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Chair

Mrs. Joy Smith

Standing Committee on Health

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● (1535)

[*English*]

The Chair (Mrs. Joy Smith (Kildonan—St. Paul, CPC)): Good afternoon, everyone. Welcome to this meeting of the Standing Committee on Health. I'm so glad you're here.

I want to thank our guests, Dr. Gully and Mr. Rosenberg, for being here today. Mr. Rosenberg, of course, is the Deputy Minister of Health. We're very pleased that you're here.

I'm going to ask that you give a ten-minute presentation. Then we'll go into the question period of seven minutes each.

Hon. Carolyn Bennett (St. Paul's, Lib.): Madam Chair, I don't think my question is of the witnesses; it's more of the committee.

As I expressed, we are a little bit concerned that today our normal update is not happening, in terms of an update on the flu and the number of cases and all of that. We need to have it, and I also need to know that we will have it next week, in the week off, as a regular briefing, which we are expecting for the sake of the committee's doing due diligence concerning oversight of this pandemic.

I'm not quite sure, but I think today the coincidence is that—

The Chair: Dr. Bennett, I thought we had agreed that—

Hon. Carolyn Bennett: No, I did not agree to have it taken out of our seven minutes of questioning the witnesses.

The Chair: Well, if we could save committee business until the end, let's have ten minutes of committee business then, so that we can present our presentations first. Then we will have this full discussion, because I know you have some concerns.

Is it agreed by the committee that we hear our witnesses first, before we get into committee business, and that we suspend 10 minutes...I guess that's at 5:20, for committee business.

Is that agreed?

Some hon. members: Agreed.

The Chair: Good. Thank you.

Please proceed, Mr. Rosenberg.

Mr. Morris Rosenberg (Deputy Minister, Department of Health): Thank you very much, Madam Chair and members of the committee.

On September 17 I was asked by Minister Leona Aglukkaq to look into the events that led to the delivery of a large quantity of body bags to the Wasagamack First Nation in northern Manitoba. This morning, at her regular news conference, the minister spoke about the report. I'm here today, Madam Chair, to present what I found.

[*Translation*]

In order to understand the sequence of events, one must understand that Health Canada operates nursing stations in remote first nation communities. The nurses in these isolated communities are required to deliver primary health care, emergency care around the clock and act as a community liaison for Health Canada.

[*English*]

In the spring, 21 of 22 of these remote communities in Manitoba had serious outbreaks of the H1N1 virus. During that first wave there were challenges with getting some medical supplies to some of those communities because of a supply shortage and transportation problems related to the remoteness of the communities. In preparing for a possible second wave of the virus, nurses in remote communities were advised by senior management to generously fill their supplies for the fall and early winter.

There is a nursing station in Wasagamack, which is roughly 500 kilometres north of Winnipeg. There are three nurses on duty in this community of about 1,750 people. A physician typically visits once a week.

[*Translation*]

Getting to or from Wasagamack can require a combination of air, water and land transportation. During the summer, one must take a plane and a boat. In the winter, you land on ice and then ride on an all-terrain vehicle. When the ice is forming, or when it's breaking up in the spring, a small helicopter is the only way in or out.

It can sometimes take three or four helicopter flights to get one shipment of supplies into the community. Bad weather can also delay flights of both planes and helicopters.

[*English*]

Clearly, getting medical supplies to Wasagamack can be challenging.

On August 12 of this year, an order for a variety of medical supplies was placed for Wasagamack. In keeping with the instruction to order a lot of supplies, the order was for generous amounts of various supplies, including wrist splints, single-use scalpels, surgical gloves, surgical masks, sterile water, and benzoxonium chloride towelettes. The order also included a request for 100 body bags. A total of 38 were delivered. Of those, 20 were returned at the request of the regional office in Winnipeg. The other 18 were confiscated by Wasagamack Chief Jerry Knott and were later returned to the regional office in Winnipeg.

The order for 100 body bags for Wasagamack was disproportionately high compared to other communities. Most nursing stations in first nations communities keep fewer than 10 body bags in stock, or they rely on others if and when they are needed. For instance, a provincial or regional health authority or a coroner or a local ambulance service would be turned to for the supply of that item.

The order for Wasagamack was an overestimation, but the investigation found no evidence of ill will or deliberate calculation on the part of anyone involved.

Our nursing staff is on the ground in those communities throughout the year, and they are the most qualified to assess the needs of the communities they serve. As you may be aware, Madam Chair, a letter of apology was sent to all chiefs and band councils in Manitoba to express Health Canada's regret for the alarm the order of body bags caused.

I met with Grand Chief Evans and Chief Harper on October 2 to present the findings of my report. Our conversation was positive and constructive. It was clear to me that we all share a mutual interest in continuing to address the challenges inherent in providing health care services in northern remote communities. Clearly, a key aspect of this is a shared respect and admiration for the nurses who provide critical services, often in challenging circumstances.

While we have determined that this was an isolated case, we have reviewed our methods. We will be instituting stricter centralized controls in our procurement process for body bags, and regional staff will review ordering patterns when conducting quarterly site visits. We expect that these changes will prevent a similar situation from occurring again.

In looking back, it's possible that some of the concerns expressed were based on the mistaken notion that body bags were sent instead of other medical supplies. My conclusion is that the order for body bags was in fact part of a larger than normal shipment of a range of medical supplies.

Before I conclude, I'd like to emphasize that Health Canada is providing all nursing stations in first nations communities with additional protective medical supplies such as gloves, gowns, and masks. We are pre-positioning antivirals so that if they are needed in a remote community, they can be accessed as quickly as possible. We are prepared to reallocate nurses to where needs are greatest, and we're training home care nurses to be ready to administer the vaccine once it's available. We're also continuing to assist communities to complete and test their pandemic plans.

I hope the results of our investigation and my appearance here and that of Dr. Gully will give everyone a clearer picture of the events. I'd be more than pleased to answer any questions you may have.

Thank you.

● (1540)

The Chair: Dr. Gully, do you have a presentation as well?

Dr. Paul Gully (Senior Medical Advisor, Department of Health): No, I don't.

The Chair: Okay, we'll let it go at that. Now we will go into questions and answers.

We have our first seven minutes, and apparently that's going to be shared by Dr. Bennett, Dr. Duncan, and Ms. Murray. So you each have about two minutes.

Hon. Carolyn Bennett: We'll divide it up. It'll be fine.

The Chair: All right. I'm watching the time.

Hon. Carolyn Bennett: As you know, Anita Neville and I travelled to Wasagamack, and we were very impressed with the nurse who ran your clinic there. This is a real professional with a huge occupational health and safety background. I am concerned that this report today, in some way, blames this nurse. In fact, Jim Wolfe, who we have heard describe many of the problems in the community since June and then in July and then at the AFN meeting, sent a letter of apology.

I'd like to ask the deputy minister if there is a reason why there is no ministerial accountability and why the minister has refused to apologize to these communities.

Mr. Morris Rosenberg: Let me try to answer the issue about the nurse.

I was in Winnipeg on Friday, and I did two things in Winnipeg. In the morning, I met with regional staff to give them an opportunity to see the draft report and ask if it was fair. In the afternoon, I met with Grand Chief Evans and Grand Chief Harper.

In the morning, the nurse from Wasagamack, who I think had been away, was not at the meeting, but we were able later in the morning to connect with her by telephone, and I was able to speak with her. I read her the pertinent parts of the report, both the front end, which is basically the bottom-line conclusions, and the part of the report that summarized what she had told us. I asked her if she thought it was fair, and she did.

Certainly, it's not my intention to blame anybody. As the report points out, we're dealing with extraordinary circumstances. I think the people are doing their best. I think she would acknowledge in hindsight that it was an overestimation, but that's not a statement of blame; it's just the way it is. Everybody, including Chief Knott in Wasagamack, shares your view that she is a terrific nurse and that she is doing a terrific job in that community. In fact, after all this broke, he asked her to go on local television with him while he expressed his gratitude for the work she was doing.

● (1545)

The Chair: Now we'll go to Dr. Duncan.

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

Thank you to the witnesses.

I'm going to follow up on that. Who is ultimately responsible? Is it the ministry? Is Health...? Who is accountable? That nurse reports to whom?

Mr. Morris Rosenberg: I think there's accountability all the way up the line. I would categorize this, as I say, as an honest overestimation, an administrative issue very well within the purview of the bureaucracy.

Ms. Kirsty Duncan: You said "all the way up the line", but to whom, please?

Mr. Morris Rosenberg: All the way up the line to me.

Ms. Kirsty Duncan: And you are a part of.... You're Health Canada. Someone needs to take responsibility and apologize.

Mr. Morris Rosenberg: We have taken responsibility. I know Jim Wolfe sent a letter and apologized. There was a media event. I'm certainly prepared to stand in Jim's shoes and do the same thing.

Ms. Kirsty Duncan: I just think it would have a lot of power, if the minister issued a formal apology.

I will do my two questions.

In reading paragraph IV, "H1N1 in Manitoba...", I see the wording that this "occurred only two months after the virus was first detected in Mexico...". It sounds as though we didn't have time to respond. We had theoretical modelling of how we would respond and buy time if it started in Asia. We had our health people down in Mexico immediately.

A tremendous concern I have is that we waited before going up to northern Manitoba. We have historical hindsight. We know what the health issues are today and we know what the socio-economic conditions are that made people particularly vulnerable. So why did our people get down to Mexico right away and not into northern Manitoba? That's one question.

The second issue is this. There have been close to 900 confirmed cases in Manitoba, and 38% of these cases have been identified as first nations or Métis persons living off reserve. If we look at the priority sequencing list for vaccination, are they going to get the vaccine? I remember Dr. Gully telling us that 17.5% of those who were hospitalized were aboriginal, and 12% in ICU were aboriginals. I think this is really important and that we have to address it.

Mr. Morris Rosenberg: Madam Chair, given that there are some important public health considerations to this, I'm going to turn to Dr. Gully, whom we have brought in essentially as the incident commander for first nations and Inuit health, as you know. I'm going to ask Dr. Gully to try to respond.

Dr. Paul Gully: Thank you. Thank you, Madam Chair.

My understanding is that in fact there was a response mounted to assist the communities in northern Manitoba, as well as the Government of Canada supporting the Government of Mexico.

The normal state of affairs would be that the situation in the community would become evident, and then the region, together with the province, would add to the capacity in the community—and I understand that was done. In addition to that there was extra support from headquarters—the Public Health Agency of Canada—and from the first nations and Inuit health branch that was added to that community.

Now in terms of the experience of the community, as I did say last week, yes, absolutely, first nations were overrepresented in terms of hospitalization and in terms of ICU admissions. I think that is not unexpected given the extent of the disease, the rapid spread of the disease in those communities, and given the challenging circumstances in those communities, the youth of that community, the number of pregnant women, and the high prevalence of chronic diseases.

I believe there was a response. Certainly there were lessons learned from that response. One of those lessons learned was in fact that we would have to increase our assuredness in terms of the ability to get further supplies to communities.

● (1550)

The Chair: Thank you.

Monsieur Malo, please.

[*Translation*]

Mr. Luc Malo (Verchères—Les Patriotes, BQ): Thank you very much, Madam Chair.

Thank you for coming here today.

You concluded that Health Canada should be instituting stricter centralized controls within the procurement process for body bags. You said that you realized that the members of the nursing staff on the ground are the most qualified to assess the general needs.

Does that mean that, at present, there is no regular communication between the individual who places the order and the individual who ships the order? In your conclusion, you discuss body bags only. Wouldn't it be a good idea to have a more regular, ongoing communication for all supplies? I have the impression that this was what was missing in this case.

Mr. Morris Rosenberg: Thank you for this question, which is very pertinent.

I think that a distinction has to be made. We have a principle which, generally speaking, is good and should remain. For most medical supplies, the nurse working in the field is in the best position to use her judgment when placing orders. There are certain exceptions. Drugs, narcotics, for example, are an exception and we already monitor such items very closely.

Up until now, the body bags have not been an exception. This was not an item that we ordered on a regular basis, because there was very little requirement for it. In some instances, there are other resources available, such as the RCMP. If the reserve is quite close to one of these detachments, the RCMP may have these items.

I personally learned something from this investigation: for cultural reasons, this order raised the alarm in the community. We respect that. We need to add a new exception to this principle where we leave it up to the nurses to decide when this type of product should be ordered.

You mentioned something else. There appears to be a lack of control. I agree with you, that is another aspect. And perhaps there is a certain lack of communication. Once again, there is no ill-will involved. As for products such as controlled drugs, there is communication, control and stringent restrictions.

We need to have a system, and we are in the process of implementing one, although it has yet to be completed. I have made this recommendation in the report. We are going to be doing this to avoid a repetition of this incident, and that will involve the nurses, the employees at the regional head office in Winnipeg, and others if necessary.

We learned another thing. Not only do we probably need better communication between the employees of Health Canada who are in the first nations communities and the Health Canada employees in Winnipeg, but we also have to think about the need to involve the first nations.

Mr. Luc Malo: Indeed, they are the ones who are most affected by the situation and should be the first ones to be consulted in establishing this list of sensitive material.

Since today's meeting is to some extent a replacement for our weekly more general update meeting on the flu situation, could you tell us—because I know that you went to Mexico as part of a meeting between the United States and Mexico—what conclusions you were able to draw from this visit?

● (1555)

Mr. Morris Rosenberg: Yes, thank you.

I was in Winnipeg on Friday, I went to Mexico Sunday morning and I came back Monday evening. We had a brief but useful meeting with the Americans.

The Under Secretary of the Department of Homeland Security—in the United States, this is the department that coordinates these matters, along with officials from other departments, such as the U.S. Health Department—his Mexican counterparts and we currently have a North American pandemic plan that dates back to 2007. At that time we were preparing for avian flu rather than H1N1.

The purpose of the meeting was to reconfirm or even modify certain coordination mechanisms between the three North American partners—mechanisms pertaining to such things as animal health, access to laboratories, coordination and communication.

We concluded as a result of this meeting that we needed to re-establish and perhaps change somewhat the composition of certain coordination groups, to have meetings more frequently to exchange information and work better together, because the pandemic knows no borders.

[*English*]

The Chair: Thank you very much. I think we'll have to stop there.

Ms. Wasylycia-Leis.

Ms. Judy Wasylycia-Leis (Winnipeg North, NDP): Thank you, Madam Chairperson, and thanks to both of you for being here today. The primary reason we've gathered is to discuss the important incident that happened on September 16. You brought us a report today. I think the whole way in which this issue was handled gets at the deeper problem and the reason this became such a headline in the first place, and that is poor communication and the need to build relationships between Health Canada, the Public Health Agency, and first nations, Inuit, and Métis people across the land.

This is a report today on October 7, which is more than three weeks after the incident happened, more than two weeks after we got a letter of explanation from Jim Wolfe in Manitoba and an apology, and more than several weeks since first nations people said this is about the lack of regard the federal government has had with respect to their needs and concerns about preparing for a pandemic.

I don't think this incident would ever have happened if there were better relations. It wouldn't happen with friends or familiar partners. I think it happens when people are strangers, when I think Health Canada was treating first nations as strangers, and the report you've delivered today doesn't even get at the root of the problem, which is that communication, that building of a relationship. So it's going to cause anger among the community. Already Chief Knott from Wasagamack has said he's upset with the report. We've got Chief David Harper from MKO saying this is not good enough. They're both calling for an independent investigation. That's unfortunate.

Why couldn't we have found a way to handle this issue in a way that got to the root issues at hand and dealt with it on the spot? There was no need for us to wait for three weeks for this kind of a report that simply says there was an overestimation of the number of body bags required and we're sorry and we're going to put in place ordering procedures and procurement procedures to fix this problem, and not really a word about the fact that this was an affront because these were first nations communities trying to get the attention of government to get some help. They wanted some help preparing flu kits, and ironically this report comes out today, the very day the first nations community, in cooperation with the Manitoba government, has finally been able to send flu kits into all their communities, so they feel some sense of comfort and preparedness in the event this pandemic starts to spread.

So I think the real question to you today is, where is your response to that root cause of the problem? You acknowledged it by signing a protocol three days after the body bag issue. You did that because you knew there were problems, and this protocol promises comprehensive, well-coordinated communication. So you knew that was a problem. It promises enhanced understanding of the unique challenges facing first nations. It promises joint development of culturally appropriate H1N1 public health information. It promises consistent message and information. Today this report disregards all of that; it only hurts and it keeps the wound wide open.

So I think the real question is, what are you going to do to repair the damage and address the real concerns around working together in terms of flu supplies, protective devices, staff on reserves, and how it's going to be paid for? I think they're still all grappling with the fact that they believe priorities will be revised to take money from existing programs in their communities if it's needed in terms of an influenza outbreak. In fact when folks showed us the Jim Wolfe apology letter of September 21, they also showed us his letter of June 17 talking about how there will be flexibility within the funding that goes to first nations communities to divert funds from there in the event of a pandemic. That worries them.

Are there any additional resources? Is there a plan? What has happened with respect to this protocol? What can you point to, and are you prepared to address the negative reaction to the report you've tabled today?

● (1600)

Mr. Morris Rosenberg: Thank you for your question. Let me try to respond.

There are a number of things that have occurred since this unfortunate incident, I would say, starting with better communication. I'm not going to defend the situation as being optimal. I think everyone recognizes that we have work to do. That's been the case for a long time, and we are doing it.

A number of things have happened since then. The minister was in Manitoba on a couple of occasions. She did meet with Grand Chief Evans and Grand Chief Harper. As I mentioned, I was in Manitoba last Friday for the express purpose of talking to them about the report and asking them whether they thought the report was a fair summary. I don't pretend that the report is a comprehensive treatise on all of the underlying social conditions in first nations, nor do I deny that those are things that governments in Canada need to work on, and we are working on them. In my discussion with the two grand chiefs—and we agreed, we did talk about these issues—we did talk about the desirability and the need for better communication and consultation. We did talk about needing to develop a process that will deal with some of these broader questions, but we also acknowledged that over the course of the immediate future, in terms of the hierarchy of needs, the priority was to focus on preparation for the fall and the possibility of a second wave in northern Manitoba. Those are some of the things we've done.

The other thing we've done, and quite importantly.... The gentleman sitting next to me, Paul Gully, who you know, has been here a number of times since he's been back from Geneva. He is a very well-known and credible Canadian public health official who has spent a number of years at the World Health Organization working on pandemic preparedness. We brought him back to quarterback our efforts with respect to first nations across the country, and I would say that probably he has spent a significant amount of his time in Manitoba and dealing with preparedness in Manitoba.

I'd also say that the minister has reached out—and I give credit to the minister and to the new national chief, Shawn Atleo, who had a number of discussions on the day this broke and subsequently. That led to the signing of the communications protocol. I think that protocol, which is really a little over two weeks old, is something we intend to put into effect. One of the issues—I think Dr. Gully mentioned this last week—was the idea of a virtual summit, an Internet-based summit that would enable preoccupations of first nations broadly around pandemics to be addressed, so that there would be opportunities jointly between ourselves and first nations leadership to answer questions.

So I would say there have been a number of significant steps taken. Is that all? No. Could we do better? Yes, we can always do better. Do we learn from some of our mistakes? Absolutely. It's with that spirit that I try to do my work and that we're going to move on in the future.

● (1605)

Ms. Judy Wasylycia-Leis: Can I have another minute or two?

The Chair: I'm sorry, Ms. Wasylycia-Leis. We now have to go to Dr. Carrie.

Mr. Colin Carrie (Oshawa, CPC): Madame Davidson.

The Chair: Okay, go ahead, Ms. Davidson.

Mrs. Patricia Davidson (Sarnia—Lambton, CPC): Thank you, Madam Chair.

The Chair: My apologies, Ms. Davidson.

Mrs. Patricia Davidson: Accepted.

Dr. Gully, Mr. Rosenberg, thank you very much for being here with us again today. Dr. Gully, I know we've seen a fair amount of you in the last month or so, and that's good. It's nice to see you here, too, again, Mr. Rosenberg.

I thank you for the presentation you've given us today. Certainly it puts the situation as it occurred in a better perspective. I think that was something that we all needed to understand. We do know from your report that the order was given, that there were a lot of supplies ordered, and perhaps there was an overextension on a fair number of different items in that supply order. I can understand that because I think we're working in extraordinary circumstances. I think everybody is doing the very best they can to try to deal with a situation that they hear on a day-to-day basis can be extremely life-threatening and can increase very rapidly at a minute's notice. So I think the people on the ground are doing the best they can to deal with that.

Ordering in extra supplies when sometimes, as your report says, it takes three or four helicopter flights to get one shipment of supplies into the community would be in my mind a natural thing to do. The last thing you would want with fall and winter coming on would be to be left with no supplies and caught in that situation.

We've heard testimony from different people here today about the nursing staff and what a terrific job they're doing. I think they are, and you certainly have corroborated that. I think they're doing an extraordinary job in these extremely trying times.

You've talked a bit about your meeting with Chief Adams and the Assembly of Manitoba Chiefs and Chief Atleo. You have said they have been good meetings. One thing I would like you to do is talk a bit more about that and the virtual summit that you just mentioned, if you could.

The other thing I want to say is that you feel this was an isolated case but you are reviewing the procedures, and I think that's excellent. I think that's what pandemic planning or any type of emergency planning is all about. There will always be various external forces that nobody expects, and that's why they are emergencies or pandemics. I think that to be able to review this, to review the situation and the policies and procedures that are in place to make the proper changes and address those issues as they happen is good planning. I just wanted to make that statement.

Maybe you could tell us a little bit more about your dealings with the various chiefs and this virtual summit.

Mr. Morris Rosenberg: There were a number of meetings. I don't have them itemized here. The minister met and spoke with Grand Chief Evans and Grand Chief Harper on a number of occasions.

My purpose in going to Winnipeg last week was simply to provide an opportunity, really out of a sense of respect for everybody involved, to look at the report and make comments. On both sides there were some comments. In fact, the comment about the God's River community came from our meeting with the chiefs. They had heard there were a larger number of body bags in God's River. We hadn't and we rechecked.

What is in the report is what I believe to be true, having done due diligence and checked everything as thoroughly as possible. That's all I could really do—do my best and perform due diligence. And we did that.

The conversation dealt not just with the immediate incident but also with some of the surrounding context—the social determinants, the need for better communication, and the desire on all sides to work towards that end. The chiefs showed considerable respect for the work the nurses are doing, which respect I very much share. I took it as a positive meeting and a place from which we can continue to build over the coming weeks as we deal with the event at hand. There is an order of priority to this stuff. We are dealing with a pandemic, but there are also some longer-term issues we need to address.

On the virtual summit, we had a good meeting with National Chief Atleo shortly after he became national chief, together with the minister and other officials from the AFN. We were looking at ways to improve our pandemic planning, and that idea came up. We're all committed to it, and it is now at the design stage.

Paul has been involved in this, and I will ask him to say a few words.

● (1610)

Dr. Paul Gully: I look at the virtual summit as one part of our effort to communicate at all different levels. This was something that the AFN thought would be worth promoting as a means to ensure access to information about pandemic preparedness, about response, and particularly about immunization. We would need to roll this out at the end of October or the beginning of November.

The form is being developed in collaboration with the AFN. There were AFN and Health Canada meetings yesterday, and there will be other meetings tomorrow. There are working groups assigned to this to make sure it happens at that time. It is designed to meet the needs of the first nations, and then to complement communications on pandemic preparedness and prevention. These communications will complement those you will see in the media for Canadians as a whole. We are looking forward to it. The format has yet to be pinned down, but it will be done with the AFN.

The Chair: Thank you, Dr. Gully.

Ms. Murray.

Ms. Joyce Murray (Vancouver Quadra, Lib.): Thank you, and my thanks to the witnesses for being here.

I have quite a different line of questioning. In your work with the aboriginal communities, is there any financial support for making accessible the traditional prevention and treatment methods for H1N1 that the aboriginal communities have used in the past?

Dr. Paul Gully: I don't believe we've actually put resources towards that. However, I am aware that some communities are incorporating traditional methods of healing into their pandemic preparedness plans. I know that communications have gone on between the regional office in Manitoba and first nations. There are communities that wish to do that.

We're not saying that pandemic preparedness plans have to adhere to a particular template. We recognize that. It is also recognized in the annex of the Canadian pandemic influenza plan that the wishes of first nations communities in this respect should be taken into account. In fact, there will be some reference to traditional healing in future guidelines, which are in preparation right now.

● (1615)

Ms. Joyce Murray: Thank you.

The other part that I just wanted to mention is this. I just came back from China with the legislative association, and I heard on the news there that the City of Beijing, which has more than half the population of Canada, has reserved millions of traditional Chinese medicine doses to fight against the flu. So the Beijing municipal government is doing that.

When looking up why they are doing that, I found that traditional Chinese medicine is being widely used to treat H1N1 flu patients in China, according to a senior health official. China so far is the only country worldwide to introduce traditional medicine, TCM, as practised for thousands of years in China. The ministry of health recently released guidelines for treating H1N1 with a combination of western and TCM medicine for primary courses of treatment, and on and on.

Studies and symposia cited in *The Lancet*, by the WHO, and the ministry of health in China have indicated that a trial and experimental studies of traditional Chinese medicine have achieved a major breakthrough against H1N1.

So I guess my question is that in negotiating with the provinces for cost-sharing and working towards having enough doses of TAMIFLU, of which there may be some shortages, has the health ministry done research on traditional alternatives like TCM to partner with the provinces to help them make these alternatives available to people who can't or won't use some of the conventional treatments for H1N1?

Dr. Paul Gully: Thank you for the question.

In terms of supplies of western medicine being available—antivirals, for example—we feel there are sufficient supplies available, and these have in fact been pre-positioned in the communities that need them. Estimates have been made to determine the amounts that should be pre-positioned given what we know about H1N1 right now.

That's not to say one would not want to take into account utilization of traditional medicine. I would suggest that the traditional medicine first nations may wish to use may be quite different from that available in China. We'd want to ensure there were practitioners, presumably in China, who would know the particular circumstances in which to use Chinese traditional medicine. So I think we would be very open to assist if communities wished to use those. I think we would want to make sure there wasn't an interaction between traditional medicines...because there have been instances in the past of western medicine in fact interfering with traditional medicine, or the other way around.

The challenge is actually to do clinical trials for those kinds of medicines. In fact one needs large numbers of people in a very controlled clinical trial, and that's not something one can do in the short term considering the number of cases of H1N1 we have. Maybe China has large numbers of cases on which it could actually do research, but in the short term, we're promoting and trying to combine as much as possible the utilization of traditional medicine—if in fact there are practitioners available in the community. People have to be fully informed as to what is available.

Ms. Joyce Murray: There's a lot of Chinese—

Dr. Paul Gully: I was talking about first nations in particular.

The Chair: Thank you, Dr. Gully.

We'll now go on to Ms. McLeod.

Mrs. Cathy McLeod (Kamloops—Thompson—Cariboo, CPC): Thank you, Madam Chair.

This has been a very interesting report for me. Back in the early eighties I was one of those nurses working in one of these remote or isolated communities, and I can recall thinking I was ordering a dose of something and I actually ordered a case of saline solution. They are probably still using that saline solution to this day.

I reflect on this whole incident, and as a nurse, to overestimate... first of all, to look at the pain it caused my community and how it escalated into something from a mis-estimation as a nurse working in a community. In actual fact, at that time I was one of the first band-employed nurses, and it would not otherwise have escalated because I was directly responsible to the community I worked for; it would have stayed at that level.

So what has happened more recently is really unfortunate. I think what we need to do is to recognize it for what it is, and I think the report is very clear on that. I think it's time for us to move on. Perhaps sometimes out of difficult circumstances we can learn lessons, as you've articulated, and we can just move on. Clearly it is time to do that.

We've talked a lot about Manitoba, and certainly that's an area we are concerned about in terms of how things are going. But I would also be very curious to hear from Dr. Gully about what's happening across the country—and again, it's only been a month.

● (1620)

Dr. Paul Gully: Thank you.

What I have learned in the few weeks I've been here is that there are large differences in the arrangements between Health Canada, first nations communities, and the provinces. It is not simply that there are some communities where it has been transferred, because communities can actually be responsible but the provision of nursing services can still be the responsibility of Health Canada. That's a particular agreement.

The situations in which planning occurs vary tremendously. The requirements in terms of remote and isolated communities vary tremendously.

What I've seen is a common theme of communication, but this communication is also different. For example, there is a tripartite table in Manitoba that meets weekly; there's also one in B.C. that meets weekly—at the provincial level—and those issues are raised there, in terms of issues that might occur.

We will continue to have to deal with this large number of arrangements when we move on to an immunization program, because the provision of vaccine is totally integrated with the provinces. Therefore, when the vaccine arrives at the provinces it would get distributed to health centres, and then it would be available to Health Canada for distribution to communities. That planning is going on right now, taking into account the time schedule that has been announced—early November—but also then recognizing how the vaccine may receive authorization. So we have to be nimble, we have to prepare, but we have to take account of things that may change. That is occurring.

We have antivirals pre-positioned, we have vaccine plans, and even where we don't have nursing stations, there are health centres that give immunization in southern communities, so we have to work with that as well. On the other hand, in many places in southern communities, communities actually access health care and immunization through the province. This real work is going on.

Finally, and probably most importantly, there's our collaboration between Health Canada and the surveillance systems in the provinces and how we get information from our nursing stations, how we share that with the provinces, so we know precisely what's going on and if there is an issue we have to then concentrate more resources on.

The Chair: Thank you, Dr. Gully, for those very insightful comments.

Monsieur Malo.

[*Translation*]

Mr. Luc Malo: Thank you again, Madam Chair.

I do not know if you are aware of this, Deputy Minister, but last Monday we heard from health professionals who informed us that they did not yet have all of the information they needed in order to deal with patients' concerns. If they do have the information, it is not always in a format that is easily or quickly accessible.

Moreover, we are hearing at times contradictory messages on various channels. Some of the information casts doubt on the findings of the Public Health Agency of Canada or of the public health agencies in Quebec and the provinces.

Could you, first of all, give me your opinion on this matter and tell me whether or not, in your opinion, there is a problem?

● (1625)

Mr. Morris Rosenberg: Madam Chair, I cannot answer this question fully because part of it pertains to the mandate of the Public Health Agency. I know that you have regular briefing sessions with its officials, and it would be more appropriate to direct the public health questions to Dr. Butler-Jones or other officials from this agency.

What I can tell you is that in a federation where responsibilities regarding health and public health are shared between the provinces and the territories, our objective is to provide better coordination in a pandemic situation.

We are trying to improve our coordination by holding various meetings. For example, there are weekly meetings between the chief medical officers of health and the Chief Public Health Officer of the Public Health Agency of Canada. In addition, there are regular teleconferences between the health deputy ministers in all of the jurisdictions in the country. One of the main goals is to coordinate activities as well as possible.

Mr. Luc Malo: Did you discuss communication with the public and health professionals, in particular, during your meeting in Mexico?

Mr. Morris Rosenberg: We can use North America, as an example, but you could use any country as an example. Through the World Health Organization, you could take a country like Canada. The objective is the same. In a pandemic situation, coordination, the exchange of information and scientific opinions represent one of the big challenges. I am not a doctor, but one of the things that I have learned since joining Health Canada as a lawyer, is that this is not an exact science like mathematics. Opinions and decisions are different.

Discussions are required in order to reconcile opinions and we need to establish mechanisms at every level of our government, within the federation, within North America and within the World Health Organization in order to provide the world's citizens with information that is as clear as possible.

We are not perfect, but we are trying to do this better.

[*English*]

The Chair: Thank you, Deputy Minister Rosenberg, and thank you, Dr. Gully, for coming today and giving us your very insightful comments. We appreciate your time very much.

I am now going to suspend the meeting for two minutes to allow the Clerk of the House of Commons to come in and take her seat.

● (1625)

(Pause)

● (1630)

The Chair: Good afternoon, Ms. O'Brien and Ms. Malette, and also Mr. Vickers. We're very pleased to have you come today to present to our committee.

Committee members, we are going to conclude at twenty after five so that we have 10 minutes. We have three items of business and we will do that at that time.

I would ask that you give a 10-minute presentation, and I understand the handouts have been distributed to the committee members. At the end of the time, we will have a Q and A time, seven minutes for questions and answers from all sides of the House. Again, welcome. This is a rare opportunity to have you here, so, Ms. O'Brien, could you please start your presentation.

Ms. Audrey O'Brien (Clerk of the House of Commons, House of Commons): Thank you very much, Madam Chair. *Bonjour, tout le monde.* Good afternoon. I'm very happy to be here to speak to you today about the House of Commons H1N1 preparedness approach and our response to the issue of the pandemic.

I'm joined today by Kathryn Butler Malette, who is the director general of Human Resources and as such is responsible for occupational health and safety as well as corporate planning and communication services, and the Sergeant-at-Arms, Kevin Vickers, who is responsible for business continuity in a larger umbrella.

[*Translation*]

To begin with, I would like to provide you with some background to our approach. I will then explain the purpose and the scope of our pandemic plan. I will also give you an overview of the governance structure of the plan and explain how the information will be forwarded, and the corresponding responsibilities. I will conclude by providing you with information on the resources available to members.

[*English*]

As of April 2009—and I'm speaking basically to the PowerPoint slides that have been distributed to you—the draft pandemic plan of the House of Commons administration as it was then was activated at an accelerated rate as a result of the increased pandemic alert levels. We developed the plan with expert advice from Vanguard Emergency Management Consultants, who specialize in business continuity and emergency and pandemic planning and management.

In April 2009 the House administration also created what we call the influenza monitoring committee. It's a senior-level House administration committee that is chaired by Kathryn, and her alternate is Kevin, with experts from across the House administration, and it continues to meet regularly and is closely monitoring the pandemic situation. In the spring it took a number of mitigating actions, including installing additional hand-sanitizing stations across the precinct, increasing cleaning measures in high-traffic areas, issuing regular communication updates to the House of Commons community, and holding information sessions for front-line employees.

We are working closely with our employees, both those represented by unions and the non-unionized, to ensure they are aware of the evolving situation so they can take responsibility for their personal health. The pandemic plan was presented and approved by the Board of Internal Economy on September 28, 2009.

● (1635)

[*Translation*]

The House of Commons Administration pandemic response plan is designed to, to the extent possible, continue the two business lines of the administration, namely administration as employer and administration as supporting the House of Commons and its members in carrying out their constitutional functions.

The plan is also designed to help the House of Commons, as an institution, and the members of Parliament to manage the impacts of the pandemic on their operations and functions. What is most important is that the House of Commons be able to carry out its activities as part of the state's legislative power. This is a priority for us. This imperative may therefore override the provisions of the plan. We may have to give priority to various services and resources that directly support such activities so that the House of Commons can continue providing the services it deems necessary.

[*English*]

The overall approach of the House of Commons administration pandemic plan is to address appropriate mitigation and preparedness for a worldwide infectious disease outbreak and to define incident response and business continuity objectives that align with a public health emergency. The steps outlined in the plan are modelled on industry best practices and guidance and information that has been offered by the World Health Organization and by federal, provincial, and municipal public health authorities.

To ensure an integrated approach, the pandemic plan supports the House administration's overall business continuity management program and crisis communications plan. The House of Commons administration has extensive business continuity plans in place for potential events that could disrupt the primary business functions of the House of Commons administration, but we're here today really to focus on what we are doing with regard to the pandemic.

I would also like to stress that obviously the pandemic plan is intended to be a living document. It will continue to be revised as additional information and guidance are issued by public health authorities, and we will also be testing the plan through various tabletop exercises to continue to improve upon it.

This is the organization chart, which presents an overview of the governance structure for the pandemic plan for the House administration in the event that an outbreak of influenza results in a high level of employee absenteeism within the parliamentary precinct that affects the level of service normally provided to members. Any decision that would need to be taken on resources that are provided to members and the impact on House administration service levels generally would be brought forward by me to the Board of Internal Economy.

As you know, I'm the senior permanent officer of the House and therefore the head of its administration, and as such I'm responsible for the management of the House in accordance with the policies, decisions, and directions of the Board of Internal Economy. Therefore, I'm responsible for activating the plan, ensuring that it is effectively carried out and that the administration supports the House of Commons and its members in carrying out their constitutional functions, including their roles as employers and as administrators of their members' office budget. It's certain that the influenza monitoring committee itself, which I mentioned earlier, is responsible for implementing the plan here on the Hill and ensuring that the pandemic risk mitigations and response actions are implemented on a timely basis as risk levels change.

As I mentioned, Kathy is the chair of the committee and Kevin is her backup. One of the things I wanted to make clear as well is that I'm working very closely with the whips of the various caucuses, because you all have operations back in your constituencies; you have staff back at the constituencies. So it becomes important that you become partners with us in terms of managing those employees. Obviously, again, because there have been regional outbreaks and these things tend to be sort of localized, you'll need to be paying close attention to what's happening in your region or city and to the advice given by the local public health authorities there.

At the same time, you'll be in contact with your whip and the whips will be in contact with each other. For example, let's take a kind of extreme geographic example: if there were a severe outbreak in British Columbia, what one would likely see is the whips getting together to suggest, first of all, that travel to and from British Columbia be limited, if not done away with altogether, and they would take the kinds of decisions among themselves with regard to the pairing of members for votes and so forth. Those are the kinds of decisions that need to be taken at the political level.

Our discussion at the Board of Internal Economy—without revealing the secrets of the star chamber—was in that vein. Each caucus has its own way of operating. The whips have their own ways of operating with their members. This is a very important partnership for us. If it turns out that there is at any point some kind of difficulty with a member serving his or her constituents because of a very high level of absenteeism in a particular region that's been particularly hard hit, for example, then the whip would likely be bringing that to my attention and I in turn would likely be bringing the whole case, the whole issue, before the board for some kind of mitigation. Again these are hypotheticals.

The important thing is to keep the lines of communication open so that we are aware, each of us in our various roles, what exactly is happening. So the kind of information that is going out from us and from the IMC—the committee that is monitoring these things—that goes out to all employees, will also be shared with all members because we're all part of the Parliament Hill community, and that, obviously, of course, would apply as well to constituency offices in the national capital region.

● (1640)

[*Translation*]

We have also made a commitment to work closely with our parliamentary partners. In addition, we have regular meetings with the Senate, the Library of Parliament and the Office of the Conflict of Interest and Ethics Commissioner to discuss issues such as communications, labour relations and the planning of the continuity of operations.

The activities mentioned in the pandemic plan are based on three distinct risk levels: low to moderate, high and severe. The appropriate risk level is determined on the basis of several factors, such as the seriousness of the cases, the spread of the flu, Health Canada's recommendations regarding closures, restrictions on public gatherings, travel and, of course, absenteeism.

Slide 9 gives an overview of the decisions and communications between the clerk, the Speaker and the Board of Internal Economy.

[*English*]

The slide show is an overview of decision-making authorities, communication flows, and responsibilities. Based on the pandemic risk level, decisions would be brought forward to the appropriate body.

The Board of Internal Economy is, of course, responsible for administrative decisions at the policy level, and these would include decisions on mitigation measures to cope with high absenteeism that might, perhaps, for example, affect levels of service in certain administrative functions. One thinks perhaps of IT, information technology, where a lot of our workers are quite young. So it's not only that they, themselves, might be affected, but because a lot of them have young children, we might be in a situation where they're at home taking care of sick kids.

Along with the Board of Internal Economy, I'll be working closely with the whips, as I mentioned, to monitor impacts on your office and research staff and the mitigation measures that may be required if a member's ability to respond to constituents is affected. Whips are responsible for monitoring the impact on their members and for bringing forward to me problems on a case-by-case basis.

In keeping with standard practice, members will continue to be guided in the management of staff by the Members' Allowances and Services manual in such matters as the administration of leave and the terms and conditions of work.

Up-to-date and accurate information about the pandemic will be provided by the House administration to members and their staff and to the employees of the House administration, as I just said.

As the pandemic could have varying impacts across Canada, it's important to note—and I repeat this, because I think it is a very important feature—that members need to be guided by their local health units in their local constituencies for their constituency office pandemic planning. That is in addition to the guidelines provided by WHO and the Public Health Agency of Canada. Likewise, on Parliament Hill, we are guided by these matters.

I guess the last matter I should mention, because there have been questions about it, concerns what we have every year, usually around this time, or maybe a little bit later, which is the vaccination for the seasonal flu. It's important to understand that the vaccination program for seasonal flu is not within our control. That is something that is recommended and managed by the Public Health Agency. Public health authorities have told us that at this time they are not going to go ahead with vaccination programs, and we're going to be issuing, tomorrow, a communiqué to staff and members to advise them formally of that. There are no plans for the traditional seasonal vaccination day, if you will, nor are there any plans for vaccination for H1N1.

The recommendation coming so far from the Public Health Agency is that vaccinations for H1N1 are available to people over 60 years of age, and that's in the community at health clinics or at family doctors' offices. That, as I say, is not really within our control. That's something that's controlled by the health agencies. I wanted to make that clear, because of course people have come to count on that every fall.

Lastly, I just want to mention that there is a tool kit for members that provides Qs and As about leave and dealing with employees and so forth, and that's available on the Internet site.

● (1645)

[*Translation*]

The House Administration has prepared this information kit. In addition to these tools, resources and general information on pandemic awareness, it includes questions and answers designed to help members in their role as an employer. The kit is available on Intraparl.

[*English*]

I hope this very brief overview has been useful. We would be happy to take your questions.

The Chair: Thank you, Ms. O'Brien.

I let you go over time because this is very important.

Ms. Audrey O'Brien: I'm sorry, I tried to go as fast as I could.

The Chair: No, no, that is fine. It's some very insightful information, which is needed.

We're now going to go into our first round of questions and answers, and that's seven minutes per question and answer.

We'll start with Dr. Bennett.

Hon. Carolyn Bennett: Thanks very much.

I think, as you know, we began asking questions about the parliamentary plan at the first public meeting with Dr. Butler-Jones in May. I guess to find out that there's a tool kit on the Internet today is a bit surprising in that none of us knows it's there. I guess we're a little bit concerned that the plan is only as good as what each of us knows our role will be in the plan.

Each of us is an employer, in a certain way. We're responsible for our staff, and I guess I just want to know if there will be information sessions. When will there be training? And how will you, as the clerk, determine which of our offices are ready and which are not in terms of which of us has shown up at the training sessions. It would be the same as anybody in charge who would have to determine whether the departments are ready and whether the others are. We were very concerned when we heard from Treasury Board and PCO that they couldn't actually tell us which departments were ready. Do you feel that you will be able to have a handle on which members' offices are ready or not ready, in terms of that?

I guess the other question would be whether you have determined what the critical activities or critical committees that need to meet would be. Is there technology available that would allow staff, members, and particularly support staff, such as the library, to be able to work from home?

Ms. Audrey O'Brien: That's quite a series of questions.

First of all, let me say that with regard to the tool kit, people don't know about the tool kit because it went up on the Internet today. There will be a communiqué going out today that says this tool kit is available.

As I mentioned earlier, the plan is something that has evolved. You will recall that in May and June of last year, quite a series of communiqués went out to members' offices that informed them of what level had been declared by WHO and that kept people informed as we ourselves were informed.

One thing I want to make very clear—I suspect I'm going to be disappointing you in this—is that while, as the clerk, I am responsible for the implementation of the plan here on Parliament Hill for the House of Commons, and I'm responsible for ensuring that each one of my direct reports is prepared and their employees are prepared for an eventual pandemic, I have no authority over members of Parliament or their offices.

Members of Parliament are completely, from my point of view, independent creatures. They operate both as independent employers and as members of a caucus.

So when I was talking about the kind of partnership we have with the whips, that is to make information available to the whips and to sensitize them to the kinds of questions they may get from their members.

● (1650)

Hon. Carolyn Bennett: But in terms of training, I don't think the whip is in any position to train members or their staff about reasonable practices, or to make sure there's hand sanitizer in the offices, or to have what the “min specs” would be from the precinct.

Ms. Audrey O'Brien: With regard to the advice we're giving about sanitizing and washing hands and whatnot, those go out to every individual.

Hon. Carolyn Bennett: But will there be sanitizer, those machines, in every MP's office?

Ms. Audrey O'Brien: Right now there are sanitizers throughout the precinct. There are no plans at the moment—

Hon. Carolyn Bennett: People are eating at their desks, and visitors are coming and going, shaking hands. Could you not put one in all the MPs' offices?

Ms. Audrey O'Brien: I suppose we could put one in MPs' offices. The thing of it is that I don't want to get myself into a position where I'm basically...and I don't mean any disrespect by—

Hon. Carolyn Bennett: You provide us with water....

Ms. Audrey O'Brien: We do provide you with water.

Kathy reminds me that some members have purchased hand sanitizer, and there are hand sanitizer stands in the high-traffic areas.

I would have thought that how the office itself is...you know, whether an MP thinks that they want hand sanitizer or not. Some people don't want the hand sanitizer stuff. They find that it dries out hands, and it's no use, and people should just use soap.

We don't want to impose hand sanitizers on people, so we had not considered that. We can happily consider that if that is something people want, but there's really an arm's length here.

And with regard to—

Hon. Carolyn Bennett: But in terms of training, the whips can't do training on pandemic preparedness. There has to be training, for us as employers as well as members of Parliament, to know the risks, and to know what role we will have to play in a pandemic coming up. Where will the training be? Will the tabletops include MPs, if you're going to test your plan?

Ms. Audrey O'Brien: We have provided training sessions for managers in terms of their answering questions from their staff. We would be happy to provide similar kinds of sessions for members, if they are interested in having a question-and-answer session. This is one of the reasons why we prepared the tool kit. It's a way of answering questions that employees might have.

Frankly speaking, though, I guess I'm not quite sure what kind of training you would—

The Chair: Thank you, Ms. O'Brien.

If the committee doesn't mind, may I ask a question of the clerk?

Thank you.

As an addendum, or a continuation of what Dr. Bennett was saying, this is the first time I've ever heard any concern about members of Parliament being trained. I did see it up on the website, and I thought it was quite clear, but—

Ms. Audrey O'Brien: Madam Chair, forgive me for interrupting. We could certainly make available our chief nurse-counsellor, who can talk to people and answer questions they may have relative—

The Chair: Well, you've already answered my question, because my question was going to be that if there is a concerned member of Parliament who really feels a burning desire for a need for this training, can you provide someone? You've just answered that. Thank you.

Ms. Audrey O'Brien: Sure. We would be happy to do that. We weren't planning it on a grand scale, but we'd be happy to answer individual needs.

● (1655)

The Chair: Thank you.

[*Translation*]

Mr. Nicolas Dufour (Repentigny, BQ): Thank you very much, Madam Chair.

That was, as usual, a good question. I had that question in mind myself.

Ms. O'Brien, I learned of the plan this morning and I would like to congratulate you. I believe that the work done is extraordinary and I would like to point this out. Doing such preparatory work must not have been easy. The operations continuity plan has been established and approved by the Board of Internal Economy.

Could you tell us which activities will be given priority if ever there is a severe pandemic?

Ms. Audrey O'Brien: We are talking about a hypothetical situation here, but I can tell you that the top priority is to ensure that the House be able to continue sitting, as well as the committees. Dr. Bennett asked me how it would be possible to determine which committees should be given priority. However, it is not up to us to make such a decision. This is a political issue that must be resolved at the political level.

Should there be a pandemic, absenteeism is what concerns us the most. For example, it is clear that we depend a great deal on our technology services. These services would also become a priority for us, so that we can ensure that the network is operating 24 hours a day, 7 days a week. This is a potential problem. We will have to reassign people to various services in the technology branch so that essential services are covered. That might mean, for example, that the information call line will be operational only from 9 to 5 o'clock rather than 24 hours a day. Adjustments such as these might be necessary.

Similarly, if financial services had a very high absenteeism rate, we would have to inform the members of Parliament that it might take some time to process their invoices. We are prepared to assess the situation on a case-by-case basis. What is important for us is that essential services, the interpreters, the premises, security, all of that be taken care of so that the House can continue sitting.

However, if at some point, there is a severe outbreak in the region, or if there are two or three such outbreaks in the country, a political decision will have to be made to determine whether or not the parliamentary calendar should be amended. This decision would be made, I believe, between the parliamentary leaders, and the House will make a formal decision further to a special motion that will have to be presented to the House.

Mr. Nicolas Dufour: There are procedures within the departments to test these continuity plans, which have already been prepared. Have we tested the continuity procedures or do we intend to do so?

Ms. Audrey O'Brien: I will ask my colleague Kathryn, who is the chair of the main committee, to answer your question.

Mrs. Kathryn Butler Malette (Director General, Human Resources, Corporate Planning and Communications, House of Commons): Thank you.

As far as the administration's pandemic plan is concerned, we carried out tests on October 6 from 9 to 12. This was a three-hour test. Advisors from Vanguard Emergency Services were present. They had prepared exercises ranging from moderate to high risk. We tested the impact of an absenteeism rate of approximately 30%.

We did this exercise around a table. We did not conduct the exercise as EDC had done, when people did not show up for work, but we did in particular examine our IT services, because this is very important. We looked at the delegation of human resources, employees. If ever we did not have employees on a certain service, how are we going to be aware of the absentee rate in the House? Our human resources system will monitor and forward this information.

In addition, we took a look at our communications plans. How will we continue communicating with the members of Parliament, the employees and our partners throughout the House? Everything went very well. It was a tough test, particularly at the end. We discovered, for example, that we need to pay close attention to communications. As for our IT services, we must realize that not everybody can work from home. We do not have enough portable computers, we do not have a network that would allow this to happen. We want to keep the network in good shape, so we have to pay attention. We talked at great length about the impact on the IT plan. The employees sitting around the table held relatively significant positions and we found aspects of the plan that needed to be changed, because this plan is evolving. We are prepared should something happen, such an outbreak in the region.

● (1700)

Mr. Nicolas Dufour: Do I have any time left?

[*English*]

The Chair: No, I'm sorry.

Thank you so much.

Now we'll go to Ms. Wasylycia-Leis.

Ms. Judy Wasylycia-Leis: Thank you, Madam Chairperson.

I want to add my thanks for this thorough briefing and the work you've done.

I really don't have a lot of questions because my sense is that the precinct is well looked after in terms of a preparedness plan. I know our offices have been getting information since the spring. I can remember employees on the Hill talking about going to training sessions. Cleaning has certainly been a major preoccupation. There are hand sanitizers in the entrance of every building and all over the place in different buildings. There are big signs in washrooms. I think your tool kit will probably add to that.

We have a 24-hour nurse on site. We have someone to turn to for information. You've indicated your willingness to speak to different caucuses and be available for MPs. I think it's an amazing plan.

My one comment would be, given what we've been hearing from first nations communities, that I think some of those communities would given an arm and a leg just to have a portion of what we have here.

If I have any question it really goes back to the question Kathryn was answering—and you've already done that—on the trial run of having 30% of your employees off. Say this thing hit in different regions, and some MPs couldn't get into Ottawa and it became difficult to hold Parliament as we know it.

Audrey, have you ever thought about a different way to hold Parliament by using technology? Could we meet as a Parliament if we couldn't all get here and conduct business?

The Chair: Ms. O'Brien, is this out of your scope? I'm just checking.

Ms. Audrey O'Brien: No, no.

The Chair: Do you want to take a stab at it?

Ms. Audrey O'Brien: Yes. I'm a big worrier from way back, so it's not beyond my scope.

The Chair: There you go.

Ms. Audrey O'Brien: We have thought about how to use video teleconferencing and other techniques to bring people together for decisions. A variety of measures and options could be brought into play.

It's important to realize that in our day-to-day operations we're used to an extremely high level of service from every source. We have a lot of options to exercise before there is danger to the core work of the House or its committees. The levels of service allow people to work efficiently, but there are also a lot of add-ons we could bring in if we had to cut back to essentials. I could use a piece of paper and a pen, and we could make copies of an order paper. People can meet pretty well anywhere—it doesn't have to be in the chamber.

I think it's important not to overstate the case in our rush to be ready for anything. I'm trying to make sure we're well prepared. But there are places where we can cut back without affecting the essential work of Parliament and members. There are some things that are urgent, but there are others that could wait a week and it wouldn't be the end of the world. It's the same thing in most services.

● (1705)

Ms. Judy Wasylycia-Leis: If this thing hits at full capacity and we lose a third of our parliamentarians, life can go on. But if we lose a third of our translators and interpreters, it might be hard to replace them with skilled professionals. In light of that prospect, without wanting to spread fear or exaggerate....

Ms. Audrey O'Brien: If you have fewer interpreters available, you might be able to work fewer hours. Maybe you'd just have to make the hours more productive.

Ms. Judy Wasylycia-Leis: Maybe we could reform Parliament in the process. Then there'd be some good that came out of it.

The Chair: Ms. Wasylycia-Leis, is that the end? Okay, thank you. You've surprised me—you usually don't go under time.

Ms. Judy Wasylycia-Leis: I know!

The Chair: Mr. Brown.

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

It seems like a very well-prepared plan, and it looks like you've thought of everything. Is there any support you're not getting in your efforts to be adequately prepared? Is there any required financing that's not there, or do you feel that you have adequate levels of support?

Ms. Audrey O'Brien: I really appreciate the question. Right now we're fine. We're covered for this and we have contingency funds. If we were faced with a major requirement for temporary assistance from outside agencies—I'm thinking of interpreters or translators—then we could go forward and ask for supplementary funds. But I think we have everything we need right now.

Mr. Patrick Brown: Maybe I missed it in here, but have you established a list of your top priorities? Do you have a business continuity plan? Have you decided which services would have greater priority?

Ms. Audrey O'Brien: Our main purpose is to support Parliament. The chamber is the heartbeat of the place—and support for it is absolutely essential to us. Support to committees comes after that, followed by support to members in their individual offices.

The exact form it will take is difficult to talk about because of the hypotheticals. There are so many permutations and combinations. The need for technology, for example, for a good technological response, is always present. Because we're so dependent on technology, it's a high priority.

Perhaps the sergeant has something he might want to add.

Mr. Kevin Vickers (Sergeant-at-Arms, House of Commons): I think the clerk has articulated the priorities very, very well. It is the core functions of Parliament that we're going to concentrate our resources on. Obviously in my area security will always be up there with regard to priorities, but everything will be totally dedicated to those four key functions of Parliament: the chamber, the caucuses, the committees, and your parliamentary offices.

Mr. Patrick Brown: Have you set any benchmark rates for absenteeism that would be the necessary level to close Centre Block?

Ms. Audrey O'Brien: Perhaps Kathy, as the expert in human resources, would have some comment on that.

Mrs. Kathryn Butler Malette: You can see by the plan that low to moderate absenteeism is relatively normal. We are in that phase right now. We have a lot of people who have colds and that sort of thing. It's our seasonal time of year, and then the plan shows a little higher absenteeism, and then 30%. Let's say we had large service areas and a lot of MPs out, then I think this action plan would go into effect. The clerk and the board and the whips would all be in discussion in terms of the next steps.

We regularly monitor absenteeism of the administration. At this point there is certainly nothing to worry about, and we hope there will be nothing to worry about over the next few months. For us, it's more if individual groups suddenly get hit with a virus.

● (1710)

Ms. Audrey O'Brien: With regard to something like closing the Centre Block, we will be very careful to keep in contact with the local regional health authority. If at some point they recommend against gatherings, we would cancel the tours, for example. I think the business of cancelling people coming into the galleries would have to be taken only in fairly serious circumstances because of the openness of Parliament. Now, it's available by television, so that's another thing that helps. If you make the decision to close the galleries because of illness, then people can see what's going on by watching television. That's an enormous help.

With regard to the question of 30% absenteeism, let's say, 30% of members, it may be that the House leaders decide it would be a good idea to suspend sitting, say, for two weeks and then make that up in the constituency weeks later. They could decide not to sit for a period of time so that members wouldn't be travelling. I know the travelling back and forth from constituencies is a big concern among members.

Mr. Patrick Brown: If I recall, clerks from different Commonwealth countries and from around the world keep in touch through various organizations. Have you had any conversations with other clerks in terms of preparations they're doing, and is Canada in line with its preparation efforts?

Ms. Audrey O'Brien: I would say that in terms of legislatures we are ahead of the game, but with a lot of my Commonwealth colleagues, resources are problematic. We are fortunate to have the resources we can devote to people working on a business continuity plan. They are so short of resources that basically one person has to do many, many things. In that sense, we're extremely fortunate, and I think we've used our good fortune to good effect in terms of our preparations.

Mr. Patrick Brown: Perfect. Thank you.

The Chair: Thank you, Ms. O'Brien.

We're going now to the second round of five-minute questions and answers.

I think we're only going to get through one round, Dr. Duncan, which will be you. Then we're going to suspend for a couple of minutes.

Dr. Duncan.

Ms. Kirsty Duncan: Thank you, Madam Chair.

Thank you all. There has been a lot of thinking done here.

I'm new to this. As you said, this was posted yesterday and it was drilled yesterday. I haven't seen what's available; I've just seen what's here.

First, we're operating in a different way to a traditional business. Is that correct?

Ms. Audrey O'Brien: Yes.

Ms. Kirsty Duncan: Because of the political piece to this.

Ms. Audrey O'Brien: Precisely.

Ms. Kirsty Duncan: I have to give some thought to that.

I'm going to ask a batch of questions.

What thoughts have been given to protecting the health and well-being of our employees? The human resource protocols are considerable in terms of absenteeism. I think you brought up travel. Work from home I would think would be challenging in this environment in terms of security issues. IT must be a very big issue. I'm thinking along that line.

I'm sorry, I'm throwing a lot out there.

The issue came up about training other people, the idea of cross-training, and whether there are legal issues there.

I'll come back to what Dr. Bennett mentioned, and again, you mentioned how a traditional business would operate versus the political.

My experience is that in those businesses there would be an education part of this and you actually record who has been trained, and if there is an update to the plan, you go through that process again.

On the issue of the drill, it's really important for a plan to get to every desk in the organization.

● (1715)

Ms. Audrey O'Brien: First of all, we share with you the concern for the health and well-being of all our employees. This is something on which we have a joint occupational safety and health committee. We work in partnership with the employees on these issues. But again, there, we view this as a partnership with the employee. The employee is responsible for being aware of their own health, so they have to take measures. They will take measures and we try to educate them on measures—for example, hand-sanitizing, social distancing, those kinds of things. That's regularly communicated through those general communiqués, but also we're asking managers to make sure that in their discussions with their individual office colleagues this is discussed. We make the nurse-counsellor available for meetings to answer questions if they are concerned about particular things.

We have the usual kinds of protocols in place for people with regard to sick leave provisions, family leave provisions, and so forth, because we have a lot of young families. One of the things we're proudest of is the idea that we are a family friendly employer, so there is a very understanding culture with regard to the absenteeism of parents who have to look after kids. That's not always so very predictable, so it's really important that we be responsive to that and understanding. But at the same time, there is a sense in which those parents have to be responsible in return.

You mentioned the business of working at home, and certainly there are some areas—and of course people are connected with the BlackBerry and so forth—where we ensure there is a constant ability to communicate. But as Kathryn was saying, it would be wrong to pretend that we could arrange that for all workers.

One of the things about this, as I answered another member, is that there are a lot of jobs being done here and a lot of positions doing work where a delay would not have a significant impact. There might be an impact, for example, on how quickly financial claims can be processed, but I don't think that would qualify as a supreme hardship in the great scheme of things.

Those are the kinds of decisions we're going to try to make, but at the same time keep the communications channels open to the caucuses, to the whips, and to the Board of Internal Economy, to say this is the level of service, there is a three-day turnaround time ordinarily, but right now, because of high absenteeism, you're going to have to face a 10-day turnaround time.

Ms. Kirsty Duncan: Let's hope this is not the case, but if there were—

The Chair: Sorry, Ms. Duncan, you're over time.

I want to thank Ms. O'Brien and Ms. Malette and Mr. Vickers for being here today and for giving us this very insightful, very useful information. Thank you for the handouts.

We will suspend for two minutes now. I would ask that people leave the room. We're going to be going in camera very quickly. Bells are going to ring at 5:30. We're going to have to clear the room quickly and then start our committee business section for ten minutes.

Ms. Audrey O'Brien: Madam Chair, I just want to thank you for the opportunity to explain things. As I know your time is very short, I just want to say that if any members want to follow up on this by coming to see me and talking more about specifics, I'd be happy to sit down with anyone.

● (1720)

The Chair: Thank you.

[*Translation*]

Ms. Audrey O'Brien: I would honestly be pleased to do so.

[*The meeting continued in-camera.*]

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