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Chair: Mr. Ron McKinnon



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• (1405)

[English]

The Chair (Mr. Ron McKinnon (Coquitlam—Port Coquitlam, Lib.)): I call this meeting to order.

Welcome, everyone, to meeting number 12 of the House of Commons Standing Committee on Health.

Pursuant to the orders of reference of Tuesday, March 24 and Saturday, April 11, the committee is meeting for the purpose of receiving evidence concerning matters relating to the government's response to the COVID-19 pandemic.

Today's meeting is taking place entirely by video conference and the proceedings will be made available via the House of Commons website. As at the last meeting, the webcast will always show the person speaking rather than the entire committee.

In order to facilitate our work here today and that of the interpreters and to ensure an orderly meeting, I will outline a few rules to follow.

Firstly, interpretation in this video conference will work very much as in a regular committee meeting. You have a choice at the bottom of your screen of either the floor, or English or French. Before speaking, please wait until I recognize you by name. When you are ready to speak, you can either click on the microphone icon to activate your mike or you can hold down the space bar while you are speaking. When you release the bar, your mike will mute itself just like a walkie-talkie.

Also, as a reminder, all comments by members and witnesses should be addressed through the chair. Should members need to request the floor outside their designated time for questions, they should activate their mike and state that they have a point of order.

If a member wishes to intervene in response to a point of order raised by another member, they should use the “raise hand” function. This will signal to the chair your interest in speaking. In order to do so, you should click on “participants” at the bottom of the screen. When the list pops up, you will see next to your name that you can click “raise hand”. Speak slowly and clearly, and when you're not speaking, please ensure that your mike is muted.

The use of headsets is strongly encouraged. If you have a microphone on your headset that hangs down, please make sure it is not rubbing on your shirt during your questioning time.

Should any technical challenges arise, such as with interpretation or if you are accidentally disconnected, please advise the chair or

clerk immediately and the technical team will work to resolve it. Please note that we might need to suspend during these times to ensure that all members are able to participate fully.

Before we get started, could everyone click on the top right-hand corner of their screen if you're on a PC and ensure that it is on gallery view. With this view you should be able to see all of the participants in a grid view. It will ensure that all video participants can see one another.

During this meeting we will follow the same rules that usually apply to opening statements and the questioning of witnesses during our regular meetings. Each witness will have 10 minutes for an opening statement, followed by the usual rounds of questions from members. We have an agreement among all parties that we will do three rounds of questions.

We will start with Dr. Attaran, as an individual. He is a professor in the faculty of law at the University of Ottawa.

Dr. Attaran, I note that you have sent in a brief. Unfortunately, we cannot distribute it until it is translated. The brief has gone to translation and will be distributed to the committee once that is done.

If you would like to make your presentation, you have 10 minutes, please.

Mr. Don Davies (Vancouver Kingsway, NDP): Mr. Chair, I hesitate to interrupt your proceedings on a point of order, but in regard to that latter point, I understand that Dr. Attaran has worked with a global team of researchers at the Universities of California, Berkeley, and San Francisco, the London School of Hygiene and Tropical Medicine, Imperial College and the University of Ottawa. The epidemiological study that he sent to the clerk last week is the first and only epidemiological model in all of Canada.

Given that it has gone to translation and we will be getting it shortly, I wonder if we could have unanimous consent from the committee to distribute that model to all of us right now. Given the urgency of being in the middle of a pandemic, it might be wise to get that to us as soon as possible, knowing that it is coming in French very quickly.

Therefore, I would seek unanimous consent from my colleagues for that.

The Chair: I believe Dr. Attaran submitted a brief some days ago. It has been translated and distributed to the committee. The brief I was speaking of was just submitted about an hour ago and has not yet been translated.

I am unable to ask for unanimous consent. We're not really able to have votes except under the authorization of the House. The House of Commons procedures really don't permit distribution of documents that are not in both official languages, and actually, of course, it's in fairness to the French-speaking members of the committee as well.

We will go ahead with Dr. Attaran's statement.

Please go ahead, sir.

Professor Amir Attaran (Professor, Faculty of Law, University of Ottawa, As an Individual): Good afternoon, ladies and gentlemen.

I am honoured to have received your invitation. Thank you.

Like you, I am a Canadian who wishes to get our country out from under COVID-19. I come at this as a professor of both public health and law at the University of Ottawa. I learned my science—latterly immunology—at Berkeley, Caltech and Oxford, and my law at UBC. After that I taught public health and government at both Harvard and Yale, and worked on global health projects with various NGOs, the World Health Organization, governments and corporations. As a science communicator, I've been part of the editorial team of the Canadian Medical Association Journal and The Lancet.

Today, however, I'm testifying as an individual. Unlike some of your other witnesses, nobody except the university pays my salary, so I have no conflict of interest to declare.

I am here today because I want to explain, scientifically, how to get Canada out of the dark tunnel we are in. There is light at the end of this tunnel, but whether we get there quickly or slowly, safely or dangerously, depends on the choices of government and the oversight of Parliament. Since much of what I'm saying was published in Maclean's three weeks ago—you have a copy of my article—there's no need to take notes on this boring little lecture of mine.

Let's break it down into two parts. First, let's discuss what government can do right to save lives and rescue our families and businesses; and later, let's talk about what governments did horribly wrong leading to this pandemic.

As we are talking, right now, most provinces are at or nearing the crest of the first wave of infections. Thankfully, it is not a tidal wave, because self-isolation, quarantine and “social distancing” all worked and broke the chain of infection temporarily.

However, I must emphasize that surviving that first wave is not a victory. Social distancing bought us time, but it does not solve the problem. There's an endgame that lies ahead, which will take over a year. Why is this? It's because most of us still haven't met SARS-CoV-2, which is the virus behind COVID-19, so we haven't fought off the virus and developed immunity to the virus.

If you think back to a month ago, Canadians went into self-isolation because most didn't have immunity, and isolation was the only way to avoid getting crushed in a catastrophe. Since then, isolated Canadians have been through a lot of beer and TV, but sitting on our bums, as we have, has not magically made us immune. Netflix does not a vaccine make, and we are just as immunologically sus-

ceptible as before, meaning that if isolation ends for everyone at the same time, we will immediately return to the same hellish spot that we just dodged.

The endgame must not relax self-isolation for everyone at once; instead, it has to be in careful, scientifically tailored stages. There is no other way—none—to reopen Canada. What I'm saying is that instead of “flattening the curve”, which is a misleading, scientifically wrong metaphor that really shouldn't be used, really the endgame is about stretching and slicing the single giant curve of infections into a timed series of a number of scientifically planned, measured curvelets. To use an analogy, imagine a giant wildfire that rips through a whole forest. Now instead of that, imagine asking the fire chief to light smaller, controlled burns over time. The forest still burns, but the harm is less. Stretching and slicing the epidemiological curve into managed curvelets is like that controlled burn.

In the hands of a well-informed public health chief, staging these disease curvelets does not stop people from getting sick with COVID. It does, though, make it manageable, and it reduces the number of people dying of COVID. Short of a vaccine, which is absolutely out of reach in 2020, staged curvelets are not just the best we can do. They are the only thing we can do.

● (1410)

This brings me now to my dissatisfaction, and a plea for Parliament's help.

As we sit here, we have federal and provincial governments that are botching this endgame. To date, neither the Minister of Health nor Dr. Tam has presented a concrete plan for staging the curvelets, and we need one now. Worse, they are concealing data and interfering with outside scientists solving the problem.

I emphasize this to you: It is impossible for scientists inside or outside government to do the best job of planning these curvelets without excellent disease surveillance, data sharing and epidemiological modelling. The next steps to reopening Canadian society, which we all want, by curvelets, must be planned exquisitely or we will accidentally kill people. Then once each curvelet is launched, local public health officers everywhere need more and faster COVID testing than they have, so as to detect and stamp out little outbreaks before they explode.

However, in all these areas—the testing, epidemiological data and modelling—Canada's performance is pretty dreadful, compared with leaders such as Hong Kong, Norway, South Korea or Switzerland.

Let me explain. Scientists need transparent data on the disease from every province to make mathematically and medically accurate disease models and forecasts. We're not there, because the provinces hold the data, and sharing it with the Public Health Agency of Canada is optional. They have no legal obligation to share. Then, even more foolishly, the Public Health Agency of Canada censors the data before it's disclosed to scientists, probably to avoid embarrassing certain provinces.

The result is that scientists inside and outside government only have an incomplete data picture to work with, and with one eye gouged out, they can't churn out the best possible epidemiological forecasts, meaning that we as Canada bumble into this end game unfit and unready. Just like farmers need accurate weather forecasts for planting, we need accurate epidemiological forecasts in this business too, or people will needlessly die and the economy will needlessly suffer.

Probably because of these data sharing failures, PHAC is struggling to model the epidemic. Last week Dr. Tam presented a tiny bit of the PHAC model, but frankly it was incomplete, it contained errors and it was largely unscientific. This drove some of us from universities in Berkeley, London, San Francisco and Ottawa to release our own model this morning. I wish it had been shared with you. Apparently it cannot be; otherwise, I'd be able to present you some of the results, some of the key findings. It is the first epidemiological model of all of Canada over the coming year.

At the end of the day, it is a real problem that these data-sharing gaps exist. Parliament heard from the Auditor General in 1999, 2002 and 2008 about the government's failure to prepare for disease emergencies. The Auditor General put her finger on data sharing as a problem three times. Then in 2003 Canada was hit by SARS severely, and the federal government did a "lessons learned" study, which recommended that Parliament legislate data sharing between the federal and provincial levels. It wasn't done. Five years later, the unanimous editors of the Canadian Medical Association Journal again howled at Parliament to legislate open data sharing. We were ignored.

Now, members, I implore you. Legislate rules for data sharing immediately, or we can't build the best models and give you the best forecasts and you will lose lives. While you are at it, set minimum national standards for how Ottawa and the provinces plan, prepare and act during pandemics. Constitutionally, health is a shared jurisdiction, whether it's emergency legislation, or using the federal government's quarantine power in subsection 91(11) of the Constitution Act.

• (1420)

Take this on as a private member's bill. Override the Standing Orders if you have to. Just don't wait for the government to do it. The Prime Minister won't do it. Look at the mandate letters he gave his health ministers, Dr. Philpott, Ms. Petipas Taylor and now Ms. Hajdu. None of his three mandate letters even mentions pandemics.

I'm not pleased with Mr. Trudeau for, despite warning upon warning, pandemic preparation was never even the lowest of his priorities for his ministers. If you wonder why even simple things, like stockpiling N95 masks for our nurses and doctors didn't hap-

pen, it's because pandemic preparation was never a Canadian priority, and so now it falls on the House to do better.

I stand ready to help the House in any way that you ask in the climb toward the light at the end of the tunnel, but let me be clear. Canada is in a predicament because Canada prepared poorly. The virus is the biological agent of the pandemic, but government failure is the cause of our plight. To me, this is not a scientist's pandemic, but a bureaucrat's pandemic brought on by ignored warnings and quite miserable laws.

Now the end game is upon us. The efforts of this Parliament will leave historians to decide whether Canada did all it could to fight the pandemic and to prepare for the next pandemic—and, yes, there will be a next pandemic. Scientists can give you quite decent guesses about it. Let's just say that COVID-19 isn't especially bad and we've anticipated much worse.

Thank you for bearing with me. I apologize for these extraordinarily blunt messages.

I'm very pleased to take your questions or maybe your fire.

Thank you very much.

The Chair: Thank you, Dr. Attaran.

We'll go now to the Canadian Institutes of Health Research, Dr. Michael Strong, president.

Please go ahead, Dr. Strong, for 10 minutes.

Dr. Michael Strong (President, Canadian Institutes of Health Research): I appreciate this opportunity. Thank you very much for inviting me to speak about the importance of research and the pivotal role of the Canadian Institutes of Health Research in Canada's response to COVID-19.

Before we begin, I want to express my sincere appreciation and gratitude to all the health care professionals, front-line and essential workers who are tirelessly working to support the health, safety and well-being of Canadians. This includes many employees who work with my federal colleagues present with me today. I also wish to commend the incredible efforts to date of the Canadian research community.

I am proud to say that our researchers are among the very best in the world and they've played a key role so far in coordinating both the global and domestic research response to COVID-19. I am pleased to be with you today to provide the committee with more details on COVID-19 research currently under way in the country and abroad, as well as outline the research initiatives that CIHR has been able to rapidly implement in response to the pandemic.

Before I do so, and recognizing that a collective and collaborative approach has been a key element of success in the current circumstances, I wish to emphasize that CIHR's efforts to address the COVID-19 outbreak continue to be undertaken in close collaboration with our federal partners, including the Public Health Agency of Canada; Health Canada; Innovation, Science and Economic Development Canada; and the National Research Council, among many others.

CIHR is also working hand in hand with international partners such as the World Health Organization, and the Global Research Collaboration for Infectious Disease Preparedness, otherwise known as GloPID-R. This is a coalition of 29 countries to establish a global research and innovation road map and determine how Canadian researchers could help in the global research efforts. It's important to highlight that one of CIHR's scientific directors is currently vice-chair of GloPID-R, and as such, our scientific leadership played a key role from the outset and continues to be a key hub in facilitating this fast-moving collaboration that is needed across a multiplicity of players domestically and internationally.

Furthermore, to ensure that research evidence is shared rapidly and openly to inform the public health response and to help save lives, CIHR has joined 67 international research-funding organizations in signing a joint statement to share research data and findings relevant to the COVID-19 outbreak. We also support the calls made by chief science advisers around the world to ensure that research outputs such as data and publications are publicly available to support the ongoing global emergency response efforts. As such, in early February, our organization moved rapidly to mobilize the research community to coordinate a rapid response to COVID-19.

In just a few weeks, CIHR was able to select, through a rigorous peer review process, the most scientifically excellent research projects that will help us to better understand the biology of the virus, its spread, and identify strategies to fight it. With federal partners and some provincial support, we were able to invest \$54.2 million to support 99 COVID-19 research projects. This investment is part of Canada's plan to mobilize science to fight COVID-19, as announced by the Prime Minister on March 23, and will greatly contribute to the Government of Canada's response to the COVID-19 pandemic. With this funding, researchers at 36 institutions across the country are working with the utmost urgency to develop and evaluate new vaccines, therapies and diagnostics, as well as public health strategies to tackle misinformation, stigma and anxiety.

It is important to point out that many of these projects have international collaborations and partnerships with government departments as well as industry, and many are equipped for real-time data sharing. This positions the research to be more quickly translated to effective prevention, detection, clinical management and policy

measures for addressing the COVID-19 outbreak within and across jurisdictions in Canada and internationally.

Perhaps you'll let me give a few examples of some of the important projects that were funded through this. The first one relates to the identification of vaccines, which we heard a bit about a moment ago. Dr. Darryl Falzarano of the University of Saskatchewan is working with animal models to understand how the SARS-CoV-2 virus, the actual virus that gives rise to this, causes the disease, whether vaccines can be developed to protect from the disease and how the virus might actually be transmitted. These are really critical questions that need to be addressed when a new pathogen such as this emerges. Given concerns that less-than-optimal vaccines or previous exposure to related pathogens could actually worsen the disease, this project is also investigating whether these animal models can be used for testing to ensure the vaccines are safe, prior to testing in human clinical trials.

• (1425)

Through work led by Dr. Srinivas Murthy at the University of British Columbia, Canada is also currently participating in the WHO solidarity trial. This randomized clinical trial led by Dr. Murthy involves over 50 hospitals across Canada and is investigating the efficacy of existing combination drugs on patients hospitalized for COVID-19, thereby contributing to the global efforts to study the effectiveness of potential therapies for this disease.

We are also supporting research on point-of-care diagnostics. For instance, Dr. Denis Boudreau at Université Laval is working on developing a portable rapid point-of-care test for COVID-19 to enable front-line workers to be rapidly tested for the virus. This device will be developed with an easy to use platform that can be operated by untrained personnel so it can be deployed locally, within quarantined regions, at temporary health centres and neighbourhood clinics, thus reducing the flow of people in urban centres.

Critically, we are also supporting research related to social behaviour, public health messaging and clinical management studies. For example, Dr. Patrick Neumann at Ryerson University will study the impact of infection control routines on nurses to determine how to implement these measures while delivering the highest quality of care and maintaining the safety of both patients and nurses.

Finally, Dr. Tim Caulfield at the University of Alberta is working to understand the spread of COVID-19 misinformation from multiple angles to develop evidence-based communication and education tools to strategically counter misinformation, stigma and fear related to the COVID-19 pandemic. This project will provide policy recommendations for public health planning, decision-making and response for both COVID-19 as well as future outbreaks.

These examples and many others will provide the scientific evidence needed to help us fully understand the novel coronavirus and develop tools to fight it.

As I mentioned earlier, new research evidence will be useful only if it can be rapidly translated into effective tools and treatments.

We recognize that in the coming weeks and months it will be critical not only to generate but also to coordinate the sharing and translation of ideas, data, innovative solutions, novel treatments, diagnostics and vaccine technologies across all levels of government to enhance timely and effective responses.

As I reflect on the tremendous work to date that has taken place across government to address this pandemic, I am truly proud to say that CIHR's research response to COVID-19 has really brought the transformative nature of our mandate to life.

Through a single efficient funding call for proposals we were able to fund outstanding research. Our mandate has always enabled us to support not just knowledge generation, but also the translation of research evidence into improved health for Canadians.

On that front, CIHR is leading the development of a series of knowledge mobilization events that strengthen connections between researchers funded through the COVID-19 rapid response competition and Government of Canada departments and agencies in order to accelerate this knowledge translation.

We are also strongly encouraging our funded researchers to participate in the recently launched CanCOVID platform. This online platform promotes collaboration, communication and coordination between Canadian and international researchers working on COVID-19, health care practitioners, funding agencies and government policy-makers.

As you can see, the balanced medical, social and policy research approach that CIHR has taken is critical to ensuring that Canadian scientists are seeking to understand this virus, its spread and how to mitigate the impact from a variety of pathways. I am confident that this approach will help us to quickly develop new evidence-based tools to address the crisis.

In the meantime, we continue to work daily with our national and international partners to address the need for additional research and trials. We know where the gaps are, and looking at ways to further support the scientific community in addressing these gaps as soon as possible is a priority. I would be pleased to report back to your committee on any developments in this regard.

Again, thank you for inviting me here to speak about the COVID-19 research under way and the role that research plays in Canada's response to this public health crisis. I'll be very happy to answer any questions the committee may have.

Thank you.

• (1430)

The Chair: Thank you, Dr. Strong.

We go now to a joint presentation by three departments. We have, from the Department of Citizenship and Immigration, Mr. Matt de Vlieger, director general, immigration.

We have, from the Department of Employment and Social Development, Philippe Massé, director general, temporary foreign workers program, skills and employment branch.

With us is Tara Cosgrove, executive director, temporary foreign worker program, and international mobility program, integrity services branch of Service Canada.

With the Department of Agriculture and Agri-Food, we have Steven Jurgutus, director general, policy, planning and integration directorate.

I don't know who will start, but I'm going to assume it's Mr. de Vlieger.

Please go ahead for 10 minutes..

Mr. Matt de Vlieger (Director General, Immigration, Department of Citizenship and Immigration): Thank you, Mr. Chair.

Thank you, committee, for the opportunity to appear as part of your updates on the government's response to the COVID-19 pandemic. Our presentation will be a bit narrower than the previous witnesses'. We're focusing on the committee's interest in looking at the measures related to temporary and seasonal workers.

On this topic, as you indicated, Mr. Chair, we'll be sharing the opening remarks. I will be outlining the legislative and regulatory framework governing the entry of temporary foreign workers, including new measures put in place in the context of COVID-19. My colleagues from Employment and Social Development Canada will then describe some of the program specifics that apply to the temporary foreign worker program in the agricultural setting, including rules, program guidance and compliance measures.

My colleague from Agriculture and Agri-Food Canada will conclude with some remarks on the critical importance of these workers at this time and efforts employers in the sector have made to ensure food supply as well as health and safety for Canadians.

[Translation]

Temporary foreign workers are a significant portion of Canada's labour supply.

For the most part, it is a demand-driven area in that employer demand to hire workers on temporary work permits—

[English]

Mr. Tony Van Bynen (Newmarket—Aurora, Lib.): Mr. Chair, I can't hear the translation. It's very fuzzy in its broadcast. I don't know if it was the same for everyone else.

• (1435)

The Chair: Mr. de Vlieger, could you just back up half a minute or so and start from there?

Mr. Matt de Vlieger: Sure.

[Translation]

Temporary foreign workers are a significant portion of Canada's labour supply.

For the most part, it is a demand-driven area in that employer demand to hire workers on temporary work permits fluctuates and drives the numbers.

[English]

Mr. Don Davies: Mr. Chair, I'm not hearing any translation.

The Chair: From my perspective, the actual floor conversation was louder and the translation seemed to overstep it a little, so it was harder to hear the translation in that sense.

[Translation]

Mr. Yves Perron (Berthier—Maskinongé, BQ): For your information, as far as the French interpretation is concerned, everything is working well so far. There have been no technical issues on the French side.

[English]

Mr. Matt de Vlieger: Mr. Chair, I'd be happy to proceed in English if that's preferable to the committee.

The Chair: Thank you, Mr. de Vlieger. I think we have to resolve this problem anyway, so please just bear with us for a minute or two and we'll see if we can resolve it.

The meeting will suspend for a few minutes at the call of the chair for the technical issues to be resolved. Thank you.

• (1435)

(Pause)

• (1440)

The Chair: We will resume the meeting.

Please proceed, Mr. de Vlieger. If you need to back up a bit, please feel free to.

Mr. Matt de Vlieger: Sure, I'll just back up to the French section here.

[Translation]

Temporary foreign workers are a significant portion of Canada's labour supply.

For the most part, it is a demand-driven area in that employer demand to hire workers on temporary work permits fluctuates and drives the numbers. Last year, 405,000 temporary work permits were issued, across a broad range of occupations.

[English]

There are two broad streams of temporary worker programs. One is the international mobility program, which is administered by IR-CC, and the other is the temporary foreign worker program, administered by Employment and Social Development Canada, and that one involves a labour market test. The seasonal agricultural workers the committee has signalled an interest in are the ones in this latter category.

As members of the committee are aware, travel restrictions on persons seeking to enter Canada from overseas were put in place on March 18. On March 26, temporary foreign workers—that is, those holding a valid work permit or those who had been issued an approval letter—were added to the list of persons exempted from the travel ban. These bans and exemptions are pursuant to orders issued under the authorities of the Quarantine Act and the Aeronautics Act.

These temporary workers, as all others entering Canada from overseas, are subject to another order under the Quarantine Act, which requires all persons to isolate for 14 days from the day upon which they enter Canada. There are some limited exceptions to this requirement—for example, emergency workers and medical personnel—but seasonal agricultural workers will all need to abide by this 14-day quarantine period.

[Translation]

Temporary workers entering Canada are subjected to a broad statutory and regulatory regime under the Immigration and Refugee Protection Act that governs selection, admissibility, and compliance, both in respect of the workers themselves and their employers.

[English]

I will say just a word on the new draft regulations. In the context of the new orders under the Quarantine Act and with a view to managing the health and safety of workers and Canadians alike, new draft regulations were tabled in Parliament this past Saturday to provide some specific additional tools.

For the workers themselves, these draft regulations import the requirements of complying with the Quarantine Act and public health orders, including that they quarantine or isolate themselves upon entry into the country for the 14 days. Failure to comply could result in a finding of inadmissibility and an issuance of a removal order.

For employers of temporary foreign workers, the proposed rules will require that they not do anything that prevents the worker from complying with the order to quarantine or isolate themselves as workers for 14 days upon entering Canada.

They will also require that employers provide wages and benefits during the 14-day period—that is, that the quarantine period forms part of the period of employment.

Additionally, for employers under the temporary foreign worker program who are required to provide accommodations—not all are, but if we're talking about seasonal agricultural workers, they are—there are additional specific requirements in the proposed rules. I will leave it to my colleagues from Employment and Social Development Canada to describe these new rules and the guidance related to them and to the seasonal agricultural workers. I will, however, just add for now that employers found not to be complying with these new requirements will be subject to the compliance regime and system of administrative monetary penalties already built into the immigration and refugee protection regulations.

I will now turn it over to Philippe Massé, but I will look forward to your questions after our presentations.

Thank you very much.

The Chair: Go ahead, Mr. Massé.

[Translation]

Mr. Philippe Massé (Director General, Temporary Foreign Worker Program, Skills and Employment Branch, Department of Employment and Social Development): I am Philippe Massé, director general of the temporary foreign worker program, and I am joined by my colleague Tara Cosgrove, who is the executive director responsible for program integrity.

The objective of the program is to enable employers to access foreign workers when Canadians are not available [*technical difficulties*].

• (1445)

[English]

The Chair: Ms. Cosgrove or Mr. Jurgutis, are you able to carry on from this point while we wait for Mr. Massé to rejoin us?

Mr. Steven Jurgutis (Director General, Policy, Planning and Integration Directorate, Department of Agriculture and Agri-Food): This is Steven Jurgutis from Agriculture and Agri-Food Canada. I can go ahead, if you so choose.

[Translation]

Thank you to the committee for inviting me here today. I appreciate the opportunity to provide some context on the critical role that temporary foreign workers play in maintaining Canada's food supply.

Canada's agriculture and agri-food sector is heavily reliant on temporary foreign workers due to ongoing labour shortages within the sector. Last year, for example, the sector employed approximately 60,000 temporary foreign workers. The vast majority of these workers come from Mexico, Guatemala and Jamaica to work on about 3,000 farms and agricultural facilities across Canada each year. Ontario, Quebec and British Columbia are the main employers of these workers due to the large number of fruit and vegetable operations in these provinces.

[English]

While temporary foreign workers work in all agriculture sectors, they play an especially critical role in the vegetable and fruit sector, where they account for over 35% of the labour force. The labour-intensive nature of these operations generally starts in the spring when seeding and/or pruning take place. That is why each April we see such a significant increase in the number of temporary foreign workers arriving in Canada. For example, last spring, over 20,000 workers were granted permits to work in the agriculture sector, and similar numbers were expected this year. Seasonal fish and seafood processing workers also normally arrive by April to coincide with the start of the lobster fishing season.

The travel bans in Canada, as well other source countries, like Mexico and Guatemala, have both limited and delayed the arrival of many temporary foreign workers. We are, however, encouraged to see that temporary foreign workers are starting arrive.

We also realize there are many Canadians without work right now and we are encouraging the sector to use new and existing programs, like Canada summer jobs, to help fill labour shortages with Canadians. Provinces like Quebec and Ontario are also actively encouraging domestic workers to seek jobs in the agriculture sector.

Agriculture and Agri-Food Canada will continue to work closely with the sector, as well as with our federal, provincial and territorial partners, some of whom are here with us today, to bring workers to Canada as quickly and as safely as possible and to ensure the appropriate health and safety protocols are being followed after the workers arrive.

In fact, yesterday Prime Minister Trudeau announced \$50 million to help farmers, fish harvesters, and food and seafood processing employers put in place the measures necessary to follow the mandatory 14-day isolation period required of all workers arriving from abroad.

Thank you. I look forward to your questions.

The Chair: Thank you.

Do we have Mr. Massé back yet?

A voice: Mr. Chair, we do not have him.

The Chair: Thank you.

We will carry on with the Department of Industry, and Mr. Davies, senior assistant deputy minister, industry sector. If we get Mr. Massé back in time, we will let him finish his presentation after this.

Mr. Davies, please go ahead for 10 minutes.

[Translation]

Mr. Mitch Davies (Senior Assistant Deputy Minister, Industry Sector, Department of Industry): Mr. Chair, committee members, good afternoon.

I will keep these remarks short, preserving time for your questions.

Thank you for the opportunity to be here today.

[English]

The COVID-19 outbreak continues to evolve rapidly. In the battle against this virus, Canada's scientists, innovators and industry are working on multiple fronts to fight the pandemic.

On March 20, the Prime Minister announced Canada's plan to mobilize industry to fight COVID-19. This plan introduced measures to directly support businesses to rapidly scale up production or retool their manufacturing capacity to develop products made in Canada to help meet the needs of the front lines of the health care system. Since that time, our department has received over 5,000 offers to help from businesses across Canada.

• (1450)

[Translation]

We are reaching out to each of these businesses to explore their offers and have moved many forward into new partnerships. As a result, Canada is securing the capacity to produce necessary medical equipment and supplies.

[English]

For example, we are purchasing critical made-in-Canada ventilators, securing new supply chains to produce medical gowns, producing large volumes of disinfectants, and producing and procuring surgical and N95 masks. At the same time, we have issued challenges to innovative companies to support research and development on new technologies and products.

We are also working with the life sciences industry on treatments that will help Canadians who become infected and on vaccine research to provide population-level immunity for all Canadians. In all of these efforts, Canadian researchers and businesses are stepping up to meet this challenge, and we will continue to support them.

Thank you, Mr. Chair.

The Chair: Thank you.

I'm still not seeing Mr. Massé. If he comes on later on, we may take a break in the questioning to let him give his presentation.

At this point, we will start our questioning. As noted, we have an agreement amongst all parties for three rounds of questions. We will start with Mr. Jeneroux.

You have six minutes, Mr. Jeneroux. Please go ahead.

Mr. Matt Jeneroux (Edmonton Riverbend, CPC): Just to be clear, Mr. Chair, if the witness does come back on, I hope it won't interrupt my round of questions, but will be after my round.

The Chair: Certainly, if that's what you prefer, yes.

Mr. Matt Jeneroux: Yes, please. Thank you.

Mr. Chair, I want to take my time to highlight how disappointing it is that Bruce Aylward, a Canadian adviser to the WHO, has at the last minute decided not to appear and has not offered to be rescheduled at a later date. This is unacceptable.

Since December, the WHO has been updating citizens around the globe on the impact of COVID-19. First, Dr. Tam did make herself available to take questions, and now the WHO is pulling out. This committee has the explicit mandate to "meet for the sole purpose of receiving evidence concerning matters related to the government's response to the COVID-19 pandemic".

I want to take this time to point out some facts that I was hoping Mr. Aylward would be able to address, but seeing that he has decided not to come and to hide from any accountability, I will simply read this into the record.

There is absolutely no doubt that the WHO has been slow to recommend concrete measures, which has negatively affected Canada's response to the virus. In fact, the WHO has gone above and beyond to congratulate and thank China for its response, which has been to mislead the world on the gravity of the virus. Taiwan, a country that effectively flattened the curve and contained the virus by proactively implementing enhanced border screening measures before China even admitted to having a new disease, is being completely ignored and disregarded by the WHO and Mr. Aylward particularly.

I want to highlight some of the evidence that proves the need to have the WHO attend as witnesses and answer questions, because the WHO's response has affected Canada's response.

First, the WHO stated that there was no clear evidence of human-to-human transmission. That statement was used to develop Canada's response in January. Fewer than 10 days later, the WHO announced that the virus was in fact spreading through humans, and yet it still kept the risk assessment for the world as moderate. In fact, Dr. Tam used Canada's legal obligation to the WHO as an excuse not to implement travel bans. She said that due to the fact that the WHO was not recommending travel bans, we could not do so for fear of being called out. Our government was more fearful of being called out by the WHO than protecting Canadians. This deserves clarification from both the WHO and Dr. Tam.

As the WHO continues to praise China's approach after announcing over 8,000 deaths, Taiwan is producing four million masks a day and providing them to front-line workers and consumers for their safety. Again, I remind Canadians that the WHO refuses to include or acknowledge Taiwan's approach. Why was China being listened to and Taiwan being ignored?

In late February, as cases continued to mount and the WHO continued to discourage travel restrictions, and as our government continued to listen only to the WHO, a group of Chinese Canadian doctors urged mandatory quarantine of Chinese travellers in order to contain the virus and not overwhelm Canada's health system. The government refused to listen and instead continued to fear being called out by the WHO.

It took until March 11 for the WHO to declare a global pandemic. Numerous countries across the world were already seeing a significant rise in cases and the death rate was growing. There was no doubt that the virus didn't respect borders, that it was spreading fast and that there was no cure.

In March, after Canadians were being told to stay home, after day cares and schools were shutting down across the country, and after millions of people started losing their jobs, the government admitted that it was now closing borders and implementing mandatory self-quarantine of travellers. Our government started going against the advice of the WHO, even though Dr. Tam had earlier suggested our legal duties to the WHO.

However, this is about Mr. Aylward and the WHO's refusal to attend our committee today. I'm sure there will be opportunity in the future and at the right time to investigate why this decision was suddenly made, but that's for another time. There is no doubt there are mounting questions about including Taiwan in the WHO, a subject that Mr. Aylward clearly does not want to discuss. There is no doubt there are mounting questions about the continued praise of China as evidence grows regarding China's transparency. There is no doubt there are mounting questions about the WHO's refusal to recommend enhanced border measures and the use of masks. There is no doubt there are mounting questions about what the WHO will recommend in the future. For example, just a few weeks ago, it mentioned the removal of people and families from their homes and quarantining them as a possible scenario.

• (1455)

That is why I strongly urge you and the clerk to ensure that Mr. Aylward make himself available and that, as a Canadian adviser to the WHO and a senior adviser to the director general of the WHO, he appear before our committee. We are studying the impacts of COVID-19 on Canada and the government's approach, and he should have answers to Canadians' questions. We have serious questions about the WHO's data and who is really making these decisions that are impacting Canadians. This committee is an opportunity to ask questions that are on the minds of Canadians, and we need to hear from relevant witnesses in order to do just that.

Thank you, Mr. Chair. I will cede the rest of my time.

The Chair: Matt, are you done?

Mr. Matt Jeneroux: Mr. Chair, I sure hope you were listening to at least my last comment, where I said I'd cede the rest of my time.

The Chair: I'm having some audio issues. My headset went dead.

Mr. Matt Jeneroux: How about I send you the written version?

The Chair: Okay, I heard most of it, but thank you.

We will go now to Dr. Jaczek.

Dr. Jaczek, you have six minutes. Go ahead, please.

Ms. Helena Jaczek (Markham—Stouffville, Lib.): Thank you very much, Mr. Chair. I will be trading my spot in the rotation with MP Van Bynen.

My questions and comments will be directed to Dr. Attaran.

First of all, Dr. Attaran, so you understand where I'm coming from, I was a local medical officer of health for some two decades here in Ontario and obviously coped with many outbreaks. Even during SARS, we were heavily involved in our health unit. The leadership we looked to at the time was, for sure, a provincial leadership in terms of public health response.

I think you can agree that with this pandemic we really are in an unprecedented situation. Clearly there is a need for a national coordination of public health responses. Thank you for being blunt. We are here as members of the committee to ensure that we listen to people such as you, take your good ideas and move forward in terms of incorporating some of those ideas in this truly unprecedented situation.

I want to ask you about the fact that the Government of Canada did enter into a multilateral information-sharing agreement with all provinces and territories in 2016, and that agreement did outline the public health information that must be shared with the federal government in the context of a public health emergency, which is clearly where we are now.

In your view, what types of challenges have been associated with that sharing of provincial and territorial public health information with the federal government? Could you give us some specific areas where you see that the agreement might need to be tightened up?

• (1500)

Prof. Amir Attaran: Doctor, thank you for your question. I'll be blunt with you back. That agreement should be torn up and replaced with a law, because it's a voluntary agreement that took a million years to negotiate after SARS.

I don't agree with your point of view that this is a unique situation. SARS was very close to being this, and after SARS, the federal government did a lessons learned study late in 2003, which said that if the provinces and federal government could not come to an agreement that was effective on information sharing, then Parliament should legislate. That was 2003. The information-sharing agreement you're speaking of came 13 years later, much too leisurely, and it still isn't legally binding.

When you have provinces that are slow to deliver information about the epidemic to the federal government, or do so incompletely or do so in formats that are not compatible with the others, making apples-to-apples comparisons impossible to do, this is frankly unacceptable, and it has gone on way too long since SARS. That information-sharing agreement is pretty words. It has not functioned during this epidemic. There are data possessed by the federal government that are not being given to independent scientists to work with. For instance, when PHAC places in the database a case of a person being hospitalized or a case of a person testing positive for COVID, there's no data released about which province that comes from. The province of origin is censored by PHAC.

What that means is that it's impossible for scientists to perform analyses that point you to the hot spots. Of course, in an epidemic, it's the hot spots that matter, but if PHAC is going to be slow sharing information from the provinces and then censor it so as to eliminate any evidence of hot spots, frankly this is, with the greatest of respect, incompetent and it should not be the case in a country as advanced as Canada. I see exquisite location data in the datasets of other countries, such as Singapore, but for Canada it's not there.

Ms. Helena Jaczek: Thank you.

Are there other areas apart from data collection where you have seen the need for greater consistency nationally? I believe you have alluded to self-assessment tools, which might lead to different medical guidance if they vary from province to province, or territory to territory. Could you elaborate a little on that?

Prof. Amir Attaran: Doctor, thanks for the question. You're referring to a study that we released last week with my Ph.D. student Brienne Olibris.

As you know, each of the 10 provinces has a self-assessment tool on its health website, which basically asks Canadians, "Do you have a fever? Do you have difficulty breathing? Have you been travelling?", a variety of questions like that. Depending on what the person inputs into this website, each province has its own... They're all different. The person may be told they're in big trouble and to call 911 right away, or they may be told to stay at home or they may be told to call their family doctor. It depends, province by province.

We did a comparison of all 10 provinces. You'd like to see they're all giving the same medical information, because for certain things there's really only one medically correct answer. What you get is that this is not the case at all. Each province has created an assessment tool that doesn't match the other provinces. None of them match the official case definition of COVID from the Public Health Agency or the World Health Organization. This is just incompetent. I don't have a polite word for it.

The right way for the country to be doing this is to have a single health assessment tool that representatives of the provinces can agree on and the Public Health Agency of Canada can offer.

• (1505)

[Translation]

It must be available in both official languages, because it is important that it be offered to Quebecers as well.

[English]

Then this tool can be used by all provinces. We haven't done that. We're terribly disunited, and in some cases that disuniting is probably killing people. In a few provinces, if you use their self-assessment tool and you say you have a headache, the provinces tell you that it's not a COVID symptom, but of course headache is a COVID symptom. In some provinces people are receiving medically incorrect information about the disease, and that could really kill them. It's not something that should be happening.

Ms. Helena Jaczek: Thank you, Dr. Attaran.

Do I have any time, Mr. Chair? I'll just carry on, then.

In terms of epidemic curves in each province, have you looked at the different types of course that we see across the country? Ignoring for now your concerns related to consistency—

The Chair: I'm sorry, Dr. Jaczek. I apologize. My mike was on mute and I cut you off already. You're well over time.

Ms. Helena Jaczek: Thank you.

[Translation]

The Chair: We go now to Mr. Perron.

You have six minutes.

Mr. Yves Perron: Thank you, Mr. Chair.

Good afternoon, everyone. I am pleased to meet you.

I would like to thank the witnesses who are here to enlighten us, especially Mr. Attaran, who brings a different vision and information that speaks to the concerns of many people.

As the agriculture and agri-food critic, I want to talk about temporary foreign workers and particularly about how the quarantine was planned by the federal government. This responsibility was offloaded onto the backs of the provinces and Quebec. I consider quarantines to be a matter of public safety. They involve people coming into the country, so it is a federal responsibility. We can all agree that these workers are very important, that they are welcome and that they are essential to our food security.

I will direct my question to the officials from the Department of Agriculture and Agri-Food, the Department of Citizenship and Immigration and, if Mr. Massé has not returned, to Ms. Cosgrove of the Department of Employment and Social Development.

Do you really believe that the way it was decided this week to manage quarantines and to delegate all this responsibility to the provinces and to Quebec, as well as to the private organizations that have been organizing the arrival of the temporary foreign workers for a very long time, is the best way? These entities have experience in recruiting workers, not in quarantines. Many housing and transportation issues will vary greatly from one place to another, as will the temptation to work in certain communities. We MPs are connected to those communities, and people call us and tell us their concerns.

Do you think that is the best way to do it? Why did you not decide to centralize quarantines as a service to the farmers? They have enough on their shoulders.

Mr. Matt de Vlieger: Mr. Chair, I can begin, and if my colleagues wish to add anything, I invite them to do so.

Mr. Perron, thank you for your question.

[*English*]

The question is a little bit about the roles and responsibilities. I'll say something with respect to the temporary foreign worker program generally, and specifically about the measures that have been put in place for seasonal agricultural workers.

This is work that has been done in close collaboration across orders of government, both in terms of immigration ministries and public safety ministries, but also agriculture and employment or labour ministries at the federal level with provincial counterparts, discussing, certainly from a public health perspective, how to coordinate in making sure there is alignment with respect to measures for self-isolation and quarantine.

You are right to indicate that at the border that is a Government of Canada responsibility. In fact, it starts before the border. It starts, for those travelling from overseas in the air mode, with our Transport Canada colleagues, who have protocols in place for the screening of travellers when they get on an airplane. With the advice of the Public Health Agency, informed by WHO, advice for screening of those persons so that people who are symptomatic are not—

• (1510)

[*Translation*]

Mr. Yves Perron: Forgive me for interrupting you, Mr. de Vlieger. You just mentioned that it is a federal responsibility when people enter the country.

Based on what Mr. Attaran said earlier about the importance of having uniform measures, do you not think it would be justified for the federal government to manage quarantines from A to Z and send the workers to the regions only after the quarantines are over?

I do not know how it works in the other provinces, but right now in Quebec, every region is in lockdown. It is forbidden to move from region to region. We are living in a surreal world where hundreds of people started arriving over the weekend and are scattered across Quebec with little to no quarantine control.

Mr. Matt de Vlieger: I thank you once again.

[*English*]

I can take it further into the jurisdiction. When foreign nationals are entering Canada, and for that period of self-isolation, the quarantine period of 14 days, that's where new orders are in place under the Quarantine Act, under federal legislation. It's under the Quarantine Act, and then the measures that I described from an immigration perspective, which apply not just to the foreign nationals but also to their employers during that 14-day period, so that the self-isolation protocols are enforced and the compliance is done on those.

You spoke earlier about transportation and how centres of quarantine happen. Perhaps my colleague from Employment and Social Development might be able to comment on some of those measures in place that handle the transit—

[*Translation*]

Mr. Yves Perron: Mr. de Vlieger, we have measures requiring every employer to have housing with plenty of space for people to keep a distance, and that every common area be disinfected at least daily, but we think it is unreasonable to put that on the backs of farmers and private organizations.

Mr. Matt de Vlieger: I think my colleague from Agriculture and Agri-Food can speak to the new measures and the funding announced yesterday for employers.

Mr. Jurgutis, could you answer the question?

Mr. Steven Jurgutis: Yes, I might simply add, as I mentioned earlier, that funds are available and they will be shared among all employers so that the necessary measures can be implemented.

We are also in contact with organizations that arrange transportation and housing and, in Quebec, with the UPA, the MAPAQ and the Quebec government to find a solution together to help them in this regard.

Mr. Yves Perron: Isn't it unreasonable for this step not to be handled from A to Z?

The Chair: Thank you, Mr. Perron.

[*English*]

Mr. Davies, I see that Mr. Massé has rejoined us. I'd like to give him an opportunity to do his presentation, if that's okay, before your round.

Mr. Don Davies: Of course.

The Chair: Mr. Massé, would you like to take a couple of minutes to do your presentation?

Mr. Philippe Massé: Yes. You have my apologies for the technical problems.

• (1515)

[*Translation*]

Can you hear me properly?

[*English*]

The Chair: Yes, go ahead.

Mr. Philippe Massé: As I was saying, I'm joined by my colleague Tara Cosgrove, from the integrity services branch at Service Canada.

[*Translation*]

As mentioned earlier, when it comes to food security, the government recognizes that the agriculture, food and fish processing sectors play a vital role. That is one of the reasons that the government exempted these workers from the travel ban that was enacted in response to the pandemic.

Approximately 50,000 to 60,000 foreign workers come to Canada each year to support these sectors, accounting for more than 60% of all the foreign workers entering Canada under the program.

We have also taken steps to reduce the administrative burden for these employers and we are processing their applications on a priority basis.

[*English*]

I think folks have already talked about some of the measures that are being put in place to ensure the health and safety of Canadians, as well as the safety of the workers, and to prevent the virus. I won't go over some of the requirements around accommodations. I think the member previously outlined some of those.

I've noted some of the questions regarding the approach that's been taken to date.

Currently, we're following the advice of public health officials. We certainly have actively sought guidance from them, and we're continuing to communicate with employers and other stakeholders to provide them with information and assistance. We've developed and shared guidance to employers to make clear their roles and responsibilities. The Minister of Health and the Minister of Employment, Workforce Development and Disability Inclusion have sent correspondence to employers to outline expectations, and we have posted a series of FAQs online, which will be updated on a regular basis.

As outlined by my colleague Matt earlier on, these measures would be complemented by a strengthened regulatory compliance regime for employers, including monetary penalties for non-compliance. A non-compliant employer could be banned from hiring workers in the future, depending on the circumstance. We will look to enforce compliance and ensure that employers respect new requirements through timely inspections. In addition, individuals who observe suspected non-compliance will be able to report through an online portal or a confidential tip line. The department is finalizing its approach to these inspections and will communicate it in the coming days.

We're going to continue to have proactive communications and engagement with all stakeholders. It's expected that most employers will understand and comply with the requirements related to the spread of COVID. Through these discussions, it's been evident that everyone shares a common objective: to keep everyone in Canada, including foreign workers, safe and healthy. Through our collective efforts, we continue to ensure that the sector has access to labour, to ensure food security for Canadians.

This is a rapidly moving situation. We're adjusting, according to the advice of the Public Health Agency, as it goes along. If new requirements are felt to be needed to be put in place, then we would continue to adjust and work proactively with stakeholders to best address the emerging issues.

Thank you.

The Chair: Thank you, Mr. Massé.

We will continue our first round with Mr. Davies.

Go ahead, Mr. Davies, for six minutes.

Mr. Don Davies: Thank you, Mr. Chair.

Thank you to all the witnesses for being here.

Dr. Attaran, last week the federal government supposedly released its modelling to Canadians. I want to quote your words. You said that Dr. Tam produced a so-called epidemiological model last week that was extremely scientifically "incomplete" and wrong. I'd like to ask you about that. Could you explain your comments to the committee, please?

Prof. Amir Attaran: Sure. My comments are in the context of the strategy I presented, which is that the only way to go forward from here is to carve one giant wave that will just bury us into a number of wavelets that are much smaller. That's what we're going to have to do as a country.

What Dr. Tam's model, the PHAC model, got fatally wrong was to present that this would not necessarily be the case, that there would be no deliberate carving up like this.

By the way, in the model she presented, she was very secretive, because she didn't disclose the methodology, she didn't disclose the data that went into the model and she didn't disclose the mathematical assumptions behind the model. All she presented was the results. That's not how real scientists work.

The models she presented portrayed that if we managed a high degree of social isolation, no more than 10% of the Canadian population would ever become infected with the virus, and then the epidemic would peter away on its own by the fall. This is absolutely, positively wrong, and it's wrong for the reasons that I explained in my opening: Nearly all of us, probably 99% or something like that, have not met the virus and have not developed immunity to it, so if you open up, a very large percentage of us are going to get the virus, not just the 10% of PHAC's estimation.

There is a mathematical model that I wish to share with you—and by the way, the final version of it has gone on the website while we've been talking. That mathematical model comes from scientists at the University of California, Berkeley; the University of California, San Francisco; Imperial College London; the London School of Hygiene & Tropical Medicine, and me at the University of Ottawa. What that model says is that, when you release social distancing, when you release the isolation, you will get another big climb that you must manage so it doesn't explode. That's what I mean by having a little curvelet, and you'll have subsequent curvelets after that.

This is something that has to play out until not just 10% of Canada's population has been exposed. It doesn't peter away automatically like that, as PHAC seems to suggest. It's going to be somewhere around half the population that has to be exposed, perhaps more.

• (1520)

Mr. Don Davies: Okay, Dr. Attaran, I'd like to jump in there.

You've made some pretty strong comments. To use your words, speaking about Minister Hajdu and Dr. Tam, you said, "Worse, they are concealing data and interfering with outside scientists solving the problem", and you also stated that "the Public Health Agency of Canada censors the data before it's disclosed to scientists".

I want to ask you a question about the office of the chief science adviser of Canada, which was established by the Trudeau government in 2017. It says on their website, "The Office of the Chief Science Advisor of Canada is committed to ensuring that government science is fully available to the public." In your view, is the government meeting that commitment, and have we heard anything from the chief science adviser of Canada to date on COVID-19?

Prof. Amir Attaran: Oh, goodness, no. The chief science adviser of Canada is Dr. Mona Nemer. She has been almost completely missing in action. I think probably most members of the committee don't even know that Canada has a chief science adviser, but it does.

If you look at her website, the last statement she made publicly, the last official statement, was in August of last year. She hasn't said much of anything on COVID, and to me it shows a great deal of what's wrong with the treatment of science in government that there's a chief science adviser we haven't heard of and who hasn't been active on this matter.

Now, it goes beyond that, Mr. Davies. The problem at the Public Health Agency of Canada is that Dr. Tam is not really independent. I reviewed the documents that the government disclosed to this committee. I believe you got them about a week ago. Is that right?

I've reviewed them, and what I see is that on February 3 and February 10 of this year, there were teleconferences between all the federal, provincial and territorial health ministers, but Dr. Tam's comments were scripted for her. She was not able to speak as an independent public health officer, and that is just wrong.

One of the things that were scripted for her was to say that the level of risk within Canada is low. That was in the February 3 set of talking points.

Mr. Don Davies: Dr. Attaran, I'm just going to squeeze in one last quick question here before my time is up.

On March 27, in Maclean's, you said this:

[S]ome provinces are sabotaging social distancing for their pet industries. Ontario has declared all manufacturing and construction is essential, as if all goods are in equal demand and quarantined Ontarians cannot live without home renovations. Alberta considers the oil sands essential...and tens of thousands of employees from across Canada are stuffed into work camps that are superb incubators for acquiring and then dispersing infection and death to every corner of this country.

You also said, "We can lock down half-heartedly and wait months for that, or we can do it ferociously and punch through in a couple weeks".

I've heard you talk about the need for us to have national data collection and sharing. Is it your view that the federal government should invoke its powers under the Emergencies Act so that we can have national data collection and national standards on quarantine and social distancing?

• (1525)

Prof. Amir Attaran: Well, yes.

First, here is the good news: We probably have, as a country, crested on the number of infections. That is something our model presents, the one that I sought to place before the committee today. But that doesn't mean we're over it.

As I said, this is a very long process, because we all have to come out of isolation now. For us to do that safely, absolutely you should use emergency powers. Whether it's under the Emergencies Act or whether it's a private member's bill under the emergency and quarantine power—I don't care how you do it—it forces more epidemiological information to be shared and made public.

Each step in reopening must be carefully planned. The metaphor is that you are behind a barricade from a very deadly threat outside. Do you just fling open the door and stroll right out? No. You plan how you're going to do it. To plan it well, you want scientific guidance on when and how: how many people in what parts of the country can reinsert themselves into day-to-day life.

If you follow a staged re-entry plan, you will find that the economy is going faster and deaths are fewer. However, scientists are unable to make this without transparent data. If you have to use the Emergencies Act for that, or separate emergency legislation, do it by yesterday. It is beyond urgent, or we just cannot help you get the best plan to safety out there and worked on.

The Chair: Thank you, Mr. Davies. That brings our first round to a close.

We start our second round now with Mr. Albas.

Mr. Albas, you have five minutes, please. Go ahead.

Mr. Dan Albas (Central Okanagan—Similkameen—Nicola, CPC): Thank you, Mr. Chair.

I'd like to thank all of our witnesses for their expertise, their presence here and the work they do for Canadians.

I would first like to start by questioning ESDC. Are you continuing to process labour market impact assessments at this time?

Mr. Philippe Massé: Thank you for the question.

The quick answer is yes, with the lifting of the travel ban. All temporary foreign workers were exempted from that travel ban, so we are accepting applications for all sectors at this moment.

That being said, we are prioritizing those in the agriculture and agri-food sector, and we're examining the impact, of course, of the current labour market situation on how new applications are going to be assessed.

Mr. Dan Albas: Besides seasonal agricultural workers or temporary foreign workers for the ag stream, in what other kinds of industries are you continuing to process LMIA's?

Mr. Philippe Massé: I don't have recent figures, unfortunately, in terms of the intake we've had since—

Mr. Dan Albas: Can I ask you to please submit that to the committee?

Mr. Philippe Massé: Absolutely, we can.

Mr. Dan Albas: Thank you.

My next question is on the announcement of \$1,500 per worker for the purposes of quarantine. I want to say that I agree with the member from the Bloc Québécois that this is a federal responsibility. In my area in West Kelowna we've seen an outbreak at a well-respected local nursery. I believe that if we had tighter border controls to watch out for this and if we had these kinds of rules quite a while ago, we probably would have been able to avoid the damage to that business and to the local economy.

I would simply just ask the question. Originally, when the Prime Minister discussed this and the minister had first put this out, it was going to be for quarantining specifically when people first came into the country. Now it sounds like it's going to be a \$1,500 subsidy and there may not be transparency as to whether or not the full amount of time has gone or whether it happens immediately at the border. Could you please explain?

• (1530)

Mr. Steven Jurgutis: There are a couple of things.

Right now, we're still in the process of finalizing the details of the program, but the intention is that there will be \$1,500 per worker.

However, one of the requirements to receive the funding is that employers are not found to have been in contravention of the quarantine requirements. In other words, if an employer is found at some point to not have followed the quarantine requirements cur-

rently in place, they will not have access to the funding. That will happen—

Mr. Dan Albas: Wait a second here.

Again, in regard to the \$1,500, it's for a very specific purpose: to quarantine. Are you saying that we're expecting employers to just simply...? From my understanding, the whole measure was to ensure public safety. Who will be monitoring that this actually happens and that the full 14 days are followed?

Mr. Steven Jurgutis: I might leave it to one of my colleagues to talk a little more about the enforcement portion of that.

I would just reiterate that the \$1,500 that is available per worker is to help with additional costs. That would include salary as well as quarantine provisions for that two-week period.

Mr. Dan Albas: You just mentioned that this is to help with costs. Are any of your departments, whether it be Agriculture or ESDC, concerned that right now we have millions of Canadians who are unemployed? I have young people who are coming into the workforce and there are no jobs for them, yet we are essentially giving a \$1,500 subsidy that lowers the cost for someone to utilize a seasonal agricultural worker, a temporary foreign worker, versus a Canadian who is without work.

Are you concerned about what signal that is sending to the Canadian people who are without a job at this time?

Mr. Steven Jurgutis: I can start with a response to that, as well.

Within the domain of agriculture, it has been proven necessary over quite a number of years that temporary foreign workers are required. This year, even with these additional provisions in place, it's certainly not going to be possible to get in all the temporary foreign workers who would be required within agriculture.

Therefore, we are looking at other initiatives, as well, and working with provinces and territories—

Mr. Dan Albas: I raise this, sir, because the reality is that we have millions of Canadians who are without work. In your specific testimony earlier, in your opening statement, you started bringing up last year's numbers. When it comes to labour markets, last year and this year are like night and day.

I would go back to Mr. Massé.

Mr. Massé, you said that you're still processing LMIA's right now. Why would we be processing LMIA's right now that are based on information that is completely out of date? We have millions of Canadians without jobs. Why would your department continue to process those at this time?

Mr. Philippe Massé: As I mentioned, the travel ban did not restrict foreign workers entering the country to only agriculture. It's open to everyone. Of course, the labour market has changed. Our assessment process includes checks for the labour market situations. Employers must demonstrate that there's a genuine need, that they can genuinely fill that need.

In some occupations, there are specialized skills that Canada does not have, even in the context of—

Mr. Dan Albas: Instead of processing these applications, why is your department not immediately phoning employers who right now need cash and saying, “The labour force survey we just did and the unemployment numbers have made this LMIA moot. Do you still need this position? Can we connect you with a Canadian who has recently applied for EI to be able to fill these positions?”

Why are you not doing that?

Mr. Philippe Massé: As I said, we're adjusting to the current situation and responding to a number of pressures. This is something we're looking into in terms of how we manage intake into the program going forward.

As I mentioned, the decision didn't restrain employers from applying. We're assessing how we can better address those situations, and I take your pointed suggestion about more proactively reaching out to connect to Canadians as well. It's already part of our assessment. The employers must demonstrate how they connected with, in particular, under-represented groups.

• (1535)

Mr. Dan Albas: I believe that most people—

The Chair: Thank you, Mr. Albas.

Mr. Dan Albas: —are going to work very hard to be able to meet quarantine.

The Chair: Mr. Albas.

Mr. Dan Albas: Sir, could I just finish this question?

The Chair: You're already a minute and a half over. Be very quick.

Mr. Dan Albas: Okay.

We have ESDC guidelines for quarantine. Let's say the workers have gone through quarantine and are happily working on the farm, but when they go to get groceries, they contract the virus. Who is responsible now for overseeing that particular issue if there is a community outbreak, such as what has happened in West Kelowna? Will it be the provincial government or the federal government that will have to take responsibility for the situation?

Mr. Philippe Massé: The federal responsibility for health requirements as it applies to foreign workers or foreign nationals covers the two-week quarantine period. After the two-week period, it's the responsibility of local public health officials.

Mr. Dan Albas: So in terms of people getting sick—

The Chair: Mr. Albas, no more questions, please. You're already three and a half minutes over.

Mr. Dan Albas: Thank you, Mr. Chair.

The Chair: Thank you, Mr. Albas.

We will go now to Ms. Sidhu.

Ms. Sidhu, you have five minutes. Please go ahead.

Ms. Sonia Sidhu (Brampton South, Lib.): Thank you, panel, for providing all this important information.

I just want to let you know that this is the first government that has had the Prime Minister give a mandate letter to the ministers to set out their responsibilities. According to the mandate letter to the health minister, which I was just reading, the responsibility is to “lead the Government's work to strengthen public health care”. I know this is a very tough time. We all know that we have to work together, and the Prime Minister said in the mandate letter to the Minister of Health to work with all the ministers.

Before I go there, I just want to tell Mr. Attaran that I was pleased to see our chief science adviser on CBC earlier this month. Dr. Mona Nemer has been instrumental in developing the COVID-19 expert panel on the COVID-19 problems we are all going through.

I want to ask CIHR a question. On March 6, \$25 million was given to research, and \$275 million in addition. How far are we advancing the vaccine, and how are our scientists, our researchers working with the international community? Are they participating and collaborating with the international community?

I just want to ask Dr. Strong or ISED or anyone to give me an update.

Dr. Michael Strong: Thank you very much to the honourable member. That is an excellent question.

Right off the top, one of the initiatives that we've been doing throughout the course of all this has been a highly integrated approach across various ministries to deal with this, specifically in working very closely with ISED as well as NRC in the area of vaccine development. Canada has world-leading expertise within the National Research Council on the development of vaccines and scaling up, so much of the \$275 million in funding that you saw released by the government was really toward developing the industrial response so that Canada would have the capacity to provide therapeutics when and if they are available, specifically in the area of vaccines. I'll come back to that in just a second.

With respect to the funding that went out into the rapid response program, it was across a broad range of research approaches that were informed by our international colleagues. We continue to be aware and interlinked on the international front with initiatives being brought forward. For instance, to return to the core of your question on the vaccines, there are a number of different vaccines and different approaches that are available worldwide and are being looked at, at this moment. As we begin to look at scaling up for the ones that are the most promising in trials, we will be part of international consortia on those, with the ability to actually produce them in Canada.

• (1540)

Ms. Sonia Sidhu: Thank you.

Over the weekend—

Prof. Amir Attaran: Sorry, since a remark was addressed to me, could I please answer, Mr. Chair?

Ms. Sonia Sidhu: Just after that.... I just want to ask this question. Over the weekend, Spartan Bioscience's portable test kit, Spartan Cube, was approved by Health Canada. How do you think this rapid testing will help flatten the curve?

Dr. Michael Strong: That's an initiative that received considerable funding over the course of years to develop that technique, and they were able to rapidly tool it forward. Particularly as we start to talk about this issue of how to reopen the communities after we come through this first wave, there's no doubt that direct testing in rapid timelines is going to be critical so that we know what the load is within the environment as we begin to release the social-distancing component. It's a very important advance for us to be able to do that in the half-hour that this testing comes forward with.

There are several other initiatives also being funded to do exactly the same thing but by different avenues, so that we have it covered.

It's a very important advance that will be of assistance to us, particularly as we start to come out of this.

Ms. Sonia Sidhu: Thank you.

Prof. Amir Attaran: I would like to answer, because my name was used and a comment was made.

The Chair: Dr. Attaran, it's Ms. Sidhu's time. It's up to her to use it as she pleases.

Prof. Amir Attaran: Sure, Mr. Chair, but I did hear a comment addressed to me. If my name is going to be used, I do feel the need to respond.

Ms. Sonia Sidhu: You can give an answer. I just want to say, the mandate letter to the minister is the responsibilities, and this is the first government to declare that. It's the responsibilities in terms of how the minister can work and lead the government to work to strengthen public health.

This is a pandemic situation. We are all going through a very tough situation and we all have to work together. We have to find the solution. I know we start early in terms of the government response to COVID-19, and today we are seeing our researchers and seeing what more we can do to bend the curve or to plank the curve.

That is just my two cents. You can give any advice on that, too.

Prof. Amir Attaran: Thank you.

My advice is going to be let's not try to be dishonest about the past. It has not been a priority of any Canadian government—and I say this equally of Conservative or Liberal governments—to prepare for pandemics. After SARS, we had a very clear warning and we had a national study on lessons learned. Nearly all the recommendations from that report weren't implemented.

With respect to the mandate letters, no, it is actually not correct that any of the—

Ms. Sonia Sidhu: Mr. Attaran—

Prof. Amir Attaran: —mandate letters mention pandemic preparedness at all.

Ms. Sonia Sidhu: Mr. Attaran, this is not a partisan issue. How can we plank the curve? Can we work together and see whether the

vaccines are working and that type of thing? Can the CIHR do more for public research, for PPE? Can you give advice on that?

The Chair: Ms. Sidhu, I'm going to cut you off there. You're well over time.

Ms. Sonia Sidhu: Thank you.

The Chair: We'll go to Ms. Rempel Garner.

Ms. Rempel Garner, please go ahead. You have five minutes.

Hon. Michelle Rempel Garner (Calgary Nose Hill, CPC): All my questions are directed to Mitch Davies, the representative that the Department of Industry has designated to answer our questions today.

Mr. Davies, as you can imagine, many Canadians are wondering how their lives can get back to some level of normalcy. Has the government or any official internal to your department directed your department to prepare or participate in any type of formally structured, federal government-led national economic relaunch strategy that includes staged and safe lifting of mass isolation measures?

Mr. Mitch Davies: In addition to the work I referenced in my opening comments in terms of moving Canada's industrial capacity to address the immediate needs to produce critical equipment, it's also important, obviously, that we look to when the economy is going to return and what conditions will be required. Again, those matters are under the care or responsibility of the public health experts, but certainly there are areas where innovation, technology and the deployment of the right responses—

• (1545)

Hon. Michelle Rempel Garner: Mr. Davies, I have a very short period of time. My specific question was this: Have you been directed to participate in a formal strategy to relaunch the economy?

Many other countries already have that type of panel put together, and today the Prime Minister wasn't clear on his answer. Therefore, I wonder if the government or any department official internal to your department has directed your department to begin work on a formal framework for this.

Mr. Mitch Davies: We, in our department, are working with the Department of Finance, which is—

The Chair: Mr. Davies, I'm not hearing you. I'm wondering if you're speaking loudly enough.

Mr. Mitch Davies: It was working. Can you hear me now?

Hon. Michelle Rempel Garner: I can hear him, Mr. Chair.

The Chair: Oh, thanks very much.

Mr. Mitch Davies: My apologies.

I was just providing the answer that in the department we are working with the Department of Finance, with the Department of Health, with the Public Health Agency of Canada in looking into the issue that's been raised by the honourable member, which is obviously recovery and return to work. We are working jointly with those departments on the strategies that will get us forward into that—

Hon. Michelle Rempel Garner: Is there a formal framework for this that the committee could review?

Mr. Mitch Davies: Mr. Chair, I do not have a formal document or a framework that I would introduce at this time. It is a conversation that is—

Hon. Michelle Rempel Garner: Thank you.

Mr. Mitch Davies: —very much ongoing in the Government of Canada.

Hon. Michelle Rempel Garner: Thank you.

I'll now ask some questions with regard to a National Post article that reported that the federal government is undertaking efforts to assist provinces in preparing contact tracing systems related to COVID-19.

Has the government or any official internal to your department directed your department to prepare advice to the government on potential privacy issues related to utilizing individual testing data and contact tracing as part of a strategy to begin lifting mass isolation measures?

Mr. Mitch Davies: Mr. Chair, I'm not familiar personally with any specific information related to the question raised by the honourable member. It could also be a question posed to the Public Health Agency of Canada or Health Canada in respect of health data of Canadians, which is not a matter under our direct responsibility.

Hon. Michelle Rempel Garner: Your department actually has responsibility for managing PIPEDA, and as such, oversight of the Privacy Commissioner, so I'll ask. Has the government or any official internal to your department directed your department to prepare advice to the government on how to mitigate potential privacy issues related to using cellphone location data as part of a COVID-19 contact tracing system?

Mr. Mitch Davies: Mr. Chair, I would take the question of the honourable member on advisement and return with information to the committee to answer the question. It's not an area in my responsibility, working in charge of the industry sector, that I have a direct awareness of, or information.

I could provide the information and follow up with the committee.

Hon. Michelle Rempel Garner: Okay, you are the member who has been provided by the industry committee to answer our questions, and there is a lot of concern in the public about this right now.

Has the government or any official internal to your department directed your department to work with any private sector technolo-

gy providers to assist in developing COVID-19 contact tracing systems. If so, has the department directed you or anyone else to begin negotiating the terms of individual data usage with these companies?

Mr. Mitch Davies: I am aware of a number of companies and offers from the private sector, from the non-profit sector, to assist the government, particularly in the area of supporting the use of data in contact tracing. There are actually offers that are already available through the private sector with anonymized data in that regard. That is my awareness of the question.

If there were specifics on any legal or other policy work that relates to the question raised by the member, we'd be pleased to provide that information. I apologize that I don't have that at hand.

Hon. Michelle Rempel Garner: I'm just wondering how you can be aware that the government is working with private sector entities to develop contact tracing methodology that uses individual data, yet not be prepared to come to committee to answer whether the government has directed you to start to address privacy issues or come up with mitigation strategies related to privacy issues that might be related to that type of work. It just seems odd to me.

Mr. Mitch Davies: I am in charge of the industry sector in the department. I don't have responsibility in my group for the framework legislation, for PIPEDA, for the specific matter that's been raised by the honourable member. I obviously will endeavour to take that question back to our department to ensure that it's properly addressed.

● (1550)

Hon. Michelle Rempel Garner: Are you aware of any work that your department might have done, any advice that's been provided to the government with regard to how to mitigate violations of individual privacy in a contact-tracing scenario?

The Chair: Ms. Rempel Garner, thank you—

Hon. Michelle Rempel Garner: I'd just like the end of my question. Everyone else got the end of their question.

The Chair: You're a minute and a half over.

Hon. Michelle Rempel Garner: No, that was the stall for a technical issue. I am timing it.

Mr. Mitch Davies: Mr. Chair—

Hon. Michelle Rempel Garner: Whatever. You can cut me off. That's fine.

Mr. Mitch Davies: Mr. Chair, I appreciate the question and the importance of the question and I apologize for not having the specific area of responsibility whereby I could provide more information, but I certainly will endeavour to ensure that it is provided as a follow-up to the committee.

Thank you.

Hon. Michelle Rempel Garner: Thank you.

The Chair: Thank you, Ms. Rempel Garner.

We go now to Dr. Powlowski.

Go ahead, Dr. Powlowski, for five minutes, please.

Mr. Marcus Powlowski (Thunder Bay—Rainy River, Lib.): Thank you.

I have a couple of things in response to Matt Jeneroux's point about the WHO not showing up. I too share the disappointment that it didn't happen, although perhaps for different reasons, and I hope maybe we can reschedule.

As to Dr. Attaran's comments and his urging us to enact urgent legislation requiring the province and the federal government to share data information and make that information transparent, I think it was well said and a point well taken. I hope we can get your modelling as soon as possible, and perhaps we can ask you at a later date to appear again before the committee after we look at that modelling.

My questions are really to Dr. Strong and the Canadian Institutes for Health Research.

You did admirably well in making this contest and opening it to academics across the country in order to come up with proposals for projects related to COVID-19. I think they were given eight days. It was phenomenal that you were able to get that done so quickly, and now all these proposals have come in.

I see they concentrate on certain themes. I think there are some 13 different projects looking at rapid diagnostic kits and there are a whole bunch looking at protease inhibitors as a form of treatment. There are a whole bunch of groups, each taking a different approach, so it's like you're funding a bunch of horses in a horse race. It seems to me that's the way that science is generally done. It's a kind of competition, and the first horse getting across the line wins. Obviously, here it would be advantageous for the different groups to co-operate. We don't care which horse wins; we just want one of the horses to get across the line first—again that might require some co-operation—and speed up the process of science, because I think the process of science is, by its nature, a little slow. You do studies and you have those studies published and the information is disseminated to the scientific community. They go to conferences, and this generates more studies. It all takes time, and again, we don't have a lot of time.

For example, with the rapid diagnostic test kits, I would imagine there are a bunch of hurdles that are required for any group trying to come up with such kits. One group may be able to get over that first hurdle rather easily but stall on the second and third hurdle, whereas another group may stall on the first hurdle but be able to get over the second and third hurdles fairly quickly, so it would be useful to require those different groups to share the information.

There was some mention of real-time sharing among some of the organizations. Maybe you could tell us a bit more about how you're trying to get those different groups to coordinate and share their knowledge to try to get us to the end point as soon as possible.

Dr. Michael Strong: I thank the hon. member for the question. It's indeed quite timely. We've already begun the process of which he speaks.

It is quite accurate that it would be nice to have the first one over the line. I don't care what horse it is, but we want to make sure that everybody is pushing their horses together to get across, so we have developed a number of knowledge translation venues. We have already done two of these, bringing together, in a virtual manner like this, those teams to have these discussions about where they are in this research. They had to do this as part of their grants.

Very important to us also is to know where the hurdles are, and the way you've described them is very apropos. Where are the hurdles they are running into or that are slowing the process down, and what can we, as the CIHR, do to help move the process along and further it?

It is happening very much in real time. As you say, it is a different way to do research as an investigator. We are forcing the sharing of data in real time and we are forcing modifications to be made in real time, based on that sharing.

I hope that answers your question.

● (1555)

Mr. Marcus Powlowski: Yes. That was good.

The other thing is this. In the process of a bunch of different groups looking at, for example, a protease inhibitor as a possible form of treatment, I think that in the normal course of things, this may lead to someone patenting the medication. Then when it's on the market, obviously there are restrictions on the use of the product, because it's under patent. Will anything that comes out of this research be subject to normal rules of patent? Is there some way that we can guarantee that this is for the benefit of all Canadians?

Dr. Michael Strong: Thank you very much for the question. It's an important one. It's actually a worldwide question as well, because there are over 400 different studies going on in the world right now, looking at a whole variety of things.

Let's take your example of a protease inhibitor. If it is shown to have efficacy, the way that these studies have been designed and the way the funding has moved forward mean that this would move forward rapidly to scale up without having to worry about the IP protection component in there.

Obviously at some point down the road, yes, there's going to have to be a conversation around that, but not in the midst of a pandemic. We are looking very carefully and critically with our governmental partners right now at what this next phase will look like, because what we have funded through the first phase will identify these extremely promising candidates. Now we need to move to the next phase. That's where the work is happening as we speak.

The Chair: Dr. Powlowski, thank you.

We now go to Mr. Perron.

[*Translation*]

Mr. Perron, you have the floor for two and a half minutes.

Mr. Yves Perron: Thank you very much.

I would like to come back to the temporary foreign workers. There is no question of not letting them in, since they are essential, experienced and efficient workers. The goal is to properly manage their arrival. I would like to hear from Mr. Attaran on that.

At a time when strict lockdown measures are being imposed in Quebec's regions, some housing and infrastructure are not suitable for quarantine, and surreal fines are being given out—even threats of prison—and they encourage turning people in. In addition, all this is being blamed on farmers.

Do you think this is the right way to do it and this is safe? Do you not think that the federal government should manage the quarantine from start to finish?

Prof. Amir Attaran: Could you repeat your question, please? I lost audio for five seconds.

Mr. Yves Perron: Okay.

[English]

The Chair: Thank you, Dr. Attaran.

Mr. Perron, if you could please do the question again, I'll start your clock over. There's a problem with translation.

[Translation]

Mr. Yves Perron: Mr. Attaran, I am going to refocus the debate on how essential temporary foreign workers are to our food security. They are experienced and efficient workers we absolutely need. It is not a question of whether or not we should let them in, it is a question of letting them in properly and in a well-regulated manner.

Earlier, I raised public safety concerns about offloading the quarantine onto the backs of farmers and private businesses, which have poorly adapted infrastructure and lack the experience to do it. In addition, the government is threatening fines and even imprisonment, and it is encouraging people to turn others in. Everything falls onto the backs of the farmers.

Do you think this is the right way to do it? Wouldn't it be better for the federal government to manage the quarantine process from start to finish to ensure public safety?

Prof. Amir Attaran: Thank you for your question. I agree with you almost entirely. We know very well that farmers, for example, dairy farmers, are not public health experts. That is obvious. If we put the onerous task of managing the quarantine onto the backs of farmers, there will almost certainly be problems that could put public health at risk, which is unacceptable in my opinion.

Under section 91 of the Constitution, it is the federal government's job to quarantine travellers. If the federal government does not have the means to manage quarantines, it should at least do it with the provinces' help. It is, however, a federal responsibility under the Constitution.

• (1600)

Mr. Yves Perron: Thank you.

If we don't think we have the money, should we not try to find it, given that we are throwing billions of dollars everywhere? In any case, we are increasing the debt when public safety is at stake. We are in the middle of the first wave. We also have to think about the

impact on subsequent years. If there are outbreaks like we have seen in British Columbia, the image of those workers will be tarnished in coming years. But they are essential to our economy.

Prof. Amir Attaran: You are right, sir. Your colleague from the Conservative Party said that we cannot simply give \$1,500 to farmers to manage it all. That is impossible. When I say resources, I am talking about technical resources, not just money.

Mr. Yves Perron: Indeed.

The Chair: Thank you, Mr. Perron.

[English]

We go now to Mr. Davies.

Mr. Davies, you have two and a half minutes. Go ahead.

Mr. Don Davies: Thank you.

Dr. Strong, on April 2 CIHR announced that as a result of the COVID-19 epidemic, the spring 2020 project grant competition was cancelled. Given the vital importance of research, obviously, when we're undergoing a pandemic and health crisis, I'm curious to know whether you think cancelling urgently needed research funding is a wise decision.

Dr. Michael Strong: What was cancelled was the spring project competition. There are two a year, one in the fall and one in the spring. When that decision was made, several things were intersecting with each other. The first one was that we were in the beginnings of what we knew would have to be a government-wide response to this and a focusing of our research capacity on the COVID-19 component of this; hence the rapid-research component and others that we're doing, as we speak, for that. We also recognized that this was a time when all of the resources of the CIHR would be focused solely on doing that. Thus, to try to conduct a competition of reviewing 2,500 applications, using 1,000 reviewers in real time, would not be possible given all the other parts we had to do.

Looking forward, though, it's going to be critical. We have been and are working now with our partners across the government to find a package to ensure that those researchers who were affected by that and whose research is in fact on hold will be carried through on this and be ready to fully come back into the broader range of research come the fall.

Mr. Don Davies: Dr. Strong, is it not true, though, that the majority of CIHR funding is dispensed through the project grant competition so that what's been cancelled is really the majority of what gets funded?

Dr. Michael Strong: The answer is correct that the majority of our funding is through the project competition, but we use an encumbrance system so that the funding that would have been available to use in this specific competition, around \$240 million of it, was already encumbered in research that is ongoing and funded fully. It has to be on hiatus because universities are closed, and the labs are closed without that. All the residual dollars we had we moved forward into supporting researchers during the transition.

Mr. Don Davies: Okay. Thank you.

Mr. Massé or Ms. Cosgrove, after 14 migrant workers at a Kelowna, B.C., nursery recently tested positive for COVID-19, advocates are warning of a—to use their words—“potential disaster” if more isn't done to protect the rights of temporary foreign workers through the COVID-19 pandemic. What steps is the federal government taking to ensure that all temporary foreign workers have full access to health care when they're in Canada for both their protection and the protection of the general public?

• (1605)

Mr. Philippe Massé: There are a couple of aspects to this. First, it is important to understand that all workers, when they arrive in Canada, if they don't directly have access to provincial and territorial health systems, must be provided with coverage by the employer to bridge any gap. There are often waiting periods. You'll see that in many provinces, such as Ontario and British Columbia, they've extended coverage for workers arriving at day one.

We've talked about what happens during the quarantine period and what happens after. The federal responsibility is for the quarantine period. That being said, following the quarantine period all workers do have access to provincial health care. Employers are required to maintain their responsibility to provide suitable housing when workers get sick and to ensure that they are self-isolated. They must contact the local health authorities so that they have access to the right care.

The responsibility for the employer will need to be maintained and supported throughout the stay of the worker. We continue to work with all the partners to ensure that those elements are working well together. It needs to happen throughout the stay. From what I've seen from the current situations, the health authorities are doing their role, employers are collaborating and the workers are getting the health care they need.

The Chair: Thank you, Mr. Davies.

That brings our second round to an end.

[Translation]

We will now start the third round.

Mr. Lehoux, you have five minutes.

Mr. Richard Lehoux (Beauce, CPC): Thank you, Mr. Chair.

It is essential that all temporary foreign workers entering Canada honour the 14-day quarantine.

My question is for the Agriculture and Agri-Food official. Why did the department not use the per-worker subsidy announced yesterday to isolate all these workers in one place as soon as they arrive? That would have reduced the risk before redirecting the workers to the businesses. I think it would have been much simpler.

Mr. Steven Jurgutis: Thank you for your question.

As I said earlier, this announcement was made to help employers do their forecasts and to ensure the workers' safety. We are currently in discussions with the provinces and groups that organize the arrival of foreign workers. This is the system in place to bring workers to Canada as soon as possible.

Mr. Richard Lehoux: As far as enforcement of the rules is concerned, some foreign workers already arrived in Quebec this past

Saturday. The entrepreneurs or businesses do not yet have all the information on the rules they will have to follow or on who will be enforcing them. Whistleblowing aside, what's important here, of course, is protecting the foreign workers who arrive, but it is also about protecting the entire population in the regions where they will go to work.

Mr. Steven Jurgutis: I could also invite one of my colleagues to provide more information, but I think we have already given all the information about the rules and procedures. We have already discussed it and given the information to the various groups and employers.

• (1610)

Mr. Richard Lehoux: All in all, I think it would have been much simpler to take this subsidy and directly manage the 14 days after the workers arrive here in Canada.

My other safety-related question has to do with the Canadian Food Inspection Agency. Federal inspectors are currently working in various organizations, such as slaughterhouses. In Quebec, much like elsewhere in Canada, some slaughterhouses have had to deal with some inspectors who were reluctant to work. To ensure food safety, I think it's really important to have inspectors on site. What steps has Agriculture and Agri-Food taken to ensure that inspectors are present in all areas where they are required?

Mr. Steven Jurgutis: Unfortunately, I will not be able to comment on that because that is the responsibility of the Canadian Food Inspection Agency. However, I could consult with the people at the agency and provide you with an answer at a later date.

Mr. Richard Lehoux: Yes, I would like the agency to give us this key information.

In the past few weeks, some inspectors have flatly refused to go to work. As we know, people have many fears. In Quebec, we know that some slaughterhouses have had problems. Certain slaughterhouses were closed because some staff had contracted COVID-19. That is raising a lot of concerns among inspectors. I want us to ensure that we have a clear and precise measure to keep inspectors in place and get the job done.

Mr. Steven Jurgutis: I know that rules and standards are in place, but I'm not in a position to say more. I can consult with my colleagues and provide an answer later.

Mr. Richard Lehoux: Thank you.

I have no further questions.

The Chair: Thank you, Mr. Lehoux.

[English]

We go now to Mr. Van Bynen for five minutes, please.

Mr. Tony Van Bynen: Thank you, Mr. Chair.

I'd like to start off with a phrase my father told me. It is that people who value themselves by their ability to diminish others will forever live in the darkness of their own shadows.

I've listened to an awful lot of conversation here, and I think there was absolutely no use for some of the derogatory comments I heard in this dialogue. I think this committee should focus on positive comments, constructive dialogue and seeking out opportunities in the future.

Having said that, I would like to turn to the Canadian Institutes of Health Research. Last month there was a \$27-million grant to support research across Canada focused on the COVID outbreak.

Dr. Strong, can you explain what kind of work is being done by Canadian researchers?

Dr. Michael Strong: Thank you very much to the honourable member for the question. I'm very happy to do that. There are 99 projects that have been funded across this country specifically for research on COVID-19. They can be broken down into a couple of categories. The major one is really medical intervention, and the second one is with respect to the social side of the equation.

On the medical intervention side, there are four broad categories. One is vaccines. There are six studies looking at novel approaches to developing a vaccine. There are 12 projects on diagnostics. There are another nine projects on transmission dynamics, which is really meant to track the spread and immune response to it. There are 23 projects looking at therapeutics and clinical management.

On the social side—because this was a partnership across all agencies—we also have a number of projects that look at the public health response and its impact, social dynamics and communication, transmission dynamics and, as I highlighted in my earlier comments, some of the misinformation and how it is being dealt with. Canada is well recognized for its expertise in these areas of social research. Those are the broad categories. I would be happy to drill down further if you wish.

Mr. Tony Van Bynen: I know that this is a global issue and I have no doubt that the Canadian research community will make a significant contributions to the efforts to stop this virus. Could you give me a quick overview of the solidarity project and the role that Canada has played in that?

Dr. Michael Strong: Thank you very much for that.

The solidarity research project is an international consortium of countries to do research looking at promising therapeutic agents for the COVID virus, some of the very early ones being tracked. Canada is actually an international leader in that and we were there very early on. In fact, one of our investigators is a lead investigator on helping to design it and bring it to Canada. That was part of the funding. One million dollars went towards getting that started for us. Canada is robustly involved in this. It will continue to expand, we hope, over time as promising combination therapies begin to be looked at. As a research organization, we will be looking to see how we can assist in getting Canadians involved in that as well.

● (1615)

Mr. Tony Van Bynen: What has the Canadian Institutes of Health Research seen in terms of scientific mobilization? What's

come from it so far, and what can we expect to see in the near future?

Dr. Michael Strong: Again, that's a very good question. Thank you for that.

It has been absolutely amazing to watch as our colleagues begin to look at how they can retool their research programs to ask questions and to be of assistance to us on everything from innovative clinical responses and trials to looking at different subpopulations. We have different approaches that have been brought forward on that.

With regard to the social components, as we begin to experience this more and more, we're seeing different questions starting to come forward with regard to the epidemiology and societal behaviour. We are seeing a brisk and really enthusiastic response from Canadian researchers, who are coming to the table to try to assist with this across multiple venues.

Mr. Tony Van Bynen: Thank you.

I just have one final question. While science has been pretty much in the forefront of all of this, we cannot forget about those in the field and those who have suffered disruptions in their work with the closure of labs and the postponing of conferences, etc. What has the Canadian Institutes of Health Research done to address the challenge of researchers, trainees, lab staff and others in the field, now that they too are facing the challenges of COVID-19?

Dr. Michael Strong: Thank you very much for the question. It is a critical one for all of us as researchers.

We have been working intensively over the course of the last several weeks, even before we did the April 2 announcement, to look at what mitigating strategies would be required to assist labs through a time period, which we assume will be at minimum three months, when their labs will be shut down for that.

In terms of our first wave—we announced five different points to provide assistance to investigators—we made the announcement on April 2. We are now working intensively on a package to provide assistance much more broadly to investigators to carry them through—for their staff, for their trainees, for the research components and for the animals that we want to make sure are well cared for—and that is coming as we speak.

Mr. Tony Van Bynen: Thank you.

Mr. Chair, how much time do I have?

The Chair: You're finished now.

Mr. Tony Van Bynen: Okay. Thank you.

The Chair: We go now to Dr. Kitchen.

Dr. Kitchen, you have five minutes.

Mr. Robert Kitchen (Souris—Moose Mountain, CPC): Thank you, Mr. Chair.

Thank you, everybody, for being here today and for your presentations.

With all due respect, focusing on the positives will not answer the tough questions that we need to know and the necessary questions that Canadians need to hear. That said—

Mr. Tony Van Bynen: Mr. Chair, with all due respect, we can ask those questions respectfully. That's all I ask.

Mr. Robert Kitchen: Mr. Chair, we all know that public health operates under 10 essential functions. I won't go into all 10 of those, but one of them is enforcing laws and regulations that protect health and ensure safety. Another is linking people to needed personal health services and ensuring the provision of health care when otherwise unavailable.

One of the services that is not being talked about a lot is the service of testing. We do know there are two different types of testing. Nucleic acid testing tells me immediately whether I have the disease or not, whether I have the virus, and serology assays tell me whether I've been exposed to it and whether I've developed antibodies to it.

Those things were brought up by Professor Attaran and as well by Dr. Strong on the question of testing, so my first question will be for Professor Attaran.

Professor, do you see the value of the expansion in the immunity testing as well, as we see it, especially for those people who are exposed to it—workers who had fallen, workers who are wanting to get back, our nurses and our doctors who have been exposed and want to get back to work—and how quickly they can do that?

• (1620)

Prof. Amir Attaran: Dr. Kitchen, thank you. It's an excellent question. It's one that we need to think about.

At some point, although that is not now, this country will have widespread ability to test people who were infected and either developed antibodies or not to the virus. We hope that those who have antibodies are protected from it. There is a little scientific asterisk about whether that's true. I think it is very likely to be true, but there needs to be some more research done in this area, and it's being done quickly.

When we get to the point of being able to test people to ascertain whether they were previously infected, developed antibodies and therefore are likely immune—not with certainty, but likely—it would be helpful to have a scheme in place where we could “passport”, to use that word loosely, those individuals. Could we give them some sort of passport that says they are likely to be immune so that they can be placed in perhaps the most forward-facing, riskiest jobs? That's because with immunity, they're likely to be quite safe compared with those who aren't.

Now, this does get into a complex area of sharing health information and perhaps limiting, for a short emergency period of time, how we use health information in ways that we normally would never want to contemplate. I think unless we take a studied look at that question and are willing to consider using health information in these unusual ways, we'll just end up making our next year more painful and risky than it otherwise needs to be. This is a very good area for Parliament to look at in terms of temporary emergency legislation.

Mr. Robert Kitchen: Thank you for that. It's a big challenge, as we go forward, with regard to that whole aspect: Do I walk around with an immunity passport to show that I've been immunized? You know as well as I do that not everybody who's exposed to an agent necessarily develops an antibody to it. Does that now become an issue that we concern ourselves with, restricting people's freedoms?

Prof. Amir Attaran: You're absolutely right. I'm not saying any of this is easy, nor am I saying that an antibody test will give 100% accurate results. It will give false negatives and false positives which, depending on the context, can be problematic.

What I am saying is that use of a person's immunological status is maybe in that person's own best interest. Wouldn't you love to know? Wouldn't you love to know if you were immune right now, and you could go out into the world and take it on without fear? I think most people would like to know that, but to get to a point where they can know that, or society at large can know that about groups of people, is going to require putting some water in the wine of personal privacy and how health information has been handled.

There's a knee-jerk way of thinking that any dilution of privacy of health information is terribly bad. It needs a more studied look than that.

Mr. Robert Kitchen: Thank you.

I'm interested to hear, hopefully from you and Dr. Strong, on this next question.

We hear about misinformation. There are a lot of drugs out there that people are throwing out there to say that they should be used. Dr. Strong, I know you will answer from a research point of view. We don't have the research on it.

There are drugs like remdesivir, hydroxychloroquine and erythromycin. People are utilizing these drugs and we don't have the research supporting the value of their use. I'd be interested to hear from both of you, quickly, where you see that and where we need to go.

Maybe, Dr. Strong, we could start with you. Is there research being done on these in Canada?

Dr. Michael Strong: You're absolutely correct. The single worst thing that we can do is a bunch of small, underpowered studies that will not allow us to answer the questions you're raising.

One focus we are working on now intensively with Health Canada as well as across our partner groups is to ensure that there is an avenue by which these studies can be done, and done in a manner in which they will be truly informative to us and provide answers.

A lot of things that are being reported out in the community right now with regard to certain drug efficacies are on extremely small numbers. We are learning that somebody who is 30 years old is not the same in the disease as somebody who is 70 or 80 years old.

To be able to answer your questions, not only in the broader sense but in terms of what populations they will work at, we are working hard on that. Those things are coming forward as we speak. We will be able to answer more. It is a very strong Canadian focus.

• (1625)

Mr. Robert Kitchen: Professor Attaran, do you have a response?

I think I have a bit more time yet, don't I, Mr. Chair?

The Chair: No, you're actually done, but we could get a quick answer from the witness.

Prof. Amir Attaran: Doctor, what I said during my testimony was there's just no chance of a vaccine coming this year. What there is a chance of is a drug coming out of the types of clinical trials that Dr. Strong just described. Yes, they have to be large trials. Yes, they have to be well designed.

I am reasonably optimistic that drug trials will find a drug that would either blunt the worst consequences of infection, i.e., a drug that reduces the chances of death, or a drug that, if given early, prevents the disease advancing to that point and perhaps even makes that person less infectious to others. Don't I wish they had found it by yesterday? We all do. I'm afraid it's just going to take time.

In the meantime, Dr. Strong's caution not to over-interpret small studies is a good one.

The Chair: Thank you.

Mr. Kelloway, you have five minutes.

Mr. Mike Kelloway (Cape Breton—Canso, Lib.): Thanks so much, Mr. Chair.

Hello to my colleagues.

Thanks to the witnesses for coming in today. It's a very interesting discussion.

Most of my questions will be directed to ISED. First, I'd like to thank our officials from Innovation, Science and Economic Development for joining us to answer our questions on the record. We know this is an extremely busy time for your department, so we appreciate your time.

I was glad to hear our Prime Minister announce that 30,000 ventilators will be produced right here in Canada for use in our local hospitals, and that Art McDonald, a Cape Bretoner, will be leading the team of scientists working on this.

Can you tell us a bit more about the design that will be used? For example, I know that the U.K. recently cancelled its order for about 1,000 simple ventilators saying that those didn't meet the needs or it needs more complex ventilators. Will we be looking at a more complex design? Are simple ventilators useful to treat COVID-19?

Mr. Mitch Davies: Thank you for the question.

I will give a number of points of information. There are three consortia and companies that were announced recently that will be providing 30,000 ventilators made in Canada: StarFish Medical, Ventilators for Canadians and CAE. In addition, there is the project led by Dr. Art McDonald which you mentioned, and that will come later in the process. We're working on the manufacturing partnerships for that project right now.

The ventilators that were chosen were selected by an expert review committee involving respiratory specialists, medical professionals and front-line staff. They had to assess whether this equipment would be sufficient to be used in their work settings, would be efficacious and would provide the treatment. Also, importantly, this is regulated equipment that Health Canada had to look at to determine whether they would be able to certify the equipment, as well, for use.

In selecting these three projects, we essentially had all that worked out at the same time through an agile process, in order to ensure that we would be providing equipment that would, obviously, be used and that would meet the tests of the health system and the health professionals, which is the point I think you're raising in terms of whether the ventilators have the right configuration and complexity to provide the right support for the patients. That's something we built into the process that we designed.

Mr. Mike Kelloway: Excellent.

Staying on the line of businesses and products, Canadian businesses as we know are retooling to create products to assist in the fight against COVID-19. What's the most common retooling you're hearing about?

Mr. Mitch Davies: I'll give two examples that are quite important. In the area of medical gowns, the bottleneck that we had to solve was the provision of a textile to make the medical gown that would have the level of protection required in the hospital setting.

In this case we worked with Intertape Polymer and Autoliv, two companies that don't provide textiles typically for this kind of product. One is actually used for house wrap and one is used for car airbags. Those companies went through testing to ensure that their product, the textile created, when put in gown form would provide the level of protection required in the hospital setting. Those two products are now allowing us to unlock a huge scale-up of seven million or more gowns, which are being made from Canadian fibres. Therefore, we're solving that supply chain for medical gowns, which was a critical issue, to meet the needs of the front line.

That is also important in terms of sanitizer. We've connected with distillers and alternative support to create sanitizer and we've now been able to procure over 10 million litres of sanitizer from some Canadian sources that were not previously available. It's a very large-scale redirection of productive capacity to the needs of the front line.

I could add masks, surgical masks, to that as well, and also the face shields. We've seen a number of companies that have been able to use a common design, which is approved, and scale this up across their operations. Particularly the automotive suppliers have been very relevant. There's a lot of capability there in terms of plastic and large-scale manufacturing, and they've been able to successfully redirect their efforts to provide this critical PPE.

• (1630)

Mr. Mike Kelloway: Excellent. I have one last question.

Can you tell us a little about the research projects that received funding through ISED? I'm really looking at how the research complements the work that CIHR is doing. Can we talk a little about some projects in particular and the interdisciplinary approach to research?

I believe the chief science adviser, Cara Tannenbaum, is somewhat involved, if not involved greatly, in this particular effort to ensure there's an interdisciplinary approach to the research.

Mr. Mitch Davies: Among the departments—the Public Health Agency, us, CIHR—and also involving the chief science adviser, we're looking overall at strategies to support medical countermeasures, which involves, of course, research, innovation, the industrial response required, biomanufacturing and so on. There is a very interdisciplinary process to bringing in all the different streams of advice that are needed to make critical decisions on what to invest in and what the most promising initiatives are that the government can support.

I'll mention a few examples of the more industrial-scale projects that have been announced. AbCellera is a company in Vancouver that's being supported in working up clinical work on antibody therapy. Also, a company out of Quebec City, Medicago, is working on a vaccine trial but also the technology to scale that up into manufacturing, which needs to be proven out. It's a plant-based approach to scaling up the vaccine, which could hold the promise of being able to achieve scaling in a shorter time period than using some other methodologies that have been used in the past.

Those projects are being reviewed by all the departments and agencies that have equities in the question, to be able to bring to bear the scientific, technical and manufacturing advice needed to make the best possible decisions.

Mr. Mike Kelloway: Thank you very much.

The Chair: Thank you, Mr. Kelloway.

[*Translation*]

Let's go now, Mr. Thériault. You have two and a half minutes.

Mr. Luc Thériault (Montcalm, BQ): Thank you very much, Mr. Chair.

My question is for the officials from Agriculture and Agri-Food, the Canadian Institutes of Health Research, and Citizenship and Immigration.

During a pandemic, health relies on food safety. Right now, our agricultural producers are under enormous pressure, as they have to decide whether or not to go ahead with production this year. Some

are reluctant to do so because of all the risks involved. If they decide not to produce, it would be quite catastrophic.

My question is twofold. First, the administrative process for foreign workers is cumbersome. Why not issue visas valid for more than a year to facilitate the process and get people into the fields faster?

Second, what do you plan to do and when are you going to announce an AgriStability program that addresses the crisis we're facing and encourage farmers to move forward and produce rather than to skip a year of production?

Mr. Steven Jurgutis: I can answer the second question, the one about AgriStability.

We are in ongoing discussions with the provinces to find a solution to help farmers during this period. The government has already announced some measures to help them, such as making more funds available for farm finances.

Certainly, agriculture is facing a number of issues, and that's why we are discussing other options, including making changes to various programs to help farmers.

• (1635)

Mr. Luc Thériault: So you are open to the possibility of compensating them up to 90% and 85%. Compensating farmers at 90%, starting this year, would help them to produce. Otherwise, they may well skip a year of production.

Who is going to answer the question about visas? Every year, we have trouble getting foreign workers into the fields. Are you going to simplify this process and extend the visas to more than one year? Each year, the same workers are always taken on by the same farmers.

I am asking the official from Agriculture and Agri-Food or the official from Citizenship and Immigration to answer my question. I don't know which one is in the best position to answer.

Mr. Steven Jurgutis: I think there are two parts to your question, and I will let Mr. Massé answer the first part.

[*English*]

We issue work permits quite quickly and we align with the labour market impact assessments. That's the part I think you referred to where you'd like it to be usable year over year.

There is quite a lot flexibility built in, and has been built in, in recent years, around the agricultural group in particular. However, I'll leave that to Monsieur Massé.

[*Translation*]

The Chair: Thank you, Mr. Thériault.

Mr. Luc Thériault: Every year, people are late. They don't get there on time. It often takes—

The Chair: Mr. Thériault?

Mr. Luc Thériault: Yes.

[*English*]

The Chair: Monsieur Thériault, we're wrapping up questions.

We will go now to Mr. Davies.

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

Mr. Don Davies: Thank you.

Professor Attaran, you mentioned that you submitted an epidemiological model today. In our last two and a half minutes, can you brief the committee on the highlights of your model, specifically with a focus on the extent to which Canada's testing capacity must expand in order to begin the process of reintegration?

Prof. Amir Attaran: Of course. Here is the model, which has been posted on the Internet while we've been speaking. I'll provide a link to the clerk. I'll also provide my personal phone number so that any of you who want to reach me later can do so without going through anyone, but please don't share it too widely. I do feel that you may want to look at the model and discuss some of its implications.

There's good news and there's bad news here. The good news is it appears that as a country—remember, we can't do regional analyses because the data are hidden—we passed the worst of the first wave. We are over the crest, which is wonderful. The other good news in our model is that it appears in Canada the virus is proving a bit less infectious than PHAC has estimated. We find it is on the low end of infection estimates that have been done in different countries and that also means a smaller problem.

The bad news is, as I tried to explain to you, we're all pre-immune. We're all still susceptible, so when we lift self-isolation and go out, many of us could get sick and some of us will die. What we need to do is, as you see here, just a bunch of little wavelets. We need to plan these wavelets, these epidemics that we are going to create on purpose, in a way that minimizes how many people die and proceed on the best schedule that we can so we're not shooting our economy through the roof more than we need to.

What the model ultimately says is that PHAC's model, the one they released last week, is terribly wrong and that the groundwork now needs to begin on sharing data more widely so a range of modellers inside and outside government can help you plan the reopening of this country safely. We all want to contribute to that. I just hope you please help us in our work by getting the data to us.

• (1640)

Mr. Don Davies: Thank you.

I have a quick question for Agriculture Canada.

Are workers who are working in meat production facilities required to wear personal protective equipment? How are they practising physical distancing in their work?

Mr. Steven Jurgutis: Thank you for the question.

It is not directly in my area of expertise, but what I can say is there are rules in place and I know that one of the issues has been making sure that the personal protective equipment does get to them. We're in constant contact with processors, meat packing companies and others to have those discussions and figure out how we can best help them to make sure they're ensuring that their workers are safe.

Mr. Don Davies: Is it a requirement, though?

Mr. Steven Jurgutis: I would have to verify what the specific requirements are. As I said, it's not directly within my area of responsibility—

Mr. Steven Jurgutis: —in terms of that we can [*Inaudible—Editor*].

Mr. Don Davies: Fair enough.

Mr. Don Davies: Thank you.

Do I have more time, Mr. Chair?

I can't hear you.

The Chair: Sorry, say again?

Mr. Don Davies: I asked how much time I had.

The Chair: You're done.

Mr. Don Davies: Okay.

The Chair: I'd like to thank everyone. I'd like to thank our panel for sharing their time with us today. I'd like to thank all of the members, of course, for being here and asking tough questions.

I'd also like to thank, once again, the House of Commons staff and technical personnel for all of the work they're doing behind the scenes to put this together. We still have a few wrinkles to iron out, but I think we're getting through them. Once we on the front end start to push the right buttons and speak into our mikes, it works out pretty well.

Thanks, everybody.

With that, the meeting is adjourned.

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