HOUSE OF COMMONS
CHAMBRE DES COMMUNES
CANADA

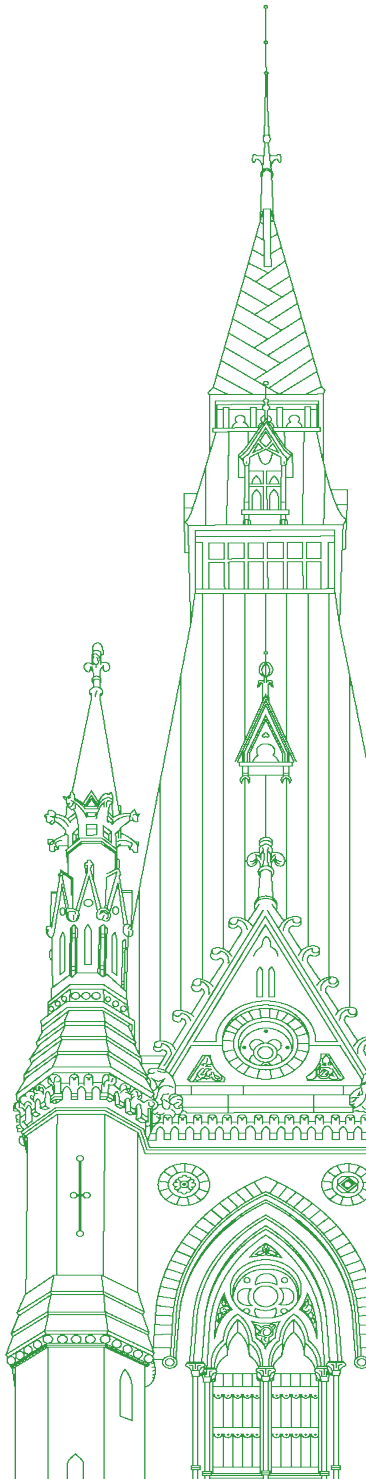
43rd PARLIAMENT, 1st SESSION

Standing Committee on Health

EVIDENCE

NUMBER 017

Tuesday, May 5, 2020



Chair: Mr. Ron McKinnon

Standing Committee on Health

Tuesday, May 5, 2020

● (1100)

[*English*]

The Chair (Mr. Ron McKinnon (Coquitlam—Port Coquitlam, Lib.)): I call this meeting to order. Welcome to meeting number 17 of the House of Commons Standing Committee on Health. Pursuant to the orders of reference of April 11 and April 20, 2020, the committee is meeting for the purpose of receiving evidence concerning matters related to the government's response to the COVID-19 pandemic.

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

First, interpretation in the video conference will work very much like in a regular committee meeting. You have the choice, at the bottom of your screen, if you're on a PC, of either floor, English or French. If you're on an iPad, that's slightly different, but you have the same choices. If you will be speaking in both official languages, please ensure that the interpretation is listed as the language you will speak before you start. For example, if you are going to speak English, please switch to the English feed, then speak. This will allow for better sound quality for interpretation.

Before speaking, please wait until I recognize you by name. When you are ready to speak, click on the microphone icon to activate your mike. Should members need to request the floor outside of their designated time for questions, they should activate their mike and state that they have a point of order. I remind everyone that all comments by members and witnesses should be addressed through the chair.

When speaking, please speak slowly and clearly. When you're not speaking, please ensure that your microphone is on mute. If you have earbuds with a microphone, please hold the microphone near your mouth when you're speaking.

Should any technical challenges arise, please advise the chair or clerk immediately, and the technical team will work to resolve them.

Before we get started, can everyone click on the screen, and for those with a PC it's in the top right-hand corner, to ensure that we are on gallery view? With this view we should be able to see all of the participants in a grid-like fashion. It will ensure that all video participants can see one another.

I would now like to welcome our witnesses. Each witness group will have 10 minutes for an opening statement followed by the usual rounds of questions from members.

On our panel today, from the Canadian Trucking Alliance, we have Mr. Stephen Laskowski, president; Mr. Geoffrey Wood, senior vice-president, policy; and Mr. Lak Shoan, director of policy and industry awareness. From Canadian Manufacturers & Exporters, we have Mr. Mathew Wilson, senior vice-president, policy and government relations. From the Canadian Produce Marketing Association, we have Mr. Ron Lemaire, president. From the Canadian Union of Public Employees, we have Ms. Amanda Vyce, senior research officer; and Ms. Lou Black, research director, hospital employees' union.

We'll start with the Canadian Trucking Alliance. Mr. Stephen Laskowski, please go ahead for 10 minutes.

Mr. Stephen Laskowski (President, Canadian Trucking Alliance): Thank you very much, Mr. Chair, and committee members for having the alliance here today.

CTA represents over 5,000 trucking companies from coast to coast serving all sectors of the economy. CTA would like to open our comments by thanking the Government of Canada for its tremendous support throughout the COVID-19 crisis.

Our sector touches multiple sectors and multiple ministries. Numerous departments and offices have worked with CTA in a collaborative manner in extremely trying circumstances. We want to thank all departments for their assistance. It truly has been tremendous. A special thanks to Minister Garneau and his team who have been outstanding in working with our sector throughout this crisis.

I'll give a bit of an overview with regard to—

The Chair: Pardon me, Mr. Laskowski. Could you maybe move your mike a little closer to your mouth?

● (1105)

Mr. Stephen Laskowski: Okay.

I'll provide an overview here with regard to the economic condition of the industry and the specific asks of our sector as a result of COVID-19.

The Canadian trucking industry has worked as hard as it can during the crisis to ensure Canadians continue to have access to essential items such as food and sanitary products. However, it is becoming increasingly clear that, as our industry continues to serve the supply chain and the economy as required, it faces its own unique challenges and rapidly escalating challenges that require tailored solutions to protect the stability of the supply chain during the COVID-19 crisis and into an eventual economic recovery.

The Government of Canada has introduced several much-needed financial measures to assist Canadians and businesses generally suffering financial hardship as a result of this pandemic. Simply put, our sector needs additional focused assistance above what the Canada emergency wage subsidy provides due to the nature of our sector and the critical relationship it has in the supply chain.

Also, the CEWS may work for many sectors, but it simply doesn't stabilize the trucking industry enough, and I'll explain a little bit why that's the case.

To ensure stability in the supply chain, CTA is asking the Government of Canada to introduce a payroll tax deferral program, providing fleets the needed cash flow to maintain operations. Additionally, CTA wants to increase the meal allowance for all truck drivers who are facing rising costs associated with operating during COVID-19.

For our payroll ask, we are asking a three-month deferral with a 12- to 18-month payback, very similar to the GST/HST program introduced earlier.

For the meal allowance for drivers, we are asking for an increase in the daily amount, in percentage, that drivers can deduct from their taxes as it relates to meal costs on the road.

Other organizations like Teamsters Canada; the independent truck drivers association, referred to as OOIDA; the Private Motor Truck Council; and the Women's Trucking Federation of Canada have joined CTA in its call for both the payroll ask and the meal allowance ask.

Why are we asking for these tax measures? CTA recently performed a business condition survey. It will introduce some new findings later on this week. During our first round of the surveys completed in late March and early April, on average carriers experienced a 27% decrease in revenue. Since then we're expecting the number to come in at around 35%.

Carriers are also seeing empty miles increase significantly. “Empty miles” in our sector refers to when a truck is moving empty. Obviously, the goal of any trucking company, business 101, is to move from point A to point B, and from point B back to point A, with goods in their trucks. What's happening during the COVID-19 crisis is that there is product going one way, but nothing coming back. That means that our costs stay the same, and the revenues are dramatically decreasing.

It has been indicated by 63% of our fleets that their customers have asked for payment deferrals. Typically, our carriers would collect from their customers within 35 to 40 days. That's being pushed to 60 to 90 days, and over 90 days.

As I mentioned, we'll have new results of our business conditions survey later this week.

With regard to driver respect and treatment, before COVID-19 the issue of driver respect at shipper and receiver facilities was a significant issue. After the onset of COVID-19, when drivers were regularly refused access to washrooms and could not get food on the road because of drive-through policies that did not accommodate commercial vehicles, CTA launched a hashtag campaign called “Thank a Trucker” to help raise awareness to address these issues.

The response from the Government of Canada, provincial leaders, corporate Canada and regular citizens has been incredible.

Our industry is appreciative of this response, but there is still work to do. We're on the right path and we'll hopefully continue to see improvements in this area.

With regard to crossing the border, as we all know, 70% of our trade moves by truck from Canada into the United States and from the United States back into Canada. The border has undergone significant changes since the restrictions of non-essential traffic. We'd like to thank the CBSA for working with our industry and the trade community. This transition wasn't easy, but they dealt with it very well and worked with our sector and importers and exporters to make it go as seamlessly as possible.

According to the CBSA, the number of trucks currently entering Canada from the U.S. has fallen nearly 33%. This coincides exactly with what we're saying with our business conditions survey.

The CBSA has also worked collaboratively with the Public Health Agency of Canada in ensuring that border interactions with our drivers remain safe from a health perspective. It's been a good process. CTA will continue to work with the CBSA to ensure the Canadian economy moves in a safe and efficient manner across the Canada-U.S. border.

With regard to commercial vehicle licensing, plates, permits and regulatory flexibility, the CTA would like to once again thank Transport Canada, the Canadian Council of Motor Transport Administrators, and all the provinces and territories that have worked with the CTA and its members on regulatory flexibility with respect to extending the validity of licence plates, driver's licences and driver medical exams, in addition to many other compliance-related requirements, such as annual vehicle inspections and accommodations under the International Fuel Tax Agreement.

We would also like to thank the regulatory and enforcement agencies, both in Canada and the United States, for working with us with regard to interactions with our drivers in a safe manner during the COVID crisis.

With regard to PPE, the Minister of Public Services and Procurement announced recently this week that she would bring together a diverse group of 17 private-sector leaders to form the COVID-19 supply council. This group, which includes the Canadian Trucking Alliance, would be tasked with providing the government advice on the procurement of critical goods and services required as a part of the COVID-19 response and recovery efforts. We look forward to working within this committee and council and thank the minister for the invitation.

With regard to securing personal protective equipment for drivers, including face masks, gloves, hand sanitizers and disinfectant wipes, this continues to be a challenge for our sector and others, but we continue to work with it to ensure our drivers are protected.

Thank you, Mr. Chair and committee members. I look forward to any questions.

● (1110)

The Chair: Thank you, Mr. Laskowski.

We will now go to the Canadian Manufacturers & Exporters.

Mr. Wilson, please go ahead for 10 minutes.

Mr. Mathew Wilson (Senior Vice-President, Policy and Government Relations, Canadian Manufacturers & Exporters): Thank you very much.

Good morning, Mr. Chair and committee members. Thank you for inviting me to participate in today's discussions.

It is my pleasure to be here on behalf of Canada's 90,000 manufacturers and exporters and our association's 2,500 direct members to discuss COVID-19 and Canada's manufacturing sector.

CME's membership covers all sizes of companies, from all regions of the country and all industrial sectors. From the early days of this crisis, we have been working with our members and governments to increase the manufacture and supply of critical PPE and health care technologies needed in the response. We have also been educating and informing the manufacturing sector on the latest developments in the crisis, including how to access government supports and how to protect their employees and supply chains We have been working to understand the impact on our sector and advocating for policy, regulatory and program supports from all levels of government.

Like the CTA, we would like to thank all levels of government for their efforts today. Their actions through this crisis have been frankly remarkable, and the partnership is well noted by the industry and the CME right across the country.

In the public there tend to be two areas of discussion as it pertains to manufacturing and COVID-19: How can Canada manufacture more of our own health care products, and how can manufacturing continue to operate safely during the pandemic? I will touch on both of these issues and hope to provide some advice to the committee as you look to form Canada's response.

With support given by the CME, other groups and, of course, governments across the country, the manufacturing sector has performed exceedingly well throughout. The sector has largely maintained production and employment of the nearly 1.7 million Canadians who work in manufacturing. Hundreds of companies, if not thousands, have changed their production to making health products, including critical PPE such as masks, ventilators, face shields and gowns. Others are aggressively working on developing better tests and a vaccine for COVID-19.

The Chair: Pardon me, Mr. Wilson. Interpretation is having difficulty. Try to speak very clearly and maybe a little slower.

Mr. Mathew Wilson: Okay.

This does not mean things have gone as smoothly as hoped for. The challenge in standing up domestic industry to produce goods for the crisis has largely been a lack of understanding of what products were needed and in what quantity, the technical specifications of the products, who could produce each part necessary and the regulatory approval processes needed before delivery. However, product by product and issue by issue, we worked with a range of companies and government officials to help patch together the solutions needed to deliver the products.

There are three areas that CME suggests we focus on to improve response times for any possible future crisis. First is to conduct a complete a mapping of Canada's domestic manufacturing capabilities. The challenge—

The Chair: I'm sorry, Mr. Wilson, they're having difficulty still. Maybe we'll suspend for a couple of minutes and get this sorted out.

The meeting is now suspended.

● (1110)

_____(Pause)_____

● (1115)

The Chair: Thanks everyone. The meeting is now resumed.

Please continue, Mr. Wilson. Thank you.

Mr. Mathew Wilson: There are three areas that CME suggests we focus on to improve response times for any possible future crisis.

The first is to conduct a complete mapping of Canada's domestic manufacturing capabilities. The challenge in standing up the domestic supply chain wasn't who could manufacture the final product, it was what the subcomponents were and who could make each piece. If we know what is made in Canada, we have a better chance of connecting the various elements of the supply chain to make the goods that are needed, regardless of the crisis.

Second, there should be full alignment on production and supply of health care equipment between Canada and the United States in a similar way to how we co-operate on defence production. This would reinforce and strengthen existing North American supply chains and provide continual access to this critical equipment.

Third, Canada should strengthen domestic procurement in two ways. First, more coordination is needed on what equipment is needed and by whom. Second, Canada should establish the health equivalent of the U.S.'s Defense Advanced Research Projects Agency, DARPA. In short, Canada could set aside a small percentage from the country's nearly $200 billion in public health care spending for research, development, scale-up and commercialization of new health innovations that could be procured by government and possibly spun into consumer-focused products. This would allow us to create new products and technologies to improve health care for Canadians and to develop new export opportunities.

The second area that's getting a lot of attention from policy-makers and the public is around safe manufacturing during and following the pandemic. The sector was deemed an essential service by the federal government and most provincial governments, and production has continued throughout the crisis, although with enhanced safety practices and at much lower volumes. Social distancing in most manufacturing environments is standard practice, with workers operating in stations safely at a distance from each other. On the rare occasions when problems have been found, the facility has been immediately shut down, all workers have been sent home and the entire facility has been cleaned to provide a safe work environment. The challenge, like the health care system, is that manufacturers rely on the same N95 masks and other protective equipment as front-line responders, which have been difficult to procure.

CME itself has been working with our members to provide them the best guidance possible to protect their operations and workers. We have developed industry-leading safe operating guidelines and we are continually training companies and providing support to maintain their operations. However, as the economy returns to normal and companies look to ramp up production, there will be tremendous new costs for industry that the government should look at supporting. This could include investment support programs to bring plants up to new health and safety standards and training offsets to cover the training of all new employees in the new protocols that will surely be developed.

Thank you again for inviting me here today, and I look forward to the discussion.

● (1120)

The Chair: Thank you, Mr. Wilson.

We'll go now to the Canadian Produce Marketing Association, Mr. Lemaire, president.

Go ahead, please, for 10 minutes.

Mr. Ron Lemaire (President, Canadian Produce Marketing Association): Thank you.

Honourable members of the Standing Committee on Health, on behalf of the Canadian Produce Marketing Association, I would like to thank you for the opportunity to speak today about the Canadian response to the outbreak of COVID-19.

CPMA is a 95-year-old, not-for-profit trade association representing over 860 companies doing business in Canada, supporting roughly 249,000 jobs. We are responsible for 90% of the fresh fruit and vegetables purchased by Canadians.

Our comments reflect a complex supply chain that works tirelessly to provide fresh fruit and vegetables across Canada. I will speak to the impact of COVID-19 as it relates to the continuity and integrity of the fresh produce supply chain and food security in Canada. These areas of impact include consumer sentiment, mental health, food security, food labelling, infrastructure, regulatory modernization, trade, and sustainability including plastic packaging.

To understand how the current pandemic is affecting consumers, and by extension the produce supply chain, I will note what CPMA's polling firm, Abacus Data, found when surveying Canadians just over 12 days ago. No surprise, 76% of Canadians feel anxious and 45% are now feeling lonely. The majority of Canadians feel this pandemic will last beyond three months, putting greater mental stress upon them. Abacus also noted that 47% of Canadians are feeling the impact financially.

CPMA has seen Canadians doing more targeted shopping resulting in larger baskets with a focus on longevity, so more shelf-stable products like canned and frozen. For fresh items, the focus is more on traditional staples such as potatoes, root vegetables and apples.

What we also know is Canadians are focusing on safety. For many this translates into more packaging, on which I will speak later.

Interestingly, the pandemic has also driven more consumers to do more home cooking. The CPMA consumer program Half Your Plate is aligned with Canada's new food guide and, given that 54% of Canadians are now cooking more at home, CPMA has developed tools to support them. This includes a one-page produce storage guide that simplifies the best way to store produce, and information on how to safely and properly handle produce when they get it home from the store. We've increased the amount of information involving children in the kitchen, including easy recipes, tips for parents and links to resources.

While there's a perception that all fruits and vegetables are expensive, the association provides Canadians with shopping tips to get the best value from their basket.

With Canadian buying patterns shifting during the pandemic, we've seen retail sales up 8% for vegetables and 5% for fruit, but consumers are spending less time browsing grocery stores and unique items and the sales of short-term shelf-life products or specialty items are lower.

Given the closure of many food service operations, there has been a dramatic impact on the entire sector, which represents 30% of our market. There has been some rebound with delivery options, but the market is still very fragile.

In a recent industry survey, Canadians say that they look forward to visiting restaurants again but are concerned about personal safety once businesses reopen. While consumer buying patterns have changed, food security has been top of mind during the pandemic.

With many Canadians' employment status changing, there is an increased reliance on food banks. The produce industry is aware of this issue and has significantly increased levels of donation to help. Unfortunately, food banks and other food charities still have gaps. While there is plenty of food to donate, many charities do not have the necessary cooler facilities to handle the volume of fresh produce, resulting in losses of donated products, or the charity declines the offer of product donation. Also, the lack of volunteers who would normally support their services to receive, pack and ship much of the product is still a challenge.

Throughout everything there are positives, including flexibility on labelling. The larger-format items typically destined and labelled for food service establishments are now allowed to be sold through other channels. This is a positive.

We are aware that work is also being done by CFIA to enable some flexibility in consumer package labelling where it does not affect health and safety. This is also supported by CPMA.

● (1125)

I'd like to turn now to recovery. Business continuity will be challenging as we transition into the post-COVID world. The simple decision to reopen for some parts of our supply chain will be the first step, and for many it will not be possible.

Government programs created to support the produce industry must be based on flexibility and longevity to minimize losses to the industry. The complexity and variability of the industry means program adaptability, on both a large and small scale, must be incorporated into any programs moving forward.

To that end, another area of impact to the produce supply chain that influences food production is foreign labour. Access to temporary foreign workers, TFWs, which, early in the pandemic, was the single most significant threat to food production, food security and the integrity of the food supply chain, remains an issue. While the issue of labour has been addressed to a point, there is still a need to revisit the protocols for workers in Canada. TFW protocols vary from municipality to municipality. More work must be done to support an efficient model for managing and streamlining isolation protocols. Audits from multiple levels are also now being implemented, and consistency is essential. The addition of rapid testing for essential farm workers to ensure business continuity and production is also an area of interest.

From the start of the pandemic in Canada, CPMA members worked diligently to perform and implement measures that would protect employees, the public and the food system. In a recent member survey, access to personal protective equipment was the number one area of concern. Public health and public safety guidelines have resulted in member companies' need for much greater access to cleaning, sanitation products and PPE.

A new supply chain for these products is vital. Organizations cannot continue to operate without appropriate cleaning and sanitation in order to ensure food and employee safety. A self-sufficient Canadian PPE supply chain should be one of the government's long-term goals.

We are also supportive of the Public Health Agency of Canada developing guidance regarding the type of PPE required based on the risks associated with various activities and environments found in Canadian businesses.

Testing of employees for the COVID-19 virus or symptoms of infections should be available to employers within our sector, which is designated an essential service. Once sufficient and affordable testing equipment is available, the Public Health Agency of Canada should create guidance to support businesses implementing point-of-care tests.

Earlier I noted plastics as packaging. CPMA is deeply engaged in addressing problematic single-use plastics in our sector. These are important tools that minimize contact between consumers and commodities or food items.

Since the COVID outbreak, consumers have demonstrated a desire for plastic packaging by increasing their purchases of these items. We do not know how this will change post-COVID, but we need to recognize this shift today and the need for systems to address collection and recycling of these products.

I urge the government not to add plastics to the Canadian Environmental Protection Act list of toxic substances. More review is necessary. We suggest a focus on working with industry to identify and eliminate problematic single-use packaging while improving recycling and recovery of plastics across Canada, which will provide the best possible outcomes.

During this pandemic, we also have realized our reliance on global trade. To ensure the ongoing viability of the food system, we need a strong domestic and global strategy. Market access is critically important to the Canadian produce sector. For successful access to key markets, the supply chain linkages of transportation, border access and ports of entry and exit must be maintained. In addition, international trade agreements, phytosanitary rules and cooperation between governments must continue to be harmonized. The supply chain is multinational, so a failure in one area has consequences along the entire supply chain.

CPMA encourages the government to undertake a pandemic post-mortem in partnership with industry to help understand how this crisis affected Canadians and Canadian industry so that we can better prepare for the next occurrence. Overall, we have all gone through a tremendous challenge in a hyper timeline.

● (1130)

The new business environment has added costs to our entire supply chain that will be difficult to quantify and to bear. In the end, we do know one thing: Food will cost more.

In closing, I want to recognize the extraordinary efforts of government, both elected and public servants, throughout these unprecedented times.

Thank you for your time. I'd be happy to answer any questions that you may have.

The Chair: Thank you, Mr. Lemaire.

We go now to the Canadian Union of Public Employees.

Ms. Vyce, please go ahead. You have 10 minutes.

Ms. Amanda Vyce (Senior Research Officer, Canadian Union of Public Employees): Thank you very much, Mr. Chair.

The COVID-19 pandemic is not affecting all Canadians equally, as evidenced by the horrifying number of deaths of individuals living in long-term care homes across the country. Lou Black and I would therefore like to thank all members of the committee for inviting us to appear before you to talk about the realities of long-term care and the reforms needed to improve quality of care in facilities across the country.

The Canadian Union of Public Employees is Canada's largest union, with 700,000 members across the country. Sixty-five thousand of our 158,000 health care members work in long-term care homes across all provinces, with another 50,000 represented by the hospital employees union, HEU, the health care division of CUPE in B.C. Within long-term care, HEU represents care aides, food service workers, cleaners and clerical staff.

Residents of long-term care and other seniors' homes now account for 79% of all 3,854 COVID-19-related deaths in Canada. Long-term care staff have had to work without access to a ready supply of adequate personal protective equipment. Restricting family members from visiting long-term care homes is a necessary measure to help prevent the spread of COVID-19, but family members can check in to advocate for residents and ensure they're well cared for. They also can't be with their loved one to offer comfort when they're dying. The residents are facing their last days alone.

Over the past month, people have repeatedly asked us why long-term care homes have been so hard hit by COVID-19 and how we could let this happen. COVID-19 didn't create the deadly crisis we're facing in long-term care. The systemic issues that facilitated this heartbreaking situation existed long before this moment. What the pandemic is doing is shining a spotlight on those problems and making them worse. The situation is totally unacceptable.

Ms. Lou Black (Research Director, Hospital Employees Union, Canadian Union of Public Employees): For the past decade, CUPE and HEU have repeatedly pleaded with our governments to make improvements to long-term care, including having national care standards, increased funding, better working conditions and construction of new public facilities. Unfortunately, from most levels of governments, we've met with more resistance than a willingness to reform the system's state of disrepair.

Many Canadians are longing for life to get back to normal. However, when it comes to long-term care, we must not go back to the way things were. Long-term care homes house people who require care 24 hours a day, seven days a week. Most residents are frail seniors living with chronic medical conditions and physical and cognitive impairments. Unlike hospital and doctor visits, long-term care is not a core publicly insured service under the Canada Health Act. Instead, this sector is governed by a patchwork system of provincial and territorial legislation and regulations. There is little consistency across Canada in the level or type of care provided or in how facilities are governed. Where you live will affect the type and amount of care you will receive and how much you'll pay for it.

● (1135)

The Chair: Pardon me, Ms. Black. The interpreters are having trouble. Could you make sure your mike is near your mouth? You are speaking very clearly but they're just having trouble.

Ms. Lou Black: Sorry.

Amanda, over to you.

Ms. Amanda Vyce: Thank you, Mr. Chair.

Medical and personal care are delivered to residents by a facility's care aides and registered and licensed practical nurses. Most care aides are women and many are racialized and immigrant workers. Care aides perform the most labour-intensive, hands-on care to residents yet they are very low-paid. Starting wages are as little as $12 an hour in New Brunswick and there are large wage variations within provinces. The median wage in Canada is just over $20 an hour but it can take a care aide 10 years to reach that scale.

Care aides perform upwards of 90% of direct care to residents. Their work is complex and requires a high skill level. In Ontario, care aides have six minutes to get a resident up and ready for the day. Within six minutes, they must help transfer the resident out of bed, assist with toileting or change incontinence products, help the resident get dressed, perform oral hygiene and other personal care, and assist the resident to the dining room for breakfast.

Staffing levels in long-term care are typically measured as the number of hours of direct care a resident receives daily. A landmark study conducted in the United States established that the minimum staffing level required to prevent a deterioration in a long-term care resident's health and to ensure good quality of care that is timely and consistent is 4.1 hours of directly worked, hands-on care per resident per day. No province or territory in Canada is currently meeting this minimum standard of care.

Ms. Lou Black: Privatization and contracting out also have a negative impact on working conditions and the conditions of care. Research on for-profit ownership of long-term care homes shows that for-profit homes are more prone to closure, are focused on profit rather than quality care and have lower staffing levels, more verified complaints, more transfers to hospitals and higher rates of pressure ulcers and morbidity.

The first COVID outbreak in long-term care in Canada occurred in the Lynn Valley Care Centre in British Columbia. Twelve years ago, staff at this facility were members of our union. Staff had decent working conditions, pay and benefits, but in 2002, changes to the province's labour code opened the door to privatization and eliminated union successorship rights. As the service was contracted out—

The Chair: Ms. Black, the translators are having difficulty again. I'm not quite sure what the problem is.

Let's suspend for a couple of minutes while we get this sorted out.

The meeting is now suspended.

● (1135)

_____(Pause)_____

● (1140)

The Chair: The meeting has now resumed. We will carry on with Ms. Vyce, with apologies to Ms. Black.

Ms. Amanda Vyce: I'll just back up a bit to where Lou left off.

Lou mentioned that the first COVID-19 outbreak in long-term care in Canada occurred in the Lynn Valley Care Centre in B.C. Twelve years ago, staff at this facility were members of our union. Staff had decent working conditions, pay and benefits. However, in 2002, changes to the province's labour code opened the door to privatization and eliminated union successorship rights. If a service was contracted out or home ownership changed hands, workers' collective agreements no longer formed part of the deal. Thirty years of positive wage and other gains were totally gutted. Workers were terminated en masse and others were forced to reapply for jobs at half their former wages, with fewer benefits and far fewer sick days. Recruiting and training staff has been an uphill battle for Lynn Valley.

The casualization of the long-term care workforce is predominant and growing across Canada, especially as the number of for-profit, long-term care homes increases. Because they're paid low wages, care aides across Canada work multiple jobs in order to cobble enough hours together to pay the bills. The pandemic has drawn attention to this issue since long-term care staff who work in multiple homes have unwittingly spread the virus between facilities as they've moved from job to job to job. Several provinces have issued orders restricting staff to employment at a single work site as a temporary measure intended to protect residents.

Another serious problem that staff in long-term care face is injury, both from musculoskeletal injuries which result from heavy lifting and repetitive strain, as well as from workplace violence. In B.C., injury rates for the long-term care sector are four times higher than the average provincial injury rate. Workplace violence is also a serious everyday health and safety issue for long-term care workers. A poll conducted in Ontario showed that 90% of care aides and registered practical nurses have experienced physical violence in long-term care settings.

Because the system is characterized by low wages, precarious jobs and high levels of injury and violence, it's extremely difficult to recruit and retain workers. As a result, long-term care homes have been dangerously understaffed or short-staffed for over a decade. When staff call in sick, they're often not replaced by another worker, and the remaining staff on shift must add more work to their already heavy workload. When this occurs, staff rush from resident to resident to perform care. For residents, this means they may not receive their baths, their call bell may go unanswered or they may sit or lie in a soiled diaper for hours. When workers don't have adequate time to perform necessary tasks, the quality of resident care suffers.

In B.C., Retirement Concepts purchased the largest chain of for-profit, long-term care homes in the province in 2017. Since then, public health authorities have taken over the administration of four of these homes. Wages were so low and the workload so impossibly high that it could not recruit or retain staff. In a survey conducted by HEU, staff at one site reported their staffing ratio at night was as low as one care aide for 75 residents. Residents were reported to routinely go without their weekly bath or without being toileted in a timely manner. Health authority staff were redeployed to each site to stabilize the situation.

With high numbers of long-term care workers testing positive for COVID-19 and needing to self-isolate, the difficulties employers have to fully staff homes has been compounded. Provinces across Canada have asked retired health care workers to return to service to help out. Hospital staff have been redeployed to fill in the gaps. With the situation so bad in Ontario and Quebec, the provinces' premiers requested and are receiving assistance from Canadian Armed Forces medical personnel.

It's unacceptable that our governments have allowed the conditions in long-term care to deteriorate to such a great extent. The pandemic has shown Canadians how fragile our long-term care system has become from underfunding, understaffing and a political willingness to allow the profit-making interests of private companies to trump the public interest when it comes to the provision of care for our most vulnerable. It's time for our governments to take meaningful action to improve the conditions of work and the conditions of care in facilities across the country.

● (1145)

CUPE and HEU members offer the following recommendations to the committee.

First, the federal government must work with the provinces and territories to bring long-term care into the Canada Health Act and make it a core, publicly insured health care service that is publicly administered, accessible, universal, comprehensive and portable.

Second, the federal government must provide dedicated and adequate funding to the provinces and territories for long-term care through the Canada health transfer.

Third, the federal government must implement and enforce the national standard of a minimum of 4.1 hours of directly worked, hands-on care per resident day and tie the standard to funding.

Fourth, governments must work collectively to eliminate the private, for-profit ownership of long-term care homes. Private corporations and shareholders should not profit from people's medical needs, and governments should not put their health up for sale.

Fifth, long-term care homes must stop the contracting out of services to for-profit companies, such as front-line care, laundry, housekeeping and food services. All services should be provided by in-house staff to enhance working conditions and quality of care.

Sixth, the wages of workers in long-term care must be standardized and increased to reflect the value of their work and their role in providing an essential service, especially for care aides. Workers should be provided good benefits, including adequate paid sick days.

Seventh, the casualization of the long-term labour force must be eliminated through the creation of full-time regular jobs for workers who want them.

Finally, by 2035, it's expected that Canada will need an additional 199,000 long-term care beds. Hospitals have long operated well over capacity because there aren't enough long-term care beds for individuals who are unable to live independently in their own home. This situation became more alarming when hospitals had to rush to find ways to handle the expected influx of COVID-19 patients.

The pandemic therefore reinforces how urgent it is to increase the number of long-term care beds across Canada in order to alleviate capacity problems in hospitals and to ensure individuals receive the appropriate care they need when they need it. Public funds should be available to build new beds, and the facilities must not be designed or operated as P3s.

Thank you very much. Both Lou and I welcome any questions you may have.

The Chair: Thank you, Ms. Vyce.

We'll start our questioning at this point. As is normal, we will have three rounds of questions. We will start the first round with Mr. Doherty, the voice of the Cariboo.

Go ahead, Mr. Doherty, for six minutes.

● (1150)

Mr. Todd Doherty (Cariboo—Prince George, CPC): I apologize to our guests for the challenges they're experiencing in delivering their messages.

I want to start off with our guests from CUPE. I want to thank both of you for sharing your stories.

My mother was a long-term care aide and my brother still is a nurse's assistant working in a long-term care facility. On your comment regarding physical damage and violence, that is the reason why my mother had to retire early. She still has steel rods in her back and is mobility challenged because of violence. That also led me to take the steps that my colleague Mr. Davies has taken in previous Parliaments, in putting forth a piece of legislation on violence against our health care workers. Earlier this year, I tabled Bill C-211, which includes the issue of violence against health care workers and first responders, so I thank you for your comments.

Ms. Vyce, in a recent article, your president, Michael Hurley, of CUPE's Ontario Council of Hospital Unions, was quoted as saying that “more than 20% of [their] confirmed cases are health care workers, with 68 testing positive so far” and that “[s]uch high numbers suggest workers don't have adequate PPE”.

He said:

> When you look at the numbers of health-care workers who are currently reported as having COVID against the number of cases in the general population, [one] can only conclude that there has been a colossal failure to protect health-care workers and that is all about failures of ordering enough equipment.

Do you stand by your president's comments?

The Chair: Go ahead, Ms. Vyce.

Ms. Amanda Vyce: Thank you, Mr. Doherty.

I would like to clarify, first of all, that Michael Hurley is the president of the Ontario Council of Hospital Unions.

Initially, long-term care was sort of the long-forgotten cousin of other sectors within the health care sectors, primarily hospitals, so workers in the long-term care sector did not initially have adequate access to PPE. Some workers in some homes were outright denied access to PPE; in other cases, it was being locked up and very tightly rationed.

We believe that workers are now gaining access to more PPE, but early on, it was certainly a dire problem that we believe contributed to the spread of the virus throughout long-term care homes.

Mr. Todd Doherty: Okay, thank you.

Earlier in April there was a survey that came out in Manitoba which said that 58% of health care support workers surveyed felt they hadn't been provided—

The Chair: Pardon me, Mr. Doherty, but your sound quality just got really bad.

Can you try the question again? Be very careful to speak clearly.

Mr. Todd Doherty: Is that better?

The Chair: It's very crackly, very broken up, but we'll try.

Mr. Todd Doherty: I don't know what else I can do here.

Is it better now?

The Chair: There's a lot of noise when you speak. I'm not sure what the problem is, but we'll try to see if the interpreters are able to manage it. Speak a little slower and more carefully. I'll give you a bit of extra time to accommodate for this.

Mr. Todd Doherty: Sure.

A recent survey showed that 58% of health care support workers felt they hadn't been provided with enough PPE. With home care workers, 77% of respondents reported a lack of PPE.

I wonder if those numbers are still accurate, Ms. Vyce.

Ms. Amanda Vyce: That would be something we would have to check on with our membership to determine if the situation has improved since those figures were last published.

● (1155)

Mr. Todd Doherty: Okay, thank you.

To the Canadian Trucking Alliance, you—

The Chair: Mr. Doherty, the interpreters can't here you at all.

We'll suspend for a couple of minutes and we'll try to get your sound sorted out.

● (1155)

_____(Pause)_____

● (1155)

The Chair: We will resume the meeting.

Please carry on, Mr. Doherty.

Mr. Todd Doherty: Mr. Chair, how much more time do I have?

The Chair: On my clock it says two minutes, but I'll give you three minutes.

Mr. Todd Doherty: Thank you, Mr. Chair.

To our guests from the Canadian Trucking Alliance, you've been very complimentary to the government in response to the challenges the trucking associations have faced. I've been in touch with many trucking associations across our country that are fairly frustrated in terms of some of the responses, and the challenges that truckers have faced along the way.

As you know, the federal carbon tax went up by 50% on April 1. To an industry like yours, and given the situation we find ourselves in, I know the impacts of this must be significant.

Can you talk about the impact of the carbon tax on the trucking industry?

The Chair: Mr. Laskowski, you're muted.

Mr. Stephen Laskowski: There we go, Mr. Chair. Thanks for reminding me. I'm getting used to this new system. I'm sure my wife would like the mute button.

As you are aware, and everyone on the committee is aware, the carbon tax went up on April 1. With regard to the carbon tax, and relief measures in general, the Canadian Trucking Alliance put forward several different measures and options with regard to relief for our industry. It included a freeze on the carbon tax from the March date to April 1. That was a measure we brought forward as a potential relief option.

However, by far the greatest measure and impact we have with regard to our industry regarding cash flow—and cash flow is the big issue—is the measure we brought forward with respect to payroll taxes, which is a three-month deferral with a 12-month to 18-month payback. Then, with regard to specific relief for truck drivers, obviously meals have gone up dramatically, whether across Canada or into the United States. What we're asking for in regard to that is an increase in the meal allowance.

Mr. Todd Doherty: Mr. Laskowski, I'm a former transportation guy, so I'm very well aware of the labour shortages that we face within the trucking industry. Do you see COVID-19 hurting our opportunities to hire or worsening this labour shortage?

● (1200)

Mr. Stephen Laskowski: I'll answer it this way. I've never seen an improvement in the image of our industry in terms of what it means to be a truck driver in Canada.

Mr. Todd Doherty: Right.

Mr. Stephen Laskowski: If you go to #ThankATrucker, you see an elevation, and deservedly so, in the general public's mind of what it means to work in our industry, to drive a truck and the importance of it. I won't get into it on this call, but we hope to maintain that esteem and to attract people to our sector. Our sector, like all sectors in the economy, prior to COVID-19 was, and no doubt coming out of COVID-19 will be, struggling to attract labour to it. Indeed, that is a question for us, and one that we're working on.

The Chair: Thank you, Mr. Doherty.

Mr. Todd Doherty: Thank you.

The Chair: We go now to Mr. Van Bynen for six minutes, please.

Mr. Tony Van Bynen (Newmarket—Aurora, Lib.): Thank you, Mr. Chair, and I thank all of our witnesses for giving us the opportunity to hear directly from them during this busy and difficult time.

I want to start by asking questions of the Canadian Manufacturers & Exporters.

In my riding of Newmarket—Aurora, Magna International is one of the many Canadian businesses that have recently answered the government's industry mobilization call to action to retool their manufacturing and to help in this fight against COVID-19.

Has your association received many questions about this call to action, and what types of businesses have been able to quickly retool their manufacturing lines in this short period of time?

Mr. Mathew Wilson: We've been working on this issue. Mr. Laskowski mentioned earlier the minister's advisory council on the pandemic responses from supply chains. At CME we've actually been working on a similar committee that predates this by years. We've been sitting on this committee and trying to provide information and advice to the government on how to stand up the manufacturing supply chain from the very early stages of this crisis. We've been working on understanding what the needs are of governments, of the health care system and of others, and then trying to help our members retool wherever possible.

A company like Magna that retools has the size, scope and capacity to be able to do those types of things. Bombardier has done similar things, as have Linamar, GE and GM. A lot of companies have done a lot of great things across the country.

The problem tends to be with smaller companies. The big companies don't know who makes the subcomponent parts, and are trying to connect to other companies, and so we would help a company like Magna. In the case of Magna, I'm not sure we did specifically, but in cases like that, we've helped companies similar to Magna try to find subsuppliers and some of the components that are necessary to make the finished products. Ventilators are complex components containing probably thousands of different pieces. That's where we play a role, behind the scenes, trying to connect together companies that make those products.

Companies from across the country have been involved in this. One of our member companies, Dynamic Air Shelters from Mount Pearl just outside of St. John's, is making shelters. There's Stanfield's in Nova Scotia which is making gowns. It used to make underwear, socks and things like that. Bombardier is making face shields, and we have hockey equipment manufacturers making them as well. A wide variety of companies have switched production.

I know that in Ontario there are at least 350 companies. There's a group called the Trillium Manufacturing Network that has tracked that. If Ontario has 350, across the country there have to be thousands of companies that have switched their production into making this type of equipment.

Mr. Tony Van Bynen: What are your thoughts on the federal government's support of these manufacturers to date?

Mr. Mathew Wilson: The support, actually, has been fantastic. There are holes in some of the support programs, but very early on we called for things like the wage subsidy program because we saw the necessity of keeping people on the payroll rather than letting them go when there was a massive decline. Keeping them on the payroll allows them to switch production and make other things, but it also allows them to quickly restart as the economy restarts. Things like the wage subsidy, the loan guarantees, tax deferrals, anything that kept cash in the pockets of the companies, was essential, because the liquidity was everything.

Generally speaking, the partnership with the federal government has been outstanding. There are some problems with some of the programs, but generally speaking, it has been very good.

● (1205)

Mr. Tony Van Bynen: I'm concerned about the way we address or protect ourselves against foreign supply chains and about our dependency on foreign supply chains. Do you have any thoughts on how we might take steps to protect ourselves against that reliance? One example that rings very well with me is the fact that there were some masks stopped at the border. How do we protect ourselves against that type of risk?

Mr. Mathew Wilson: Well, I guess it was a good thing that they were stopped and caught, right? We have regulatory standards for a reason. What I was worried about, actually, is that the regulatory standards would be loosened in times when people most needed protection and that these things would come into the country. That didn't happen, which was good.

This isn't about having our own domestic supply chain. I think the conversations going down this road are a bit dangerous. Canada long ago gave up the idea that we are our own unique economy. Starting with the Auto Pact back in the 1960s, we started integrating with other economies. It's been a huge advantage to our economy overall—all that trade that Mr. Laskowski was talking about—and that's because of trade.

I think the trick, though, is to make sure we understand where those supply chains are, who manufactures what and where the weakness and vulnerabilities are in the supply chains. That work really hasn't been done all that well, not at all. When you find the weaknesses, then you can identify them. There need to be duplicate supplies. You need to fill those holes by understanding those gaps, right? That really is the trick, and right now we don't understand that.

The other thing is that we didn't really do a good job following 9/11, when initial stores were created to augment PPE, for example, N95 masks. We originally had pandemic planning in place following 9/11 and SARS. Most of those stores were never maintained. That was actually the bigger problem. Governments didn't maintain the stores to keep them updated, and that was right across the country. It's more a provincial issue than a federal issue. That was a bigger problem, probably, than the foreign supply chains.

Mr. Tony Van Bynen: I'd like to—

The Chair: Thank you, Mr. Van Bynen.

Mr. Thériault, please go ahead for six minutes.

[*Translation*]

Mr. Luc Thériault (Montcalm, BQ): Thank you, Mr. Chair. I hope everyone can hear me. It's a bit difficult today.

I'd like to start by thanking all of the witnesses.

Your testimony has been enlightening and we will surely rely on your comments as we look for measures to ensure that this nightmare never happens again, especially in our long-term care homes, Ms. Vyce.

A common thread throughout the testimony we've heard so far is that the pandemic is a circumstantial issue, whereas the increased vulnerability of our health care systems is a structural and systemic one. Since the mid-1990s, successive federal governments have offloaded their deficits to the provinces and Quebec. Health transfers have slashed drastically.

When a pandemic like this one comes up, we're hit full-on by the vulnerability of our health care systems, and we can see the unacceptable contradictions experienced by those using the system.

How many of your members were sent into combat without any PPE, and how many of them have been infected to date? In Quebec, 80% to 87% of all deaths are connected to long-term care homes.

Do you have figures regarding your members?

● (1210)

[*English*]

Ms. Amanda Vyce: I'll go back to the question posed earlier by Mr. Doherty. He was asking a similar question regarding the number of members who have lacked sufficient or proper access to needed PPE in long-term care homes. The survey conducted in Manitoba included both long-term care and home care workers. That survey was conducted in early April.

The Public Health Agency of Canada released its guidance policy on infection prevention and control on April 11. It would be interesting for us to survey our members to determine more accurately if access to PPE for our members increased following the release of those guidelines, which mandated that homes should be providing workers in the sector with adequate and proper PPE. At this point in time, unfortunately I'm not able to provide an exact figure on the number of workers who continued to lack proper access to PPE, but I certainly agree that this data would be very helpful for us in determining how we can prevent a situation like this from happening again.

One issue that we do know of, which has also has been very prominent, is that even in homes where staff have been provided with a limited amount of PPE, many staff members have indicated they are not receiving proper training on how to use the PPE or they may not have been properly fitted for an N95 respirator.

[*Translation*]

Mr. Luc Thériault: Let's talk about training.

There was a call for volunteers to help employees and workers at long-term care homes. I don't know if you heard about this, but apparently people were showing up and had to immediately become trained workers. They were assigned to duties identical to those of workers with years of experience.

Have you heard about problems with a lack of training for volunteers? Do you think that removing families and caregivers from long-term care homes is something we should do again next time?

[*English*]

Ms. Amanda Vyce: In response to your first question with respect to training, I believe that in Quebec, and definitely in Ontario, the government issued an order that allowed long-term care homes to essentially hire people off the street to fill staffing gaps in homes across the province. At this point in time, I don't know how many people have been hired through these avenues. These folks have been hired off the street with no previous experience or training related to work in the long-term care sector.

When the order was issued, our alarm bells were ringing very loudly. This is extremely concerning because the work of care aides is highly skilled. You're working with a population where many individuals have dementia. They can't communicate effectively what their needs are. You have individuals who have difficulty swallowing and need assistance with feeding. You need to know how to transfer individuals from a bed or wheelchair into a bathtub using a mechanical lift or from a chair into a bed or vice versa. These are highly skilled tasks, and the thought that someone could be hired off the street or simply volunteer their services, as altruistic and well-intended as they may be.... The risk to quality of care to patients is very high and very alarming.

With respect—

● (1215)

The Chair: Please wrap up quickly.

Ms. Amanda Vyce: With respect to the second question, which is related to whether families should be removing their loved ones from a long-term care home, for most people this is not a realistic option, because they don't have the skills required to provide the necessary care for their family member.

The Chair: Thank you, Mr. Thériault.

We'll go now to Mr. Davies for six minutes.

Mr. Don Davies (Vancouver Kingsway, NDP): Mr. Chair, before you start my time, would you please clarify whether Ms. Black is available to answer questions?

The Chair: Ms. Black has a new headset, I understand. We can always try.

Please go ahead.

Mr. Don Davies: Thank you. I'll address my first question, then, to Ms. Vyce.

You commented, Ms. Vyce, that the benchmark quality for long-term care is 4.1 hours of hands-on care per resident per day. If I understand your testimony correctly, no provinces or territories are meeting that standard. Am I correct in that?

Ms. Amanda Vyce: That is correct. Some provinces have no legislation regarding standardized hours of care. Some provinces, including your own province of B.C., have a guideline that homes can aspire to. Other homes do have a legislated minimum requirement, which ranges from 1.9 to 3.8 hours across Canada, but no province is meeting the recommended standard of 4.1 hours.

Mr. Don Davies: I'm wondering if you have the current average number of hours of hands-on care that is being delivered. Do you have an estimate of that?

Ms. Amanda Vyce: This question is actually extremely difficult to answer. The answer would vary by province.

One of the reasons it is so difficult to answer is that some provinces will calculate hours of care based on funded hours of care. Other provinces will calculate hours of care and include in that calculation the time that is not related to directly worked hands-on care. The time may include staff vacation time or paid leave, so it doesn't reflect work hours.

Mr. Don Davies: Can you give us a ballpark idea of what percentage of workers in long-term care facilities in Canada would be working under a collective agreement?

Ms. Amanda Vyce: That is a very good question. I do not have an answer to that question, but I will be happy to look it up and send it to you.

Mr. Don Davies: Thank you.

You painted, quite frankly, a shocking picture, which I think is one that Canadians have recently become more aware of. The idea of picturing our parents, grandparents and great-grandparents, seniors in homes, who are skipping their weekly bath.... That these folks are being left in soiled clothing for hours and not getting the attention they need I think is really appalling.

I know that recently the federal government published some non-binding guidelines to reduce the spread of infections in these facilities. Can you basically describe those and let us know if you feel they're adequate and should be made permanent?

Ms. Amanda Vyce: There are two parts to that question.

When the federal government's PHAC guidelines were released, I gave them a quick review. Most of the key guidelines that were recommended were measures that all provinces essentially had already undertaken, and this included limiting access by visitors to facilities and ensuring that PPE was available in homes. During any kind of outbreak, those are typical measures that a long-term care home would implement. They are things that will need to continue should a situation like this arise again, most certainly.

The other thing that some provinces have done—B.C., Alberta, Manitoba, Saskatchewan, Ontario and Newfoundland—is that they have implemented single work site orders. This limits workers in the long-term care sector to employment in only one long-term care home.

There are some employee groups that are excluded from these measures, and that would include some agency workers. This means that agency workers can still move between multiple sites, and also, hospital workers can. Some hospital workers are being redeployed to work in the long-term care sector. They can work a shift one day in the hospital, return to a long-term care home the next day, and then return to the hospital the next day. We're not—

● (1220)

Mr. Don Davies: If I could just break in, I would like to turn to Ms. Black, because you've anticipated where I'm going.

B.C. is taking a different approach to single site orders than other provinces. Can you describe, Ms. Black, how that's working?

Ms. Lou Black: Sure.

I would say that one of the key differences—because I am in regular contact with colleagues across the country from CUPE—is that our effort has been fairly well coordinated, considering, with a few glitches. I couldn't say that about the other provinces. It involved a very strong consultation with labour unions.

We were in from the ground. We established a set of principles that would be applied to how workers would be allocated to different sites. Employers and unions essentially negotiated a labour adjustment process, and then that was turned into a ministerial order to ensure that all operators—not just the public facilities but the privates—would be included as well. It applies to long-term care, assisted living and mental health facilities.

There is a situation that Ms. Vyce described of workers sometimes holding two and three jobs in long-term care. Of course, it's true in B.C. as well. We're also trying to avoid the unintentional cross-contamination that might come with that, which is the intention of the orders. Long-term care workers, assisted living and mental health facility workers are prevented from holding another job within those facilities, but they can hold one in acute care or community care. They're not prevented from earning their income in that sense.

There is some protection with respect to seniority in terms of scheduling of hours, protection of benefits, which come from one of the set of orders as well. The key, of course, is that we achieve wage parity, so you're not penalized in having to stay at one site when you've normally been able to work a second site. You will get something comparable to the total hours that you held in both sites.

In the SARS crisis in Ontario in particular, there was a very clear exodus of nursing staff from the lower-paying employers to the higher-paying employers. Agency staff—surprisingly, to me—were some of the highest paid, and they were moving between sites. In B.C., agency staff are not excluded from the orders. However, with that pattern in Ontario during SARS, it was very clear that some facilities that weren't paying as well were very short-staffed.

With the levelling up of wages, there is no disparity that way; it's all the same no matter where you go. They've done a fairly coordinated effort with these three sets of orders, which work in tandem. They work to lay out principles on how staff are going to be allocated. They also get into the logistics of allocation instead of saying, “Go ahead, folks, try...”, because that hasn't fared well in the other provinces; it hasn't materialized.

However, in B.C., it's going relatively smoothly. It's a very clear process with the health authorities. There is a set of lists from employers within the health authority that are given to the chief medical officer, who then sets ultimate approval as to staff assignment. Workers' collective agreements aren't thrown out the window, so they're relatively content and satisfied with the situation.

Ironically, now we're in the situation where there is parity and people are receiving this public sector standard that we had in 2001. Virtually all care aids in long-term care made the same wage.

It's certainly something that we think is critical to stabilizing the sector. There has to be wage stability. There has to be a common standard set. It's the only way you're not going to end up with that misallocation and this big disparity.

Our members and the workers deserve it, frankly. I mean we're calling them heroes at this point. We have to put our money where our mouths are.

● (1225)

The Chair: Thank you.

Thank you, Mr. Davies.

That brings an end to round one. We will start round two with Dr. Kitchen.

Dr. Kitchen, please go ahead for five minutes.

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

Thank you to everybody for your presentations. As always, they're very enlightening and educational for us all, in many different aspects, as we deal with this crisis.

I'm going to start with Mr. Wilson.

You indicated that you've been working on increasing your manufacture and supply of PPE. You also indicated that many companies have applied to make changes.

Obviously, it's an extremely costly event for company to change a product line or whatever it may be. I'm wondering whether you know how many companies have applied to the federal government for funding and received contracts to come forward with the PPE.

Mr. Mathew Wilson: To be honest, I really don't know how many. I apologize. I wouldn't even know where.... I assume someone inside public procurement would know, but I just don't know.

Mr. Robert Kitchen: Would you be able to find that out and provide that to the committee?

Mr. Mathew Wilson: We could try to find out through our [*Inaudible—Editor*], yes.

Mr. Robert Kitchen: Great. Thank you. We appreciate that.

Mr. Wilson, the CME has a pandemic plan that it developed after SARS in 2009. It's a great document of 40 pages with quite a lot of extensive information. How fresh was this document in people's minds, in your company's mind? Were they aware of it or was it basically done in 2009 and they forgot about it?

Mr. Mathew Wilson: It's the latter, unfortunately. It was done in 2009, and I think for a year or so it stayed fresh in everyone's mind and then disappeared. At the time, back in 2009-10 when it was produced, it was the most downloaded document from our website in the history of our organization. I think we've now surpassed it with some of the COVID-19 information.

We forgot about it. Governments forgot about it. I'm not going to point a finger at the government, certainly, because I think we forgot about it as well. [*Inaudible—Editor*] and tried to refresh it.

Mr. Robert Kitchen: I appreciate that, because part of what we're seeing.... After 2003, after SARS, basically the same type of document was done and it appears that it was just forgotten. They came up with plans, but they were just pushed aside. It's interesting to hear that this is part of what you found as well.

Thank you very much for that.

Mr. Mathew Wilson: Thank you.

Mr. Robert Kitchen: Mr. Laskowski, I live in Estevan, Saskatchewan, which is right on the border with the United States. We have a major trade corridor, a trucking trade corridor, basically Highway 39 from the border up to Regina and then Highway 1 across Canada, as well as Highway 52 coming out of Minot in the States. We have a lot of trucks coming to the border. As you've indicated and as I've seen, between April 20 and April 26, the number of trucks coming across decreased by 33%. That's quite significant.

On Wednesday, April 29, the Federal Motor Carrier Safety Administration published an updated list of distribution locations where truckers could receive free protective masks. In all, the agency said it plans to give out about a million masks. Do we have such a situation here in Canada? If so, how do our truckers access that?

Mr. Stephen Laskowski: With regard to the access to masks and other equipment, from a trucking industry perspective, and quite frankly from every sector's perspective, it's a challenge. This doesn't mean the challenge isn't being met, but it's a challenge. Gloves aren't necessarily the big issue. Masks, depending on the quality of mask or the type of mask specifically, can be a challenge, as can be hand sanitizer.

With regard to specific government action at the federal level, CBSA is trying to secure masks for every truck driver who shows up at the border not wearing a face covering. That's very much appreciated.

Obviously that's a short-term measure, and that's why this committee has been struck at the federal level. How do we as a supply chain, not just in trucking but everyone, secure masks going forward? It's not just about securing them, either. Obviously some folks in the supply chain have been price gouging, and you heard the federal government and various premiers speak out against it. I can tell you that we've experienced price gouging. A typical mask of the highest quality would cost, pre-COVID-19, around $2. It can get upwards of $15 to $20 a mask now.

There are challenges, but as I said, we're working through them.

● (1230)

Mr. Robert Kitchen: Right, and I saw—

The Chair: Thank you, Dr. Kitchen.

Mr. Robert Kitchen: Thank you.

The Chair: Mr. Fisher, you have five minutes, please.

Mr. Darren Fisher (Dartmouth—Cole Harbour, Lib.): Thank you very much, Mr. Chair, and thanks, folks, for being here and sharing your expertise with us.

My first question is for Mr. Lemaire.

First off, thank you for the critical service that your members do for Canada. All sectors have been impacted by COVID-19, and certainly none more than yours.

How have your members and your sector adjusted to all of the various public health measures, like social distancing, etc.?

I was going to ask you how government could help. I know that during this meeting the Prime Minister announced $252 million for certainly much of your sector. Maybe you could speak to that. I don't know how much you've been briefed on that, as that happened while we've been here in committee, but I'm sure you have a computer or phone open and you're getting some details on that. Maybe you could chat a bit about how you've been impacted, how your sector has been affected and how this government assistance might help.

Mr. Ron Lemaire: Thank you for the question. It has been a very interesting time.

What has been amazing is that the industry has pivoted throughout the supply chain. CPMA represents growers through to wholesalers and transportation logistics, as well as food service and retail. Everyone who has gone shopping has seen the strategies implemented at retail to enable a volume of shoppers in stores and/or social distance requirements and a flow of traffic through the retail outlets, regardless of size. That's been very effective. There have been added costs with the shields at checkout and, in some cases, other protective equipment.

Going back to look at the food service industry, that's going to be a very different environment. Checkout has been successful on enabling social distancing through drive-through windows and pickup orders. Looking at the wholesale community—the Toronto food terminal and other wholesale markets in Vancouver and Montreal—this is a real challenge relative to fresh fruits and vegetables, which are perishable items.

The purchase program and modelling are normally done where you look at the product and see the product quality. Freshness is key for the supply chain. How do you create an environment where the buyers can come with the appropriate personal protective equipment into the purchase environment, maintain social distancing, and still be able to purchase the product they can use within their retail outlets, from small independent grocers throughout the country?

On the fresh cut and processing side, this is perhaps the biggest challenge, from there back to the grower, where you look at how you do social distancing. This is similar to meat plants and other facilities, where you repack fruit and vegetables and/or work in a fresh cut environment, such as an apple-packing line. How do you manage that and still put volume out to meet market demand? That has been the greatest challenge.

In spreading out the line, volume has dropped. How we can create the appropriate guidelines and standards, leveraging personal protective equipment to enable the social distancing model to be shrunk slightly, or have some type of barriers, is something the industry is looking at, but again, it is varying across the country on municipal application, on how the rules are applied and regulated.

Going to the growers' side, the challenge now goes into how growers actually apply pest management products and other tools in the field. Do they have enough personal protective equipment for their farm workers when they are in the field working, either in planting or eventually in harvesting?

The funding that has come out, the $252 million from the federal government, is greatly appreciated. In the breakdown of those monies, the $50 million is of interest. I'm curious to see how that will work relative to surplus. We've often talked to the federal government about those funds, specifically because the model is used in the U.S. successfully, and how you take surplus product, which I talked about, and distribute it to insecure populations or at-risk populations or other channels, is key. The next step now will be how we do that.

● (1235)

Mr. Darren Fisher: You talked about the food service sector, the drive-through sector, and MP Van Bynen asked a couple of my questions of Mr. Wilson. I love the fact of the call to action, the call to retooling Canadian business. There's nothing more creative than Canadian business.

Mathew, you spoke to a couple of examples. I spoke with a company in Dartmouth—Cole Harbour that is building templates for fast food drive-throughs to more safely deliver the food through the drive-through window to the car. It's incredible.

I have probably very little time, Mr. Chair, but I would ask Mathew Wilson a last question.

Post-COVID, this retooling, what does it do for the future of manufacturing in Canada? Will we continue along this road as more of a manufacturing presence after COVID?

Mr. Mathew Wilson: I'd say that another good example is that window manufacturers are making the protective barriers as well. I know that a number of our members out west, for example, are doing that type of thing too. There are a lot of examples.

I got an answer, too, by the way, that 3,500 manufacturers went to ISED directly for support. I think that was the last question I was answering. As well, 250 of them came through CME, where we tried to connect people to government support programs directly for retooling. That's a pretty big number of companies, and those are just the ones we know about.

What's going to happen in the future is going to be really interesting. Look, the bottom line is that we won't need this level of production of these types of products on a go-forward basis. For most companies, what we would expect when things go back to normal is that a window manufacturer, for example, will go back to making windows when the housing market starts to heat up again, right?

A lot of companies are doing a shift in production, such as Magna and Linamar making ventilators. They're not making any parts, so it makes sense for them to do it, and a lot of them stepped up not with any government money, but just because they wanted to respond. Most of those companies will go back to making what they were making before this, but there are opportunities, as I've said.

I mentioned the idea of a DARPA for health care in Canada. There are huge opportunities in Canada to manufacture products related to health care and to become experts in that and export those products around the world, as well as supplying domestic demand. I think there are huge opportunities for us if we focus on it, look at where the opportunities really lie and support those industries that we want to grow.

The Chair: Thank you, Mr. Fisher.

We go now to Mr. Webber for five minutes.

Mr. Len Webber (Calgary Confederation, CPC): Thank you, Mr. Chair.

I have dropped off about four times in this meeting, so if I do drop off again, I will pass it on to my colleague, Tamara Jansen.

My question is for Mr. Laskowski of the Canadian Trucking Alliance.

Are you aware of any Canadian truckers who have caught the virus as a result of their work down in the United States?

Mr. Stephen Laskowski: With regard to that specifically, we have had no members report that directly to me, no.

Mr. Len Webber: That's great, because we know these truckers are being asked to travel down there, and the infection rates down there are the worst in the world. How are they finding safe access to accommodation, meals, bathrooms and so on, down in the States?

I suspect that they are not able to practise infection control measures at the level we'd like to see, and they are not quarantined upon their return here to Canada, as we understand. Is that not a serious threat here in Canada?

Mr. Stephen Laskowski: I'll back up in terms of the life of a truck driver.

As one owner-operator explained it to me, with regard to exposure, obviously they are going into areas, whether it's in the United States or Canada, where there may be more outbreaks, but in a normal week, a truck driver may only encounter six or seven people. It's a job that's pretty isolated. You're in a truck by yourself.

Make no bones about it. Both the drivers in our industry and our customers are taking COVID responses very seriously with regard to practices. We are doing our best job to protect our workers, as are our workers, as are our customers.

With regard to access to food, that is a challenge. When you do find it, a bottle of water that used to cost a dollar, for example, costs four dollars. That's just a small example. That's why we're asking for an increase in the meal allowance. There's currently a meal allowance allowed in Canada for truck drivers on their taxes. What we're asking the Government of Canada to do, in light of the dramatic increase in food costs on the road is to increase those meal allowances.

● (1240)

Mr. Len Webber: Oh boy. I just froze there. I didn't even get that answer, Mr. Laskowski.

Here is the problem already. I will just continue on then. This can go out to any of our witnesses here.

We know that many Canadians are looking for work now because of this crisis. Have you heard of any—of course you have—labour shortages with your stakeholders? Is there an opportunity right now to highlight employment opportunities for Canadians looking for work with your associations?

Mr. Laskowski, in the trucking industry are there a lot of opportunities now to become a trucker?

Mr. Stephen Laskowski: I think that once we emerge from COVID the answer will be yes, because prior to COVID, the answer was yes. The reality again is—and I don't want to continually go back to this—we're down substantially. A lot of people think the trucking companies are going full bore, and they may be in certain lanes, but we're down by 30% to 35%. That means trucks are parked, and that means in certain segments of our economy, truck drivers are home because there is no work for them.

The overall message is that we are an industry that's working to move the supply chain, but like other sectors, like those in the food industry that received help, we're going to need some specific help as well.

Mr. Len Webber: How about the Canadian Union of Public Employees?

I'm sure there's quite a demand right now for health care workers, although it is very risky to be working in a long-term care facility right now. Is there a huge demand?

Ms. Amanda Vyce: There is. The demand for health care workers has been exacerbated by the pandemic. The sector was long desperate for workers before the onset of COVID-19 across the country, in every province.

Mr. Len Webber: Right.

I'll go back to Mr. Laskowski again about the truckers.

What type of training is out there for truckers with regard to protecting themselves from this virus?

Mr. Stephen Laskowski: In my opening comments, I mentioned the fact that the Government of Canada really stepped up, and here is an example. Both Health Canada and Transport Canada have been working together with our membership and those who are unionized, working with their labour representatives, to make this a safer supply chain, and Mathew can attest to how their members interact with our industry.

Out of all this bad, this has really been an example of great teamwork within the supply chain, both in the private sector and in the public sector. We can always continue to improve, but everyone has stepped up, and everyone is doing their part.

The Chair: Thank you, Mr. Webber.

We go now to Dr. Jaczek for five minutes.

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

First of all, witnesses, I would like to thank all of you today. You've been very specific in your recommendations, and I really appreciate that. I'm sure that each of you will be continuing your dialogue with the various ministries you interact with. The type of coordination and collaboration that we're hearing of is very positive.

My first question is for Mr. Lemaire.

Mr. Lemaire, you mentioned the issue of temporary foreign workers, and I think we've all become very aware of the importance of these individuals. In my former life as the medical officer of health for York Region, under provincial guidelines we would go in and ensure that living accommodation was consistent with good practice and so on.

You mentioned a lack of consistency now being an issue across Canada given the COVID-19 situation. Could you elaborate a little more as to what you actually meant about that and what difficulties that's causing?

Mr. Ron Lemaire: Most definitely.

A simple example is in Ontario where you see one county or municipality that has a very rigid protocol requiring, to your point, bunkhouses and a certain square footage of bunkhouse that could only maintain four workers. You take a five-minute drive over the road to another county, another municipality, and that same bunkhouse size can hold up to 10, and it is literally a kilometre or two down the road. Those inconsistencies create havoc and added costs, structure and strain to a market in a very stressful environment for a grower who's trying to manage the best-case scenario. For workers who have been coming to their farms for many years and are really, in some cases, part of their family, they have tried to leverage hotel rooms, if they're available, close by at, again, added cost. The funding that has been provided by the federal government of $1,500 per worker has helped, but it's still not enough to offset the total cost of isolation.

How do we look at consistency? Well, the Public Health Agency of Canada did provide guidance and direction, recognizing that the federal approach is that the boots on the ground at the regional level have a better understanding of how those regions need to operate. There still needs to be more discussion at the federal and provincial and territorial levels to ensure that provinces can take a more effective lead to harmonize an approach, at least across the province, to enable, let's call it, a consistent, healthy, safe and competitive world for the farmers.

I'll give you an example. Right now, the challenge we're seeing is that we have 85% of the workers we would normally have at this time, but that's 85% of a total that was already short last year, and so we have a greater shortage in the actual number of workers we need. Adding protocols and restrictions that may be over and above the requirements that even the Public Health Agency of Canada have identified is just creating more of a strain on access to Canadian food.

On putting workers into the field if they are not showing symptoms, there has been some discussion. They're isolated on a farm. Can you just take that isolated group and have them working within an isolated environment? A range of discussions have been proposed, but we do recognize that some of the direction from public health is most definitely warranted.

● (1245)

Ms. Helena Jaczek: In other words, you're thinking of a bit of a stronger guidance role for the Public Health Agency of Canada. Even beyond this pandemic, you would like to see more consistency across the country. Is that essentially what you're saying?

Mr. Ron Lemaire: We need a harmonized approach and a review of the protocols as well. Again, every work environment is different. We've seen that in some of the discussions relative to meat packing, produce packing lines, the retail environment, the grower environment. Not every work environment is the same. We recognize that those protocols need to be adapted, but we also have to recognize what the risk is of some of these protocols, and if we need to have that same level of stringency on lower risk environments for a spread.

Ms. Helena Jaczek: Mr. Lemaire, you made some reference to some increased flexibility that CFIA has introduced around labelling and so on.

What are some of those measures that you would like to see maintained post COVID-19?

Mr. Ron Lemaire: What is important right now is that if we have product that is perhaps destined for the U.S. market—a Canadian product that has U.S. labelling on the package—we need to ensure that all of the allergens and all of the correct information to ensure the safety of Canadians is on that package.

At the same time, though, Canadian consumers are smart. As long as the information is there, even if it's not in the same format they're traditionally used to, they will be able to navigate that package, and we will be able to service and provide for food gaps in the Canadian market. The flexibility on consumer packaged goods and consumer food packaging is essential to making sure that we don't have a product that's sitting in Canada, not moving to the U.S. because of other issues, which could easily be redirected to the Canadian consumers without, again, adding costs of unpacking and repacking that product in a Canadian label.

The flexibility is key. CFIA is looking at how they can adjust those requirements, and we have provided recommendations for that. I'd be happy to share those with the committee.

● (1250)

The Chair: Thank you, Dr. Jaczek.

We'll go now to Mr. Thériault, for two and a half minutes, please.

[*Translation*]

Mr. Luc Thériault: Mr. Chair, my question will be brief.

Ms. Black and Ms. Vyce, underfunding of the health care system has made some living situations such as long-term care homes, in particular, vulnerable. Earlier you mentioned that long-term care networks will need a significantly larger number of beds.

What's the best approach to deal with this issue? Do you think that home care could partially meet that need? If home care had been well established and people had been properly trained to provide this type of care, would the situation in long-term care homes have been the same during the pandemic?

[*English*]

Ms. Amanda Vyce: I don't think the answer to that question would be an either/or type of situation.

There was a recent study published out of Ontario that polled individuals who were in hospital but could not return home yet. They couldn't live completely independently without some supports in place, but they also did not require the level of care provided in a long-term care homes. The majority of individuals in that poll indicated that what they would like to see in Ontario is an increase in access to home care services.

I believe that we need both. I believe that we need more funding for home care services. I believe that home care should be publicly funded and publicly provided at the same time that we increase the number of beds in long-term care, because we know that the size of the aging population is going to grow quite rapidly over the next couple of decades.

[*Translation*]

Mr. Luc Thériault: With the recent decline, and considering the fact that we have PPE, would it be wise and advisable to find a safe way to allow at least one loved one to be near our seniors, so that our fathers, mothers, grandfathers and grandmothers aren't dying alone in long-term care homes?

[*English*]

Ms. Amanda Vyce: In some provinces, this is already taking place. The administrators of homes have the opportunity to assess each individual case and determine whether it is safe to allow one family member into the home to visit with someone who is dying. In some provinces, this is permitted. I believe that family members are provided with proper PPE.

This could be something that could be slowly reintroduced to ensure that no resident living in long-term care dies alone.

The Chair: Thank you, Mr. Thériault.

We will now go to Mr. Davies for two and a half minutes, please.

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

Ms. Black, we heard I think a rather startling statistic of some care homes having a patient-attendant ratio of 1:75 at night, which is almost unfathomable to me considering the risk to that population. I'm wondering how far off most long-term care facilities are from having the level of staffing that would be considered necessary and adequate.

● (1255)

Ms. Lou Black: As Ms. Vyce said earlier, it's hard to know across the country exactly how far off we are, given the way that staffing levels are collected and reported.

I can give you the example of B.C. We have a guideline of 3.26 hours per resident per day. On average, they're being funded for 3.25 in B.C. right now. When Ms. Vyce spoke about the 4.1 figure, I would point out that it was recommended by the most comprehensive study to date. It was a report to the U.S. Senate in 2001. The complexity levels of seniors have increased radically since 2001, so it needs to be updated. The study looked at over 5,000 facilities in the U.S. seeking Medicaid funding. It used regression analysis and extensive modelling, following care aides and staff to see what length of time...they're like time-motion studies. It used hundreds of key informant interviews, with directors of care, with heads of administration, with care aides. It's hard to replicate a study like that, so we do rely on that old figure, but the number needs to be revamped and undoubtedly it's going to be higher than 4.1 when we do that.

Right now in B.C., the 3.36 guideline obviously falls shy of that 4.1 figure. The 4.1 figure in that study refers to direct care hours: the nursing team, the care aide, the licensed practical nurse, the RN. In B.C. the 3.36 guideline includes allied health, including dietitians and occupational therapists, who are all essential, but in a way it's like padding the numbers. If you get down to the direct care hours, it's even lower than the 3.36. As I mentioned, we're not hitting it right now; the average is 3.25, so there's certainly a gap.

Mr. Don Davies: If I could turn you quickly to the issue of PPEs, what is the situation with PPEs in care homes in British Columbia? What have you learned from this pandemic on a go-forward basis?

Ms. Lou Black: We have members going without PPE at this point. Our members are fearful. We're being assured by our medical health officer, who is doing an incredible job, that we have a three-to-five-day supply on hand.

As Ms. Vyce said earlier, there is a hierarchy in doling out the PPE. It's the same in B.C. It goes to acute care first, then to long-term care, and then home care and community...so we're facing that situation as well. I think a lesson to take from it is that there has to be an adequate supply upfront. We've got to make sure it's stored, that we have it on hand for our members, so there aren't these divisions that are being created on the team. Nurses are being given this equipment, but not necessarily other people who are in direct contact with the patients. We can't be in that situation again. It's not a time when you want the team divided, and ultimately you want the workers to be safe.

The Chair: Thank you, Mr. Davies.

We'll start round three.

Ms. Jansen, please go ahead for five minutes.

Mrs. Tamara Jansen (Cloverdale—Langley City, CPC): Thank you.

I want to start by thanking everybody for being here.

Ms. Black, your presentation suggested that public long-term care facilities are having a much better result in combatting COVID-19 compared with other facilities. However, I'm not sure that's correct. I thought we would see similar infection rates in both private and public long-term care facilities.

Interestingly enough, just down the road from me is a private senior care facility—I'm in B.C.—that felt compelled to ban those health care workers being sent to their location, in part because the local health authority had only assigned two face masks and two sets of gloves for the month for those care workers. Clearly, this sort of PPE rationing is dangerous not only for patients but also for care workers.

You seem to be suggesting that making all long-term care public is the main solution to the problems we're facing, as opposed to the lack of PPE being available. As well as ensuring that adequate PPE supply is available, would new national care standards that applied to both private and public facilities not go a long way to solving a lot of the challenges facing long-term care across Canada, yes or no?

● (1300)

Ms. Lou Black: Having an adequate supply of PPE would absolutely be helpful. The reason there is potential for cross-contamination, and the reason.... One of the key steps that all provinces are considering implementing or are starting to implement at this point is having single-site orders. That's about making sure that workers don't have to work in more than one facility.

In B.C.—

Mrs. Tamara Jansen: Right. That can also be done in private. I think that's a wonderful suggestion. Obviously it's working here in B.C. Those standards obviously could apply to both private and public. That's awesome. I appreciate that answer.

Because my time is really limited, I'd like to go to Mr. Lemaire.

First of all, I'm so glad to hear that the government has finally announced support for farmers. As a farmer myself, it has been utterly heartbreaking to watch the despair my farm friends have been experiencing for the last few months as they face the impending bankruptcy. It's been hard. I do pray this will not turn out to be too little too late for this industry.

Due to COVID-19, the government has shut down business across the country. The consequence of this forced shutdown is the need for the government to replace lost incomes. These programs are designed to encourage people to stay home, which, during a pandemic, is a really good thing.

With the current situation and disincentive to work, how should the government adapt these programs, as we get this country back up and running, to encourage workers to go back to work, especially in the farming industry?

Mr. Ron Lemaire: That's a great question, and this is not only for the farming industry but right across the supply chain.

We can look at farms and how the farmers operate. In B.C., as an example, right now there is a large group of hospitality opportunities because the hospitality sector and its employee base are leveraging CERB. They traditionally could be an option to move into the farming community to help with production and/or picking and so on. It is a disincentive relative to staying home, getting the money and looking at the future down the road.

As I mentioned on the mental health component, our bigger challenge is going to be taking out the actual cash incentive. The combination of a cash incentive and creating a safe environment is fundamental.

There is also the combination of protocols and rules that are in place in the transitioning and reopening of the economy at provincial and federal levels. How do we ensure that we have the appropriate protocols and personal protective equipment so that workers feel comfortable about applying for jobs and going back to work?

Mrs. Tamara Jansen: Absolutely. I appreciate that.

When I look at, for instance, the CERB program, it is offering $2,000 if you're not working during COVID-19. However, if your employer calls you into work and you get the $1,000, suddenly you will not necessarily want to go back in because you're going to lose your CERB.

Do you think this is going to cause problems for an employer's ability to find willing workers when the time comes? I'm specifically thinking of fruit harvests, which are going to be coming up soon. We have student benefits that are going to last well into August.

Mr. Ron Lemaire: For the student benefit we'll have to wait and see, but it has the potential to cause challenges for the workforce that would potentially be coming in to do seasonal work. Time will tell.

The question is going to arise, does government need to put in some type of added wage incentive that industry can use to leverage? It's similar to what we heard on the trucking side. How do you support [*Inaudible—Editor*] and tax reduction? Likewise on the employer side, are there other incentives that the employer can use to leverage and provide more of a cash incentive for these people to come off of social programs?

Mrs. Tamara Jansen: Now, you've mentioned—

The Chair: Thank you, Ms. Jansen.

We will now go to Mr. Kelloway.

Mr. Kelloway, you have five minutes.

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

Hello to my colleagues out there and to the witnesses. It's a real privilege to talk to you today.

My questions are going to be focused on our witnesses from CUPE.

My riding of Cape Breton—Canso is home to many local CUPE groups, so I know how hard you are working for Canadians at this time. I just want to give you, from me and my family, a heartfelt thank you for all that you're doing.

Many workplaces have been adapted to the new normal, where possible, to protect their employees. You've talked a bit about that. What are you hearing from your members when it comes to measures being taken to adapt to this new normal, specifically in the context of front-line care and primary health care?

● (1305)

Ms. Amanda Vyce: With respect to some of the key changes we're seeing in provinces that have instituted single work site orders, there is a concern among members because, as we mentioned earlier, our members work multiple jobs at multiple sites. We need an assurance for our members that when they are restricted to employment at a single work site they will receive an equivalent number of hours so that they don't lose pay.

Another major concern of our members is that they're absolutely terrified of taking the virus home to their family members. Prior to the single work site orders being instituted—and not all provinces have them in place—workers are very fearful of contracting the virus and not knowing it, since many individuals who have the virus are asymptomatic and potentially transmitting it to residents in the places where they work.

Mr. Mike Kelloway: Does your counterpart have anything to add to that?

Ms. Lou Black: I think the other pieces in terms of the new normal are maybe not quite as directly related to their work, but there are the lineups in grocery stores and the transportation in trying to get to and from work. There's also the issue of laundry. Previously, they could get scrubs at hospitals. Now they're not able to.

I think there needs to be something—some allowance, some provision—to help with meals and with transportation. We're also seeing public transit cuts here in B.C. simultaneously, and they haven't avoided all health care institutions. I think there needs to be some kind of allowance and some provision to help members with maintaining some balance of life outside of work as well.

Mr. Mike Kelloway: That's interesting.

I want to touch upon a particular theme in this discussion and in the first two rounds of questioning around wages and providing better wages for those who are working in long-term health care.

I have some experience in working in long-term health care, having been in charge of training and development for the Nova Scotia Community College. A lot of CCAs, PCWs and LPNs went through many of our programs.

In terms of the top-up that was announced a couple of weeks ago, with the provinces and the federal government working together on that, if you had five minutes to talk to both provincial and federal representation, what recommendations would you give the governments in terms of how to implement the wage top-up?

Ms. Lou Black: I'm sorry, but is that directed at me or Amanda?

Mr. Mike Kelloway: Yes, I'm still staying with CUPE. I'm just focused on you two, the middle square and the far left square on *Hollywood Squares*.

Voices: Oh, oh!

Ms. Lou Black: Amanda, I'll let you go ahead.

Ms. Amanda Vyce: Thank you.

The wage top-up certainly has been welcomed by many of our members. One thing that they of course would like to see is that the wage top-up is not only a temporary measure, but a measure that remains in place as things start to settle down and life returns to a new normal.

One thing that we were seeing is that the wage top-up in some provinces has been applied equally across the board for all job classifications receiving the wage top-up; however, because care aides in particular and workers in the long-term care sector are comparatively so much lower paid than workers in other sectors, the top-up still doesn't really make up for the inequity in terms of the wages they had been receiving.

● (1310)

The Chair: Thank you, Mr. Kelloway.

Mr. Mike Kelloway: Thank you very much. I appreciate it.

The Chair: We go now to Mr. Doherty.

Mr. Doherty, please go ahead. You have five minutes.

Mr. Todd Doherty: Thanks, Mr. Chair.

Mr. Wilson, we have a container shortage, especially in the 20-foot equivalents. Due to the clawback of Asian exports. there's a drawback in the containers coming into Canada and there are many missed sailings.

How do we manage this situation so that when the economy trickles back we have containers for exports and the ship lines have protocols in place to ensure avoiding a COVID outbreak or that at least we can contain it?

Mr. Mathew Wilson: I think there are two issues: the supply of the equipment and making sure that there are safe protocols in place on the equipment itself.

I would look at this similarly to the way we looked at the CN rail strike. It seems like forever ago now, but it was just a couple of months ago. Exactly the same problem happened: you couldn't get the equipment to where the goods were needed to be moved to and from.

It takes a long time to undo that. In fact, I think in the case of the CN rail strike, it was going to take in the neighbourhood of four to six weeks—

The Chair: Pardon me, Mr. Wilson. Your sound quality is not good. Could you try to speak carefully into your mike?

Mr. Mathew Wilson: Sure. Is this better?

The Chair: Yes, let's try that.

Mr. Mathew Wilson: Okay.

It will be very similar to the unclogging after the CN rail strike, which will take four to six weeks at a minimum, and in this case might take longer because of the global supply chains into Asia, and other things like that.

That piece in and of itself is not going to be easy and it will trickle over into not just the containers that are on ocean vessels, but also into the rail system, trucking system, everything.

Mr. Todd Doherty: Right.

Mr. Mathew Wilson: As far as safe handling goes, I think there are protocols that were already put in place and we put out guides on safe material handling. I think our members are working really closely with the trucking industry and others to make sure that's out there, so there are clean protocols in place. I think it will be well handled. It will just take a long time to undo.

Mr. Todd Doherty: Right.

Mr. Laskowski, in the last few weeks we've received several calls from owner-operators who have been parked, or given no work or who have been laid off, and in some instances their contracts have been cancelled. This is going to create a major problem. They won't be able to pay the insurance coverage for their equipment, won't be able to make truck payments and won't be able to make mortgage payments.

Have you encountered any owner-operators who have had similar problems or who have slipped through the cracks of the the federal measures that have been presented?

Mr. Stephen Laskowski: With regard to the pain being felt by small companies, owner-operators as you mentioned, it is being felt throughout the trucking supply chain, both big and small. As our customers suffer, the trucking industry suffers, so it's not just size specific. It's what sector of the economy you're tied to in the trucking industry. We talk to all sectors, so it really depends on your customer base.

As I mentioned before, the CTA has complimented the Government of Canada for the measures it's introduced. We've introduced several specific measures for our sector that have been supported by the owner-operators association that will help small carriers, the owner-operators as you mentioned, and also carriers of all sizes.

Mr. Todd Doherty: Mr. Chair, how much time do I have?

The Chair: You have two minutes.

Mr. Todd Doherty: I'm going to turn it over to Dr. Kitchen for a question, please.

The Chair: Go ahead, Dr. Kitchen.

Mr. Robert Kitchen: Thank you, Mr. Chair.

I really appreciate, Ms. Vyce and Ms. Black, the [*Technical Difficulty—Editor*]. You presented a number of issues that you would like to see happen.

I'm interested to hear from you because you talked about the cross-contamination that we're seeing in the long-term care facilities. You've talked about how we've moved from where the worker only goes into one facility now, instead of multiple facilities.

I'm interested to know this. My wife is a nurse. She is actually a long-term care nurse who does home care now, but she was in intensive care. In my practice for many years.... Basically, when we went to school we learned about sanitation. When we went into a hospital, we could smell that hospital. We knew the sanitation was there because the facility was using disinfectants to disinfect viruses, bacteria and germs. We walked in there with our street clothes and changed into our scrubs. Then we got out of our scrubs, into our street clothes, and left. Now, we see people going in. They come in in their work clothes. They leave in their work clothes. They have been around all of these germs, etc. They may go to the grocery store or wherever without even going home to even shower, etc.

I'm interested to know what your comments are on whether these are important things that we maybe should be getting back to in order to protect Canadians.

● (1315)

Ms. Lou Black: In B.C. there are actually strict protocols in place in the facilities right now during COVID that they have change when they're at work. Those clothes go into a bag and they're taken home.

Mr. Robert Kitchen: Right, but that's going on right now. How about for the future?

The bottom line is that these pandemics are coming. We saw it with SARS. We took these steps, but we haven't followed through with them. Are these not things we should be following through and continue with?

Ms. Lou Black: I'm not certain if wearing street clothes into the facility has as significant an impact as cutting staff in infection control or cutting staff in cleaning services. I think that may be a bigger issue.

Also, in cutting staff in laundry services, you don't have anybody to do that laundry anymore; hence, the issue right now of our workers not being able to get scrubs when they go in. They have to do the laundry at home and bring it in. They're not being provided with scrubs in many facilities.

The Chair: Thank you, Dr. Kitchen.

Mr. Robert Kitchen: Would it not be beneficial for them to do that?

The Chair: Dr. Kitchen, your time's up.

We go now to Dr. Powlowski. Dr. Powlowski, five minutes, please.

Mr. Marcus Powlowski (Thunder Bay—Rainy River, Lib.): Hello. I want to direct my questions to CUPE. I'm going to preface them by saying that I'm asking you an unfair question, but there are no rules precluding me from asking you unfair questions.

I think you've done a very nice job at presenting your case about the very real, significant problems with chronic care homes: the poor wages of people working in those chronic care homes, the fact that people are overworked, that you don't have enough hours to give sufficient attention to people you ought to. You've pointed out how these have led to very real problems with the COVID-19 epidemic. Because of the poor wages, people go from one nursing home to another and spread the disease. That way, when people haven't been able to work because they're sick, there's no one to fill in the gaps.

As a result, you made some very good recommendations, I think, for national care standards. You also listed a bunch of proposals that you thought should be implemented to try to make things better for chronic care homes. The biggest one is that these positions be publicly funded.

I think your ideas are really good. I'm certainly sympathetic. I think that members from all parties would agree that we have to do better for our senior citizens, many of whom have spent their whole lives contributing to society and are now in a position themselves that they need a little help. I think we all agree that these are things that are needed.

Now here's the unfair question. We agree on what I just mentioned, but how are we going to pay for that as a society? For you, like me, like all of us who are part of society, there are many costs. Can we as a society afford to put that much more money into looking after elderly people? How are we going to find the money?

Ms. Lou Black: I'd like to answer one aspect of this and turn then to Amanda.

For starters, when you give the money to a not-for-profit employer, it is going directly to the care staff. The Office of the Seniors Advocate in B.C. issued a publication a few months ago that demonstrated that our for-profit operators in B.C. under-delivered 200,000 hours. That would be the equivalent of a whole other care facility that could house about 150 beds.

Not-for-profit providers over-delivered by 80,000 hours. Their per diems from the health authorities are allocated in such a way that assumes they are all paying the public sector wage of $25.33 an hour to care aides, even though some of them are only paying $17. That is one way we could be more efficient with our money and our spending.

I'll turn to Amanda.

● (1320)

Ms. Amanda Vyce: I agree with the statements by Lou. The question of how we pay for any of our public services is, of course, extremely complex and difficult to answer.

I'm not a health economist, but one thing I have learned and have realized throughout the pandemic is that where there is a will, a political will, there is a way to find the money and to provide it to the services where it is most needed to support Canadians.

Mr. Marcus Powlowski: Okay. Thank you. I think it was an unfair question, but the benefits and the efficiency of public over private I can certainly appreciate.

I want to ask a second question about PPE in chronic care homes and who has responsibility for that. I, as a member of Parliament in Thunder Bay, have been a little bit frustrated in trying to figure out who exactly is the one who's responsible for providing PPE to each of the homes. I know there are the Ministries of Health and Long-Term Care in Ontario, and they have inspectors. I know that the Public Health Agency of Canada made recommendations on the measures that long-term care homes ought to implement in controlling infectious disease, but some of these homes are under private ownership, and some are under public ownership.

I would think that the ministries are supposed to survey, but do they have any teeth in enforcing the requirements for what PPE is used? And then, who pays?

The Chair: To whom is that question directed, Doctor ?

Mr. Marcus Powlowski: To CUPE, unfortunately.

The Chair: Go ahead.

Ms. Lou Black: The per diem amount that's given to long-term care operators is intended to cover safety equipment for our members. The cost would be absorbed....

However, there have been extra funds, in B.C. anyway. I'm not sure what's happening in the other provinces and territories to increase the amount to help operators to be able to provide that.

The Chair: Thank you, Dr. Powlowski.

We will go now to Mr. Champoux.

Please go ahead, Mr. Champoux, for two and a half minutes.

Mr. Champoux, you are muted.

[*Translation*]

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

My question is for Mr. Lemaire.

Earlier you mentioned that you'd like a little flexibility with food packaging. When my colleague asked you to clarify, you said that, for example, food products destined for the U.S. market could be kept and distributed in Canada.

Since food products destined for the U.S. market are labelled in English only, is your association suggesting that we ignore bilingualism rules because of the pandemic? Did I understand that correctly?

Mr. Ron Lemaire: That's a good question.

[*English*]

It's a very good question, and no, we shouldn't ignore the official languages, but we do have to recognize the need to ensure that food access for certain populations. Currently the regulatory environment would restrict access to these foods. There is a need to ensure that francophone Canadians can read and understand the package, and that is a core element we'd have to recognize moving forward. However, the flexibility around that packaging is key to ensuring we can redirect food to our market where necessary.

[*Translation*]

Mr. Martin Champoux: Thank you for the clarification.

I want to get back to food production. Vegetable growers in my region are planning to plant less than half of their normal crops. Slaughterhouses have also shut down. The G20 agriculture ministers have agreed not to put restrictions on food exports. I understand that this situation is a bit unusual, but if we are struggling to produce enough to meet our own needs, the same could be true for the other countries with which we have trade agreements.

Will that not spark a post-COVID food crisis? What are your forecasts and estimates on this?

● (1325)

[*English*]

Mr. Ron Lemaire: At this point in time, we have effectively worked with government to bring a number of workers to support production to meet forecasted needs, but that's looking at production today. We could see impacts of weather; we could see challenges in planting, looking at it from a produce perspective. There are still variables that are unknown as we move forward.

We recognize that it's essential to have a food security model in Canada, where our domestic production can sustain domestic need but relative to our climate as well. We can go back to the international nature of fruit and vegetables and the fact that we don't grow bananas, citrus, and a range of other products that Canadians are looking for.

To the point earlier on whether we have shipping channels open, whether we have access to containers to be able to bring product in, the bigger issue is also specific to availability of transport and ships. Shipping companies are now reducing the number of ships internationally. So it's not just a matter of a lack of containers; it's the volume of ships on the water because of the lack of business currently in the international market outside of food. It's across the board.

The complexity of the question comes back to whether we have enough workers. No, we don't, but the industry is making do. Can we produce enough food to feed Canadians? Yes, we can, but we need further support from government, both financially and through aid programs that continue to drive the systems that will help production. There are some small farmers who can't go into further debt and who won't bother putting product into the ground this year.

The fruit and vegetable business has 10,000 family farms, 2,500 of them being large companies of a significant size, and the rest being small businesses. It is those small businesses that will be a challenge to keep going over the continuing months of COVID and as we go into the new normal in the post-COVID environment.

The Chair: Thank you, Mr. Champoux.

[*Translation*]

Mr. Martin Champoux: Thank you.

[*English*]

The Chair: By the way, Mr. Lemaire, your sound quality, from my perspective, got really bad.

I understand that Mr. Doherty has a point of order.

Go ahead, Mr. Doherty.

Mr. Todd Doherty: Mr. Chair, if it's all right, I'll wait. I don't want to take any time away from Mr. Davies, so I'll wait until after Mr. Davies has done his questioning.

The Chair: Thank you.

Mr. Davies, please go ahead. You have two and a half minutes.

Mr. Don Davies: Thank you.

This is to either Ms. Vyce or Ms. Black. This committee did a very extensive study on the costs of publicly delivered pharmacare versus privately delivered pharmacare, and the Parliamentary Budget Officer found that we would save about $4 billion a year by going to a public delivery model. We're well aware of the fact that the U.S. delivery of private care is often more expensive per capita than Canada's.

In the long-term sector, do you have any information for the committee about what the average out-of-pocket costs are for a non-profit or publicly delivered bed versus a for-profit bed?

Ms. Amanda Vyce: The differences are quite substantial. The costs that are paid out of pocket vary by province. They also vary by the type of room accommodation that a resident has. If a resident has a private room and they are the only individual who occupies that room, the cost is higher compared with a room that is referred to as “semi-private”. It usually has two residents sharing a room versus a room that is termed a “ward room” that could have upwards of four residents.

Mr. Don Davies: If I may interrupt, could you do an apples-to-apples comparison, a private bed that is for profit versus a private bed that is not for profit, etc., that kind of comparison?

Ms. Amanda Vyce: It's more expensive. It costs more in a private home than it does in a public home for out-of-pockets costs.

● (1330)

Mr. Don Davies: Thanks.

Mr. Lemaire, I'll turn to you. You wrote a letter in April to the Prime Minister, and you said that federal support is needed to help employers meet housing requirements as the typical bunkhouse accommodations—

The Chair: Excuse me, Mr. Davies. Would you speak a little more closely to your microphone?

Mr. Don Davies: Sure.

In your letter, Mr. Lemaire, you said that federal support is needed to help employers meet housing requirements as the typical bunkhouse accommodations in many cases cannot meet the social distancing requirements being put in place. In your view, ballpark, what proportion of temporary foreign worker employers are currently unable to meet the housing requirements necessary to meet the physical distancing requirements?

Mr. Ron Lemaire: I don't have an actual percentage available to you today. I can get that information for you, but the challenges are widespread across the country. There has been a lot of creativity, as I mentioned, using and leveraging motels and hotels that are available, if they are. Some of these are rural communities where they do not have that access.

Mr. Don Davies: Could you undertake to supply us those figures?

Mr. Ron Lemaire: I will work to provide them to you, yes.

Mr. Don Davies: Thank you.

Finally, I have a quick question for Mr. Wilson.

Mr. Wilson, we're aware of the importance of global supply chains, but, of course, in a time of a pandemic, I think most Canadians are very desirous of making sure we have made-in-Canada self-sufficiency when it comes to essential medical equipment and supplies.

What advice would you give the federal government on how we can better achieve that in time for, say, the next pandemic or maybe a re-emergence of the current one next year?

Mr. Mathew Wilson: I think part of the problem in Canada, which is no different from that with food or other things, is that what we make is.... If you only have a domestic supply and domestic sales opportunity, what you're making is very limited, and it's really hard to get companies up to scale to produce just for the size of the Canadian market. The numbers sound really big if you talk about how many PPEs that everyone from first responders to health care workers, manufacturing workers and truckers might need, but the reality is that it's still a pretty small number given the volume you could produce in a—

Mr. Don Davies: Sorry, Mr. Wilson, could I just—

The Chair: Mr. Davies.

Mr. Don Davies: You can still produce in Canada for the market and export, but how can we produce in Canada?

The Chair: I caution Mr. Davies that his time is well up.

If you could quickly wrap up your answer, it would be appreciated.

Mr. Mathew Wilson: Sure. I think we can produce domestic supply, but I think a big part of the problem is figuring out the capabilities and what is needed, and by whom, across the country, and that diffusion of procurement is a really big problem in solving some of those problems, which is one of the questions asked earlier as well.

The Chair: Thank you.

Thank you, Mr. Davies.

I'd like to thank the panel at this point for sharing your time with us this morning.

Mr. Todd Doherty: Mr. Chair—

The Chair: Hang on, Mr. Doherty.

I thank the panel for your time, your contributions and your great information. If you wish to leave the meeting, you're certainly welcome to do that.

Mr. Doherty, you have a point of order.

Mr. Todd Doherty: Yes. Before they leave, I also want to thank each of them. Their members and their associations are really and truly our heroes during this crisis. I say thank you to them for that.

Ms. Black, you mentioned a study that was completed in the U.S. While I'm not on this panel, I think it would be beneficial to this committee to have a copy of that report.

Through you, Mr. Chair, I was just wondering if Ms. Black knows the title or can forward it to the committee so that the committee might be able to review that U.S. study on long-term care.

Thank you.

The Chair: Thank you, Mr. Doherty.

For all the witnesses who have offered to provide information to different members, please provide that information to the committee. The clerk will distribute it to all members.

Once again, thank you to everybody, and thank you to all of the members for being here today. It's good to see all of you.

With that, the meeting is now adjourned.