have a great day.

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