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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 15 of the House of Commons Standing Committee on Health.

We are meeting today pursuant to the orders of reference of April 11 and April 20, 2020. The committee is meeting for the purpose of receiving evidence concerning matters related 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 entirety of the committee.

In order to facilitate the work of our interpreters and ensure an orderly meeting, I would like to outline a few rules to follow.

First, interpretation in this video conference will work very much like in a regular committee meeting. You have the choice, at the bottom of your screen, of floor, 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 hold down the space bar while you are speaking, and when you release the space bar your mike will mute itself, just like a walkie-talkie.

I will remind you that all comments by members and witnesses should be addressed through the chair. Should members need to request the floor outside of their designated time for questions, they should activate their mike and state that they have a point of order. If a member wishes to intervene on a point of order that has been raised by another member, they should use the "Raise Hand" function. This will signal to the chair your interest to speak. 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".

When speaking, please speak slowly and clearly. The use of headsets is strongly encouraged. If you have earbuds with a microphone, please hold the microphone near your mouth when you're speaking to boost the sound quality for our interpreters.

Should any technical challenges arise, for example, in relation to interpretation or if you are accidentally disconnected, please advise the chair or the clerk immediately and a technical team will work to resolve that. Please note that we may need to suspend during these

times as we do need to ensure that all members are able to participate fully.

Before we get started, would everyone please check their screen in the top right-hand corner to ensure that they are on "Gallery" view. With this view, you should be able to see all the participants in a grid-like fashion. 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 group will have 10 minutes for an opening statement, followed by the usual rounds of questions from members.

I'd like now to welcome our witnesses.

Mrs. Tamara Jansen (Cloverdale—Langley City, CPC): Point of order, Mr. Chair.

The Chair: Yes, Mrs. Jansen.

Mrs. Tamara Jansen: Mr. Chair, with respect, yesterday my line of questioning was cut off right at five minutes, despite the interruption to my time that was caused by the translators being briefly unable to hear me speak. I had one more question, which would have taken 10 seconds to ask, and I wasn't allowed to ask it.

Many members of the committee were allowed to ask questions and receive their answers from witnesses after their allotted time was over. Mr. Kelloway's line of questioning, for a six-minute round, was extended to close to nine minutes.

In the interest of fairness, I would like the committee to be assured that, first, any interruption of questioning due to technical issues would be added to the end of the member's allotted time for questions and answers, and second, that there would be consistency about how those extensions are granted to all members, regardless of party or what they're asking, subject to the same standard.

The Chair: Thank you, Mrs. Jansen.

I assure you that I did give you far more than your allotted five minutes.

The rule I try to follow is that if you are speaking at the time when your time runs out, I will let you finish speaking, and then allow the witness to respond. Sometimes witnesses take quite a long time to respond, and that's why it takes a considerable time.

• (1410)

Mrs. Tamara Jansen: Mr. Chair, I think virtual meetings are a real challenge because of the fact that they do get interrupted. You actually did interrupt me during my questioning, so that took some time away. I'm just looking for consistency. If we do have to stop for these kinds of things, it would be great to consistently add that to the end of the questioner's time. You did give me exactly five minutes, but that would include the interruption with regard to the mike.

The Chair: Thank you, Mrs. Jansen.

I'm certainly trying to be fair with everyone as we go forward. I did advise you that your mike was up and that no one could hear you. I don't think that took more than about five seconds, and I gave you more than that much time in recognition.

Mrs. Tamara Jansen: I'm just looking to have that kind of consistency because apparently some people were given nine minutes, and when there are interruptions, some people are given more time, and others are not. I'm just looking for consistency with virtual meetings like this. These are the challenges we face.

The Chair: Yes indeed they are the challenges, but we are proceeding with questioning and with timing in the same way we would in a regular meeting. I do try to make allowances for technical issues of that kind. I give people extra time if, for example, the witnesses can't hear or cannot respond. In any case, as always, I will try to be scrupulously fair to everyone.

Carrying on, I would like now to welcome the witnesses.

For the Canadian Police Association, we have Tom Stamatakis, president.

For the Union of Canadian Correctional Officers, we have Jeff Wilkins, national president; and Éric Thibault, national vice-president.

For the Department of Public Safety and Emergency Preparedness, we have Patrick Tanguy, assistant deputy minister, emergency management and programs.

For the Public Health Agency of Canada, we have Sally Thornton, vice-president, health security infrastructure branch; and Cindy Evans, acting vice-president, emergency management.

We will start with the Canadian Police Association.

Mr. Stamatakis, you have 10 minutes, please.

Mr. Tom Stamatakis (President, Canadian Police Association): Mr. Chair, members of the committee, thank you for the invitation to appear before you this afternoon as you continue your study into the Canadian response to the COVID-19 pandemic, and for the opportunity to provide a front-line policing perspective on this important ongoing issue.

Before I begin, however, I want to first take a brief moment to offer my most sincere condolences to the family of Constable Heidi Stevenson of the Royal Canadian Mounted Police and all the victims of the horrific attack that took place in Nova Scotia this past weekend. I'd also like to offer my thanks to Prime Minister Trudeau, Minister Blair and all elected officials from all parties who have offered their kind words of support to our policing col-

leagues both in the RCMP and in other municipal services who have come together to help in this important ongoing investigation.

I particularly appreciate having the opportunity to appear virtually this week, as this was originally scheduled to be the week of our Canadian Police Association annual legislative conference, which gives our members the chance to come to Ottawa and meet with their federal elected officials. Obviously, COVID-19 has changed our plans. While we've already started planning for our 2021 conference, appearing before you gives me the chance to introduce our organization to the new members of the committee and reintroduce myself to some familiar faces.

The Canadian Police Association is the largest policing advocacy organization in the country, with over 55,000 civilian and sworn members who serve in police agencies from coast to coast to coast. Our members have been on the front lines of this pandemic from day one, working in close partnership with other first responders. While there has been a bit of a learning curve for all of us as we adapt to these new circumstances, I hope that this committee, and your eventual report, will help provide a framework to identify areas across multiple sectors that worked and where we need to improve in the future.

This pandemic again highlights the difficult circumstances that the members I represent typically face while attempting to perform their duties and keep the public safe. We often have no idea who we are interacting with in the community, and have little control over the environment where those interactions take place. Since the beginning of March, police officers continue to perform their duties despite public health orders directing most other citizens to stay at home and physically distance. It's important to acknowledge this and the aggravating effect that this pandemic has had on a profession that is already struggling with mental health and wellness challenges, and the impact on individual police personnel and their families.

I'd now like to take a few minutes to briefly outline some of our key issues from a policing perspective, and then hopefully leave as much time as possible for questions.

First and foremost, one of the main challenges our members have faced is with respect to a general lack of consistency around messages from various levels of government as well as health officials regarding the parameters of general stay-at-home orders. That has led to some confusion and potentially uneven levels of enforcement across the country, which has been frustrating to the public as well as those tasked with enforcement. I believe it's important to emphasize that while there certainly have been some well-documented cases of potentially overzealous enforcement of quarantine orders, statistics that have now been released show that so far, both police and bylaw enforcement agencies have been successfully using education and encouragement in the overwhelming number of cases.

That being said, I can certainly understand the frustration and even anger that has been expressed by members of the public who have found themselves potentially facing significant fines for infractions that can, in many cases, seem unclear. While I understand that this particular issue involves a number of different provincial as well as municipal orders, I believe there should be a role for the federal government to play in these circumstances, especially with respect to ensuring, as much as possible, consistent and clear messaging with respect to public health orders. Police understand that we have an enforcement role, but messaging regarding our role needs to be clear and consistent from the outset to avoid undermining police legitimacy and public confidence.

Another area where I believe the federal government could play an important role is around the utilization and supply of and the access to personal protective equipment, or PPE, for first responders across the country. Since the beginning of the pandemic, we've seen a patchwork of policies announced by police services regarding when PPE is to be worn by personnel, and even more variation with respect to overall access, particularly for small and medium-sized police services and those policing in rural or remote parts of our country. Again, there is a significant challenge involved, given that, outside of the RCMP, procurement for policing is usually a provincial or municipal issue. I believe these circumstances have highlighted the need for additional coordination, where possible, from the federal government to ensure that at least some minimum standards are achieved.

• (1415)

Further, from an occupational health and safety standpoint, as associations we have noticed a lack of consistency around managing exposure for front-line personnel with a view toward protecting police officers who have heightened risk of exposure as well as their families. Ideally, as a national organization, we believe it would be beneficial for those who are tasked with front-line responsibilities to know that if they are exposed to COVID-19, measures exist to ensure they have access to decontamination facilities, that they are tested as quickly as possible, and if positive, that steps have been taken in advance to make sure they can minimize the chance of further infections for their families and loved ones, including alternate physical accommodation arrangements, if necessary.

These steps should include establishing a presumption that a positive test is work-related to remove any uncertainty or anxiety regarding treatment or income disruption.

One final area of concern I'd like to highlight with regard to the pandemic response is Canada's correctional facilities. There have been calls to expedite certain offenders from the prison system given concerns regarding COVID-19 and the potential for outbreak within these facilities. Obviously, protecting the health of inmates in these facilities must be a key concern for the government and the agencies responsible for maintaining our correctional infrastructure and the health of their personnel.

Our association has significant concerns about the potential consequences of releasing these offenders, particularly given the current circumstances across Canada.

The response to COVID-19 has already placed a significant strain on law enforcement agencies across Canada. Given the current projections around transmission, I believe it is safe to assume that strain will only be aggravated as more front-line personnel are exposed to the virus and are subject to self-isolation measures. The release of a significant cohort of offenders from correctional facilities at a time when our resources are already stretched thin has the potential to add unnecessary stress to an already overburdened system, particularly given that many of the services offenders rely on for monitoring, rehabilitation and reintegration are themselves facing mandatory shutdowns.

To conclude, overall, despite these concerns, I believe the policing response to these pandemic circumstances has been positive. Our members, like all Canadians, recognize the uncertainty this almost unprecedented situation has forced, and despite that, our members will continue to display the professionalism and dedication our communities expect and deserve.

I look forward to your questions. Once again, thank you for giving me the opportunity to appear before your committee today.

• (1420)

The Chair: Thank you.

We will go now to the Union of Canadian Correctional Officers, and Mr. Wilkins, I believe.

Go ahead for 10 minutes.

Mr. Jeff Wilkins (National President, Union of Canadian Correctional Officers): Good afternoon, Mr. Chair, members of the committee and witnesses on the panel. I'm joined by Éric Thibault, who is the national vice president for the Union of Canadian Correctional Officers. We both would like to thank you for the opportunity to speak with you today.

I'd like to begin by expressing condolences on behalf of UCCO-SACC-CSN to all members of the RCMP family for the tragic loss of Heidi Stevenson. I would also like to send our condolences to all of our members, as we have lost two correctional managers, one from Springhill and one from the Nova Institution. It's absolutely tragic times here in Nova Scotia. I'm talking to you from there today, and we'd like to send our condolences.

I'd like to begin by expressing my pride in representing such an incredible group of professionals, who continue to fulfill their mandate in the face of this invisible threat, COVID-19. Our members, who on a daily basis enter one of the most dangerous workplaces in Canada, bravely continue this work and with an additional personal risk. For that they must be commended.

The Union of Canadian Correctional Officers, UCCO-SACC-CSN, and the correctional officers we represent have only ever asked one thing from this government outside of our negotiations, and that is to have the protections in place to make sure that all the dangers to our health and safety are mitigated to every extent possible. With this threat, UCCO-SACC-CSN has called for added protection in the form of personal protective equipment, virus testing of all front-line workers and involvement in the contingency planning process at the local level and regional and national levels. Contemplating and preparing for what-if scenarios are essentially part of a correctional officer's DNA. Unfortunately this virus has created many of these scenarios, and many questions remain unanswered for the vast majority of our membership.

With regard to personal protective equipment, over one short month there has been a significant shift in culture for mask wearing in our institutions. The beginning of this crisis saw our members threatened with discipline for donning PPE in the form of masks if they did so under their own assessment of risk. There were also work refusals on this issue. Correctional Service Canada's position was that only they could assess the risk, and they were worried that wearing a mask could elicit fear among the inmate population. Now the opposite is true. In just one short month, discipline is now being threatened if a mask is not worn routinely if physical distancing is not an option.

This example may be dramatic; however, it illustrates a complete culture shift over a very short period of time resulting from a continued push from the union to do everything possible to mitigate risk. I simply don't understand how this was not communicated during the whole contingency planning process.

Our conversations around COVID-19 began with the Correctional Service on February 6 during our regular national labour management meeting. On this date, it was communicated to us by the Public Health Agency of Canada that the risk was determined to be low for the coronavirus. Looking back at that particular meeting, I don't believe either side of the table could have predicted how our lives would change within one short month.

On March 9, an initial conversation took place with senior management over some steps that CSC was taking to prepare for the virus as the threat to Canadians was increasing. These initial steps included screening visitors who may have travelled or who otherwise showed symptoms, local contingency planning and inventory for PPE and procurement. Just two days later, the Prime Minister announced budgetary measures for a response to COVID-19 and we began to see restrictions put in some provinces as states of emergency were declared.

The week of March 16, UCCO-SACC-CSN quickly adapted to the reality we are seeing today. We set up regular teleconferences and video conferences to keep the communication open with both CSC and the National Joint Council. Since that day, ongoing and

regular discussions about all issues have taken place, as well as countless bilateral telephone calls, to solve issues that seem to crop up daily. In my history as a union leader, I would characterize the past month as unprecedented with respect to the consultation and joint efforts to tackle the common issue of COVID-19.

• (1425)

It was on March 26 that we learned of our first confirmed case of COVID-19. One of our members working at Port-Cartier Institution contracted the virus through community transmission some time between March 9 and March 14 and inadvertently spread the virus while asymptomatic. It was over the next days that we learned firsthand how incredibly viral COVID-19 is, as the number of positive cases grew within only a few days.

During this time there was a significant amount of work done by all parties to reduce further spread. Contingency measures were both developed and put in place. The institution, however, did experience a dramatic staffing issue within hours, as many correctional officers were directed to quarantine as a result of public health advice during the contact tracing investigations.

On April 2, I sent a letter to the public safety minister, Bill Blair, regarding an urgent need to have testing available for correctional officers. Though the advice from public health is sound advice to mitigate spread, sending a significant portion of the front line home to self-isolate has a direct negative impact for all those staff who remain.

Since the federal Emergencies Act has not been declared in force, all parameters around testing for COVID-19 remain under provincial jurisdiction. This has resulted in different responses to our members' eligibility to receive the testing across the country. Affected sites have been forced to find creative solutions through scheduling and voluntary workplace change to simply hold the front line. With a broader scope for testing, members who may be asymptomatic could, in fact, be tested, and if determined negative for the virus, report back to work much sooner than a 14-day quarantine. This remains a significant issue, as we see the virus continue to infiltrate our institutions.

Currently we have four sites experiencing significant staffing difficulties. These sites are the Centre fédéral de formation, Joliette Institution and Port-Cartier Institution in Quebec, as well as Mission Institution in British Columbia. These institutions would greatly benefit from quick and ongoing testing of both inmates and staff.

UCCO-SACC-CSN has continually called on the government and our employer to make testing available for staff, as it's simply not a reality that we can stay home. There must be an exception for federal employees critical to the public service, without the need for the federal government to invoke the Emergencies Act.

As we're all aware, the spread of this virus happens when people don't have the ability to distance themselves from one another. Self-isolation has proven to be an issue in some of our facilities. Single occupancy cells, which are equipped with a toilet and running water, allow inmates to easily self-isolate. However, there are many institutions that are designed with a communal living space approach, and they lack proper cells for isolation. The latter designed units are great for rehabilitation and for a sense of community, but they are a detriment in the crisis that we face today. Infrastructure, or a lack thereof, directly impacts a local plan of attack if the virus enters the facility.

There are other challenges as well. Some institutions are in very remote locations. The ability to draw staff from one institution to work in another becomes increasingly difficult when they are secluded institutions such as Port-Cartier or Grande Cache. These are challenges that become unique, and they must be thought about when building contingencies.

It's commendable that our government has essentially handed the reins of this crisis to the scientists and public health officials. In a crisis such as this, it becomes very clear that the government's role has seemed to shift from a legislative body to a support mechanism for decisions made by Canada's health professionals and scientists. In any crisis, trust should always be put in the hands of the professionals.

That said, while we have found that CSC has generally heeded the advice of public health, they have also, at times, ignored that advice due to staffing issues or issues around potential overtime costs. We have had members who were told to return to work after exposure and testing but before the results were back, and that places staff and other inmates at risk.

Again, had consultations and contingencies been thoroughly examined at the onset of this virus, we would likely not be in this position today. Had CSC listened to their front-line staff, had the government heard our plea for easier testing, we may not be in the dire situation we find ourselves in today at some institutions in this country.

In conclusion, it's important to say that the world was not ready for this pandemic. Hindsight is always perfect. However, had proper steps been taken when the seriousness of this virus started to be widely known, many of our institutions would have been much more prepared. The deadly virus requires a proactive and strong response. A response that is reactive and slow to adjust only places staff, inmates and the general public at further risk.

I thank you and welcome any questions the committee has.

● (1430)

The Chair: Thank you.

We will go now to the Department of Public Safety and Emergency Preparedness.

[*Translation*]

Mr. Tanguy, you have the floor for 10 minutes.

Mr. Patrick Tanguy (Assistant Deputy Minister, Emergency Management and Programs, Department of Public Safety and

Emergency Preparedness): Thank you, Mr. Chair and members of the Standing Committee on Health, for giving me the opportunity to speak. I'm pleased to brief you on the Department of Public Safety and Emergency Preparedness's role in the Canadian response to the COVID-19 pandemic.

My name is Patrick Tanguy. I'm the senior assistant deputy minister of the emergency management and programs branch at Public Safety Canada.

As we're all aware, much has changed since I last appeared before this committee on February 3, 2020. The international and domestic impacts of COVID-19 have affected all aspects of our lives and all sectors of society in communities large and small across our country. These impacts have been especially felt by the public safety sector, including the workers and volunteers involved in emergency response and the people who work to maintain the safety of our communities as the COVID-19 pandemic unfolds.

Before I begin, I'd like to recognize the hard work of first responders and public safety officers and volunteers in supporting Canada's response to the COVID-19 pandemic, while their own personal and professional lives have been impacted. This includes the organizations represented at today's meeting, but also many others too numerous to list.

I'd like to begin by reminding the committee of Public Safety Canada's role in emergency management. As set out in the Emergency Management Act, the department plays a key role in coordinating emergency management activities among federal government institutions and other entities, such as provinces and territories.

The government operations centre, which is a whole-of-government asset housed in my department, is the main platform that we use for carrying out these activities. As outlined under the federal emergency response plan, the government operations centre supports response capacity and coordination during events of national interest, such the COVID-19 pandemic.

The government operations centre brings all partners in an event response together into a common environment to harmonize collective actions and abilities into efficient analysis and action. The government operations centre also interacts on a daily basis with the provincial and territorial emergency operations centres and coordinates official requests for assistance that could come from federal departments and agencies and from provinces and territories.

In addition to the role of the government operations centre, Public Safety Canada's communications directorate provides leadership in whole-of-government communications on the event by coordinating with other federal departments to develop effective key messaging for the Government of Canada to ensure calm and instill confidence in Canadians.

I'd like to re-emphasize that my department exercises its leadership in emergency management in close co-operation with its provincial and territorial counterparts. This is accomplished through various federal-provincial-territorial tables, at the ministerial, deputy ministerial and assistant deputy ministerial levels. This includes the federal, provincial and territorial ministers responsible for emergency management and senior officials responsible for emergency management.

Since the start of the COVID-19 pandemic, these tables have been meeting multiple times a week to remain apprised of current priorities, potential gaps and any requests for assistance that we may receive. Over the past few weeks, my department has engaged these tables on issues such as emergency management capacity in remote and isolated northern communities, essential services, and other health matters.

Under the Emergency Management Act, my department is also responsible for leading the national effort to strengthen the resilience of critical infrastructure. We do this in close collaboration with lead federal departments responsible for each of Canada's ten critical infrastructure sectors and with the private sector.

• (1435)

The national cross sector forum is the primary mechanism for government to engage national leaders from each of Canada's ten critical infrastructure sectors on the COVID-19 response. The national cross sector forum has been meeting weekly to provide critical infrastructure leaders with updates on health, given by our colleagues at the Public Health Agency of Canada, and on the federal government's planning efforts.

As you know, the impacts of the COVID-19 pandemic are wide-ranging and affect multiple federal organizations and their partners. Given the number of actors and issues involved, coordination is key for ensuring a coherent whole-of-government response. We've taken a number of steps to bolster the government operations centre's capacity to coordinate the collective federal response to this emergency.

To promote greater collaboration and information sharing among the various implicated parties, we've embedded subject matter experts from a number of lead federal departments into the government operations centre. This includes Indigenous Services Canada, Health Canada and the Canadian Armed Forces. We've also embedded experts in critical infrastructure protection into the government operations centre to support greater collaboration with the private sector.

Lastly, we've embedded representatives from the Canadian Red Cross to support greater information sharing with civil society organizations, recognizing that there are many playing an important role. Using this enhanced capacity, we've created a dedicated situational awareness team within the government operations centre. This team is producing daily situational awareness products to inform our response.

In addition to supporting enhanced situational awareness, the government operations centre is also using its bolstered capacity to support federal planning. The centre has been working with multiple partners to develop the government's response plan. The objec-

tive of the plan is to identify the overarching roles and responsibilities and key activities of each federal department to mitigate the impacts of COVID-19. This plan provides clarity on a number of cross-cutting issues, such as critical infrastructure, public health measures, business continuity planning and other issues. Provinces, territories, the private sector and the Canadian Red Cross have also been engaged in the development of this plan.

As I said, critical infrastructure protection is a key part of my department's response to the pandemic. My department is also working to help our external partners, including provinces, territories and municipalities, support the resilience of critical infrastructure systems. Our focus here is on protecting the assets, systems, networks and services essential to the health, safety and economic well-being of Canadians. A failure in any of these systems can have cascading effects on other sectors, which can amplify the economic, social and safety impacts on Canadians.

As you know, a number of jurisdictions within Canada have announced that business closures and border measures are in effect. Provincial and territorial announcements have highlighted that only organizations necessary to provide essential services are permitted to operate. Earlier this month, my department released a document entitled "Guidance on Essential Services and Functions in Canada During the COVID-19 Pandemic" to provide clear advice when it comes to determining the essential services and functions in the context of the pandemic.

I'd like to conclude by highlighting some areas that we'll be focusing on in our emergency collaboration moving forward. First and foremost, we'll continue to work with our partners to address the challenge presented by cyclical events. We're dealing with the response to COVID-19, but we must also be able to meet needs in the event of a flood or forest fire. Resources and personnel required for a response may already be deployed in response to the COVID-19 pandemic. We'll need to work closely with partners to properly coordinate a response to events such as floods.

• (1440)

We're working with our partners to support the long-term mental well-being of front-line workers, including public safety personnel.

Again, Mr. Chair, thank you for the opportunity to provide some input. I look forward to answering your questions.

[English]

The Chair: Thank you.

Ms. Jansen, I see you have your hand up.

Mrs. Tamara Jansen: Yes, I was really struggling with the volume. The volume for the English and the French was equal for me, so it was impossible to understand.

I've been texting my colleagues. They say that you can mute the original, which I tried, but that wasn't helping either. It was a challenge. I thought if I raised my hand, it would get your attention and we could fix the volume issue.

The Chair: I actually had the same problem. I did a text with the clerk, and they are sorting it out behind the scenes.

What had been suggested at the beginning was that if that happens and you toggle the interpretation, it might adjust properly. I tried that. It didn't work. Hopefully they are working on that behind the scenes. Also, you are able to do a point of order. The instructions at the beginning were that if you have a point of order, unmute your mike and raise your point of order. Then if you want to intervene on someone else's point of order, raise your hand. The hand signal is a little bit subtle for me. It's way off on the side, but we'll figure out how this works as we go forward.

Anyway, thank you. Hopefully that problem is being addressed and will be resolved soon.

We go now to the Public Health Agency of Canada.

Ms. Thornton, I believe you have a statement to make. You have 10 minutes, please.

Ms. Sally Thornton (Vice-President, Health Security Infrastructure Branch, Public Health Agency of Canada): Mr. Chair, thank you very much for the opportunity to appear today before the committee. I too would like to take a moment to express our condolences for the loss. Colleagues, our thoughts are with you.

As you know, our top priority at public health is the health and safety of Canadians. The Public Health Agency of Canada is actively monitoring and responding to the COVID-19 pandemic and planning for possible scenarios based on the evidence and as the science continues to emerge. Since the outset, PHAC and our provincial and territorial public health authorities across the country have been working together to ensure our preparedness and response measures are appropriate and adaptable, based on the latest science and evolving situation.

Within the agency, PHAC has activated its health portfolio operations centre to ensure effective planning and coordination of response efforts, in collaboration with international, federal, provincial and territorial partners. You have heard from many people from the public health agencies since the outset. Today I and my colleague, Cindy Evans, who's the acting vice-president in emergency management and is on a different side of the organization, are here, and I understand that you've invited us specifically to provide an overview of Canada's national emergency strategic stockpile, our inventory management and the disposal of medical masks and gloves.

I would like to talk about the NESS, as we call it, the national emergency strategic stockpile, but first we must understand the situation.

As you know, public health is a shared responsibility among federal, provincial, territorial and local governments. A fundamental

assumption underpinning any emergency management is that the provinces and territories and the local governments are prepared to a reasonable extent for the most common emergencies.

The NESS is the federal government's health emergency stockpile. Our role in the stockpile is twofold. One is to provide surge capacity to provinces and territories at their request when their own resources are not sufficient. The other is that the NESS is the sole provider of certain assets required for rare public health emergencies—for example, costly or rarely used vaccines or antidotes.

To understand the NESS as it is today, it is helpful to understand its history and how it has evolved. It was created in 1952 during the early years of the Cold War. At the time, the biggest threat to national health and safety was the threat of nuclear attack. The NESS was authorized to stockpile essential health supplies for civil defence purposes. During the 1960s, the inventory expanded to include 200-bed hospitals, treatment centres, basic laboratories and blood donation units. Many of these were pre-positioned across Canada in schools, church basements, community centres and other locations.

In the 1980s and 1990s, the scope of the NESS expanded to include the capacity to respond to natural disasters and other emergencies by stockpiling the supplies needed to support evacuations and to care for displaced individuals, such as kits for setting up reception centres, mobile kitchens and airport disaster units.

The turn of the century marked a dramatic change in the nature of the international security and public health threats, marked by the September 11, 2001, terrorist attacks, the 2003 SARS outbreak and the 2009 H1N1 influenza pandemic.

During this period, the NESS evolved to focus more on chemical, biological, radiological and nuclear threats. It began to move away from beds and blankets and increased its holdings of antiviral medications, a key treatment in response to viral outbreaks such as influenza. The role of the NESS in procurement also evolved as a potential collaborative sourcing organization and a clearing house, paving the way for possible bulk procurement.

There have been ongoing changes and modernization to the NESS as an important part of the emergency management and preparedness response. In 2012, the NESS contained valuable medical and pandemic response supplies, but it also had outdated field hospitals and supplies that were no longer viable. Assets were held in various locations across nine cities and in approximately 1,000 pre-positioned sites in the provinces and territories, including within schools and community centres. Many of the sites had been moved or closed, so some of the assets were no longer in good quality due to long-term storage.

An independent assessment of the federal warehouse network looked at the footprint and found it was too large. The recommendation was to move from nine warehouse locations to six, as that would be more efficient and provide the same response capacity. We began to implement that solution. As a part of that, items of value were repositioned and other obsolete assets were disposed of in accordance with Treasury Board directives on disposal of surplus material.

- (1445)

In terms of inventory management, the NESS reviews its stock of equipment regularly. As part of the review, expired material is disposed of. In response to your specific question, in 2019, for example, approximately two million expired masks and 440,000 expired gloves were disposed of during the closure of one of the warehouses in Regina. The masks and gloves had been purchased in 2009. They passed the manufacturer's recommended limit of five years for their use.

The Public Health Agency follows strict guidelines when deploying materials. If the agency cannot account for the quality of the material, it will not deploy it. Even under current circumstances, where guidance allows for use of some expired personal protective equipment, we examine very closely any equipment that is sent over and is five years old or more. This is in accordance with manufacturers' guidelines.

When disposing of surplus assets, we offer them to partners, we sell them through GCSurplus and we recycle where we can. As a last resort, sometimes we do need to dispose of obsolete, expired or unusable assets.

It is important to note that when we have stockpiles that are about to expire, we do consider whether they can be donated for suitable use, but there are parameters around donations. For example, the World Health Organization will accept donated PPE, but the equipment must still be two years before its expiry date. That would mean that if we had something in stock for three years, we would have to donate it and rotate the stock.

When it comes to replenishing our assets, we do it based on risk and threat assessments, and credible scenarios that outline the types of risks that we face and may need to respond to. Our decisions to purchase assets focus on low-probability, high-impact events for which it makes the most sense for the federal government to be the sole provider. We have a planned and very nominal budget of about \$2 million a year.

In summary, the NESS complements provincial, territorial and local capacity. We prepare for low-probability, high-impact

events—for example, a terrorist attack or a major natural disaster—and we arrange for the continued availability of pharmaceuticals, equipment and medical supplies that are rare and difficult to obtain in a short time frame. We also fill a niche role in terms of stockpiling certain high-value items, such as the smallpox vaccine. The NESS really is intended to provide surge capacity, and it maintains its ability to facilitate bulk procurement with provinces and territories.

In order to respond to the unprecedented challenges of this pandemic, the NESS has been mobilized to support response efforts. We are leveraging bulk procurement capacity working with provinces, territories, Public Services and Procurement Canada and Health Canada to procure supplies for front-line health care workers. We have worked closely with the provinces and territories, Public Services and Procurement Canada and Health Canada to make these purchases and to allocate donations.

We've also ramped up our internal capacity with dedicated units for procuring PPE, identifying appropriate PPE for health service providers, preparing requisitions, reviewing product specifications and testing products. We've also deployed NESS equipment and supplies in response to requests for assistance from provinces and territories.

We have engaged the Canadian Armed Forces to facilitate logistics. This is making a huge difference. We went from about 15 to 30 deployments a year to 15 to 30 deployments a month. The volume is much bigger than anything we've been prepared for. The Canadian Armed Forces are working around the clock. Over two dozen members provide air and ground logistics and support for the global movement of these goods.

We also entered into an agreement with Amazon Canada, which leverages Canada Post and Purolator to facilitate the distribution of PPE and supplies purchased by the government. Since April 1, we've shipped approximately 1.2 million N95 respirator masks, six million surgical masks and eight million nitrile gloves to provinces and territories. More are expected to arrive and be distributed in the coming days.

The NESS has a long history. It has moved from a wartime stockpile to a more modern inventory of niche assets for low-probability, high-impact events. This pandemic has really been an opportunity for us to mobilize bulk procurement, large-scale shipping, and product verification and testing, and we've been mobilized in an unprecedented fashion. Responding to the events necessitated new and innovative partnerships and non-traditional approaches, all of which will inform the future of the NESS.

Mr. Chair, we thank you for the opportunity to be with you today to provide an overview of the national emergency strategic stockpile. We would be pleased to answer your questions.

• (1450)

The Chair: Thank you.

We will now start our question rounds.

As usual, we have an agreement to try to do three rounds of questions. We'll start with the first round.

[*Translation*]

Mr. Paul-Hus, you have the floor for six minutes.

Mr. Pierre Paul-Hus (Charlesbourg—Haute-Saint-Charles, CPC): Thank you.

I'll start the first round of questions by turning to Mr. Tanguy from the Department of Public Safety and Emergency Preparedness.

Since the beginning of the pandemic and the start of the potential arrival of the virus in Canada, we've been wondering about Health Canada's role in relation to Public Safety Canada's role.

From the start, I've been participating in the Standing Committee on Health. I've asked questions about the border. Remember that, at the end of January, there were no coronavirus cases in Canada, and the border was the first line of defence. At the time, we heard that Health Canada's guidelines were being followed. I paid close attention when you outlined the entire protocol. Everyone has good theoretical protocols. However, in practice, when certain situations arise, it's necessary to respond.

I want to know your position on the situation from the beginning. From a public safety perspective, has there been a lack of coordination when you're waiting for guidelines from Health Canada or receiving those guidelines directly affect your activities?

Mr. Patrick Tanguy: Thank you for your question.

I'll respond by talking about three points—

Mr. Pierre Paul-Hus: I can't hear you.

[*English*]

The Chair: I can hear you.

[*Translation*]

Mr. Patrick Tanguy: Okay.

Mr. Pierre Paul-Hus: It's working now. I muted the floor sound to avoid repetition, since you're a French speaker. That's why I couldn't hear you.

• (1455)

Mr. Patrick Tanguy: Okay. Thank you.

There are three key points. First, the government operations centre was activated on January 23, 2020. The activation was carried out progressively, from level 1 to level 3. We moved to level 3 on February 2.

Second, the departments were already working together when the centre was activated, both at the Public Health Agency of Canada and at Health Canada.

Third, we needed to coordinate the response to ensure that it was based on science. To that end, our ongoing and consistent interactions with our colleagues at Health Canada and the Public Health Agency enabled us to engage the departments and agencies, while we turned our attention to public health notices.

Mr. Pierre Paul-Hus: Can we now determine that the notices weren't effective? We often wondered why there weren't any procedures in place at the airports. Even John Ossowski, the president of the Canada Border Services Agency, told the Standing Committee on Health on two occasions that his hands were tied. He had to follow Health Canada's guidelines when, as president of the Canada Border Services Agency, he would have taken different measures to ensure safety. As we've seen, the virus ended up entering Canada through travellers.

Do you think that the protocol in place is satisfactory? Is that what you're saying?

Mr. Patrick Tanguy: I'm saying that the protocol was very significant. All the officials needed to look to science to provide the best advice on what to do.

Mr. Pierre Paul-Hus: Okay.

I have another question. Today, the Prime Minister and the Deputy Prime Minister were asked a question about the border. There's an issue with the United States. The joint agreement between Canada and the United States was renewed for 30 days. However, there's a change. Yesterday, border services officers were informed that, from now on, refugee protection claims can be made at border crossings, such as the Lacolle, Quebec border crossing. People who come to Roxham Road can proceed to the Lacolle border crossing.

Do you have anything more specific to say about this? This raises many questions. Given that the border is supposed to be closed, why are refugee protection claims being accepted?

Mr. Patrick Tanguy: Thank you for your question.

I'm not in a position to comment. I can easily refer the matter to my colleagues at the Canada Border Services Agency. They're in a better position to comment on this issue.

Mr. Pierre Paul-Hus: Okay.

Mr. Stamatakis, you spoke of coordination issues and a lack of equipment in the penitentiaries. In terms of the three issues that you raised, from the start, everyone seems to have been talking about a job well done and a timely implementation of the plans. However, from your perspective, you can clearly see the lack of coordination.

What could be done as quickly as possible, especially in the future?

Should some of the protocols in place be changed?

[English]

Mr. Tom Stamatakis: From my perspective, I think there needs to be better coordination around the messaging. We were hearing federal officials commenting publicly about things like self-isolation orders or quarantine orders. Those comments were widely covered by the media, yet on the street, on the front line where our members are operating, we were not getting any information initially about what the expectations were of police.

That puts the police in a difficult situation, because we're now in the middle. The public is saying, "What are you doing about this?" and "Why aren't you taking enforcement action?" and other people are asking, "Why are you trying to prevent me from going to this park? Why are you criticizing me for leaving my home?", etc.

I understand that any decisions have to be evidence-based and informed by the science, but there needs to be a better coordination of the messaging from the federal government, in my view, which has a leadership role to play, and then through to its provincial and municipal partners. We had a lot of inconsistent messaging from all levels of government at the outset of this pandemic, from my perspective, on behalf of the members that I represent.

● (1500)

[Translation]

The Chair: Thank you, Mr. Paul-Hus.

[English]

We go now to Dr. Jaczek.

Dr. Jaczek, you have six minutes.

Ms. Helena Jaczek (Markham—Stouffville, Lib.): Thank you very much, Chair.

I want to thank all the witnesses for their very thoughtful comments. In a situation like the one in which we find ourselves now, it's so important to work together and look to the future and find out how we could do better if we ever face this dreadful situation again.

My first question is for Monsieur Tanguy.

Monsieur Tanguy, you have talked a lot about the government operations centre's mandate of collaboration and close coordination with provinces and territories and their emergency operations centres. We've also heard from Mr. Stamatakis and Mr. Wilkins that there's a great deal of frustration about the messaging for their members operating in different provinces and territories. Whether, as in your case, it's mostly about acquisition of personal protective equipment or about the public health messaging, it is a very frustrating situation when there is a lack of consistency across Canada.

From your perspective—and we've heard this sort of comment at this committee before—should there be stronger measures taken federally to ensure consistency, as opposed to your current very collaborative process?

Mr. Patrick Tanguy: Thank you, Mr. Chair, for the question.

I have a few comments on that front. I believe—and we heard it from all provinces and territories and other partners, and also from different federal ministers and the Prime Minister—that there has been incredible collaboration among different governments, and

this collaboration has made it possible for us to coordinate our actions. Obviously, each jurisdiction will make decisions within its own powers.

At the same time, I believe that we can always do better. With respect to information sharing, we played this enabling role at the federal level by bringing in the emergency management table and the health table. I think it's crucial that we continue to focus on working together at all different levels of government, including the municipal level, just to make sure that we do an even better job on coordination. I believe that's the right track to follow.

Ms. Helena Jaczek: Following up on that—and I will be asking the Public Health Agency of Canada a question as well—from your perspective, when you get requests for proposals for equipment to provide surge capacity in this regard, how do you coordinate that?

The stockpile is housed within the Public Health Agency of Canada. You also have opportunities with military stockpiles. What exactly is the process that you use? Do you first use up the stockpile before procurement, or what do you do? Could you elaborate on how this actually works?

Mr. Patrick Tanguy: The government operations centre has a platform, so all the subject matter experts are continually working together.

In the case of the PPE, the personal protective equipment, for instance, we would work under the leadership of the Public Health Agency and the health department. In terms of coordinating, we've done it. My minister has been reaching out to provinces and territories to find out about their needs on that front, and I've done it at my level. We make sure to share that information with our colleagues at the Public Health Agency and the health department because there is an initiative to be coordinating internally within the federal system under the leadership of those two entities.

I would suggest that maybe my colleague Sally Thornton could complement the answer here.

● (1505)

Ms. Helena Jaczek: Ms. Thornton, from your perspective, how do you liaise with the government operations centre? At the end of your statement, you hinted a bit about what the NESS would look like going forward.

You had a stockpile, but presumably it wasn't sufficient to accommodate the surge capacity needed out in the field, so you needed to work with Procurement Canada. Describe to us how this works.

Ms. Sally Thornton: Again, we are not that familiar with what provinces had in their respective stockpiles. Realizing our focus is very much on PPE for the health sector, one of the first things we did very quickly was to get a heads-up in terms of where there would be national and international gaps. We made a decision to do bulk procurement simply because we have a competitive advantage when we go with bulk procurement.

We put out a number of orders through Public Services and Procurement Canada for the things that we knew were going to be in short supply, such as gowns and N95 masks. The bulk procurement gave us an advantage. When we receive these things, we actually allocate them to our provincial and territorial counterparts in the health sector. There's a base amount that goes out just to make sure they have some supply in terms of planning and preparedness, but the initial requests for assistance really deal with urgent needs.

Our provincial and territorial counterparts know what they have in stock and they're getting more familiar with their burn rates. For example, if they have 25,000 medical masks, they know they will need more on Saturday. That is for our priority distribution. In many instances, it is a just-in-time distribution, complemented, where there aren't such acute shortages, by getting things pre-positioned for the longer term.

That's really how we are working now with our procurement folks and our provincial and territorial counterparts. Our distribution either comes to the NESS first, and then goes to our provincial and territorial counterparts, or, depending on the origin of the supply, it doesn't have to come through the NESS but can go directly where the needs are.

The Chair: Thank you, Dr. Jaczek.

[*Translation*]

We'll now give the floor to Mr. Thériault for six minutes.

Mr. Luc Thériault (Montcalm, BQ): Thank you, Mr. Chair. I appreciate your efforts. You have a very nice French accent.

I want to address the Union of Canadian Correctional Officers.

Earlier, you said that action was needed to deal with the additional risks brought about by this pandemic and focus on three things: screening tests, personal protective equipment and adequate contingency planning processes.

On April 21, there were 51 confirmed cases at Joliette of inmates with COVID-19, out of a population of approximately 130 inmates; there were 49 at the Federal Training Centre in Laval; and 14 at Port-Cartier Institution. So there are 114 confirmed cases among inmates in Quebec, with only 188 screening tests done.

First of all, do you think that the number of tests done is enough? Do you think that this lack of testing has now been addressed, or does it still exist?

Next, do your officers currently have enough personal protective equipment to do their jobs properly? We've seen that, in closed living environments, they often become vectors of contamination through no fault of their own.

[*English*]

Mr. Jeff Wilkins: First I'll address the question about personal protective equipment.

We have not been given any indication by Correctional Services that there is a lack of personal protective equipment. Our questions are often about where it is going to be used.

When I spoke about the planning in my opening comments and the contingencies in all of these things that need to be discussed at

the local level, those have to do with what's going to happen when the virus comes. When I talked about the personal protective equipment, it's about when you use it. It's only now that the levels of PPE that are required in certain situations are coming down to the field through our health and safety committees. If we have an inmate who has tested positive for COVID or is symptomatic for COVID, of course the response to coming into contact with that inmate is far different from what it is when we are able to keep a social distance. I can tell you that an inadequate stock of personal protective equipment has not been flagged to us; our question is about where it's used.

When it comes to the testing, we know that the 188 tests, as you say, for those institutions alone are of course for those inmates who are symptomatic or are expressing symptoms.

In my opening comments I referred to testing being a priority. What I meant by that is that public health comes into the institution when somebody tests positive for COVID. They do contact tracing, and those officers who might have been around an inmate or another staff member are told to go home and self-isolate for 14 days. They're asymptomatic, so they're not able to get a test in the province where they live because they don't have any symptoms, but they have to stay at home for 14 days.

The problem we are having, and what blew up very rapidly first at Port-Cartier Institution, was that a significant majority of our staff members were sent home to self-isolate. Then the members are forced to create different schedules and work excessive hours just to keep the front line strong. Of course testing is an important piece for the inmate population, but it's also important for correctional officers when they're sent home.

• (1510)

[*Translation*]

Mr. Luc Thériault: Unless I've misunderstood, you said that some of your members had to return to work before getting the test results. Could you explain why and tell us if that's still the case now?

Are people being forced to return to work before they even get the test results?

[*English*]

Mr. Jeff Wilkins: Of course, this concern was raised to us from Mission Institution. Mission Institution has a very high rate of inmates who are infected now. As of today, I believe it's 64 inmates and nine staff, and one other staff member besides the correctional officers.

Again, it came down to the contact tracing. They did all the contact tracing and sent an entire group of individuals home to self-isolate for 14 days on the advice of public health. Because of the staffing concern and the unwillingness to bring in staff from other institutions for a period of time on a voluntary basis or pay for things such as overtime or whatever is required, what we were seeing there was that they were calling up the people who were off at home and saying that it had been six days and the contact tracing went a little too far and they were able to come back to work. Believe it or not, one of the officers they asked to come back to work tested positive for COVID the day after they asked him to come back to work, so you can imagine what kind of impact that would have had, had he come back into the workplace.

Your question is whether it is continuing today: not as far as I am aware. I think we have solved that issue.

[Translation]

The Chair: Thank you, Mr. Thériault.

[English]

We go now to Mr. Davies.

Mr. Davies, please go ahead for six minutes.

Mr. Don Davies (Vancouver Kingsway, NDP): Thank you to all the witnesses for being here.

Mr. Stamatakis, my first question is for you.

I live in Vancouver, where you have had a long and great career with the Vancouver Police Department. I reached out to some of your members in advance of this meeting and asked what their challenges and concerns were. I want to read to you one response I got.

The VPD officer said, “Most of my challenges and concerns are mostly answered with 'Just wear PPE' and 'You're going to get it eventually.' The reality of working on the front line is I'm not able to avoid high-risk interactions when it comes to COVID, and I feel like it's just assumed by the government that we will get it and to suck it up. I personally don't disagree with that assertion, but I know it makes lots of my co-workers, who have elderly relatives at home, much more nervous. Numerous times, I've had to deal with situations without PPE, as without my immediate intervention there could have been bodily harm or more. The current answer to that, afterwards, is 'Keep coming back to work until you show symptoms.' Couple that with constantly having to attend SROs at an increasing rate, working in close contact with people who have drug and mental issues that make even basic hygiene out of the question, and sharing all of my equipment—there is no end.”

Mr. Stamatakis, given jurisdictions like New York City, where 4,000 members of the NYPD have tested positive for COVID-19 and about 15% of the uniformed workforce is out sick, do you have any similar concerns with respect to your membership?

• (1515)

Mr. Tom Stamatakis: Thank you for the question.

That's why, in my opening remarks, I tried to emphasize that one of the challenges of policing in this very unprecedented environment is exactly what that officer you were in contact with described

to you. We often don't know whom we're dealing with, and we have little control over the environment within which we're interacting with people. These are very real concerns. That's why the level of anxiety for police personnel through this pandemic has been so heightened.

We try to put protocols in place to mitigate the risk as much as possible, whether that's through the issuing of PPE or changing how we respond to different calls, minimizing the number of times that we might be interacting with the public, where maybe we would normally interact with them in normal circumstances but now we don't, because we want to try to prevent police officers from being exposed. It's a very real issue, and I think the approach we've taken is to try to raise issues when they come up. I think the approach we're taking now is to try to identify some of the concerns we've had to try to look prospectively at how we can address these in the future as this thing continues.

To that end, I've had good lines of communication with Minister Blair and Public Safety Canada officials, who have been responsive to some of the issues that we've raised. However, it is an unprecedented situation, and what that officer describes is what officers are experiencing right across the country.

We're fortunate in Canada that we've had few officers.... We've had officers in almost every jurisdiction test positive, but they haven't been significant numbers. Where we've been more challenged is with officers who have been exposed and then have to self-isolate, and then we have to manage the deployment issues that arise from that. We manage that through—and I alluded to this in my opening remarks—the need for testing and easy access to medical professionals who can give our members good advice. For the most part, in most jurisdictions, we do have access to advice from medical professionals, which we're trying to take advantage of.

Mr. Don Davies: Thank you.

Mr. Tanguy, Minister Blair said at a news conference that literally hundreds of federal inmates have been granted early release in response to COVID-19 outbreaks. Could you inform the committee of both how many inmates have applied for early or exceptional release because of COVID-19, and how many have been released to date?

Mr. Patrick Tanguy: This is outside my area of responsibility. I will take this back, and we can provide the information.

Mr. Don Davies: Thank you.

Ms. Thornton, on April 1, federal health minister Patty Hajdu admitted that the federal government likely did not have enough protective equipment in the national emergency strategic stockpile. She said, “We likely did not have enough. I think federal governments for decades have been underfunding things like public-health preparedness”.

I have two questions. Would you advise this committee that federal governments have been underfunding NESS for decades? At any time in the last 10 years, has PHAC warned the federal government that NESS has been underfunded?

Ms. Sally Thornton: In my opening remarks, I did talk about the gradual evolution of the national emergency strategic stockpile, and it has evolved from wartime to current times, right before the pandemic, with various phases and various types of funding. It does not have a large budget, as compared with my international colleagues or even some of my domestic partners. It has been funded for what it was asked to do. However, it was not asked to prepare beyond surge capacity for provinces and territories.

With hindsight, one could always like more. One would always wish, however this goes forward, as we do the preparedness and identify the risks and what's required to address those risks, that in the future the budget allocation is proportionate, to allow us to meet that.

• (1520)

Mr. Don Davies: Thank you. I know that in—

The Chair: Mr. Davies, you're at your time right now.

Mr. Don Davies: Thank you.

The Chair: That ends our first round of questions.

We now start our second round of questions with Ms. Jansen.

Ms. Jansen, please go ahead. You have five minutes.

Mrs. Tamara Jansen: Thank you. I have a question for Ms. Thornton.

Ms. Thornton, is the the national emergency strategic stockpile separate from the provincial stockpiles?

Ms. Sally Thornton: Yes.

Mrs. Tamara Jansen: Then my question is this: What quantity of masks were on hand in NESS at the start of this pandemic?

Ms. Sally Thornton: We would have to follow up on that number.

Mrs. Tamara Jansen: Okay, if I could get that number...

Yesterday, we heard from Mr. Matthews that he's ordered more than 293 million surgical masks. I guess what I'm trying to figure out is, at the current burn rate, how long those will last.

Ms. Sally Thornton: For that number, we'd have to do calculations on burn rate. I would just caution that a procurement order is not the same as what we receive.

Mrs. Tamara Jansen: Okay, then my next question is in regard to stock rotation. How often per year do you offer PPE for sale in order to help rotate the stock that you have in the stockpile?

Ms. Sally Thornton: We don't offer it for sale, but we will distribute it.

Mrs. Tamara Jansen: How often does that happen? That goes to the provinces, I'm assuming.

Ms. Sally Thornton: Not necessarily. We've had cases, particularly with third world countries during the Ebola outbreak. Just let me grab my—

Mrs. Tamara Jansen: No, that's all right.

Your stock rotation is given away as it gets close to expiry. Do you immediately restock when you do that?

Ms. Sally Thornton: Depending on the nature of the item, yes.

Mrs. Tamara Jansen: How often does that happen?

Ms. Sally Thornton: Antivirals, which are where we are active, happen regularly.

Mrs. Tamara Jansen: How about the masks?

Ms. Sally Thornton: I would have to confirm that.

Mrs. Tamara Jansen: I think you mentioned that the masks were five years old. Is that correct?

Ms. Sally Thornton: The ones in the Regina warehouse we kept well beyond their expiry date, and normally we would not keep them that long.

Mrs. Tamara Jansen: Okay, who is in charge of stock rotation? How does that work? How could those have been left out like that?

Ms. Sally Thornton: I am in charge of stock rotation. Typically we do keep things that could work a bit beyond their expiry, but a bit beyond their expiry we are not able to donate them, such as our donations to Texas for Hurricane Harvey or our donations to the Ebola outbreak. We—

Mrs. Tamara Jansen: What would be the total of PPE donations in the last five years?

Ms. Sally Thornton: In 2014, for the West African Ebola outbreak, it was about 2.68 million dollars' worth. That included N95 respirators, gloves and coveralls. For Hurricane Harvey in Texas in 2017, it was about \$10,000. That was really beds, blankets, pillow-cases and bath towels.

Mrs. Tamara Jansen: Did that all get restocked? I am assuming you had it in a stockpile because you needed it.

Ms. Sally Thornton: We keep a minimum level in our beds, blankets and PPE. Our focus in terms of our rotation is on the antivirals and masks.

Mrs. Tamara Jansen: What is your minimum level of stock on masks?

Ms. Sally Thornton: I would have to.... We will be able to get you the numbers on what we had prior to going in, but I couldn't tell you a minimum.

Mrs. Tamara Jansen: Okay.

Then I was just wondering what part you play with regard to procurement. Bill Matthews yesterday mentioned that PPE is being inspected in China before it ships and then inspected again in Canada. Then we found out from Ms. Hajdu that a bunch of masks that were recently shipped were not usable.

How does that work?

Ms. Sally Thornton: There are two things. At the outset, in placing the orders for the procurement, we work to identify the specifications for those items that would be acceptable and usable and meet our standards, or alternatives that we're not accustomed to but that would also meet our standards and protect health care workers.

There is often a preliminary inspection in China, but when we receive things here, we have to inspect them—

• (1525)

Mrs. Tamara Jansen: Do you expect, though, that if you are inspecting in China, you wouldn't necessarily have masks still arriving in Canada that were not usable?

Ms. Sally Thornton: It would depend on the nature of the broker or the type of procurement.

Mrs. Tamara Jansen: Okay.

Ms. Sally Thornton: We have a bunch of different suppliers. When things come here, we do a visual inspection first. For instance, you look at a mask and you can tell if there are perforations where there shouldn't be. You pull the elastic and it's soft—

Mrs. Tamara Jansen: Right, but are you doing that in China? I guess that was the question I had for Mr. Matthews. He said yes, and then we found out that masks that have arrived were not usable.

Ms. Sally Thornton: Things can easily pass the visual inspection, but then we have to take them for lab testing. That's to check what goes through the mask, the permeability, both in terms of air-flow and—

Mrs. Tamara Jansen: Can those tests not be done in China? I know there are lots of labs in China.

Ms. Sally Thornton: We prefer to do them here. It's good to have our National Research Council, our own testing and our own engineers taking a look at it. We're very cautious about what we send out to health care workers and we don't want them to be inadvertently put in a—

Mrs. Tamara Jansen: Would it maybe help you avoid having things shipped that weren't up to snuff if you first did the tests in China, and then you could test again when they arrived here?

Ms. Sally Thornton: The greater the quality control in China, definitely the better the quality we would receive here.

Mrs. Tamara Jansen: Absolutely.

How much time do I have left?

The Chair: You're right on the line. Thank you very much.

We'll go now to Mr. Kelloway.

Mr. Kelloway, you have five minutes.

Mr. Mike Kelloway (Cape Breton—Canso, Lib.): Thanks, Mr. Chair and all colleagues and witnesses. I'd like to thank everyone for their kind words toward my province, Nova Scotia. It's been a difficult time.

With that in mind, I want to thank the Canadian Police Association and the corrections association for all you have done, all that you do and all that you will do. I am someone who is married into a police family. My father-in-law was a former chief of police here in Cape Breton and my brother-in-law is the current chief of police, and I have a lot of nephews who are in law enforcement. Your efforts have never been more appreciated than during COVID, but especially so during this time we are going through in Nova Scotia with the shootings in Cumberland County.

I have three questions. The first two are for the Canadian Police Association. I'll be succinct in the first one and hopefully equally succinct in the second one.

What particular challenges are you facing on the front lines, and what more can be done? You talked about the lack of communication or coordination among levels of government. I'm wondering if you can unpack some more challenges so we can look to where we can improve and what more can be done.

Mr. Tom Stamatakis: I think it's really important for the messaging to be consistent, starting with the federal government. That's why I think the federal government has a leadership role, then on through all of our provincial health officers and our elected officials provincially and then further through to the municipal level. One of the challenges in Canada with some of the jurisdictional issues is that each province is making its own announcements and that information has been trickling down to the people in the front line who are interacting with the public and the public are either receiving different messages or messages at a different pace.

When the police are expected to take enforcement action or engage with them, when the messaging is inconsistent, that creates conflict. The last thing we need in circumstances like this or in any circumstances is more conflict between the public and the police. We should have the opposite. That's why I think one thing that's been done really well is this focus on education and encouragement, rather than taking an enforcement approach first. I think that was a good strategy.

Finally, when we got that messaging and it was consistently being delivered from jurisdiction to jurisdiction and province to province, I think it was effective.

Mr. Mike Kelloway: Thanks so much.

I want to dovetail that question and answer into this question. Do you find there's increased compliance with laws when warnings are issued rather than pursuing arrests? As you said, the focus now is more of looking at educating the public, obviously laying charges where there are serious cases, but playing more of a role in education. Do you see an increased compliance with the laws when the warnings are issued rather than pursuing arrests? Is it too soon to tell? What's the feeling among the rank and file in your association on that?

• (1530)

Mr. Tom Stamatakis: From my perspective, education is always the best first approach. We have to realize that we turned our society upside down. Literally overnight, we told citizens right across the country that they couldn't do things they'd always been able to do. Businesses were being closed down. People were struggling with the loss of their livelihoods. People were losing their jobs. I think in the midst of that, we needed to give people more information and focus on education as opposed to taking a very strident enforcement approach, particularly when most of the citizens that we're dealing with are normally law-abiding, taxpaying people who are also suffering from a high level of anxiety because of what's happening in our country.

Mr. Mike Kelloway: There's no question—no question—that the level of anxiety is high, especially among law enforcement, so I appreciate that, sir.

My next question is for corrections.

What protocols are taken for corrections officers who are symptomatic? Could you dig a little deeper in terms of what leave options and support are being provided to those individuals?

Mr. Jeff Wilkins: That was a challenge we faced early in the COVID response with the Treasury Board of Canada.

Originally, if somebody was symptomatic before going to work and called the institution, they were going to have to use their own sick leave. Of course, we're in allergy season. We're in flu season. If I wake up and I have a little bit of a sneeze or a cough, I might not necessarily call in sick. I'll probably go to work thinking that it might be allergies.

However, in this realm here now, that mindset has changed. It was very important because the message had to be very clear that if you're not feeling well, if you have any symptoms, you should not be going into the workplace. In order for that to come around, now if somebody is symptomatic, they will be given special paid leave by the Treasury Board to stay home for the 14-day period. Again, this is where testing becomes vitally important, because not everybody can go home.

Mr. Mike Kelloway: Yes. Thank you so much. I appreciate it.

The Chair: Thank you, Mr. Kelloway.

We'll go now to Dr. Kitchen.

Dr. Kitchen, please go ahead for five minutes.

Mr. Robert Kitchen (Souris—Moose Mountain, CPC): Thank you all for being here today. I appreciate that. Your comments have been greatly appreciated.

Many groups have presented to us, and one of the common things I'm hearing is that we weren't prepared.

Mr. Wilkins, you talked about proper steps not being taken right from the start.

Mr. Stamatakis, your comments were about communication and that things haven't been put out there. It appears that we have silos, but these silos aren't communicating such that everything is put out at the same time for everybody.

That obviously is challenging when we look at the Public Health Agency. I appreciate your comments on the history of how we've developed to where we are today, but we need to be ahead of the game, and a lot of times we are actually reacting instead of being proactive in what we do.

Mr. Tanguy, my first question is for you.

We've heard many times that within the health care sector, one of the biggest barriers to addressing COVID-19 is a lack of information or a lack of transparency from the provinces and territories with respect to data. Has Public Safety identified any issues with obtaining data from the provinces so that preparations and precau-

tions can be scaled to the severity of the situation in each jurisdiction?

Mr. Patrick Tanguy: I would defer to my colleagues at the Public Health Agency, because when it comes to the health sector, that information, that data, was collected by Health Canada and the Public Health Agency.

• (1535)

Ms. Cindy Evans (Acting Vice-President, Emergency Management, Public Health Agency of Canada): Very early on in our process we make use of our federal, provincial and territorial mechanisms. As early as December 31, our chief public health officer, Dr. Tam, engaged with the Canadian council of chief medical officers of health. In addition, as part of our federal-provincial-territorial response plan for biological events, we put in place very early on a special advisory committee, and they've been meeting regularly, two or three times a week, since January with a very effective sharing of information.

Noting the different timelines in which public health measures came on board in the provinces, there was very great sharing across the table in terms of the consistency of the public health measures that were needed for provinces and territories to work co-operatively, recognizing that infectious diseases don't respect borders, international or provincial.

In terms of receiving information, to the extent of discussing how we would define active cases and the amount of information necessary for us to accurately reflect Canada's situation, I would say information sharing from the provinces was quite strong and started quite early.

Mr. Robert Kitchen: Thank you.

Correct me if I'm wrong, but I thought I heard from Public Safety that when you're looking at aspects of PPE, you're referring to PHAC for that information. However, PHAC is looking after NESS. If PHAC is looking after NESS and saying this is purely for the health sector, how can Public Safety be looking at the use of NESS equipment, when PHAC is actually administering it strictly for health care?

Mr. Patrick Tanguy: To complement that work, vast work has been done by different departments. For instance, we've been reaching out to provinces and territories to find out what the need is for PPE outside of the health sector. We did that last week, and what we heard from the provinces, like Alberta, was that they had PPE in stock for 45 to 60 days, they were in a good position and they were procuring.

But we're not only doing this. With colleagues at PSPC and other departments, we're looking at the needs of other sectors, not just for first responders but for essential workers, for instance, and trying to come up with the needs required there.

Mr. Robert Kitchen: I appreciate that, but we're hearing different results from other groups about not having that information.

I have one last question, hopefully quickly—

The Chair: Dr. Kitchen, you're right on time now.

Mr. Robert Kitchen: Okay. Thank you.

The Chair: Thank you.

We go now to Mr. Fisher.

Mr. Fisher, you have five minutes.

Mr. Darren Fisher (Dartmouth—Cole Harbour, Lib.): Thank you very much, Mr. Chair.

Thanks, folks, for being here today. I appreciate your expert testimony.

Mr. Tanguy, you were before this committee on February 3. At that time you indicated that the government operations centre had progressed through level one, which is enhanced monitoring and reporting. Two is risk assessment and planning, and at that time, you were operating at level three.

I wonder if you could describe for the committee levels one through three. What are they, and when and why might the government operations centre proceed from one level to the next?

Mr. Patrick Tanguy: Thank you for the question.

At level one, for instance, the government operations centre will develop detailed authoritative reporting of significant information from a multitude of sources about the event, which it disseminates to federal emergency response partners to support their planning or response efforts. At level two, the government operations centre starts producing enhanced reporting, conducts a risk assessment and guides the development of a strategic plan for an integrated response, if required. Moving to level three, the government operations centre serves as the coordination centre for the federal response and provides regular situation reports, as well as briefings and decision-making support materials, for ministers and senior officials. This includes enhanced reporting, risk assessment and planning, as required.

● (1540)

Mr. Darren Fisher: Are there levels beyond three? If so, maybe describe them.

Have you moved beyond level three in the past? I'm thinking that Nova Scotia was hit quite hard by Hurricane Dorian. I'm wondering what Hurricane Dorian might have been, as a measurement of levels.

Mr. Patrick Tanguy: We don't have more than three levels to activate the government operations centre.

Dorian, if my memory is right, happened last September. At that point, we activated at level three to coordinate a response and work with lead departments. The way that the government operations centre works is by using the federal emergency response plan. We then work with the different lead departments. We will provide some support functions. In that case, the support that was requested was from the Canadian Armed Forces.

Mr. Darren Fisher: Let's switch to Mr. Stamatakis.

Sir, I want to thank you very much for your kind words at your opening with regard to our lost RCMP officer here in my community. I also want to thank you and ask if you could pass along to all of your members my thanks for policing. You talked about the level of anxiety with regard to policing. I can't imagine being in your partner's shoes right now.

Right now, folks travelling and entering into Canada must self-isolate for 14 days. That's a mandatory isolation through the minimizing the risk of exposure to COVID-19 in Canada order. The RCMP is playing a coordination role for all Canadian law enforcement.

How is the RCMP ensuring that relevant information with regard to the Quarantine Act is communicated to every Canadian law enforcement agency?

Mr. Tom Stamatakis: The best way I can answer that question is to use my own home service as an example.

We have seconded local police officers to an integrated unit, led by the RCMP, to manage those quarantine situations in the province of British Columbia. I believe, although I'm not a 100% sure, the same thing has happened in every province. That is how the government, through the RCMP, is making sure that the information is known to local agencies. That integrated unit or secondment unit will communicate out to the different police services about where there are people quarantined as a result of travel and that kind of thing.

Mr. Darren Fisher: Is information being provided to all law enforcement agencies about everyone subject to the quarantine or isolation order, or about only people who are suspected of non-compliance?

Mr. Tom Stamatakis: That's an issue, and I'm glad you asked the question, because one of the challenges we are having across jurisdictions is knowing not only where people on the front line—these are officers who are working every day interacting with people—are quarantined, or more importantly, arguably, for my members from a health and safety perspective, we're not getting information about where people who are infected are residing. Obviously you want to be respectful of those persons' privacy and deal with all those related issues. At the same time, I think it's important for police officers who are responding to know what they're responding to, not only so that they can reduce the anxiety that I'm talking about but also so they can be responding appropriately and know whether they need to don PPE before they enter the premises and interact with people.

The Chair: Thank you, Mr. Fisher.

[Translation]

We will now go to Mr. Thériault.

Mr. Thériault, you have two and a half minutes left.

Mr. Luc Thériault: Thank you very much, Mr. Chair.

I'm going to address the Public Health Agency of Canada.

Ms. Thornton, you have given us the history of the stockpile and the reasons for several things. In your conclusion, you indicated that the response to this pandemic has required new innovative approaches and non-traditional partnerships to ensure the future of the stockpile.

What three recommendations would you make today on what should have been done or what we should do in the future?

• (1545)

[English]

Ms. Sally Thornton: Thank you very much for that question.

There are really three areas.

In terms of the partnerships, I would like to see a strong, sustained relationship with the Canadian Red Cross. They have been invaluable in providing services at a community level and helping outreach. They have an understanding of what happens on the ground and an awareness that bridges the public health element with some of the other concerns regarding our vulnerable communities and the issues they're facing and how best to address them.

While we are dealing largely with a public issue, it is making even more difficult the issues that vulnerable people in communities are facing. Organizations such as the Red Cross have real value there. To see them in some sort of more formalized working arrangement would be incredibly valuable.

We have had phenomenal collaborative relationships with our provinces and territories. I have never seen organizations come together so quickly, so thoroughly and so openly. On the health front, that has been a real bonus. It does reflect years of planning. This is not something that just happened because of this pandemic; it's happened since SARS. We've been doing a lot of pandemic planning and a lot preparedness work with them. I do think that we do need to actually have broader exercises to understand the implications of public health on other areas of the economy, so not quite as insular as just public health but leveraging that approach, that collaboration, those types of exercises and taking them broader, engaging more in terms of the groups that Patrick Tanguy is working with in that area.

The third thing as we look to the future is to understand the implications of a public health event such as this on national security. We tend to deal with public health as something off to the side. We are now seeing the impacts of this not just on people but also on supply chains, on our ability to bring food across the border, on agriculture and on every aspect of the economy.

I do think something that has come out very strong is the recent call to action. While I'm dealing with procurement, with suppliers that may exist, there's been a call to action to the private sector, to private businesses to actually build capacity in Canada to deal with

public health requirements for PPE. We have to understand that's something we have to sustain and build into a broader, longer-term strategy as we move forward.

[Translation]

The Chair: Thank you, Mr. Thériault.

[English]

We go now to Mr. Davies.

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

Mr. Don Davies: Thank you.

Ms. Thornton, you referenced the NESS budget. Can you undertake to provide this committee with the amount of funding the federal government has provided for the national emergency strategy stockpile for each of the last 10 years?

Ms. Sally Thornton: I will do my very best. Some of that is not publicly available for disclosure, but most of it is actually throughout public accounts materials, and we'll share that. If I could also just respond to—

Mr. Don Davies: I'm sorry, I have limited time. What would be confidential about the amount of the federal tax dollars that the federal government plans to provide to our national emergency strategic stockpile?

Ms. Sally Thornton: Nothing is confidential about the amount that is provided. It's all in the public accounts, and we're happy to provide that.

Mr. Don Davies: Thank you.

Number two, in 2010 the audit of emergency preparedness and response flagged inadequate record-keeping as a particularly concerning problem with the national emergency strategic stockpile. They said it was unclear how much of the stockpile was up to date and what quantity of the goods had expired. The Globe and Mail quoted that report:

"NESS does not have reliable useful life information for the majority of its supplies stored at the main warehouse, the regional warehouses, or at the pre-positioned sites"...The creation of an electronic database might solve the problem...

Has PHAC created an electronic database to manage the NESS records, and if so, when was that put in place?

Ms. Sally Thornton: Yes, we have. I'm not quite sure about the date, but a number of our locations are certified under good manufacturing processes, and we have regular audits now.

Mr. Don Davies: You don't know when that electronic database was put in place?

Ms. Sally Thornton: I don't have the dates.

Mr. Don Davies: Could you undertake to advise the committee of that as well, please?

The 2010 audited emergency preparedness also questioned whether to stockpile enough of the right supplies for emergency. Again to quote:

...NESS acquisitions in the recent past have also been driven by established budgets and available funds, as opposed to being based on more comprehensive needs analyses.

Has PHAC conducted a comprehensive needs analysis to ensure that NESS contained a sufficient stockpile of supplies necessary to respond to a pandemic outbreak?

• (1550)

Ms. Sally Thornton: Our focus after that was all hazards but was also primarily geared towards chemical, radiological, biological and nuclear events, and looking at antivirals. That was the priority, that was the mandate, and we were well positioned there.

Mr. Don Davies: I think the question was, do you use a comprehensive needs analysis?

The Chair: Thank you, Mr. Davies.

Mr. Don Davies: Perhaps the witness could just answer the question.

Ms. Sally Thornton: We use an all-hazards approach in assessment. It's slightly different. We look at the priorities of what's likely and what we would require then.

Mr. Don Davies: Thank you.

The Chair: That brings round two to a close.

[*Translation*]

Mr. Paul-Hus, you can start the third round of questions. You have five minutes.

Mr. Pierre Paul-Hus: Thank you, Mr. Chair.

My question is for Mr. Tanguy.

A list of 10 essential infrastructure sectors has been drawn up. Minister Blair recently tabled a document in this regard. Among others, the following critical sectors have been identified: finance, health, food and transportation.

Today, various sectors are under cyber-attack. Indeed, personal computer systems, business computer systems and hospital computer systems have been subject to cyber-attacks.

Could you give us an overview of the critical service sectors that have been the hardest hit by the various cyber-attacks?

Mr. Patrick Tanguy: Thank you for your question.

I'll be able to give you more details on this at a later date.

Mr. Pierre Paul-Hus: Okay.

It's important to know quickly where to focus efforts. Could you also give an answer later on the question I asked in the first round, the one about the border and refugee claims? As everyone knows, the Hôtel St-Bernard has been rented for three years. How much does it cost? Have other such facilities been rented in Canada, or is it only in Saint-Bernard-de-Lacolle?

I'll now turn to Mr. Wilkins to talk about penitentiaries.

My colleagues have talked about various problems with prisoners. Mr. Stamatakis clearly mentioned that the idea of releasing prisoners into the community was not necessarily a good idea, because there is already a huge effort to be made in terms of population control.

Mr. Wilkins, do you think we should maintain the measure whereby prisoners must be kept indoors, as is done at the Joliette Institution for Women and the Mission Institution, or should the prisoners be released?

[*English*]

Mr. Jeff Wilkins: There are a lot of pressures coming from a lot of different outside agencies for the release of inmates, but it doesn't solve our problem. The need to protect in place is there. It's not like we can open the doors and let every inmate out. I know that they're looking at inmates who are very close to their parole eligibility or in fact are eligible for day parole, and inmates who pose less significant risk, but it's not going to solve the problem when the virus enters the institutions. I would hope that everybody could understand that this is not the solution to the problem.

The solution to the problem is being able to quarantine quickly, the personal protective equipment, the cleaning of the institutions and the protecting in place. That's essentially what needs to happen.

[*Translation*]

Mr. Pierre Paul-Hus: Health and safety measures can therefore be put in place quickly to avoid releasing prisoners, who would then become a problem for police officers and communities. We agree on that. Even a press release from your union states that it isn't a good idea to release prisoners.

This is for Mr. Stamatakis of the Canadian Police Association, or the Department of Public Safety and Emergency Preparedness.

From the beginning, people have been talking about coordination of all kinds, saying it's a bit complicated. If the Emergencies Act had been applied, which isn't necessarily what I am recommending, would it have made a difference in terms of procedures, or would the problems we've had have been the same?

Mr. Tanguy could start.

• (1555)

Mr. Patrick Tanguy: As far as the Emergencies Act is concerned, I'm no legal expert, but I can tell you that it's worded in such a way that certain criteria must be met to determine whether it's useful. It's very important to know where there is no leverage or legislative tool. The goal isn't necessarily to move ahead of other legislation, but to complement it.

Consultations are taking place with the provinces and territories. We are asking them if there are any legislative gaps that could be addressed using the measures contained in the Emergencies Act. The provinces and territories have told us that there are none. That is very important. The act states that the work of the provinces and territories should not be hindered by additional measures.

I'll stop there.

Mr. Pierre Paul-Hus: Thank you.

I think I'm out of time.

[English]

The Chair: Mr. Paul-Hus, you have 30 seconds, if you wish.

[Translation]

Mr. Pierre Paul-Hus: In closing, I will mention to the committee's analysts that in 2008, the Senate Committee on National Security and Defence conducted a comprehensive study of more than 250 pages on emergency preparedness. The report contained a very large number of recommendations. If those recommendations had been followed, many of the problems that are occurring today would not exist.

The Chair: Thank you, Mr. Paul-Hus.

[English]

Ms. Sidhu, you have five minutes. Go ahead, please.

Ms. Sonia Sidhu (Brampton South, Lib.): Thank you, Chair.

Thank you to all the front-liners for what you are doing.

My first question is for the police association. With everyone staying home, we are hearing many reports of increased cases of domestic violence. In York region, domestic violence has increased by 22%. The Vancouver crisis line received a 300% increase in domestic violence calls over a three-week period. We are also hearing about stunt driving.

Can you tell us what kinds of difficulties you are facing, given the strain on resources, and speak to what kind of support is being provided to those who are fleeing from domestic violence?

Mr. Tom Stamatakis: Yes, through this pandemic we have seen some changes to crime patterns. We are certainly seeing decreases in some areas—your typical traffic offences, residential B and Es—but increases in terms of violent crime and domestic violence. Commercial B and Es are a significant problem in most cities across the country. They pose challenges.

Domestic violence in particular is a significant challenge, because of course you're responding to incidents in people's homes, with all the implications around that. Often we're needing to interact with victims of violence. There are often children involved. It's a difficult situation, particularly in the midst of a pandemic. It's not easy to provide comfort or to get statements or to be responsive to the needs of children when you're wearing personal protective equipment or having to social distance in those circumstances. It is a challenge. It does create a significant strain, particularly because for many of the resources that are available to assist people in those difficult circumstances, they themselves are also challenged with

resources and an inability to maintain their typical locations for victims of domestic violence.

It's a very, very real challenge. We do try to connect victims of domestic violence with appropriate victim resources or put them in touch with the various facilities that are available in communities across the country, but it is a significant challenge and an area that requires continued attention, particularly as we continue in this situation in this country.

Ms. Sonia Sidhu: My next question is for the Union of Canadian Correctional Officers. I am from Brampton South, and it was announced recently that the Brampton jail closed due to an outbreak of COVID-19. We are also concerned by the outbreak at Mission Institution, where confirmed numbers among inmates are above 60. Many officers have also been impacted. We also heard in your testimony that testing is important, and that staff have to stay for 14 days in isolation.

I'm curious about the mental health of correctional officers and the prison community as a whole. What supports are there for the mental health of correctional officers or the community as a whole?

• (1600)

Mr. Jeff Wilkins: With regard to the supports we have in place in the institutions, of course we have the employee assistance program. If there are critical incidents, the critical incident stress management team is engaged; most of the time, these things can be deemed that.

I think I set it off right off from the very beginning with my membership that mental health was something that we'd need to focus on now, and most particularly in the wake of this crisis. We continue to be locked down in our communities and not able to freely associate with one another. In places like Mission, officers are working extended hours in the workplace because of the lack of resources, the lack of other staff. We are seeing some outpouring from the community, who are bringing sandwiches and recognizing the work that's happening there, and we are supporting one another in the workplace.

As for the things that are in place from the Government of Canada, at Correctional Services it's EAP and CISM.

The Chair: Thank you, Ms. Sidhu.

Mr. Jeneroux, we now go to you for five minutes, please.

Mr. Matt Jeneroux (Edmonton Riverbend, CPC): Thank you, Mr. Chair.

My questions are for the Public Health Agency. You would agree with me that the national emergency strategic stockpile was set up to backstop the country's health care system in emergencies, such as infectious disease outbreaks, natural disasters and other public health events, such as pandemics?

Ms. Sally Thornton: It was intended as surge capacity; provinces and municipalities are the first line, and yes, some surge capacity there.

Mr. Matt Jeneroux: I'm sorry, that's directly from your website:

Canada's National Emergency Strategic Stockpile...contains supplies that provinces and territories can request in emergencies, such as infectious disease outbreaks, natural disasters and other public health events....

Ms. Sally Thornton: Yes—

Mr. Matt Jeneroux: So you would agree with me, that's what...? Perfect. That contradicts what Dr. Tam said, where she said that the national emergency strategic stockpile system was not really set to backstop the entire country's health care system.

Turning to my second question, you said earlier that you didn't know the details of the provinces' supply. On what date did you get the heads-up on gaps in procurement?

Ms. Sally Thornton: First, if I could go back, I'm not sure what the difference is between surge capacity and backstop, but it is—

Mr. Matt Jeneroux: I have very little time in addressing this question, if you don't mind.

Ms. Sally Thornton: It's been an ongoing discussion with the provinces and the territories over the last four to six weeks. We've begun to become more aware of what they have, or more importantly, what they don't have and what they need.

Mr. Matt Jeneroux: You said earlier that you didn't know the details, but then you have provided the details, so what is the date when you provided the details on gaps in procurement?

Ms. Sally Thornton: It's been an ongoing process and an ongoing exchange with the provinces and territories. They have different structures internally. They've been providing those, with Health Canada as the lead.

Mr. Matt Jeneroux: Which had to have been before or after February 1.

Ms. Sally Thornton: It was after February 1.

Mr. Matt Jeneroux: So there was no inquiry with the provinces on gaps in procurement prior to February 1.

In documents obtained by the committee, a brief note dated February 10, 2020, mentions that the public health agencies are conducting a PPE survey on provinces' and territories' supplies for areas of vulnerability to ensure sufficient supply. What date did that survey begin?

Ms. Sally Thornton: I would have to confirm the date. That was through the logistics advisory committee, which reports to the FPT special advisory committee. Yes, they did start that; I think it was around February 4. I'm not exactly sure.

Mr. Matt Jeneroux: Did you say before or after February 4? Could you confirm?

Ms. Sally Thornton: I would have to confirm that date.

• (1605)

Mr. Matt Jeneroux: Could you provide the committee with the results of that survey?

Ms. Sally Thornton: I will see what the availability is, yes, absolutely.

Mr. Matt Jeneroux: In the same document dated February 10, 2020, it was disclosed that the NESS is able to secure modest supplies of surgical masks and N95 masks, with deliveries staggered due to mounting market pressure. Ten days prior, the Public Health Agency said that shipping supplies to China would not affect Canada's supplies. Would you agree with earlier statements made by the Public Health Agency that shipping these supplies to China did not affect Canada's supply?

Ms. Sally Thornton: Yes, I would.

Mr. Matt Jeneroux: Is it safe, then, to assume that the NESS was not properly monitored and stocked by the Public Health Agency of Canada?

Ms. Sally Thornton: The NESS had been monitored and stocked as it was mandated and funded to do.

Mr. Matt Jeneroux: Would you agree, then, that we failed to keep an adequate stockpile due to lack of attention and poor inventory, based on your earlier comments?

Ms. Sally Thornton: No. The NESS was doing well what it was mandated and funded to do.

Mr. Matt Jeneroux: The minister mentioned that we didn't have an adequate stockpile. You said it's not due to lack of intention or poor inventory, so then what's it due to?

Ms. Sally Thornton: I think it was delivering on what it had been mandated and funded to do.

Mr. Matt Jeneroux: But the minister said it was inadequate. Why was it inadequate?

Ms. Sally Thornton: The focus had been on preparation for CBRN events—chemical, biological, radiological, nuclear events—and that was what provided them—

Mr. Matt Jeneroux: Back to my first question, these were set up in emergencies such as infectious disease outbreaks, natural disasters and other public health events, which you confirmed would be something like a pandemic.

Ms. Sally Thornton: Yes, and our focus at that point, based on the more recent evaluations, was on preparation stocking for antivirals.

Mr. Matt Jeneroux: But in preparation for a pandemic, and we had inadequate supplies....

Ms. Sally Thornton: The focus had been on antivirals. With hindsight, I would have liked it to have been different, but we were not mandated nor funded to do this.

Mr. Matt Jeneroux: Thank you.

The Chair: Thank you, Mr. Jeneroux.

Mr. Van Bynen, please go ahead for five minutes.

Mr. Tony Van Bynen (Newmarket—Aurora, Lib.): Thank you.

I'd like to continue my discussions again around the PHAC group and Public Safety.

I think we all admit that we are facing an unprecedented pandemic. At one time or another there might be the accusation that we were overplanning, had we not been faced with a situation such as this.

Have we had any preliminary learnings, both from Public Health and Public Safety, that will allow us to course-correct as we go through?

Following that, how often do both of those groups and other groups get together and have an integrated approach to an emergency situation? An example is municipalities that are mandated every year to undertake a mock emergency. Are those types of exercises taken across departments or provinces?

When is there a plan to do a post-implementation evaluation, a post-crisis and after-action review?

I'll let you deal with all three questions. I'm more concerned about what we are doing for the next time rather than pointing fingers at what wasn't done.

I'll start with Public Health.

Ms. Sally Thornton: Concerning ongoing learning, we are taking note. We're doing some interim course corrections as we go, and you can actually see that, but particularly, we're still learning about the virus as well. Our course corrections aren't necessarily with regard to our initial response, but as we learn more and more about the virus. For example, more recently, we've been moving our focus, from just symptomatic people to include asymptomatic ones, as we learned that people who were asymptomatic can transmit. There is, as a matter of course, a need for that ongoing learning and course correction.

We participate regularly with provinces and territories and federal government departments in tabletop exercises and more serious real-life exercises. There's a whole range of things that we do in terms of the preparation and the actual emergency, that planning and preparedness. Evaluations will be a huge part of this, and they will definitely inform where we're going in the future.

• (1610)

Mr. Tony Van Bynen: Okay. What about the Public Safety group?

Mr. Patrick Tanguy: To add to what my colleague mentioned, the government operations centre was started from day one to involve our team looking at producing an after-action report. We have some members of the team who will be there to take some notes and to prepare that report once we know the time is right.

In terms of learning and how to do things differently, when I reflect on it, I would have had a stronger surge capacity plan for more organizations to mobilize quickly and faster.

You mentioned the point on exercises. We have a team in the government operations centre. We work with other organizations like the Public Health Agency in conducting some tabletop exercises, including for pandemics. We had one about six months ago that involved U.S. and U.K. colleagues and the chief science adviser. We really try, but it's a very small team doing tabletop exercises, because we have national exercise plans. We could do more of that planning.

Mr. Tony Van Bynen: Okay, thank you.

I know that we had raised earlier concerns with respect to the Union of Canadian Correctional Officers regarding mental health. I am wondering if I can hear from the Canadian Police Association as well.

Do you share the perspective that we heard? What are the recommendations to deal with mental health and to help deal with these types of crisis moments?

Mr. Tom Stamatakis: Yes, that's a significant concern for our members. I think police officers who are working in larger urban centres have access to more resources and to worker services with more capacity; however, it becomes a much bigger challenge for police officers and personnel who are working in more rural and remote environments.

We are doing some things through the Canadian Institute for Public Safety Research and Treatment, which has been supported by the government in the past. All parties are trying to provide access to appropriate services online so that people working in rural and remote areas can have access.

We are delivering regular Internet-based town halls and webinars so that members who need assistance can access it that way, but it is a significant concern and a priority for our organization.

Mr. Tony Van Bynen: Okay, thank you.

The Chair: Thank you, Mr. Van Bynen.

[*Translation*]

We'll now go to Mr. Champoux for two and a half minutes.

Mr. Martin Champoux (Drummond, BQ): Thank you very much, Mr. Chair.

I'd like to come back to the issue of possibly releasing certain inmates—low-risk, obviously—to lighten the more densely populated areas in the prison environment. We know that mandatory confinement isn't necessarily the best solution and that there have been outbursts, even riots in some countries. I imagine we want to avoid that. So I have a question for Mr. Wilkins, Mr. Thibault and Mr. Stamatakis.

If there was a major outbreak of COVID-19 in a prison institution, as we're already seeing in Joliette, and you had to either confine or move the inmates, I understand that releasing the prisoners isn't a desirable solution for you. What other options are available to you, then? For example, do you think you could use facilities such as army barracks or unoccupied hotels? Do you have a plan B? I'd like to hear what you have to say about that.

[English]

Mr. Jeff Wilkins: Again, this comes down to local contingency plans. Quite often, those aren't shared with the Union of Canadian Correctional Officers, by the Correctional Service. We raised the same questions. I said in my opening statement, "What if?" We have all of these questions.

We have a significant outbreak of COVID in Mission Institution. We have a significant outbreak in Joliette Institution. Of course, the very sick individuals quite often might be transported to an outside hospital under escort from correctional officers. In B.C., at Mission Institution in particular, we're trying to work around a special unit that's outside of the hospital and only for correctional officers and the inmates they're escorting. There are a lot of issues around that.

We have taken a reactive approach. When we get a big case, a big outbreak, we're reacting to that situation. It's not so much a proactive approach in the contingency processes of it because we don't have the answers to some of these questions.

I know that in the Kingston corridor, there has been some communication from the military there that they'd be willing to open up barracks for any overflow. I'm sure those conversations all happen behind the scenes, but we're not really included in them, to be quite honest.

• (1615)

[Translation]

The Chair: Thank you, Mr. Champoux.

[English]

We go now to Mr. Davies.

Mr. Don Davies: Thank you.

To the Union of Canadian Correctional Officers, Mr. Wilkins, 10 days ago you were quoted in the media as saying:

We don't understand why management at Mission Institution are putting money before us. It is completely unacceptable that our members who were exposed to the coronavirus are being pressured to return to work prior to receiving their test results or finishing their 14 days isolation.

Is that pressure still going on and how widespread is it across the country?

Mr. Jeff Wilkins: What we're seeing right now in some of the institutions is that many correctional officers who have healed are coming back to the workplace. I suggested in testimony that I believe the practice of bringing people back to work before their 14 days has stopped.

When we looked at what has happened at Mission Institution, which has many different institutions in a very close proximity around that jail, and we looked at what has happened in Port-Carter Institution, which is very secluded, we didn't see the same reaction from our employer.

Mission Institution should have brought volunteers in from other institutions to come and work for a certain period of time that might have included a quarantine at the end of it. We didn't see that, so unfortunately the pressure was on to try to save money, with "Let's call people back to work."

Mr. Don Davies: I see.

If I could move to a different aspect, you've also called on Correctional Service Canada to educate the inmate population on all recommendations made by the Public Health Agency of Canada. Has CSC complied with that request?

Mr. Jeff Wilkins: We're pretty well in lockdown for institutions that have cases of COVID, but in 40 other institutions across the country, we're not completely locked down. The inmates are still freely allowed to associate with one another in the courtyards for recreation purposes. We've managed to move most things to the unit level, with medication and food delivery to either the cell or the unit itself.

I'm in Nova Scotia. In my community, if I go and hang out with five or more people, I could be fined for that. Yet if you go to Springhill Institution, which is in my community, you will see there are 23, 24, 50 inmates hanging out in the inside yard. It's a bit different. That was the call of the CSC federally. We should respect that. Then again, we're dancing a fine line between unrest in the institution and the health and safety for all.

Mr. Don Davies: Thank you.

The Chair: That wraps up round three.

I'd like to thank all the witnesses. It's been a great panel. Thank you for all of your experience and your expertise.

I would remind the members of the subcommittee of our meeting tomorrow morning.

With that, the meeting is now adjourned. Thank you very much.

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