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Chair

Mr. David Tilson

Standing Committee on Citizenship and Immigration

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● (1530)

[*English*]

The Chair (Mr. David Tilson (Dufferin—Caledon, CPC)): I call the meeting to order.

This is the Standing Committee on Citizenship and Immigration, meeting number 28 on Thursday, March 15, 2012. This meeting is televised.

The orders of the day are for the study, “Standing on Guard for Thee: Ensuring that Canada's Immigration System is Secure”.

We have two witnesses today appearing by video conference from Toronto, although I think they're both from the Region of Peel, but I'm not sure.

We have Dr. Natasha Crowcroft, the director of surveillance and epidemiology at the Ontario Agency for Health Protection and Promotion. She is a physician specializing in public health and infectious diseases, particularly with respect to immunization. She has been scientific director of surveillance and epidemiology at Public Health Ontario since shortly after Ontario's new agency started operations in 2008. She is also an associate professor at the University of Toronto.

Prior to immigrating to Canada with her family in 2007, Dr. Crowcroft worked for a decade at the United Kingdom's Health Protection Agency as a national expert in immunization.

The second witness is Dr. Eileen de Villa, who is the associate medical officer of communicable diseases and environmental health for Peel Public Health. She is an associate medical officer of health for the Region of Peel. Her responsibilities include providing technical support and medical expertise to public health staff in the management of cases and infectious disease outbreaks.

On behalf of the committee I'd like to thank both of you for appearing today by video conference to help us with our study on security.

You have, between you, 10 minutes.

Thank you. You may begin.

Dr. Natasha Crowcroft (Director, Surveillance and epidemiology, Public Health Ontario): Thank you very much.

As you probably see on your screen, I'm Natasha Crowcroft, and I work at the provincial level in Canada, although I have international experience. As an aside, I have been through the immigration experience myself, so I have direct experience of some of the processes we're going to discuss.

Thank you very much for inviting us to speak. We're going to share the time. Dr. de Villa's going to take the second half, and I'm going to kick off.

The reason I talk about working at the provincial level is that there are different issues at the federal level, possibly. We will be speaking from our own perspective and from some international experience as well. I shall speak from a provincial level and Dr. de Villa from a local public health perspective. We agree that these are very complementary, but I will flag that the Public Health Agency of Canada may have additional views to contribute to this conversation.

The scope of what we can speak to is within public heath, which is dealt with in section 38 of the Immigration and Refugee Protection Act, specifically the part of it that says the applicant's health condition “is likely to be a danger to public health”. We can't really speak to “public safety” or “excessive demand on health or social services”, because they are not really in our area of expertise. I wanted to make that clear.

But there is a part that is relevant, though not to health services. Here I don't want to get into too much jargon. In our minds—I speak for both of us, probably—we think of public health as being distinct from health services, and that may not be true for members of the committee. With the term “health services” I think of hospitals, primary care doctors, and that kind of context. Public health, which in Ontario is based in municipalities, is another service to the public that relates to health, but it's not acute health care. So there is an element to what we are talking about that concerns the impact on public health services, which are in a different place in many provinces and are funded in different ways.

I hope that's clear, but we will obviously have an opportunity to take questions, if any of it isn't clear.

I'm going to start off with one of the questions that seem to come out clearly from the audit, about why Citizenship and Immigration Canada does not consider the 56 diseases that are currently reportable because of their risk to public health.

The important consideration here is that immigration is a slow process. I would distinguish here between immigrants and refugees; there are separate issues for refugees. For most of the immigrants who arrive in Canada, it's a slow process. In contrast, the 56 diseases that are reportable because of their risk to public health are generally, for the most part, diseases of short duration. The process will not really capture them. Screening in that context is not the appropriate tool. The appropriate place to take action to protect Canadians is at the point of travel, at which somebody who has any of these diseases might present a risk both to fellow travellers and also on arrival in Canada.

If you think about SARS, which presented a considerable risk to public health, the immigrant screening process would have been irrelevant to protecting Canadians from that disease. There were many other measures that were more important to have in place.

So most reportable diseases are of short duration, and the medical screening process is really not relevant. The danger to public health is from travellers who are ill at the point of travel, become ill just before, or are incubating a disease just before and immediately afterwards.

Another thing is about proportionality. The number of travellers into and out of Canada each year far exceeds the number of people who arrive through immigration. If you want to protect Canadians, it is disproportionate to focus on the point of immigration. It's the travel backwards and forwards, sometimes involving the same communities, to countries where diseases occur more frequently than within Canada. That is really the issue that would be most important to focus on to protect the health of Canadians.

● (1535)

Another idea I think important to emphasize, but is not really the focus of the order, is the idea of screening as a health benefit for immigrants. It's worth considering that most immigrants who come to Canada are healthier than people living in Canada, the Canadian-born. They start out healthier and they become less healthy.

There's an element to which we are putting immigrants' health at risk by their coming to Canada. So consideration from a public health perspective could easily be given to protecting the health of immigrants, through screening for measures we know are effective and will protect them from becoming ill while they're here.

Some of the diseases I think reasonable to screen for are really for the benefit of the immigrant rather than to protect public health.

The Chair: You have four minutes left.

Dr. Natasha Crowcroft: Okay, I'll hand it over to you, very quickly.

HIV, Hepatitis B, and Hepatitis C are worth screening for. Complete immunization records is another thing that would be a benefit to the immigrants' health, and that would be a good role for the CIC to take on.

Sorry, Eileen—

Dr. Eileen de Villa (Associate Medical Officer of Health, Peel Public Health, Region of Peel): No, not at all. I will pick up from here.

In our next slide, we note with interest that in paragraph 2.77 of the report of the Auditor General calls for a better definition of applicants who present a danger to public health.

I would suggest that, from many of the tables and committees on public health that I've participated in over the years, I've heard that Citizenship and Immigration Canada has expressed interest in reviewing the medical screening process. On behalf of all public health practitioners in Ontario, I would strongly encourage that this review be undertaken as soon as possible.

Such a review, I think, would have the benefits of not only defining the applicants who present a danger to public health, but also would address a system efficiency by considering the impact of such definitions on the whole system—both the health care system that Natasha spoke to, and public health, excluding those issues that are no longer relevant, such as syphilis—and supporting the appropriate use of health care resources and public health resources as well.

I would like to focus on two particular points—on tuberculosis and that which occurs at the local public health unit. Over the last several years, we have studied what we have been asked to, as part of the medical surveillance process concerning tuberculosis, and have come to the conclusion that, in fact, it's too much effort on the part of local public health for not enough benefit.

We would strongly encourage that the system require some review that should be evidence-informed, and should take into consideration the perspectives of local health care providers and public health providers, to ensure that the objectives of the medical screening process are actually being met, and being met in a cost-effective and efficient manner.

Finally, I'd like to draw your attention to the timing of medical examinations under the medical screening process. As I'm sure you're aware, the medical examination, the immigrant medical exam, is valid for one year. I think one does have to wonder, or at least question, whether this makes sense if the individual has continued exposure to some of the diseases in question, for example, tuberculosis, while waiting for the results of the immigration application overall.

On the other hand, on the issue of timing, we would also suggest that there could be streaming of the process, particularly for those who are already in Canada. I can tell you of countless stories of individuals who had just completed the medical surveillance process for example, as a temporary worker or student, and who then decided to change their status to immigrant or permanent resident, and were asked to undergo the entire medical surveillance or medical screening process *de novo*. We think that there are opportunities, certainly, for efficiencies in an examination of the system.

With that, we'll bring our remarks to a close. We'll be happy to take any questions you may have for us.

● (1540)

The Chair: Thank you, Dr. Crowcroft, and Dr. de Villa.

You'll be pleased to know, Dr. de Villa, that we all received press releases today in the House of Commons telling us about March 24 being Stop Tuberculosis Day. We all have a little pin. Can you see my pin? “Stop Tuberculosis.”

Dr. Eileen de Villa: Oh, you should wear that pin with pride.

The Chair: I will.

Our first questioner is Ms. James.

Ms. Roxanne James (Scarborough Centre, CPC): Thank you, Mr. Chair.

Thank you to our two guests, Dr. Crowcroft and Dr. de Villa.

I also want to thank the chair for bringing to the attention of both of our guests the fact that March 24 has been designated as World Tuberculosis Day or TB awareness day. Just to let you know, I am proudly wearing my pin. I wore it in the House today during question period as well.

I am actually going to talk to you a little bit about that. I've noticed that in the information you've brought along, which I have in front of me, you were talking about TB, as were you, Dr. de Villa. I'll let you know that after I was elected on May 2, I received letters and so forth from constituents, and there was a common thread with people who were concerned about TB and about new immigrants or people coming into the country and having TB spread throughout Canada.

World TB Day statistics say that there are four to five new cases each year per 100,000 population in Canada. I'm just wondering about this. I think in your notes you said that really shouldn't be a concern, but it certainly is a concern to my constituents. I'm just wondering if you could elaborate on that, please.

Dr. Eileen de Villa: If I suggested to you that it wasn't a concern, that's not what I intended. I would suggest, though, that the medical screening process for tuberculosis actually takes too much effort for the benefit that's derived.

Tuberculosis is an important health problem. I believe—and Natasha can correct me—that it's the most common infectious disease in the world. I think one third of the population of the entire world is infected with tuberculosis.

The issue is that tuberculosis is one of those diseases where we're particularly concerned with its impact when it's in the active phase and in a place where it can be readily transmitted, which is usually the lung or the breathing tract. Those are the cases that we're most concerned with, as those are cases that actually present a risk to others.

So the issue we have in respect of the medical screening process is that it doesn't necessarily help us identify those individuals who are actually presenting a specific risk to other Canadians when they arrive.

● (1545)

Ms. Roxanne James: I had another question as well, but I want to go on with that for just a moment.

Some of the information that came out with the “Stop TB” press release was that there is a particular risk with regard to those who are foreign born. So again, my concern is that if you were not born here in Canada, why is it a particular risk to people who were born outside of Canada when they come to Canada...? Why is that so?

Dr. Eileen de Villa: Again, it depends on which country we're speaking of, but certainly there are countries in the world where TB is much more common and where infectious TB is much more common. As a result, in those countries of the world, the likelihood that one actually becomes infected is much, much higher. So certainly in Ontario, the vast majority of our cases are seen in those who are foreign born.

Ms. Roxanne James: Thank you very much.

In your report, you touched briefly on HIV, I believe. I think you said it was worthwhile to have it included. Are you saying that it's not mandatorily tested right now? Or is it already included in the mandatory testing?

Dr. Eileen de Villa: It is included. It has been included since 2002.

Ms. Roxanne James: Okay. Thank you.

In your opinion, do you think CIC requires more mandatory testing outside of what it currently does?

Dr. Eileen de Villa: I think what we would suggest is, again, a review of the objectives of medical screening should be undertaken, and then we should be looking at what tests are actually done in order to achieve those objectives and understanding whether, in fact, there is evidence to support those tests in terms of achieving those objectives. That is what should be required.

I don't know whether you have thoughts on that, Natasha.

Dr. Natasha Crowcroft: Yes. I would add that I think we are both concerned about all of the diseases. There's no question about that. The question is what's the best way of detecting them and protecting both the people who arrive in Canada and the Canadians around them.

My concern is that the current system isn't the best way to do that. So to me, the best way to do that would be to do something that isn't really within CIC's remit or mandate. It would be that, when people arrive in Canada, be they immigrants or refugees, they have immediate access to screening in Canada. The objective is that it's for the benefit of the immigrant and it's also for the public health benefit.

Ms. Roxanne James: What would happen at that point in time, as you're proposing, once they already have arrived and they do have an infectious disease? How do you see that benefiting Canadians who are already here in Canada as Canadian citizens and as permanent residents? How do you see that benefiting us if someone is actually brought into Canada and tests positive for one of those infectious diseases? How would you deal with someone at that point?

Dr. Natasha Crowcroft: For TB in particular, we have well-established ways of treating people so they are no longer infectious, which is of benefit to them and to preventing further spread. That's true for most of the conditions. For some of them it's a question of isolating the person, and there are other preventive measures that can be taken.

One of the problems is the assumption that if there's a certain amount of screening before the person arrives—and I'm not taking away from that process—it covers everything. But in some provinces, including my own, when an immigrant arrives they don't even have access to health care. So the system may potentially put people at more risk, because there isn't an easy way that somebody can be taken in and checked out fully.

I see it in the same way that everyone has an annual health check. It's the idea that somebody in primary care reviews the health of the new arrival.

I also want to reiterate that immigrants who arrive in Canada are healthier than Canadians.

The Chair: You have less than a minute left.

Ms. Roxanne James: In your opening remarks you said that the number of travellers in and out of Canada each year is greater than the actual number of immigrants who come into Canada. You said that there's more of a health concern with people coming out.... I think you mentioned SARS, and so on.

But when I think of Canada and our health care system, I think of really strong immunization. I remember being at public school, lining up in the gymnasium, and having those regular intervals of needles that I desperately hated.

● (1550)

The Chair: Your time is almost up.

Ms. Roxanne James: Would you say that immunization in Canada is far better than in many of the countries where immigrants are coming from?

Dr. Natasha Crowcroft: We've just had a huge outbreak of measles in Quebec linked to travel to France, so I wouldn't rely on it.

The Chair: Thank you.

Mr. Kellway.

Mr. Matthew Kellway (Beaches—East York, NDP): Thank you very much, Mr. Chair.

To our doctors today, thank you very much for coming. You're really introducing this issue of health screening to us. We haven't had witnesses under this study yet who have talked about this, so there are a lot of concepts you're putting in front of us, and big words like “epidemiology” that we'll have to wrestle with and wrestle down.

Let me start with what seems to be the most fundamental question here. In the presentation you talked about the need for a system review, and something as fundamental as the objectives of screening as the subject of that review. Could you elaborate on that? I presume there's some implicit criticism of the objectives as they exist now. I'd like to hear, from either or both of you, what you feel the objectives should be.

Dr. Eileen de Villa: I'll start off with that.

On public health, if the system is meant to protect the safety of travellers and Canadians, it isn't so much that there's a problem with that objective; the question is whether the current process actually facilitates meeting that objective.

As Dr. Crowcroft suggested, I'm not sure we're the right people to speak to public danger, or placing excessive demand on the health care system. But when it comes to matters of public health, I think the question I was trying to raise was: does the current process and the current medical screening process actually address the objective of protecting public health? I suggest to you there are elements of it that do not.

Mr. Matthew Kellway: Where do we need to start? Is it with the traveller issue? Is that where the greater risk comes from for public health here in Canada?

Dr. Natasha Crowcroft: I think there is a very good system for trying to pick up people who are sick when they're travelling. That's not really the job of CIC. Our discussion of that was in response to the comment in the report about the 56 reportable diseases that the Public Health Agency of Canada requires. I wouldn't hand that responsibility to CIC, because I think that it's handled through other measures.

There are things like the syphilis screening, for example, which really serves, as far as we're concerned, no real purpose, because it comes from 50 years ago and now we have very good treatments for syphilis. It probably causes more problems than it solves, and we have ways of treating people in Canada. So there are some historical elements that could easily be discarded.

Going back to objectives, if the objective was to protect the health of the immigrant as well as the health of other Canadians, that would be a new objective that would bring a whole lot of other potential activities that I think would be of benefit in protecting Canadians as well as protecting the health of the immigrants. The inefficiencies in the current system could be mitigated to a certain extent by a system that picks people up when they arrive here and investigates them very thoroughly and treats diseases much sooner after someone's arrival. That would really be a new objective for health screening.

Mr. Matthew Kellway: Is there a list of diseases that should be subject to screening, on which there's some consensus in the public health field?

Dr. Natasha Crowcroft: I don't know if you can see this, but in the *Canadian Medication Association Journal* from last September, there was a paper with information, which I can send to the committee. It describes how we would like immigrants to be screened on arrival in Canada. That work has been done by a multidisciplinary committee with the objective of protecting the health of immigrants. So again, it wouldn't currently fall within the legislation. That's not part of section 38. It's not in there, so it would be something new.

● (1555)

Mr. Matthew Kellway: Most of us—those of us from Toronto anyway—remember the SARS issue. Is there a way to capture events like that, prior to an epidemic outbreak in a city such as Toronto, or is it just that these things will come through and there's no way to stop them, and it's about mitigation on this end?

Dr. Natasha Crowcroft: We do our absolute best to try to know what's going on. There is a worldwide network of people who are examining data every single day. The World Health Organization picks up information from all around the world and relays it to the Public Health Agency of Canada, and there is a cascade system within Canada that goes through the provincial and territorial governments and into agencies such as the one I work in, and we work very closely to keep a constant watch for new emerging issues around the world.

The international regulations, which you may or may not be aware of, require every country to report to the World Health Organization anything of public health significance and to do that immediately, and there's a set of criteria. There are some specific diseases that are reportable, but there is also, I think most importantly, a generic one that says anything that is regarded as being unusual and of public health significance must be reported immediately. That's important, because of course with SARS we didn't know what it was until it was here.

The World Health Organization, recognizing the impact that SARS had, knew it had to change its regulations. So Canada has signed up to that and participates in that and we benefit from it. That's a very well-rehearsed system.

The Chair: Thank you.

Mr. Lamoureux.

Mr. Kevin Lamoureux (Winnipeg North, Lib.): I thank you and appreciate your presentation.

I wanted to make an assertion and you can tell me if it's right, or if I'm off base, maybe where I'm off base.

Is it fair to say that the risk factor is just as high for individuals who are coming to visit Canada or to immigrate to Canada, as it is for the many Canadians we have who travel abroad and then return to Canada, in terms of the potential impact it could have on public health here in Canada?

Dr. Natasha Crowcroft: I'm not sure. I think it's the travel. It depends. It's hard to identify whether it is Canadians travelling or immigrants. The risk depends on where they go. The well-known factor is people visiting friends and family. It's people who are Canadians, but who are visiting friends and family in areas of the world where diseases are more common than they are in Canada.

I would like reiterate that this idea that immigrants pose a risk, when they are healthier than Canadians, is a bit of an issue. There are recognized risks. We don't discount them at all. In regard to volume and continued exposure, we have huge communities like Peel, where people go back to India and spend many months there.

Dr. Eileen de Villa: One of the members of the committee was discussing risks associated with tuberculosis. Tuberculosis is more common in certain parts of the world, notably parts of Asia, from which we derive many of our immigrants. But if you have active TB disease and you're infectious to others, you are prohibited from travelling. In fact, when we're looking at immigrants who arrive in this country, they're not infectious with tuberculosis.

● (1600)

Mr. Kevin Lamoureux: When it comes to public health safety here in Canada, we're almost better off to say that it's great that Citizenship and Immigration is looking at it, but maybe it's much bigger than that. Maybe we should be incorporating other departments to deal with this issue. Is that a fair comment?

Dr. Natasha Crowcroft: It could be. I'm not sure I know enough about the other departments. We mentioned the Public Health Agency of Canada. They would be a good group to involve, for sure.

Mr. Kevin Lamoureux: Are you familiar with any other jurisdictions? I've travelled abroad. Sometimes there are individuals who look as if they're medical officers of some sort, and you walk by them. You walk through screens. I don't know what it is they see of you. Are you familiar with any other jurisdictions that look at all people who are arriving, whether through an airport or a port?

Dr. Natasha Crowcroft: There is a similar system in the U.K. It's called Port Health there. These are portals of entry into the U.K. It's very similar to what is here. There is somebody whose responsibility it is to pick out people who are sick when they're travelling, or who might present a security risk. They are not looking for terrorists, but perhaps people who are psychologically unstable.

They pick up people like that and either treat them or isolate them. Sometimes they actually send them back to where they came from, but it is a health role. They have health associates in the airport or at the port.

Dr. Eileen de Villa: We have a similar function with quarantine health officers.

Mr. Kevin Lamoureux: Is there always some sort of local screening taking place in other jurisdictions?

Dr. Natasha Crowcroft: There is, but it's not the detailed screening we were talking about, where people arrive and they get fully checked out for things like hepatitis or HIV. You don't see that when you walk through an airport. The airport screening is more about somebody who has one or more of those 56 diseases that are reportable. They go past with a florid rash and a fever, and they look sick. The officials will be wondering whether that person has measles, or something like that.

The Chair: Thank you,

Mr. Weston.

Mr. John Weston (West Vancouver—Sunshine Coast—Sea to Sky Country, CPC): Thank you, Mr. Chair. And thanks, Dr. Crowcroft and Dr. de Villa, for joining us.

Natasha, you mentioned that immigrants who come here decline in health. As a great fan of our doctors in Canada, I just want to say, it's not your fault.

Dr. Natasha Crowcroft: Thank you.

Dr. Eileen de Villa: We're in public health.

Mr. John Weston: I have a quick question on syphilis. I just happened to read an article this week that said syphilis rates were increasing. According to this article, the problem was that women who were infected might not know they were infected. I may have gotten that wrong. But did you catch that? Is that consistent with your statement, that it shouldn't be part of the screening process?

Dr. Natasha Crowcroft: The problem is that the women are getting infected in Canada, and there are outbreaks in Canada. It's not something that immigrants are bringing to Canada. We have plenty of our own. The women are screened in pregnancy, but if they get infected afterwards, during pregnancy, they're not going to be re-screened. It can be a silent infection. It's back to the safe-sex messages. There's a huge issue with sexually transmitted infections in Canada, but that's our own problem. We have to try to fix that. Immigration really doesn't bear on it.

Travel does, to a certain extent. We have outbreaks that occur in relation to big international events, like Caribana and things like that, where you have a lot of people arriving, partying, and there's alcohol and everything else. But immigration is not the problem.

Mr. John Weston: One of the great things about our job is that we get to cross disciplines.

We had another doctor before us earlier this week, Dr. Cheema, who said that one of the issues was the certification of labs. He said that because many labs overseas are not certified, there may be problems with identification. In other words, the person who is giving the urine test may not be the person who is registered. He thought that if labs were certified, that might be a remedy to the problem.

Do you see as an issue that identification documents are being altered and the person who is giving the medical samples isn't the person who is actually applying for immigration or a visit?

Dr. Eileen de Villa: That's a difficult question. I don't know that we can speak to the frequency with which one runs into fraud in the system. But I think we can speak to the fact that not all labs are created equal, and there must be reasonable quality assurance measures. Even if you have the right person and the sample is appropriately identified, if the test is not done under appropriate conditions, the result of the test will be questionable.

● (1605)

Mr. John Weston: Another recommendation from the same doctor, along the same line, was to try to centralize the labs. Do you have any comment on that in terms of trying to achieve that “all labs created equal” kind of standard?

Dr. Natasha Crowcroft: I think that's outside our.... You would have to know more about how the labs work in different countries. In some countries, it would be easy to get a lab that was fully accredited by some kind of international standard.

The other piece of it, if you're worried about identity, is to have the place where the medical tests take place accredited, because of course, there are ways of trying to ensure that people are giving specimens themselves and are not bringing them along. That's something that could be addressed not just through the lab but through the medical centre.

Mr. John Weston: Moving on to yet a different idea, pre-screening is something we've talked about on this committee. Pre-screening would allow the Government of Canada to identify each person who comes to Canada by plane or by ship.

Do you have any sense of how better pre-screening might help in terms of safety on the medical side?

Dr. Natasha Crowcroft: Has that ever been an issue with TB cases?

Dr. Eileen de Villa: No, it hasn't really.

I suppose that more rigorous pre-screening would actually be more of a benefit to the travellers themselves and to the people who are on the journey with them. Clearly, if somebody is actively sick with something at that moment in time, and you could pick it up at a pre-screening just before the travel, something could be done then. The person could be treated and could recover before leaving on the journey.

I don't know that we've had particular problems specifically on that issue.

Mr. John Weston: Let me give you a chance to maybe summarize what you've just told us. If you could each make one or two recommendations to improve the quality of our medical security vis-à-vis immigration, what would they be?

Natasha, maybe you could start.

Dr. Natasha Crowcroft: I would add a focus to protect the health of immigrants and would include a health screening on arrival. They'd have to have access to health care to do that. So one is access to a screening process on arrival in Canada.

I suppose another thing would be that the immunization records should be part of the health check before they arrive. That's something we didn't emphasize, but I would add that as well.

Mr. John Weston: Eileen, do you have one or two summary recommendations?

Dr. Eileen de Villa: I would suggest that we look at timing and the validity of the medical examination. Right now it's valid for a year. If we're concerned about health during travel and the journey to Canada, it makes more sense to have that medical examination closer to the moment of travel.

The other thing is that there are elements of the medical screening process that are onerous, heavy, and very paper-intensive for local public health, and for minimal benefit. That is why I would suggest that we review the processes currently in place and determine whether, in fact, they serve the objectives of the current act and its regulations.

Mr. John Weston: With my last seconds, I'm going to share my time with Mr. Dykstra.

Mr. Rick Dykstra (St. Catharines, CPC): Thank you, Mr. Weston. I appreciate that.

Just for clarification, I was wondering if you could elaborate on the length of time from the exam to the transfer of the individual to Canada.

In other words, you had suggested perhaps 12 months was too long. What would you suggest would be a better timeframe in terms of maximum time allowed before you'd have to be re-evaluated?

Dr. Eileen de Villa: What do you think, Natasha?

It's hard to say, with this one. Some people have bandied about the time of three months, or six months. I think those are more reasonable, particularly for certain diseases.

● (1610)

Dr. Natasha Crowcroft: I would add that in addition, in the opposite direction, it shouldn't be repeated when the person is in Canada. The current regulation requires it to be done again when status changes, but that applies if the person's in Canada. That doesn't make any sense.

So that recommendation could be dropped.

The Chair: Thank you.

Mr. Davies.

Mr. Don Davies (Vancouver Kingsway, NDP): Thank you, Mr. Chairman.

I'm curious about, and would like to explore a little bit, your comment that immigrants don't have health care when they arrive and that it poses, I think, a health risk, if I had some of your testimony there.

Do you recommend that we should provide health coverage forthwith upon arrival, as a preventative public health measure, to immigrants?

Dr. Eileen de Villa: Yes.

Dr. Natasha Crowcroft: Yes.

Mr. Don Davies: Do you have any data or information to tell us how long it typically takes for immigrants to Canada before they acquire health coverage, on average?

Dr. Natasha Crowcroft: I don't actually have any data on that.

It took me three goes to get OHIP coverage, even when I was eligible, so....

Dr. Eileen de Villa: In theory, though, in Ontario it's three months.

Dr. Natasha Crowcroft: Yes; it's three months before you can start.

Dr. Eileen de Villa: That's correct.

Mr. Don Davies: Okay.

Not to belabour the point, but in that three-month time, I would take it that you would.... It would be your view, would it, that this poses a public health risk not only to those people but to Canadians as well?

Dr. Natasha Crowcroft: Yes. That would be an ideal time to screen.

Mr. Don Davies: Okay.

Another thing I notice you recommend in your report is that it would be a good idea if people immigrating to Canada brought with them their immunization records.

I'm just wondering, is that feasible? Is that something that a lot of countries require? Is that something that we could realistically require?

Dr. Natasha Crowcroft: I think it would be hard to require, because they may not exist. And it's not a requirement in the sense that you can't come here without them; it's more that if they're requested, people will do their best to bring them. Then, when they arrive, especially with kids, they can be caught up.

So you wouldn't stop anyone coming here, but knowing what they have received allows us here to make sure they get any immunizations they've missed, which, again, protects Canadians, because then they're not going to put other people at risk.

Mr. Don Davies: Okay.

Now, I'd like to be clear on this, if I can, and get down to simple basics. What do we test for now? When a medical is done before someone comes to Canada as an immigrant, do you know what communicable diseases we test for currently?

Dr. Natasha Crowcroft: TB, HIV, and syphilis are the three infectious diseases.

Mr. Don Davies: So there are only three that Canada requires testing for now.

It's your testimony that syphilis is something that you actually think is not necessarily something that we need to be testing for, is that right?

Dr. Natasha Crowcroft: Yes.

Dr. Eileen de Villa: Yes.

Mr. Don Davies: Okay. I have your list, in your notes, of what you think we should....

I want to shift gears a bit to something else that I don't think you've talked about as much, and that's the immigration test of denying entry to someone who may cause excessive demands on Canada's health or social services system.

I notice that you actually say—this is from page 6 of your slides—that our system, through our testing, may actually be creating the circumstances by which we're placing an excessive demand; it's not the actual condition itself.

There was a relatively famous case in the last year about a family in New Brunswick whose child had autism, and the immigration system determined that would present an excessive demand on our medical system.

Do you feel that the medical community and doctors are being consulted well enough by CIC before that decision is made to deny someone entry into Canada?

Dr. Eileen de Villa: Oh, goodness.

Dr. Natasha Crowcroft: I don't think we're able to answer that question.

Dr. Eileen de Villa: No.

Dr. Natasha Crowcroft: I'm sorry, that's outside our....

Mr. Don Davies: Okay.

Do you know if the medical profession is consulted at all before that decision is made by an immigration official?

Dr. Natasha Crowcroft: I don't know.

Dr. Eileen de Villa: I don't know. I personally have not heard of that, but that doesn't mean it doesn't happen.

Mr. Don Davies: I'm running out of time.

You commented that the health of immigrants generally declines after arrival. I'd like you to expand on that, and tell us why, and how, and if you have any proposals to address that.

Dr. Natasha Crowcroft: That's a huge topic. It might be something you might like to ask colleagues at the Centre for Addiction and Mental Health to talk about because there are specialists there. Some of it is their loss of status because Canada accepts people on the basis of being highly qualified, but when they get here, they often can't work in the fields in which they've qualified. So they go down the social scale. A lot of immigrants are willing to accept that in exchange for the benefits of coming to Canada, but it is also a big change. So psychologically there are some issues.

Then, of course, there's the lifestyle and dietary changes that occur, which can also have their toll. It's quite a complex question. For my part, it was an observation that this is the case, and that we were getting healthy people coming here. We shouldn't be thinking of immigrants as being unhealthy people. If you want an in-depth account of why that's the case, I would refer you to colleagues at CAMH.

● (1615)

Dr. Eileen de Villa: If I can, from the perspective of Peel Region where we get a significant number of south Asian new immigrants to Canada, they have a particular predisposition—particularly when exposed to western diet and lifestyle—towards obesity, diabetes, and cardiovascular disease. So, in fact, our environment tips them over the balance on obesity, diabetes and cardiovascular disease, and they start off healthier and get sicker.

The Chair: Thank you, Dr. de Villa.

Mr. Leung.

Mr. Chungsen Leung (Willowdale, CPC): Thank you, Mr. Chair.

I wish to go down a different area of medical science. We talk about the medical screening being a system to pre-screen the immigrant, to protect Canadians from communicable diseases, and also to protect our very generous health system. What I need to know is, do you also recommend the testing of some latent diseases such as hepatitis B; hepatitis C, which could lead to hepatoma; type 2 diabetes; non-specific types of STDs; genetic screening for DNA disorders; post-traumatic stress syndromes; or other psychiatric factors that need to be addressed?

Should that also be on our list for pre-screening before we determine admissibility?

Dr. Natasha Crowcroft: In my view, I would just focus on the infectious diseases, hepatitis B and C. While I think they're important, I would think it was more efficient to screen people when they arrive. If somebody is just hepatitis B positive or hepatitis C positive on screening, I would not exclude them, unless they had serious liver disease in the country of origin. To ensure that they get treated so that they don't become an excessive burden on the health care system, my view is that the best way to do that would be to screen them on arrival in Canada.

If you screen them outside, and you don't exclude them when they arrive here, that test result—which might be done in a non-accredited lab, as we were talking about earlier—has to find its way all the way through the system to Canada, and then find its way to whichever primary care doctor that person ends up with. To my mind, those are very good reasons for having screening in Canada, and they're really important diseases. We did a burden of disease study in Ontario, and hepatitis B and C are right at the top of the list of things that are going to be a burden on public health.

I absolutely agree with you that they're vital, but I would do the screening in Canada.

Mr. Chungsen Leung: Dr. de Villa, do you have a comment on that?

Dr. Eileen de Villa: I agree entirely with Dr. Crowcroft.

Mr. Chungsen Leung: Then this leads me to the next question, which is more of an administrative and ethical one. If we pre-screen the immigrant before arrival in Canada, and then we screen them again in Canada for these diseases, then what we do? Do we kick them out of this country, or do we admit them as immigrants, because if you use the health issue—their medical issue—as a condition for admissibility, screening them in Canada causes us a large administrative and ethical issue.

Dr. Natasha Crowcroft: I would not use hepatitis B and C as admissibility criteria at all. I would screen in Canada, and then what we do is we treat in Canada. So if somebody's a carrier of hepatitis B, we now have effective treatments. If they're not a carrier, if they're negative, then we can offer immunization, which, again, is a very effective way of making sure they don't become positive. Hepatitis C, again, there are treatments available in Canada that will prevent them from getting the other diseases you mentioned like hepatoma and cirrhosis—things that will make them become excessive burdens.

● (1620)

Mr. Chungsen Leung: But doesn't that put a tremendous burden on our medical system to be the world centre for screening for these diseases? Everybody who wants to come in here will take advantage of that and abuse our immigration system as well as our health system.

Dr. Natasha Crowcroft: I don't think people are going to immigrate to Canada in order to get screened for hepatitis B or C. I'm not sure I understand the question.

Mr. Chungsen Leung: If you're suggesting that we screen them once they're here, and we are prepared to treat them for it, then that means that they can come in and get screened for these factors, and still have the benefit of our health system.

My line of thought is that we should protect our health system and Canadians by having these immigrants pre-screened before they arrive on our shores.

Dr. Natasha Crowcroft: We were not proposing that no pre-screening happens at all. Assuming that these people are screened to the extent that they are healthy individuals when they arrive here, they can still be healthy, for all intents and purposes, but some of them, and it's going to be a minority, may carry hepatitis B or hepatitis C viruses by virtue of the fact they come from countries of the world—East Asia and Southeast Asia being very prevalent places for hepatitis B, and other parts of the world having more hepatitis C than is found in Canada. Now, that's not going to be most people, it's going to be a few, but it's a higher rate than is found in Canada.

So it is worth screening them just for those few viruses, and then you can treat them. But it's not going to be a huge burden, I will put it that way.

The Chair: Thank you.

Mr. Opitz.

Mr. Ted Opitz (Etobicoke Centre, CPC): I'm going to pass my time to Mr. Dykstra.

Mr. Rick Dykstra: Thanks.

I'd like to pursue this matter a little bit further.

Part of what we're trying to do in this study is respond to the Attorney General's concerns with respect to security. Also, he brought up the issue with respect to how few diseases we actually test for, and you've identified those again for us today. But I do have difficulty understanding how you would actually work through a process that allows for a second screening here to take place. I think I understand the principles upon which you outline that. The difficulty I have with it is that it would lead to abuse in the system, or it could lead to abuse in the system. If you were to be tested in your country of origin, you would try to seek a test that would indicate negative, and then, knowing full well that you could actually get to Canada, be screened again, and then get full treatment.

So what type of rule would we put into place, or what type of defence to this would we put in place? Are you suggesting that before someone were to come to Canada with a negative test back home but a positive test when they come to Canada, that they, in fact, would have to purchase their own health insurance in order to be treated here?

What I'm trying to get at is that this could lead to quite an expense. For one thing, we'd have folks on Canadian soil who, once they are here, are very difficult to remove; and the second is that treatment is obviously going to cost the Canadian taxpayer a lot of money. I think with our health care system, regardless of which province or territory you're in, there are arguments to be made that the provinces and territories are not delivering the type of health care that Canadians find acceptable, at least from a minimum threshold. So I'm trying to make a determination here as to how we would do this.

I understand your recommendation and suggestion, and I think it has some credibility. I'm just trying to determine and would like to get from you some recommendations as to how we would alleviate the cost concern and the bogus testing concern.

Dr. Natasha Crowcroft: Just to reinforce what I said, at the moment we don't screen for these conditions at all, so nobody gets screened. I don't propose that would change. At the moment, the inadmissibility on health grounds is about 0.3%. So at the moment we don't screen and we don't have people coming here. Right now, the people abroad could be saying, I know I've got hepatitis B—no question of faking results—I know I've got it, and I could go to Canada and get treated. But, actually, that's not happening.

I don't propose that it gets added to the screening outside the country at all. The screening that happens inside the country, the way I would frame it, is that everybody here's supposed to have an annual health check, and this is just an annual health check that happens when people arrive. When you do an annual health check, you can be screened for hepatitis B. One of the reasons for screening is that if you haven't been immunized in the past, you could be screened to make sure that you need immunizing.

I don't want this to get out of proportion because it's really feasible, and I don't think it's going to present a huge burden.

● (1625)

Dr. Eileen de Villa: We're given to understand that these issues, running into persons who actually would be seen as presenting an excessive demand on health or social services, are extremely infrequent. I don't think the concerns you're suggesting are likely to manifest themselves. I don't think it's an issue at all, otherwise we would have seen it already.

I think the other point is that presumably the individuals who are chosen for immigration to Canada are chosen for a number of other reasons, and health is only one element of the whole picture. Presumably, there's actually a whole admissibility procedure that takes into consideration other elements. I think those are important as well. It's all a balance.

Mr. Rick Dykstra: Thank you.

Mr. Ted Opitz: How much time do I have?

The Chair: About 30 seconds.

Mr. Ted Opitz: Just on that line of questioning, Dr. Crowcroft, I'm going to give you an opportunity here to make a recommendation on what guidelines and what path you'd suggest we follow.

Dr. Natasha Crowcroft: In respect to screening on arrival, do you mean?

Mr. Ted Opitz: Correct, yes, screening on arrival. I'm sorry.

Dr. Natasha Crowcroft: We have evidence-based guidelines that were published just in 2011, and I would recommend that those were followed—that is, when immigrants arrive, they'd undergo a health screening as per the guidelines, which I can share with the committee if you want to see them. The work has been done, so that would be the easiest thing to do.

The Chair: You have less than four minutes, Mr. Davies.

Mr. Don Davies: Thank you, Mr. Chairman, and thank you, doctors, again.

I want to make sure I understand your proposal for a more effective and efficient screening process. I can tell you anecdotally in my office, for people waiting overseas to come to Canada, particularly when there are wait times of three, four, five, six, seven and 10 years, we're requiring them to get medicals that they have to renew every year. Many of those people come from second- or third-world countries, and it's expensive for them. It appears to me that it's not very effective either, if I understand your testimony.

What's going through my mind is that we should do one initial screening at the time of application, and then simply wait until close to the time they're going to come to Canada, say within three months of them being issued their visa. Or, if I understand your proposal, perhaps they would be tested when they arrive as well. Would that be a more intelligent and effective way to approach health screening, in your view?

Dr. Eileen de Villa: I think that's reasonable. I understand that, again, if you're looking for major issues then, yes, those will presumably present themselves on a health screen at the time of application. If you're looking for issues that present a risk at the time of travel, then clearly that medical examination would have to occur closer to the moment of travel, particularly if you're looking at things like acute infectious diseases, because, again, an exam from a year ago is not relevant.

Mr. Don Davies: Okay. In terms of that very small number of people who have been deemed inadmissible, I think it's under 1%... was it 0.6%? I don't know if I caught the number.

Dr. Eileen de Villa: We see 0.3%.

Mr. Don Davies: It's 0.3%. Can you give us some idea of who that 0.3% is made up of?

Dr. Eileen de Villa: Unfortunately, we can't. This is a presentation that I was able to attend back in June 2010. It was given by a staff member from Citizenship and Immigration Canada. These are their statistics.

Mr. Don Davies: I'd like to give you a little more time to tell us about the health outcomes of immigrants when they come here. I know it's a complex issue. You started to get into it, and I realize there is certainly not enough time to even scratch the surface.

Would either of you care to tell us a little more about the health outcomes of immigrants once they're here?

● (1630)

Dr. Eileen de Villa: I'm sorry, we are getting an electronic message that our conference is over. Can you still hear us?

The Chair: We can still hear you. I don't know where that came from. It was not from us.

What happened? How can they do that? Instead I have to look at Davies.

This is all on the record, by the way.

We will suspend.

● (Pause)

● (1635)

The Chair: We will reconvene our meeting. We have three witnesses.

From the World Sikh Organization of Canada here in Ottawa, we have Mr. Balpreet Singh, who is a lawyer.

By video conference from Richmond Hill, from the Centre of Excellence in Security, Resilience, and Intelligence of the Schulich Executive Education Centre, we have George Platsis and Walter Perchal.

Good afternoon to all three of you.

Mr. Singh, you have 10 minutes to make a presentation to the committee.

Mr. Balpreet Singh (Legal Counsel, World Sikh Organization of Canada): Thank you. Good afternoon. I would like to thank you all for having me here today.

The World Sikh Organization of Canada was established 28 years ago as a national representative body of Canadian Sikhs, and also as a non-profit human rights organization to advocate on behalf of the human rights of all individuals regardless of their background.

Canada's visa and consular officials are on the ground to ensure Canadians are safe and those who are a danger to Canada or have been suspected of having involvement in human rights abuses aren't allowed to enter our borders.

It's absolutely imperative that our visa officials have the full support of all of us, including the Canadian government, to do their job and make those hard decisions.

I'd like to turn your attention to an incident that took place in May 2010, in which I believe quite the opposite happened. In May 2010, an uproar took place in India with respect to a decision by our visa officers to deny Canadian visas to members of India's security forces. The individuals were found inadmissible due to alleged human rights violations and also the threat of espionage. After intense pressure from India and some Indian media, the Canadian government apologized for the visa rejections. A statement was issued that clarified that the position of the visa officers in New Delhi doesn't reflect the Canadian government's position.

In addition the statement read, and I'll quote:

> ...this unfortunate incident has demonstrated that the deliberately broad legislation may create instances when the net is cast too widely by officials, creating irritants with our trusted and valued international allies. For this reason the admissibility policy within the legislation is under active review at this time.

I believe this incident highlighted how our visa system, and by default, our security can be compromised by political and diplomatic pressures. It's our position that these visa rejections were, in fact, well thought out and appropriate, and those individuals had no place in Canada.

I'd like to take a look at the three cases that were highlighted by Indian media with regard to the visa rejections. The first was a Punjab police officer by the name of R.S. Khattra who had applied for a Canadian visa to attend the World Police and Fire Games in British Columbia. He had been posted to an area in the Punjab that suffered severe human rights violations during the late 1980s and 1990s. According to the Indian newspaper *The Tribune*, in a letter sent to Mr. Khattra, Canadian embassy vice-consul Sharon Hogan stated that he must be fully aware of the widespread, systematic extrajudicial killings and human rights violations by the Punjab Police during the operations, but he did not intervene to stop them.

The letter also read, according to the Indian media:

> You are at the very least wilfully blind to the crimes against humanity committed by the Punjab Police in Amritsar district. During the investigation, arrest and interrogation, [during] your posting, you may have been directly involved or at the very least helped to increase the effectiveness of the Punjab Police in Amritsar district at a time when a large number of police forces in the area were involved in the commission of crimes against humanity.

As a human rights group that has knowledge of the area as well as this time, we feel that was a completely legitimate observation. Rather than apologizing for Ms. Hogan's position, Canada should have fully supported it.

Mr. Khattra himself is personally implicated in human rights violations just in the 1990s, but a simple Google search will reveal that as recently as February 2010 and again in November 2010 he was accused of kidnapping, illegal detention, and ransacking the houses of suspects. Such a person has no place in Canada.

The second case that was highlighted by the Indian media was a denial of a Canadian visa to a deputy director of the Indian Intelligence Bureau. The officer was denied a visa on the grounds that he could engage in active espionage or subversion, or violence that would or might endanger the lives and safety of persons in Canada. Those are very serious concerns and not at all unfounded.

Maloy Krishna Dhar, a former joint director and 29-year veteran of that same force, the Intelligence Bureau, and a former colleague of this individual was, in fact, posted in Ottawa for a diplomatic posting from 1983 to 1987. In his memoirs, titled *Open Secrets*, on page 293, he says that his mission in Canada was to penetrate gurdwaras—Sikh places of worship—and Punjabi media, create assets in the Sikh community, and also to generate "a few 'friends' amongst the Canadian Members of Parliament".

He writes on page 302 of his memoirs: "I do not intend to disclose the details of the intelligence operations that were carried out between Mani, Shashi"—his colleagues—"and me in deference to the niceties of diplomatic protocol. But we did a lot and reached appreciable penetration in the key Sikh inhabited cities in Canada."

Rather than supporting our visa officers' conclusions and reasons, which were once again completely valid, the opposite happened. The Indian media reported that the IB officer was granted a visa after the Canadian High Commissioner was summoned to the Indian foreign office and told of India's displeasure over the earlier decision.

● (1640)

The third and final example that was highlighted in the Indian media was the denial of a visa to a member of India's Border Security Force. Eric Verner, first secretary of immigration, wrote in the denial letter that the former BSF member was associated with a notoriously violent force, and that the BSF had engaged in systematic attacks on civilians and has been responsible for systematically torturing suspected criminals.

That position would be supported by human rights groups all across the world, including our own. According to Human Rights Watch's 2012 report, BSF members have indiscriminately killed 900 individuals on the Bangladesh-India border in just the past 10 years, with no prosecutions. In January 2012, a video of BSF personnel brutally torturing a Bangladeshi citizen was made public. Human Rights Watch said that the BSF was a force out of control.

Mr. Verner's reasoning to keep this individual out of Canada was completely sound and supported by human rights groups. Once again, for some reason, we backed down. Throughout this incident, some Indian media attacked Canadian consular officials as being preachy moralists who don't understand the complexities of a country. A columnist for the Sunday edition of *The Pioneer* in New Delhi, which is a well-read newspaper, said,

> Since there are no accepted global yardsticks, Canada has set up its own war crimes section where, presumably, gullible, starry-eyed youngsters, fresh from university and an internship with some ridiculous human rights activist body, sit in judgment over the Indian army.

Rather than defending our visa officers, who have the expertise to make these decisions, we backed down and promised to review the admissibility policy in the current legislation. This, with respect, was the wrong thing to do. People responsible for human rights violations have no business in Canada, whether they are from India or anywhere else. With respect, this is not an anti-India position. WSO, my organization, supports increased trade with India. Many of us have family roots in India, so it's important for us to see both countries do well.

Keeping out human rights violators isn't just in the interests of Canadians, but also of Indians. A senior editor of *The Times of India*—one of the most well-read newspapers in India—Manoj Mitta, in a speech here in Ottawa in 2010, which was later republished on his blog, said:

> As a journalist tracking legal and human rights issues, as an independent observer of the Indian state's record in these areas, I was delighted to discover the civilizing potential of your rules forbidding entry to those involved in attacks on civilians or terrorism, systematic or gross human rights violations or genocide....
>
> As an independent journalist, I cannot help expressing disappointment at your government's retraction on the visa issue.

To summarize, it's absolutely essential that we support our visa officers and their expertise in making these decisions. What has to come first is safety and not politics.

With the brief time I have left, I'd like to turn my attention to another issue. I know this committee has heard evidence from some witnesses to the extent that the greatest threat Canada faces right now is Muslim immigration. The cases of some European countries have been cited as an example of what pitfalls await here if we don't crack down. I would caution you not to accept such impressionistic evidence. The freedoms we enjoy in Canada and the culture of tolerance we have fostered and embodied in our charter make us very different from Europe or other countries in the world. The rights that we have here go a long way to prevent marginalization and alienation of minority groups, and by default, prevent radicalization.

As a Canadian Sikh, I know my community was the subject of baseless allegations of rising extremism in 2010. Two years later, time has proven that no such thing exists, and young Canadian Sikhs are more engaged today in Canada than they ever have been before, whether it's politics, the army, or police. Two years ago, the political rhetoric said that extremism was rising. I would ask that you look at these allegations of radicalism in the Muslim community with a large level of skepticism.

Certainly, what we need to avoid is racial or religious profiling of entire communities based on innuendo. That's a turn away from our Canadian values and absolutely inappropriate. Our safety and the security of our borders aren't an ethnic or religious issue. Our focus has to remain on techniques and steps to improve screening and security, and these steps have to apply to all, regardless of their nationality, ethnicity, or religion.

Those are my comments. Thank you.

● (1645)

The Chair: You were almost right on time. Perfect.

Mr. Platsis and Mr. Perchal, you have 10 minutes between the two of you.

Lieutenant-Colonel Walter Perchal (Program Director, Centre of Excellence in Security, Resilience, and Intelligence, Schulich Executive Education Centre): Thank you very much, Mr. Chairman and honourable members.

My colleague, Mr. Platsis, and I would like to thank you for inviting us to testify today regarding this important issue. We serve as program directors for the Centre of Excellence in Security, Resilience, and Intelligence at the Schulich Executive Education Centre, part of the Schulich School of Business—a global top-ten business school at York University in Toronto.

The centre has emerged in response to growing concerns of a diverse group of public and private sector stakeholders. Within a context that defines the central motivating driver as increasing rates of change in society colliding with limited ability for adaptation, we're increasingly less prepared for the plethora of changes that define the 21st century, thus defining the probability of failure in both public and private institutions.

Within that context, the centre focuses on three particular areas of concern. The first is security. We are confronted by international instability, and at the same time we face emerging challenges, such as cyber-threats and terrorism by multiple actors in their various forms. The second is resiliency. We view that proactivity is better than reaction. The third is intelligence as both a force protector and a force multiplier, acting as the single most effective proactive measure.

This serves as our point of departure for today's discussion, and while the centre represents and affects the public, private, and academic sectors, as well as nations friendly to Canada, the comments and opinions made during this testimony are our own, do not reflect the view of any of the institutions we are affiliated with, and should be attributed accordingly.

The realities of the 21st century insist that the proliferation of information technology has allowed single individuals to be significant threats to the state, equalling the likes of many of the groups we are currently concerned with. Empirical evidence supports this view. In this reality the core issues of the immigration file are ones of security and intelligence, not technology or procedure or even defence. In an ever-changing environment where threats expand on an exponential basis, any meaningful progress on this issue requires a progressive, integrated, and cooperative approach.

The members should know that we see immigration as critically important to Canada. How policy is handled and developed plays a crucial role not only in the demographics and economics of Canada but also in the culture and the identity of this country. Since we are children of immigrants, our interests are defined by the remarkable possibilities that Canada's diverse multicultural society represents, and how it can serve as a template for the world. For all of that, we therefore believe that the net benefit of an effective customs and immigration policy will be that entry into and exit from Canada are more efficient and less intrusive, thus ensuring Canada's security. However, within this view our concerns focus not on intentions but on the vulnerabilities that the current state of immigration policy defines.

With that said, I pass over the remainder of my testimony to my colleague Mr. Platsis.

● (1650)

Mr. George Platsis (Program Director, Centre of Excellence in Security, Resilience, and Intelligence, Schulich Executive Education Centre): Thank you.

Mr. Chair and committee members, I thank you, as well, for inviting us, and I do echo the comments of my colleague.

There is a concept known as domain awareness, and respectfully, Canada is not aware of its domain. Given Canada's lack of sufficient intelligence capabilities, we seldom know if individuals or cargo accessing Canadian territory pose a threat to the nation, be it of health, safety, or even economic natures. Within that context, unfortunately, a paradox exists, where foreign nationals gather intelligence on us, allowing them to use our systems and procedures against us.

For all of that, we have three major areas of concern.

Internally, there is a failure to share intelligence and analysis within Canada, something that is well documented in chapter 2 of the fall 2011 Auditor General's report—a chapter related to the issuance of visas.

Externally, Canada is not being sufficiently plugged in to the international intelligence community, particularly the Five Eyes. This is partly a function of Canada's inability to share information, as we have no agency mandated to gather intelligence on foreign nationals not residing in Canada.

Thirdly, Canada has policies and practices that are viewed as vulnerable to access by certain individuals wishing to gain entry into North America.

In this light, the government should ask this. Why it is that so few applications from known regions of unrest, such as North Africa, Pakistan, and the Middle East, are not identified as potential risks to Canada?

To address these concerns, we propose a layered approach of multiple lines of defence, with one of them being a DFAIT recommendation of admissibility based on intelligence that is responsive to national security concerns, not domestic and foreign political pressures.

Validated, sound intelligence ensures legitimate visitors and business travellers, refugee claimants, and immigrant workers and entrepreneurs are let in, and war criminals and terrorists are kept out.

Under such a structure, people without legitimate claims would not even get near Canadian territory, and we feel such an approach would have helped avoid the recent revelations of war criminals living in Canada.

On the discussion of biometrics, we have found them to be useful, with the NEXUS system being a good example. The question should be how the technology is used, not if it is useful. In fact, it is inefficient and even a waste of funding for Canada to invest in biometric technologies without proper intelligence backbone structures to make these technologies worthwhile.

Generally, there are two camps regarding biometrics. The first camp says use them as a mechanism to confirm identity, and the second says cross-reference them against shared databases with a view to understanding the history of a person.

Respectfully, the suggestion of the first camp adds little value. Sophisticated forgery, albeit expensive in some cases, is readily available throughout the world and can easily circumvent this security initiative.

I would ask you to consider the following scenario.

An individual from Africa or Asia enters Albania, a relatively easy country to enter these days. From Albania, this individual makes their way to an EU member state, such as Italy, Bulgaria, or Greece, where gaining access to Canada from an EU member state becomes infinitely easier. However, along the way this individual could have changed their identity by obtaining false documentation, documentation that can include forged and phony biometric data. This possibility certainly exists, and criminal groups have the technological means to do this.

Finally, this individual reaches a Canadian entry point. Cross-referencing their data against false documentation tells the CBSA official one thing—the biometric data matches the false documentation. And it is only at this point that Canadian agencies would begin to build a file on this individual.

Reconsider the same scenario, this time where data is cross-referenced into a larger Canadian database, which also includes the Five Eyes, because Canada has ventured into a cooperative effort with its allies. All of this adds a significant value to Canadian authorities, so they can get a better understanding of the individual's history.

The primary issue here is that Canada has little international capacity for matters of intelligence, and it is only compounded by limited international cooperation on these same matters.

The minimal information we have today is compiled from our missions, yet these missions lack resources, such as intelligence capabilities, leaving screening officers with little to make meaningful assessments. This situation is only exacerbated as, in many cases, screening officers may not even be Canadian nationals. Simple things such as talking with local law enforcement is difficult to accomplish as we lack resources and networks.

● (1655)

We suffer from internal issues as well. If the RCMP or CSIS has somebody on their watch list, but they do not inform CBSA, it is not the fault of CBSA that they let the individual into the country. It is the fault of the system for not ensuring that necessary agencies can easily integrate and share their information. What this demonstrates is that Canada needs to know more about the individuals before they approach Canada. This, in a nutshell, is domain awareness.

The situation becomes even more daunting because of inadequate ongoing training and an overreliance on technology, which risks both increased danger and complacent behaviour. Investing in sophisticated technology here in Canada is of little use to us if we have no information to cross-reference the technology against. Better pre-screening requires investment abroad, not here. There are simple tactics that could give Canadian authorities the necessary resources to address claims swiftly, and more importantly, that would allow them to make the right decisions.

For all that, there's an underlying issue that cannot be overlooked: cyber-threats. If Canadian agencies decide to work in a more collaborative effort, which in our opinion they should, there's the issue of information assurance. If Canada goes down the route of biometrics and similar technologies that build a database of personal information, we suggest that CIC and CBSA have IT security measures that are at least as good as those of the RCMP and CSIS, if not better. Without these measures, these agencies become prime targets for foreign agencies seeking to find information on their own nationals or the nationals of rivals. In essence, a lack of information assurance on Canada's part becomes a treasure trove for foreign agencies.

Part of the problem that exists within the Canadian context, and we cannot overemphasize this, is one of resource management and resource utilization. Ironically, this is a function not of technology but of human resources. There are individual Canadians and Canadian institutions that have the knowledge and expertise, and the domestic and international networks. They can play a critical, positive, and important role in this dialogue. Unfortunately, in Canada's current state, individuals and institutions are sidelined, rendering their invaluable resources not only underutilized, but in many cases, not even recognized. The Canadian structure is either unaware, unable, or unwilling to engage these individuals.

Domain awareness will allow us to work more closely with our national allies. As the domain becomes more secure, Canadians should enjoy more freedoms, greater ease of travel, potential—

The Chair: Mr. Platsis, you're way over your time. Perhaps you could make a concluding statement.

Mr. George Platsis: Sure. I'll summarize.

In summary, we should note that we have only begun to address the myriad issues. The immigration and security file is a cause in which you are all united. You have all been mandated as representatives of the people. However, your first responsibility is the security of the Dominion and the people. Vigilance is the price that must be paid, and constantly paid, for if we do not, we risk opening ourselves to ignorance and manipulation.

We thank you. If you have any further questions, we would be delighted to answer them.

The Chair: Thank you to all three of you.

Mr. Opitz has the floor.

Mr. Ted Opitz: Thank you, Mr. Chair.

Gentlemen, welcome all. Thank you very much for being here today.

I have seven minutes, so I'm going to hit you with a lot of questions. Please keep your answers fairly brief, because I would like to get as much out as we possibly can.

Mr. Platsis, just a while ago you spoke about domain awareness. It could be more broadly interpreted as situational awareness. You mentioned that CSIS, CBSA, and the RCMP are unable, presently, to share information.

Can you expand on this and on how collecting some of this info can be aggregated and shared among these agencies?

I note in your biography that you have worked in Washington extensively. Perhaps you can draw on some of those experiences.

● (1700)

Mr. George Platsis: Thank you, Mr. Opitz.

Yes, I think to broaden this discussion we need to look at it initially in a historical context. The RCMP and CSIS, and expanding out into other groups, like all organizations, are not immune to cultural barriers.

Since you mentioned my Washington days, there's a saying that intelligence begins at the local level and it works all the way up to the national level. Within that context, we are constrained by silos. Each organization, as a function of its culture, operates individually. Something that Professor Perchal and I work closely on is trying to break down these silos so that the RCMP, CSIS, and CBSA can all talk to each other.

In my days working in the disaster and emergency management field, we had a saying: “The time to exchange business cards is not when the disaster occurs,but well before that.”

I think as a very initial first step, the agencies need to start talking to each other, which I think, based on plenty of information that's available in the open source, is something they are not doing.

Mr. Ted Opitz: I know at some of the missions abroad, as you said earlier, part of that gathering can also start on the humint level, which I think they can pass on.

I'm going to ask you very quickly about the Five Eyes. You mentioned the Five Eyes without defining them. For the benefit of everybody—because I see they're nodding—can you quickly tell us what the Five Eyes means?

Mr. George Platsis: Sure. The Five Eyes are the five countries: the United States, United Kingdom, Canada, New Zealand, and Australia. This has been a collaborative effort on intelligence gathering that I think ranges back 50 to 60 years. These are natural allies, who shortly after World War II realized they had shared interests.

Mr. Ted Opitz: Great.

I'm going to address Colonel Perchal now. From your military background in particular, I'd like you to talk about a couple of things very quickly. In your opinion, what are the greatest threats to Canada at this time?

Why don't we just start with that? What are the greatest threats you think are facing us right now?

LCol Walter Perchal: Thank you, Mr. Opitz.

There's a lot. The biggest threat is the one we've defined as our point of departure. That, of course, is the fact that the rate of change that is continually accelerating, which affects us in every possible dimension of national activity, is far outpacing the capacity of our institutions to adapt to that change.

Consequently we have a growing delta between the capacity, for example, of law enforcement to deal with new criminal activities; our capacity to acquire information that is critical to us, particularly with respect to considerations associated with this file; and the list goes on rather endlessly.

What we believe is absolutely essential to the security of the Dominion is very simply that we need to be proactive and start leaping forward in time, as opposed to relying on traditional institutional measures, which very clearly are failing.

Specifically with respect to this file—I don't want to diverge from the committee's interest because this is a very long answer—the system cannot be adequate when there is a guesstimate that there are between 200,000 and 500,000 undocumented individuals currently living in this country.

Taking into account what we call the 1% rule—that 1% of them could present a significant threat to this country, again, within the context again of this file alone—that represents a significant national threat, and a potential threat in both criminal and terrorist activities.

Mr. Ted Opitz: Would you categorize that 1% as potential extremist threats?

LCol Walter Perchal: I think within that 1% you'll find a range of people, from those who just don't like us very much, to people who can present a very serious danger. Regrettably, historically, Canada has experienced elements of both of those extremes.

Mr. Ted Opitz: This question could be to either of you.

How would you find linking biometrics to the intelligence gathering protocols you're discussing?

Mr. George Platsis: I'll take the first stab at that.

I think this was brought out in the testimony. Biometrics serves little use if it has no information to be cross-referenced against. As mentioned, the information gathering starts abroad. We need to give our visa officers and embassies the capabilities and intelligence resources, so they can actually start finding out about a person abroad.

When we have this information, which is a Canadian database, biometric information can then be confirmed against that. That's as opposed to simply carrying around a card, or any biometric information, that says “I'm George Platsis”, when I can very easily manipulate the data on that card or passport to make my name “Joe Smith”.

That's my quick take on it.

● (1705)

LCol Walter Perchal: As a quick addition to that, I think biometrics is something we need to look at very clearly. But I think we're at an interim step.

Ultimately the biometric that will define activities and travel in the world is probably going to be DNA-based, but until we get to that time, we are reliant on databases. The more integrated they are, the more capable they are of exchanging multiple degrees of data on who allegedly claims to be who they say they are, and the more useful they will be to our defence.

The Chair: Thank you, Mr. Perchal.

Ms. Sitsabaiesan.

Ms. Rathika Sitsabaiesan (Scarborough—Rouge River, NDP): Thank you, Mr. Chair.

I want to thank all of our witnesses for being here today.

I'd like to direct some of my questioning to you, Mr. Singh, since you're here. I have some questions with respect to the temporary resident visa program.

We've heard from multiple witnesses now and the statistics that the Library of Parliament researchers have provided also show there is a large discrepancy in the approval ratings of temporary resident visas between the Chandigarh office and the New Delhi office. Chandigarh has a refusal rate of approximately 50%.

I've also heard a number of examples, including in my constituency, where gurus are actually denied visas to come to Canada to attend gurdwara, or imams are refused from coming to mosques.

What are your suggestions for improving our visitor visa system?

Mr. Balpreet Singh: Thank you for the question.

You're right. I think the statistics we have is that 53% is the rejection rate at Chandigarh. We're approached by people who come to us and say that a family member has come here before and was rejected a second time. Gurdwaras, places of worship for the Sikh faith, have what's called a spiritual deficit right now, in that congregations are growing and there are not enough people to service those congregations. The issue has been that people who have been here in the past are even being turned down.

Certain areas, from the Punjab specifically, have a much higher rate of being turned down. For example, in the Amritsar district—which I mentioned in my presentation as being quite disturbed in the late eighties and early nineties—I understand that ragis, or preachers, are turned down regularly from that area, which is unfortunate, because the centre of the Sikh faith is, in fact, in Amritsar district.

What definitely needs to happen is some measure of consistency. If someone is here in the past, we can't figure out on our end why they wouldn't be able to come back again. I know gurdwaras have forwarded a number of suggestions with respect to better communication with them. Often these preachers will show up without the gurdwaras knowing that they're coming or not. So I think communication, definitely.... Consistency is also something that I would recommend.

Ms. Rathika Sitsabaiesan: Okay, thank you.

It's not just the Sikh faith, it's the Islamic faith. Even in my constituency I've had it with Hindu priests, as well as pandits, coming and having problems getting a second visitor visa, or for many, even the first.

Changing gears, though, to the topic of detention, we've had multiple witnesses once again talk about detentions—and I could direct this to all of our witnesses—and the problems that detention poses for the immigrants themselves, whether it's temporary or permanent. The government's recently pushing through a bill, Bill C-31, which proposes mandatory detention for all of those who arrive to our country "irregularly"—what they call in an irregular fashion. What are your opinions on this?

Mr. Balpreet Singh: Our organization has a position on that. We do opposed that bill. A number of people, even if they're recognized as legitimate refugees, will be detained. Even if they're accepted after the whole process, they won't be given travel documents for quite a long time. They're essentially in limbo. Once again, that's not how we treat refugees in Canada, so I would not be in agreement with that.

● (1710)

Ms. Rathika Sitsabaiesan: We've had lots of examples where people who were mandatorily detained, actually many of them are real refugees or refugee claimants.

Mr. Perchal or Mr. Platsis, do you have comments you'd like to add to that?

LCol Walter Perchal: I think your question underlines our point. I believe if we had more effective intelligence, if we were more effectively pre-screening before people landed in Canada, we would have far less of a problem or far less of a concern with respect to the respective rights of individuals arriving. The problem is that we don't know who these folks are; therefore, we cannot make a reasonable assessment of the potential risks or threats they represent to Canada.

Again, the bottom line is a simple one: we need to ensure the security of Canada above all other things. If we have information about this person before they get on an airplane, if we know who that person is, we can make a reasonable and effective assessment of risk.

Ms. Rathika Sitsabaiesan: Would you say, then, that it's important to ensure that our visa officers around the world have access to more resources so that they could do their work and not be rushed? I'm not sure if it was CIC officials or actual former visa officers who testified to this committee, saying that on average a visa officer has about five minutes to decide whether they're going to accept or reject a specific applicant.

Would you say that, in fact, we need to ensure that we have Canadian-trained visa officers who are in these posts around the world making those decisions, and have better training or resources made available to them?

LCol Walter Perchal: The critical question isn't time; the critical question is information. That is to say, on what basis do you review your five minutes? If you have a complete or a reasonably complete file that has been vetted by someone who understands the nature of the file itself—and that would not necessarily be a visa officer.

One of the things we're considering is actually having intelligence officers, in this concept that doesn't exist yet, vet those files. We see that as a more effective means than allowing somebody to arrive in Canada, and then spending an inordinate amount of time and money trying to deal with the consequences of that arrival.

Ms. Rathika Sitsabaiesan: Mr. Perchal, I'd like to ask if those files are available now. Do we have the files and they're not being made available to our visa officers? Are those files available already?

LCol Walter Perchal: I would think we have few, if any, files on most of the people we cannot identify. That's why we can't identify them.

The Chair: Thank you.

Mr. Lamoureux.

Mr. Kevin Lamoureux: Mr. Perchal and Mr. Singh, imagine you work eight hours a day. You sit in Chandigarh and every day you're given 80 applications for a visiting visa. So you have to go through and make a judgment on 80 of them. You know your colleagues on your right and your colleagues on your left. You have an approval rating of about 50%, sometimes a little higher and sometimes a little lower, but there is no doubt it's right around 50%. What impact is that going to have on you? Do you see that as a problem in pre-screening?

LCol Walter Perchal: I will defer to Mr. Singh.

Mr. Balpreet Singh: There are a lot of applications that go through the Chandigarh office. I'm not knowledgeable about other offices, but more staff is needed there.

With respect to security, there are definitely flags that go up when certain things appear on a file, like service in certain security forces. I suppose those files need greater time. But as far as our community is concerned, the level of rejections from the Chandigarh office is unacceptable.

Mr. Kevin Lamoureux: Mr. Singh, one of the things I've noticed in looking at these rejections is that there seem to be a lot of siblings and parents. These are individuals who want to visit on special occasions—weddings, birthdays, graduations. They want to come to Canada, where their children are now living.

Do you see those types of individuals as completely different from others who might be coming to Canada? Is there something we can do to speed up that process, or enable them to be approved in a quicker fashion?

● (1715)

Mr. Balpreet Singh: I don't know if I would say they're in a different category. Once again, if certain flags go up on any file, those deserve a little more special attention. I understand that the super visa has been quite successful with respect to speed, as well as approval rates. So I think there's something good happening there. If we can learn something from the super visa system, perhaps that's something we can apply to other visitor visas.

Mr. Kevin Lamoureux: I know my colleague across the way might have liked to have heard that. One of the issues I've heard about from the Indo-Canadian community is the affordability of the super visa. Do you believe that is an impediment for many members of the community?

Mr. Balpreet Singh: The insurance is quite costly and that definitely is a barrier for some families. For those who can afford it, it has worked well. But yes, there are families that can't afford it.

Mr. Kevin Lamoureux: Mr. Perchal, is it possible to process large numbers in a short time and know if it's being done adequately, or is there a need to ensure that there are more resources where we have embassies and there's a high demand? India is just one such place. There are half a dozen where there's a huge demand. Is there a need to put more resources into pre-screening?

LCol Walter Perchal: I think the critical variable is how efficiently current resources are used, and how they are incorporated in a common database. My colleague talked about silos. We're not sharing information effectively, so it's difficult to make an informed assessment in the time we have and with the people who are available. We need informed assessment, and that is a product of intelligence-based information. That's what we need to do.

As to the level of efficiency and effectiveness, I'm afraid it would require a bit of study to look at the degree of employment, the degree of interoperability, and the degree of current sharing. To the best of our knowledge, working from the outside and looking in, we are not convinced that any of that is happening effectively.

The Chair: Thank you.

Mr. Leung.

Mr. Chungsen Leung: Thank you, Mr. Chair.

My question is for all of three of you, but I wish to first of all address it to Mr. Platsis and Mr. Perchal.

You mentioned that part of our information sharing comes from the Five Eyes. You mentioned that there is an opportunity to use biometric collection and perhaps a process of intelligence gathering. My understanding from my previous work is that all of this is very easily done when there is a situation of human conflict, such as in the start of the Gulf War and Afghanistan, but given our current capability in a relatively peacetime situation, what is your recommendation for risk mitigation for today, immediately, and for the near future?

How do we start to establish this intelligence-gathering apparatus that will feed into what we need it for? Maybe the information is out there already—you mentioned a silo effect. Do we perhaps need to have a cross-sharing, a cross-pollination, with the other agencies rather than create something totally by ourselves?

Mr. George Platsis: The critical factor here is to start with properly identifying a risk analysis. That's where we actually need to start this, asking where our risks and where our vulnerabilities are.

Further to that, for information collection, even in a peacetime setting, we still have opportunities and networks that we can chat with—friendly nations. As I mentioned, the Five Eyes is only a departure point, because we don't have immigrants coming just from the Five Eyes. They are coming from all over the world.

I am going to defer to you on this one, because this is your area of expertise.

LCol Walter Perchal: What I would like to see is more interoperability. I think more interoperability with the current resources would establish our baseline on where we are and where we need to go and be. In my view, that interoperability would focus and centre around a common database—a very well-secured database—that would force multiply our capacity to make informed decisions in peacetime.

The Government of Canada has invested a great deal of money in technology. We have invested a great deal of money in various institutions. I think what we would like to see is more effective interchange of the information those institutions have and the degree to which they share that information for the purpose of making those decisions, again, well before anyone has the opportunity to enter Canada itself.

● (1720)

Mr. Chungsen Leung: There are situations whereby intelligence could be gathered with hard facts and hard evidence, such as someone being involved physically in training with terrorist groups and the like, or belonging to organizations that are known to be terrorist.

I'd like you to share your thoughts on how we determine intent. How do we determine whether a person coming in has evil, nefarious intent, and how do we mitigate that risk?

LCol Walter Perchal: We don't determine intent on a five-minute review of a file. If we have a concern, we start with a risk assessment. If we see a potential risk, then what we are increasingly dependent on, in a particular case or cases, is getting additional intelligence until such point as we are satisfied that we have an understanding of the individual file to the extent that we can speak to the notion of intent.

That is not going to be done quickly. It requires time. It requires effort. But for all of that, it is infinitely cheaper and more effective to do outside of Canada than to allow it to be done in the course of landing somebody and then going through a myriad of processes that are both costly and no more effective in coming to the conclusion that you are looking for, sir.

Mr. Chungsen Leung: I certainly share that desire to have people pre-screened before they land in Canada, but what we are faced with is the conundrum that if we do the screening offshore and do it to the extent that satisfies the risk mitigation, it would take a long time.

Perhaps you can share your thoughts on how we can shorten this process.

LCol Walter Perchal: We shorten the process as a function of the application of technology. If we have common, effective databases, we have a greater capacity to respond externally as opposed to internally. Those databases can be assembled in Canada and made available to those making the decisions at our various visa and consular offices abroad.

Mr. Chungsen Leung: Do I have a minute?

The Chair: You have more than a minute.

Mr. Chungsen Leung: I'll share my time with Rick, sir.

Mr. Rick Dykstra: Thank you, Chair.

There is one area I want you to comment on—quickly, because I know we don't have a lot of time. The fact is that this is the actual issue. The timing for a lot of these applications is, from the applicant's perspective, of the essence. One of the complaints many of us get in our ridings isn't so much about whether somebody has been denied a visa, for example, but that it has taken so long for a conclusion to be driven to that it doesn't matter whether they get an approval or a denial, because the reason they wanted to come here—the purpose of the visit—has lapsed.

What in your experience have other countries been able to do in terms of the process they use when time is a factor? What countries can we look to from that perspective to assist us in working through this process so that we can come up with a conclusive and right decision 99% of the time, and one that is done in an effective and efficient manner?

LCol Walter Perchal: Respectfully, the timing issue has to be secondary to the consideration of our national interests. What that means is to ask what other countries do. One of the things other countries do is operate foreign intelligence services, precisely, among other things, for the purpose of gathering information to lower the degree of risk they would be exposed to with respect to decision-making processes.

I fully appreciate the great difficulty a member would have when getting pressure from a group of people or a community of people seeking to expedite something. While that is understandable, it is secondary, I believe, to the concerns of the security of the state.

Again, what we need to do is put into place those systems, those procedures, and if necessary those additional capabilities to allow us to do the job in an efficient and timely manner, and with a view to our primary consideration, which is national security.

● (1725)

The Chair: Thank you, sir.

Mr. Davies.

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

Mr. Perchal, our notes indicate that you're a lieutenant-colonel with the Canadian armed forces. Is that correct?

LCol Walter Perchal: I am a reserve officer with the Canadian armed forces.

Mr. Don Davies: Thank you.

Let me address this to Mr. Platsis and Lieutenant-Colonel Perchal. You seem to be men of data, men of fact, and you've used the term risk assessment. I'm going to examine some of the underlying suppositions that I think inform this debate.

We had a person testify before this committee who gave us data on the last 11 years of Canadian court decisions and IRB exclusions. What the professor found was that the number of potential refugees who were excluded because of terrorist concerns is infinitesimally small—it's 0.01%. She also indicated that this is notwithstanding that the definition of terrorism has expanded considerably over the last 10 years, since 9/11 in particular, and that she thought that many people caught under this label are actually quite remote from any actual activity, let alone any kind of threshold. But as we have expanded our definition, more people are caught under this.

She also gave us a chart that showed that we excluded 63 people out of 20,000 decisions in 2000 prior to 9/11, and that 71 people were excluded in 2001—about two-thirds of which was prior to 9/11—and that in 2006, 2007, and 2008, we excluded 79, 65, and 79.

I'll put this as a thesis to you for your comment. Is there really a factually based problem that shows that there has been any increase in terrorist-type immigration problems compared with 9/11, or are we just more sensitive or alive to that now?

LCol Walter Perchal: I'm not going to take issue with the 0.01%, if you're looking at terrorism. I think what has changed is fundamentally the capability of a single individual to perpetrate very significant acts of terrorism against the country.

It's not the number that is critical; it's what's doable. In the 21st century, with the downloading of technology, as I said in the paper I wrote, it is now possible for a single individual to make war on the entire planet with the application of technology for the purposes of leveraging intent.

The issue is not, however, confined to terrorism. There is a second concern, and that is criminals and criminal operations and criminal networks. One of the other things we're seeing in the 21st century is a convergence between criminal organizations and terrorist organizations. So the absolute number is no longer 0.01% but is greater.

Having said that, whether it is less than 1% or not is not the significant variable. The significant variable is whether the threat is potentially greater to Canada as we go forward in time. The answer to that question, sir, is absolutely, yes.

Mr. Don Davies: If I might just say, is that much different from what it was before 2001? Was there not a convergence of criminal behaviour with terrorist behaviour, say, in 1995, and is the technology that much different in 2012 from what it was in 1999 in your view?

LCol Walter Perchal: Absolutely, sir, and I say this respectfully, your computer in 2001 and your computer in 2012 are substantially different. That's a very commonly held item. The reality is that the threat level has multiplied exponentially, not even in a linear manner.

I'll defer to Mr. Platsis for additional comments on that.

Mr. George Platsis: I'm echoing that completely, because when you consider there are certain laws in technology, there's the—I forget the name—18-month rule where technological capability can double in 18 months.

Just consider this scenario. At the end of 2008, the fastest known supercomputer could do 1.5 quadrillion calculations per second. That was in 2008. We're already in 2012. Many of the capabilities that you can do from a technological perspective—be it anything from biological, chemical to explosive warfare—is stuff that you can readily find on the Internet on open source, it's just a matter of digging. And further to that, there are cookbooks out there, where the single individual does have the capability to do this.

In 1995, as you mentioned, first of all, you did not have the access to the information. Now the information is scattered all over the place in multiple languages going across a very different context. This also includes—

● (1730)

Mr. Don Davies: Do I have any time?

The Chair: That's it, I'm afraid. Thank you. We're out of time.

Mr. Zimmer, you are our guest today, and we're going to give you a whole minute.

Mr. Bob Zimmer (Prince George—Peace River, CPC): Thank you for that minute. I'll try to use it wisely.

This question is for Mr. Platsis. You spoke of biometrics, and I guess you spoke about it with some, I won't say disdain, but I guess you had some questions and issues with it. I would just ask you back, what is your opinion regarding sharing that biometric information? Would that not help alleviate the questions you have with biometrics and using other countries' data? Can you answer that?

Mr. George Platsis: I think I'm going to answer that question very quickly and tell you that I'm a NEXUS cardholder. I think that's your answer.

Mr. Bob Zimmer: Elaborate on the whole theme of biometrics, though, and what we're talking about in a broader sense.

Mr. George Platsis: To take this from a flip perspective and using the NEXUS reference as an example, I do travel to the United States frequently, and to make my life and my travel easier, I recognize I am going into another sovereign country and I have to respect their laws and their rules—much the same way anyone coming into Canada would. For all that, to make my life easier, I realize that I need to give up a part of my individuality, in this case fingerprints, which I had already given for a previous visa, and an iris scan.

So on that point, I do not have an issue with biometrics being used, because it is used against a larger database to confirm, number one, my identity, but also to confirm that I'm there for a legitimate intent. So when I go down to the United States, I'm going there for a legitimate intent, and this is why I use a NEXUS card.

The flip side of that is that if the NEXUS system was simply just to identify who I am by matching biometrics to iris, or to fingerprints, if there was no database to compare it against, my card can say Joe Smith, and when I show up to a border it will say Joe Smith, and yes, this is Joe Smith. That's the issue I have with biometrics.

The Chair: Thank you. You got a whole two minutes.

Mr. Platsis, Mr. Perchal, Mr. Singh, I'd like to thank the three of you on behalf of the committee for your contributions to this committee. Thank you very much for coming.

This committee is adjourned.

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