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# Standing Committee on Government Operations and Estimates

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Chair: Mr. Tom Lukiwski





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• (1110)

[English]

**The Vice-Chair (Mr. Francis Drouin (Glengarry—Prescott—Russell, Lib.)):** This meeting is officially open.

I want to thank all of the witnesses who are here today, as well as all the members.

In order to save time, I believe Minister Anand has some opening remarks for this committee, and I will ask her to start right now.

[Translation]

**Hon. Anita Anand (Minister of Public Services and Procurement):** Thank you very much, Mr. Chair.

Hello, everyone. Thank you for having me here today.

Before we begin, I would like to thank the people working behind the scenes to make this meeting possible.

I also want to thank our interpreters, who continue to play an exceptional role in ensuring Canadians have the latest information.

I am meeting you today from Ottawa, which is on the traditional territory of the Algonquin peoples.

[English]

When we last met in this committee, it is fair to say the world was a very different place. Since then, we have all seen the impacts of the COVID-19 outbreak. Our daily lives have been disrupted; our economy has faced challenges, and loved ones are falling ill. We know Canada may be dealing with spikes in infections for months to come. It is clear that we must address our short-term needs and plan for the long term so we are prepared for all possible scenarios.

Through this crisis, our government is committed to doing whatever it takes to keep Canadians safe, protect our economy and get everyone the help they need. We all appreciate the measures Canadians have taken to curb the spread of the virus, and we are especially proud of the doctors, nurses and health care providers on the front lines. Their work is critical, and that is why my department is so focused on procuring the personal protective equipment that Canadians and those on the front lines need.

[Translation]

Our procurement experts continue to work day and night, aggressively buying from all available suppliers and distributors.

[English]

It is no secret that we are operating in a highly competitive global environment. The entire world is seeking out the same materials, be they masks, tests, gloves or gowns, and supply chains are stressed at multiple points. This is resulting in a complex procurement environment where there are many risks. Mr. Vice-Chair, allow me to explain our procurement strategy in this unpredictable setting.

The first part is to buy existing inventory immediately at home and around the world to meet our most pressing needs. We are leaving no stone unturned. The second part of our approach has been to place large consolidated bulk orders on behalf of the provinces and territories. This helps us to attract suppliers in a competitive marketplace and keep a steady stream of goods flowing across our border.

Let me take a moment to explain how we are using our online channels to engage suppliers. On March 12, we sent out a call for companies to help Canada fight the outbreak on our online platform Buyandsell.gc.ca. The response has been overwhelming, with more than 26,000 submissions received. I am pleased to say that we have made at least initial contact with all domestic suppliers who have come forward to offer their help. We are aggressively working through submissions, placing priority on the offers for supplies for those most in need that already meet Health Canada standards. We are also making large international purchases.

Our government has called on Canadian companies to ramp up domestic manufacturing. At the same time, companies from across this country have answered the call, and my department is quickly establishing contracts with them. For example, we are finalizing a long-term contract with Medicom out of Montreal to produce tens of millions of N95 respirators and surgical masks annually right here in Canada. We have also established contracts for tens of thousands of ventilators with Thornhill Medical, CAE Inc., Ventilators for Canadians, Linamar, and StarFish Medical, all Canadian manufacturers.

Some Canadian companies are completely retooling their production lines to meet our needs. These are companies like Bauer in Quebec, which has gone from making hockey equipment to making face shields for front-line medical workers. Stanfield's in Nova Scotia is set to provide us with 100,000 medical gowns per week. Irving Oil in New Brunswick is another great example. They have retooled their lines to produce hand sanitizer and will deliver in the coming weeks.

These companies demonstrate the Canadian ingenuity and tenacity that will see us through this crisis. While we are focused on buying the most vital supplies, we are also supporting the fight against COVID-19 through other procurements. These include contracts for nursing services, security, cleaning, as well as air charters to repatriate Canadians. There are also contracts for first nations paramedics and mobilized community shelters, to name a few.

Through all of this, we have significantly changed our approach to buying and accelerating the procurement process, especially when it comes to meeting Canada's urgent needs. We are working around the clock to get contracts in place as fast as possible and in an intensely competitive market.

• (1115)

[*Translation*]

Underlying our buying effort is close collaboration with provinces and territories, as well as domestic industry players. To this end, I have established a federal-provincial-territorial ministerial table to discuss opportunities for collaborating around procurement in the fight against COVID-19.

[*English*]

I have also had constructive discussions with business leaders in the Canadian medical supply community so that we can continue to address the most pressing procurement issues and work together on a shared path forward.

Let me turn to the international supply chain. While contracts are put in place and domestic production ramps up, we still need to bring in internationally sourced materials and much of it is coming from China. While we have experienced challenges, we have had some successes. A number of planes have continued to come from China. We have set up a procurement approach to bring in supplies from China to ensure that quality products get here with as little delay as possible. Our government is also working with American officials to ensure that vital supplies continue to flow across our border.

One federally chartered plane returned to Canada without its intended cargo, but I can confirm that those goods have arrived in Canada. During the same 48-hour period, four other federal planes landed in Canada with cargo. Over 10 planes from China have returned to Canada with supplies overall.

It is important to note that in this procurement process the federal government is not the only party at the table procuring supplies for this country. Provinces and territories, as well as health care centres themselves, are securing supplies on their own, and we are collaborating with them to make sure that they have the transportation to bring those shipments home.

[*Translation*]

Once shipments arrive in Canada, the Public Health Agency of Canada inspects and validates all supplies for quality. The same is true for the supplies we produce across Canada.

[*English*]

We have had some quality issues with supplies that have not met the standards set by the Public Health Agency of Canada. Quality issues, while unwelcome, should not be unexpected given the surge in global demand for these goods. While we are buying at a faster pace, our priority remains making sure that we get safe, effective supplies to health care providers. After our orders pass inspection, only then does the Public Health Agency turn their focus to getting supplies to where they are needed across the country.

To help us with domestic distribution, we have contracted with Amazon Canada, one of the companies that answered our call to action. Let me be clear about their role. Amazon is currently providing use of their online business platform to help manage the inventory and allow provinces and territories to directly order supplies.

Canada Post and Purolator, which are both business partners of Amazon Canada, will handle all warehousing and delivery. This is all at cost without profit. This agreement is important to ensuring that masks, gloves and other vital equipment are provided to front-line health care workers as quickly as possible.

This is truly a team Canada approach with all hands on deck, and we are making steady progress. Things like surgical and N95 masks are now being delivered and distributed to provinces and territories. On ventilators, deliveries will be rolling out as early as next week. The Public Health Agency has already deployed 400 ventilators to the provinces and territories from the national emergency stockpile.

When it comes to testing, we have contacts in place for rapid test kits. We will continue to seek out and purchase swabs and reagent required for conventional testing. Reagent is in short supply around the world, and I'm pleased to say that under very difficult conditions, we brought a shipment of the important base chemical back to Canada. LuminUltra, a company in New Brunswick, is now producing reagent with that chemical.

I want to convey to you as a committee that we are taking new steps to be more transparent and to keep Canadians up to date with our work. We are launching an online report today detailing the progress that we are making on procuring key COVID-19 supplies.

Through all of this, my department continues to deliver its most critical services, such as processing payments through the Receiver General and maintaining federal buildings and infrastructure, but our most important task right now is the urgent procurement of vital supplies in the fight against COVID-19. We have significantly shifted our internal resources towards that effort.

I would like to personally thank everyone at PSPC who is keeping our business going, especially those who are helping to meet Canada's medical supply need in a difficult and challenging time.

We are making real progress, but we must continue to be vigilant. We must be realistic, and we must recognize that these are unprecedented and unpredictable times with unpredictable markets.

I want Canadians to know that we will continue to do whatever it takes to get supplies into the hands of those who need them most as quickly as possible.

• (1120)

[Translation]

Thank you very much.

[English]

I'm very happy to take your questions.

**The Vice-Chair (Mr. Francis Drouin):** Thank you, Minister Anand.

We will now go to six-minute rounds.

I want to apologize to my Conservative colleagues. I don't know who is up first, but whoever that person is has six minutes.

**The Clerk of the Committee (Mr. Paul Cardegnà):** If I may, Monsieur Drouin, it will be Mr. McCauley leading off for the Conservatives, according to the list I have.

**Mr. Kelly McCauley (Edmonton West, CPC):** You are doing a great job filling in, Mr. Drouin.

Minister, thanks very much. I appreciate your comments. I echo your comments about the translators; they are doing a fantastic job in difficult circumstances.

Minister, I want to start with a quote from your predecessor, Minister Qualtrough. On April 12 she said Canada's strategic stock of PPE was not a priority. I wonder if you could explain why.

**Hon. Anita Anand:** Thank you so much for the question.

I will say that the handling of the national stockpile is not within the purview of the PSPC. It is within the purview of the Public Health Agency of Canada.

I did hear those comments that my predecessor made, and my focus from day one has been to fulfill the orders that have come in from the Public Health Agency of Canada, which had been given to them from the provinces and territories. Every single day and night

the team at PSPC has been procuring those orders that have been coming in.

That's the approach we're taking. It's aggressive. It's proactive. We are really working hard to fulfill provincial and territorial orders.

**Mr. Kelly McCauley:** I appreciate that, but again, PSPC does have a major role in maintaining the stock.

I looked at your own departmental plans that you published on March 12. Even though this was well past the start of the COVID-19 crisis, there is no mention in your departmental plans of PPE supplies and priorities around that. I'm just curious as to why.

**Hon. Anita Anand:** Once again I want to emphasize that the orders we are placing and the approach we are taking to procurement in very difficult international circumstances characterized by extremely high demand is that we are taking requests from the Public Health Agency of Canada. We are going above and beyond the orders they are providing to us.

Questions relating to the national emergency stockpile should be directed to the Public Health Agency and Health Canada. That is not within our purview.

**Mr. Kelly McCauley:** Because you are the main purchaser, is there not some mechanism where PSPC looks and says, "Jeez, we haven't ordered anything in six years; perhaps we need to follow up", or is it merely passing the buck to another department?

A follow-up question to that is, when did you actually start the purchasing in a major way? The reason I ask is that, when we started the daily phone calls with Health, I think in the second week or the first week after we rose from sitting, I asked a question about respirators. We were told on the call from the department that we're not buying any respirators and we don't need them. The very next week, I think it was March 26, I asked a question about PPE, and the comment came back—this was from all the government departments sitting around the phone—that we are not buying any more PPE and we don't need it.

Here we have your predecessor saying that ensuring the national stockpile is not a priority. It's not listed once in your departmental plans, although I do note that banning plastic straws is a priority, but not the PPE. Then we have the government itself in the conference calls to members of Parliament stating, almost up to the end of March, that respirators and PPE are not needed.

When did we decide they were needed? When did we start the major purchasing?

• (1125)

**Hon. Anita Anand:** I will note that there are multiple questions in that intervention. I'm going to do my best to respond to them, and I hope you will allow me the time to do so.

**Mr. Kelly McCauley:** Yes, and I will repeat them if you need clarification.

**Hon. Anita Anand:** I'm just hoping you will allow me the time to do so.

The first question relates to what you referred to as “passing the buck”. It's quite the contrary. We are engaged in intense cross-government collaboration and cross-provincial and -territorial collaboration. From the outset, we have been working directly with provincial and territorial governments to inform our bulk-buying approach.

In fact, I'm in regular contact with my provincial and territorial counterparts to ensure that we are meeting their needs. I have had a call every two weeks with them to ensure that we are meeting their needs—

**Mr. Kelly McCauley:** Can we get to answering the questions, please, and not a monologue, Minister?

**Hon. Anita Anand:** Pardon me?

**Mr. Kelly McCauley:** I'm sorry. Can we get to answering the questions, please?

**Hon. Anita Anand:** The question related to whether we were passing the buck, and I'm trying to suggest that it's quite the opposite. It's a collaborative approach—

**Mr. Kelly McCauley:** Okay. Can we move on to the next one, about when we started the major purchasing?

**Hon. Anita Anand:** The second part of your question related to ventilators and the purchases of ventilators. In terms of ventilators, you have to recognize that there is a set of ventilators already in Canada, 5,000 to be exact. That's quoting from our chief medical officer, Dr. Theresa Tam.

In addition, we have procured 500 ventilators, which are being distributed out to the provinces. On top of that, we are building up domestic supply for 30,000 ventilators from domestic corporations. We are purchasing in bulk, in addition to the existing stockpile of ventilators.

You have to remember, when you are asking about additional purchases, that there were ventilators already in existence in Canada—

**Mr. Kelly McCauley:** I know that. I'm asking when we started the process of buying more.

**Hon. Anita Anand:** Furthermore, if I could continue, the process of purchasing equipment exists not only at the federal level, but provinces and health care centres are also buying their own PPE. Getting the information about federal numbers is only part of the story, which I am filling in, but the provinces and health care centres also tell part of this story, and it's a collaborative approach that we are taking.

**Mr. Kelly McCauley:** Do I have any more time, Mr. Clerk?

**The Clerk:** Unfortunately not. There are only about 10 seconds left.

**Mr. Kelly McCauley:** Okay. I will fill in five more questions in those 10 seconds.

**The Vice-Chair (Mr. Francis Drouin):** Thank you, Mr. McCauley.

I will remind colleagues that because we are online and going through video, it's really hard if two people are speaking at the same time, especially on a video conference, so perhaps we could let the person finish answering or asking the question.

I will now move to Mr. Weiler, for six minutes, please.

**Mr. Patrick Weiler (West Vancouver—Sunshine Coast—Sea to Sky Country, Lib.):** Thank you, Mr. Vice-Chair.

Good morning, Minister. We really appreciate your taking the time out of what must be incredibly busy days to appear before our committee.

I want to jump right into some questions. I have been speaking to many business owners and leaders in my community, such as John Ryckman, who is interested in using his own business, Edge Catering, to supply meals to those in need during this pandemic. Other individuals and businesses are using 3-D printers to manufacture face shields and other PPE.

Can you describe our government's efforts to support local suppliers or individuals who are helping to address the COVID-19 response?

• (1130)

**Hon. Anita Anand:** Thank you so much for the question.

The first effort we made to make sure we had the ability to reach a broad range of suppliers was to put a call out to suppliers on the Buyandsell.gc.ca website. As I mentioned, we have received over 26,000 responses from suppliers domestically and internationally.

Your question related to the domestic industry. I, like you and probably every member of Parliament around the table, have heard from people who would like to step up. This is characteristic of the approach we are seeing from the Buyandsell.gc.ca website. I want to commend Canadian industry and businesses alike for stepping up in this way. What we are doing after we receive the supply offer is contacting each of these people, which we've done. Then we go ahead and make contracts with some of them.

In addition to PSPC's efforts, ISED is leading the plan to mobilize industry to fight COVID-19. As much as possible, we are trying to secure supplies from Canadian manufacturers so that we can get them into the hands of front-line health care workers as soon as possible. Some key examples are companies like Bauer for face shields, Stanfield's for medical gowns, Irving Oil for hand sanitizer, Medicom for masks, Spartan for test kits, Thornhill Medical for ventilators, and the list goes on as you can see.

We are seeking to ensure that we have multiple supply chains operating at the same time. That means we want to make sure we have domestic sources of supplies as well as international sources of supplies, so that we have supply chains operating in tandem, which is a way of not putting all our eggs in one basket, if you will. It's very important to have complementary supply chains and that's the importance of building up domestic capabilities.

**Mr. Patrick Weiler:** I do appreciate that. I don't think any other example underlines the team Canada approach more than having Bauer producing face shields.

Touching on what you were mentioning with Irving, 101 Brew-house and Distillery, Montis Distilling, Pemberton Distillery and, actually, all of the distilleries in my riding have shown an amazing ability to adapt their businesses, keep their staff on and retool their production to make hand sanitizer that supports the high demand right now. I was hoping you could describe the process that they should go through to get approved to produce hand sanitizer and sell it to the federal government.

**Hon. Anita Anand:** Sure. As I mentioned in my opening remarks, we are using a team Canada cross-government approach to procurement. In the first instance, regarding a new business that wants to produce hand sanitizer, for example, ISED is leading the plan to mobilize industry in the fight against COVID-19 and introducing measures to directly support businesses to rapidly scale up production and retool their manufacturing lines to develop products.

Amongst these measures the strategic innovation fund will deliver direct support to Canadian companies for large-scale projects. The innovative solutions Canada project will be helping companies commercialize products more quickly. When businesses are identified by ISED as being equipped to retool and to scale up production, they are supported to ensure that their product will meet the qualifications set by Health Canada. PSPC works directly with ISED to go through a due diligence process leading to a potential contract. It's a collaborative approach among government departments.

**Mr. Patrick Weiler:** Thank you.

**The Clerk:** Mr. Weiler, I apologize for intervening, but I have received a message from the interpreters. They're having a lot of difficulty hearing you.

Is it possible for you to hold the microphone closer to your mouth when you speak?

**Mr. Patrick Weiler:** Sure. I'll try this and see how it works.

I'll just jump into my next question.

How does public procurement work to address the backlog of tens of thousands of applications to support the government's efforts during this pandemic? What sorts of challenges are you facing in processing those applications?

**Hon. Anita Anand:** As I said, 26,000-plus applications to us and 14,000 domestic submissions have resulted in a large approach being required. We have taken a centralized approach that allows us to assess and triage information in a systematic manner. The information that is provided by suppliers is triaged into four tiers: companies that are in the medical field, companies in other lines of business relating to goods and services that we're looking to procure, submissions from professional businesses but not found in databases that we currently have, and submissions that use public domain emails.

We have reached out to every single domestic supplier that has been in touch with us, but the triaging process is still continuing. I will say that overall I'm extremely heartened by the level of enthusiasm of Canadian business to step up in the fight against COVID-19.

• (1135)

[*Translation*]

**The Vice-Chair (Mr. Francis Drouin):** Mrs. Vignola, you have the floor for six minutes.

**Mrs. Julie Vignola (Beauport—Limoilou, BQ):** Thank you very much.

Thank you for being with us today, Ms. Anand.

I have a few questions for you. I understand that Amazon is lending us their online business platform. However, I wonder why Canada Post is not doing all the distribution.

Is Canada Post's platform unable to do what Amazon's does?

**Hon. Anita Anand:** Thank you very much for your question. The health and safety of Canadians is our top priority. That is why we are committed to ensuring that front-line healthcare providers get vital supplies as quickly as possible.

As you mentioned, we signed an agreement with Amazon Canada, in conjunction with Canada Post and Purolator, to help manage the distribution of personal protective equipment and supplies purchased by the federal government. They play different roles. Amazon has an online platform.

[English]

Amazon puts on that platform the items that we are going to distribute. The provinces and territories can place orders on that platform, which are then distributed by Canada Post.

[Translation]

So they play different roles, and Canada Post does not have the platform needed to play the same role as Amazon.

**Mrs. Julie Vignola:** That is clear, but my question remains: did Canada Post's platform not allow it to play that role? Was it absolutely necessary to use Amazon, which is a foreign company?

What would it have taken for Canada Post to be able to handle the entire distribution process?

**Hon. Anita Anand:** It is very important to specify that it is Amazon Canada. It is not exactly a foreign company. It is a Canadian company that works with other Canadian companies. All three companies are providing these services at cost, without making a profit.

[English]

It's at cost, without profit, and they're all Canadian companies. Amazon Canada is a Canadian company.

[Translation]

Is there anything else?

**Mrs. Julie Vignola:** Yes.

We have already talked about warehouses being emptied for communication reasons. I believe it also has something to do with logistics. Recently, we learned that two planes left China completely empty. We now know that there was a traffic jam outside the airport.

However, my question remains: what are you doing now to ensure that this kind of situation never happens again?

• (1140)

**Hon. Anita Anand:** Thank you very much for your question.

It rained last weekend, which made things very difficult, but only one flight chartered by the federal government was involved.

We have taken other measures to make sure the planes can take off more easily. First, we have two terminals at the airport. The first is for Cargojet and the second is for Air Canada. We are diversifying our approach in China. Second, through the embassy there, Deloitte Canada and Boloré Logistics are helping us with procurement. So we have already done a lot of things to make sure this problem doesn't happen again.

[English]

**The Vice-Chair (Mr. Francis Drouin):** Thank you, Minister. That's all the time we have.

Colleagues, before I go to Mr. Green, I will keep time and try to show you when you have a minute left so you can see it on the screen.

Mr. Green, you have six minutes.

**Mr. Matthew Green (Hamilton Centre, NDP):** Thank you very much. I'm going to pick up where my friend Mr. McCauley left off as it relates to the role of the minister in the national emergency supply stockpile.

I understand the stockpiles have been disposed of in accordance with the Treasury Board directive on the disposal of surplus material. Am I to understand that the disposal of surplus items that would go through the GCSurplus portal would be within the Buyandsell framework? Are you aware of or is your ministry involved in selling the surplus items?

**Hon. Anita Anand:** I'm sorry, I'm having a hard time understanding the question. Am I in charge of the items that would be disposed of in the stockpile? Is that the question?

**Mr. Matthew Green:** That's correct. Yes.

**Hon. Anita Anand:** I am not in charge of expired items. That is within the realm of the Public Health Agency of Canada.

I believe you referred to the Regina stockpile, so I'm wondering if I could make a comment on that.

**Mr. Matthew Green:** I haven't actually referred to that as of yet. I'm speaking generally.

**Hon. Anita Anand:** Okay.

**Mr. Matthew Green:** I just wanted to make sure that you were responsible for the selling of these items, not the expired ones, but the selling of the surplus items.

**Hon. Anita Anand:** What I'm responsible for is procuring the items; that's buying the items that come into Canada.

Once they come into Canada and they are placed in the warehouse, they are inspected by the Public Health Agency of Canada. My department does not have a role in that inspection. They are then distributed out to the provinces in accordance with a formula that Health Canada reached with the provinces and territories on the basis of an 80-20 split. Again, that is nothing that I have control over, but I will turn to my deputy minister, Bill Matthews—

**Mr. Matthew Green:** That's fine. I'll accept that. I only have six minutes.

I would just like to know this. At what point did you know, as the minister, they had been disposed of? We know we only found out about this stuff because somebody who didn't get a contract took a picture of it in Regina. There are many other facilities. I'm just wondering when, in your conversations as minister, you became aware that our stockpile had been depleted and that critical supplies had expired and been disposed of.

• (1145)

**Hon. Anita Anand:** Well, we do run GCSurplus for surplus goods that departments want to get rid of, but we would not sell expired goods.

**Mr. Matthew Green:** No, but I think the directive was that you were to have this stuff distributed before it was expired, which is a big part of the problem.

Through you, Mr. Chair, you'll—

**Hon. Anita Anand:** But we don't distribute. We don't distribute.

**Mr. Matthew Green:** Through you, Mr. Chair, you'll note that at the appropriate time I do have a motion, and we'll get to that information later on. I want to make sure that we have a chance to talk about our government as an employer, because I think we have a very important role, and I'll note that some really progressive steps have been taken to consider things that we are calling courage pay or danger pay, as it were. There has been an increase in pay for some grocery store workers, and there's talk about hazard pay for health care workers.

Honourable Minister, you've probably received from SEIU Local 2, from the secretary treasurer, Tom Galivan, recognition that we employ close to 1,000 cleaners in Ottawa alone and that as a federal body, we have properties all across the country. Has there been consideration for our front-line janitors and cleaners relating to providing immediate raises and keeping cleaners employed during this time, as well as ensuring that they're all working safely with the required training and PPE? How are we as employers taking care of our own staff and employees?

**Hon. Anita Anand:** I appreciate the question and especially the motivation for the question, which is one that I share with you in terms of empathy for those people who are on the front lines. I definitely have that concern in mind, too, but in terms of the precise answer to your question, that is an issue that rests with Treasury Board. I have been engaged in conversations, but it's not within my purview to set those things in place.

In particular, I will say that, as a member of Parliament and not as a minister, I have had conversations with unions in my riding that have the concerns you raised.

**Mr. Matthew Green:** I do want to make one distinction. I'm not asking for empathy for the janitors. I'm asking for justice for the janitors, which is a little bit different.

There have been some conversations, at least according to the briefing notes that we have here, around procurement as it relates to different companies that have played key roles, and they've been identified on this call. There's one that I can recall, AMD Medicom. According to a media report, the federal government will fund the facility's start-up costs. We're hearing a lot about masks and shields, but we know that public health is going in the direction of swabs and testing.

There is a company right here in Hamilton called Designated Medical, which has the ability to get in and potentially create 20,000 swabs a day within a week's time. Is your department looking at ways for direct investments in these start-ups so we can get companies like Designated Medical to come online and start with the mass testing? I think the generally acknowledged principle is

that in order to get through this, we're going to have to start doing some mass testing.

**Hon. Anita Anand:** Is the question relating to the way in which that corporation or any corporation comes into producing and contracting with the federal government or is it relating to a particular other issue that—

**Mr. Matthew Green:** The emphasis has been on swabs and masks.

**The Vice-Chair (Mr. Francis Drouin):** Unfortunately, we're out of time.

**Mr. Matthew Green:** I thought it was a straightforward question. I'll come back to it.

**Hon. Anita Anand:** It is straightforward. I would love to answer it if the chair would let me have that time.

**The Vice-Chair (Mr. Francis Drouin):** I now have to let the official chair take over. I believe Mr. Lukiwski is ready to chair this meeting.

Welcome. Believe me, I didn't want to do a *coup d'état*. I just had to take over for a while.

Tom, welcome.

**The Chair (Mr. Tom Lukiwski (Moose Jaw—Lake Centre—Lanigan, CPC)):** Thank you very much, Francis.

Can everyone hear me all right? I see nods.

Unfortunately, my laptop broke down. That's the cause of the technical difficulties and as a consequence, I have no headset or microphone and I'm also somewhat limited. I'm using a mobile device and we have a few issues with that as well. However, we'll muddle on through.

Our next speaker, I believe, for five minutes, will be Mrs. Block.

Kelly, you're up.

**Mrs. Kelly Block (Carlton Trail—Eagle Creek, CPC):** Thank you very much, Mr. Chair.

Thank you very much, Minister Anand and departmental officials, for joining us today. I really appreciate the opportunity to ask you some questions.

I also want to say at the front end that I appreciate the briefings we've been receiving from the parliamentary secretary, albeit we were well into this crisis once they started, but they've been very useful and helpful for those of us who serve on this committee.

Minister Anand, there have been a number of stories reporting that Canada is building a supply chain in China. These stories have highlighted the connections that the current government has in that country, so I'm wondering if you could answer the following questions.

Who is on the ground, so to speak, or which department is in China overseeing the supply chain and ensuring the supplies get off the ground in China?

Given that there is yet another story about one million standard masks arriving here, who is ensuring quality control over this Canadian made-in-China supply chain?

• (1150)

**The Clerk:** Minister Anand, I believe your microphone is muted.

**Hon. Anita Anand:** I'm going to take that question in two parts: the first relating to on-the-ground operations in China, and the second relating to quality control.

The very first point that we have to remember, and we cannot stress this enough, is that it's a highly competitive global environment and international logistics are challenging. We are working very closely with our embassy in China, as well as with on-the-ground logistics experts in the private sector to get supplies into the hands of health care workers on the front lines of the crisis.

This means that from the point of contracting to the point of arrival in Canada, we have a multi-stage process in place. Our Ambassador Barton in China and I are in almost daily contact about the situation in China, and in addition to private firms in China, assists us with getting the goods to the warehouse and then through the bureaucratic channels and on the planes and over to Canada.

We are ensuring we have a diversified source of supply. When I talk about diversity, I mean diversity of country, of manufacturer, of goods, of suppliers, and ultimately of air carriers.

As for the flights that have arrived in Canada, over 10 flights now have arrived from China. The goods have been successfully warehoused and are getting out to Canadian health care workers.

The second part of your question related to quality control. Without question, quality control is a concern for us. That's why we have quality control occurring in China as well as on the ground in Canada.

Once the goods get to Canada, Public Health Agency of Canada has testing measures in place. They're in place for the very purpose of ensuring quality control of essential products so that the equipment that is sent out is safe for our health care workers.

We do hold back some supplies that don't meet the medical testing standards. At PSPC, we're constantly adjusting our procurement approach to mitigate this issue at the outset. This is a key reason we're continuing to diversify our supplier base so that we're not drawing on one supplier only.

Our commitment overall is to supply a good product to front-line health care workers.

**Mrs. Kelly Block:** Thank you.

I want to follow up that answer with another question.

We have this Canadian made-in-China supply chain. Are the companies that provided us with the standard masks continuing to be part of Canada's supply chain?

Also, when the planes arrive in Canada, either full of supplies or empty, who is there to receive them?

**Hon. Anita Anand:** Sorry, what was the second question?

**Mrs. Kelly Block:** The second question is around the planes that arrive in Canada, whether they have supplies in them or not, who is there to receive them. Who takes ownership of that?

• (1155)

**The Chair:** Minister, we are almost completely out of time. At the end of your appearance before this committee, if there are any questions that you did not have a chance to respond to, I will ask you to provide written answers to those questions to our committee through the clerk. I would appreciate it greatly.

Now we'll go to Mr. Kusmierczyk. You're up for five minutes.

**Mr. Irek Kusmierczyk (Windsor—Tecumseh, Lib.):** Thank you very much, Tom. I appreciate seeing you.

Minister Anand, thank you very much for being here and sharing your time.

I thank the officials as well. We know how incredibly busy you are, and all of your efforts are much appreciated.

Minister, I had a chance to speak this morning with David Musyj, who is the CEO of Windsor Regional Hospital. He stated that the support from PSPC and from your team has been "outstanding". That was terrific to hear.

I know we're working together to try to secure PPE from numerous countries for front-line staff in our community. I want to ask you, Minister, if you can describe how PSPC works with other departments and other governments. Can you delve into that a bit?

**Hon. Anita Anand:** Thank you for that unexpected comment. I appreciate it.

As you know, we are the central purchaser and we are spearheading the consolidated purchase of emergency supplies and services required for Canada, including at the federal, provincial and territorial levels. We are procuring a wide range of emergency supplies and services at the request of the Public Health Agency of Canada, which is spearheading the asks from territorial and provincial partners.

As your comment suggests, hospital systems are also asking for our assistance, and we are providing transportation services from China for many different partners, including provinces, territories, hospital systems and conglomerates of health care providers, so that we can ensure that our front-line health care workers have the supplies they need.

It's not a competitive approach as much as it is a collaborative approach among people, partners, organizations and governments in Canada. We're all focused on the same goal, which is to make sure that front-line health care workers and Canada's health care professionals have exactly what they need.

**Mr. Irek Kusmierczyk:** Thank you very much, Minister.

During the Second World War, the area of Windsor and Detroit was termed the arsenal of democracy, and in a lot of ways Windsor and Detroit and the surrounding areas have now become our arsenal of health.

CenterLine is partnering with St. Clair College to build Ambu bags and ventilators. Hiram Walker and Wolfhead Distillery are converting some of their operations to make hand sanitizers.

Ford Motor Company, Fiat Chrysler and companies like Valiant TMS and Vistaprint are building face masks and face shields.

Minister, what do you think is the Canadian capacity to address the demand for PPE?

**Hon. Anita Anand:** You will have seen in the various releases from our government and in the press that Canadian industry has stepped up in a big way to rapidly scale up and retool production capacity, as your question suggests. With ISED, we are working very hard to make sure that contracts are in place for the retooling of Canadian industry. Among these measures, the strategic innovation fund will provide direct support to Canadian companies for large-scale products, and Innovative Solutions Canada will be helping companies to commercialize products more quickly.

You listed a bunch of companies, and I have previously, so I won't do that again, but I will say that we are pursuing every possible avenue to secure life-saving equipment and supplies that Canada needs from a diverse range of suppliers, both domestically and internationally.

On the distribution of supplies, whether they are Canadian or international, they all have to meet PHAC specs. Only after they have done that are they distributed by Amazon Canada, which is not a Canadian company but has operations and workforce in Canada, partnering with Purolator and Canada Post to make sure that our front-line health care workers get the supplies they need as expeditiously as possible.

• (1200)

**The Chair:** I'll interject now, Mr. Kusmierczyk, if you don't mind, since you only have a few seconds left.

Minister, I apologize for not—

**Hon. Anita Anand:** I apologize, but I have to leave at noon.

**The Chair:** Minister, I was just about to say that I apologize for not being here to welcome you personally at the start of the meeting but I understand that you have to leave.

**Hon. Anita Anand:** Unfortunately, yes.

**The Chair:** Go ahead, Minister.

**Hon. Anita Anand:** I just want to thank you, Mr. Chair. I find it slightly ironic that the last committee appearance I had was on March 13, the day the House rose, and that the next guest you have at OGGO happens to be me as well, in the middle of this crisis.

I want to thank you and your committee for the excellent questions that I received today.

**The Chair:** Minister, thank you for your appearance and for your kind words. We look forward to seeing you again sometime in the near future, hopefully.

**Hon. Anita Anand:** Yes, hopefully. Thank you.

**The Chair:** Colleagues, while the minister takes her leave we'll continue on. We do have the officials who accompanied her.

I see no need to suspend the meeting, since we are meeting virtually, so we'll go directly to our next questioner, who will be member Aboultaif.

Ziad, you have five minutes.

**Mr. Ziad Aboultaif (Edmonton Manning, CPC):** Good morning to all. I'm glad to see everybody is safe. I hope your families are too.

We know there is recent news about empty planes coming back to Canada from China without any PPE supplies. Why did these planes come back empty?

**Mr. Bill Matthews (Deputy Minister, Department of Public Works and Government Services):** It's good to see everyone.

In terms of the empty planes, there are a couple of things to say.

There were a few empty planes that left the airports and only one of them was a Government of Canada plane. As mentioned earlier, the Shanghai airports, and all airports in China in fact, are extremely busy. On the weekend in question, there was a lot of bad weather going on, with heavy rain. Effectively what happened was the goods were unable to get from the warehouse to be loaded onto a plane in time for departure.

We have lots of planes lined up and obviously the empty plane was not ideal. Because of the rules around crew, in terms of managing their workload and time in the air, the carrier had to take off with an empty load. We've since had additional planes behind it, and we're getting ready to run about one plane per day in the near future.

Congestion at the airport, heavy rain and unfortunate circumstances is the short answer.

**Mr. Ziad Aboultaif:** Mr. Matthews, the crew is allowed to stay for 12 hours, especially overnight, on the tarmac. You have 17 hours before you send in the planes, whether from Vancouver or another location in Canada.

How come we are not ready to load and are not alert to the fact that we need to bring the product close to the airport, to the warehouses there, so we can load the planes?

**Mr. Bill Matthews:** It's a little more complicated than that in that the airport is extraordinarily busy. We do actually have a warehouse that we're making use of at the airport, and that's where we store our products. Basically it's a constant lining up of goods to make sure they clear customs in our warehouse and are ready to go. We then have a protocol for—

**Mr. Ziad Aboultaif:** Why hasn't the private sector been experiencing those difficulties? It's a question we need to ask. Also, how many cancellations have we had with Cargojet and Air Canada? What is the cost of each cancellation?

**Mr. Bill Matthews:** Just to be clear, Mr. Chair, one plane from the Government of Canada was left empty, but it was not the only one. This is not a unique issue for the Government of Canada, and I want to clarify that for the member. No matter who you're dealing with, nobody wants to send an empty plane home.

Grosso modo, for the cost of a flight, depending on the type of plane, the carrier and the load, you're looking at between \$600,000 to \$800,000 a flight. That just gives you a rough ballpark.

**Mr. Ziad Aboultaif:** Is that U.S. dollars or Canadian dollars?

• (1205)

**Mr. Bill Matthews:** That's Canadian dollars.

**Mr. Ziad Aboultaif:** Okay.

We know that Deloitte has been a supply chain facilitator since April 1. The plane was sent four days ago. We have information telling us that the government bypassed Deloitte and that's why the plane—or planes, actually, as there was more than one plane—came back empty. Because the government bypassed Deloitte, Deloitte basically did not verify the shipment. That's why the plane came back empty.

Can you explain that?

**Mr. Bill Matthews:** Mr. Chair, I'm not sure where the member got that information, but at the end of the day, PSPC is accountable for what gets on our flights. We are using the assistance of the private sector. Deloitte plays a role in vetting suppliers and helping us with our supply chain, but the goods we're talking about were cleared by customs in the warehouse and ready for loading. The actual issue of the plane not getting loaded had nothing to do with Deloitte's role.

At the end of the day, it's PSPC's job to make arrangements to make sure that our cargo gets loaded. It was not a Deloitte issue, so I'm not sure where that's coming from.

**Mr. Ziad Aboultaif:** Do you have an exclusive contract with one of the airlines? I know the minister mentioned Cargojet and Air Canada. Is there an exclusive contract for shipping or carrying the product with those two companies?

**Mr. Bill Matthews:** We have arrangements with both Cargojet and Air Canada on an ongoing basis. Early on, we had used a couple of other carriers as well, but going forward it's been Air Canada and Cargojet on an ongoing basis.

**The Chair:** Thank you very much.

Our next speaker will be Mr. Drouin.

Francis, you're up.

**Mr. Francis Drouin:** Thank you, Mr. Chair.

I have a question with regard to the relationship between PSPC and the Public Health Agency. How does that work?

After that I want you to comment on—and I'm directing the question to Mr. Matthews, but feel free to pass it on to whomever can best respond—PSPC and the relationship with the provinces. How are the needs determined across Canada? The minister said she has a biweekly call with ministers, but I'm assuming there are many more calls that are happening with your counterparts at the provincial level. I'm just asking you to comment on how that works.

**Mr. Bill Matthews:** Thank you for the question.

I have a couple of comments. Yes, as the member mentioned, I have some friends with me, and I'll be happy to turn to them should I need some help.

The Public Health Agency, like other departments, is a client of PSPC, so when it places orders we do our best to fill them and we talk about schedules and need. What's unique about the current circumstance is that in normal times provinces, territories and others, hospitals, health authorities, etc., would do their own ordering. Because of the crisis, there is a role here for the federal government at the health tables with the provincial and territorial governments. There's been some collaboration through the health departments to put collaborative orders in place. There's ongoing dialogue between the Public Health Agency, the Department of Health in Canada and its provincial and territorial counterparts to assess orders, assess needs and then give PSPC, effectively, large orders to place. Those large orders are very important in terms of getting the attention of potential suppliers in a very competitive market, as was highlighted earlier. That's the interplay.

The ongoing needs of the provinces and territories are absolutely done through the health tables. That's an important dialogue there, and then our intersection is with the Public Health Agency and Health Canada.

The table you're referring to, which the minister referred to, is one where she has a regular check-in with her ministerial colleagues, which is a combination of.... In some cases provinces have put health ministers forward as their representatives, and in other cases it's more an equivalent to the minister of PSPC, just to have an ongoing dialogue about common issues, what we can do better, where the gaps are and to help fill that in, but there are, as the member suggested, many conversations that go on among federal and provincial counterparts. The most important ones, I would say, are at the health tables, which talk about the need, forecasts and any potential shortages.

**Mr. Francis Drouin:** Thank you.

We've heard the minister also comment on how personal protective equipment is distributed across Canada. I'm assuming that it's the Public Health Agency that has worked with its provincial colleagues to determine that particular formula.

**Mr. Bill Matthews:** That is correct. It is worked through by the Public Health Agency of Canada with its colleagues. That is from an ongoing order perspective. Obviously, if there's an acute shortage that pops up, we will be taking steps to manage that, but it is worked out with the Public Health Agency of Canada and its counterparts.

The distribution formula is done through the federal-provincial tables, and it's a predetermined formula for our ongoing needs.

• (1210)

**Mr. Francis Drouin:** Talk to me about how the contracting works and how that's changed the sense of urgency within PSPC to contract. Have you deployed an internal SWAT team to deal with particular companies in Canada?

We've also talked about ramping up capacity in Canada. How does your department work with different companies to make sure that...? We've talked about ventilators. We've heard the great stories in Canada, but how does your department engage with them to ensure they can produce that protective equipment?

**Mr. Bill Matthews:** There are a couple of aspects to that question, Mr. Chair.

In terms of how we're organized within PSPC, it's by product group. We would have a group that's dedicated to and has experts on masks or ventilators—pick your product—so there are little mini-teams. We have also hived off a specific group to look at the logistics. Obviously, buying things is one thing, but making sure they come back to Canada is another. We have a dedicated group that's doing the logistics part of it, which is an important role here as well.

In an ongoing dialogue with Canadian industry, our colleagues at ISED would start by identifying potential companies and looking at opportunity potential. Then when it's time to move on to exploring the contracts, we would get engaged to talk about their ability to produce—how quickly, what the products are—and the contracting would be more in our realm of responsibility.

**The Chair:** Thank you very much.

Colleagues, we'll now go to two interventions of two and a half minutes each.

Madam Vignola, you are first up.

[*Translation*]

**Mrs. Julie Vignola:** Thank you very much, Mr. Chair.

I have a lot of questions to ask.

You said Air Canada and Cargojet were bringing in the medical equipment. Are there not other companies in Canada that could help them? I am thinking of Air Transat and WestJet.

Are Air Canada and Cargojet alone in bringing medical equipment into the country, and if so, why?

**Mr. Bill Matthews:** Thank you very much for your question.

For now, only Air Canada and Cargojet have been approved to operate flights between Shanghai and Canada. We are in discussions with other companies to help them obtain the necessary approval. We believe it is better to have more options. We are in the process of organizing that, but it takes time. At the same time, we are working with our team in China to help suppliers as well.

**Mrs. Julie Vignola:** Thank you.

Deloitte is an accounting services firm. I am trying to understand why it is responsible for logistics and coordination. If the government decided that Deloitte was in charge of logistics, why did it leave out Deloitte recently?

**Mr. Bill Matthews:** Thank you for your question.

Deloitte is an accounting services firm, that is true, but it also offers consulting services. To manage the crisis, we clearly need experts from outside the government.

However, Deloitte is not the only company responsible for logistics. We use the services of other companies, Boloré Logistics, for example, which specializes in transportation and warehousing. We use Deloitte to check the capacity of companies in China and to resolve some issues with regard to the arrival of goods at the warehouses.

• (1215)

[*English*]

It's not just Deloitte. We have Bolloré, who are absolute logistics experts with a good footprint in China.

**The Chair:** Mr. Matthews, unfortunately we'll have to cut you off there.

As I mentioned earlier with the minister, should you have any answers that you feel you did not have adequate time to provide in the time allocated to you for those responses, I would ask that you complete your answers by sending a written response to the question through our clerk, and it will be distributed to the entire committee.

**Mr. Bill Matthews:** Thank you, Mr. Chair.

**The Chair:** Our final intervention of two and a half minutes will come from Mr. Green.

**Mr. Matthew Green:** Thank you very much, Mr. Chair.

Just as a reminder, I do have, at the appropriate time, a motion to put under Standing Order 108 as it relates to—

**The Chair:** If I may, Mr. Green, you have only two and a half minutes for this intervention.

**Mr. Matthew Green:** Can I do that now?

**The Chair:** You can certainly do it now if you wish, sir.

**Mr. Matthew Green:** Is there a more appropriate time?

**The Chair:** You'll have one more intervention of six minutes after this one. That would be your last opportunity.

**Mr. Matthew Green:** I'm not sure where we will be, so I'm just going to go ahead and put the motion. This is under Standing Order 108(1)(a), with respect to powers of standing committees. It states, in part:

Standing committees shall be severally empowered to examine and enquire into all such matters as may be referred to them by the House, to report from time to time, and except when the House otherwise orders, to send for persons, papers and records, to sit while the House is sitting, to sit during periods when the House stands adjourned, to sit jointly with other standing committees, to print from day to day such papers....

My motion has been placed as a notice of motion. I'm now putting it as a motion. I move, "That, in the context of its study of the government's response to the COVID-19 Pandemic and pursuant to Standing Order 108(1)(a), the committee send for all briefing notes, memos and emails from senior officials, prepared for the Minister of Health, the President of the Public Health Agency of Canada, the Chief Medical Health Officer of Canada, and the Minister of Public Service and Procurement between 2010 and the present day, regarding the stockpiling, management, disposal and replenishment of medical equipment and supplies in the National Emergency Strategic Stockpile; that the committee receive the information no later than May 25, 2020; that matters of Cabinet confidence and national security be excluded from the request; and that any redactions to protect the privacy of Canadian citizens and permanent residents whose names and personal information may be included in the documents, as well as public servants who have been providing assistance on this matter, be made by the Office of the Law Clerk and Parliamentary Counsel of the House of Commons."

Mr. Chair, you will note that a similar motion passed at the health committee on February 26, using the same provision under Standing Order 108.

I just don't know that I'm going to get my six minutes next, so I'm going to put this now.

**Mr. Kelly McCauley:** If you're taking the speaking order, Mr. Clerk—

**Mr. Matthew Green:** I should also note to my friends present that I did respectfully not put this while the minister was here, understanding the tight time constraints and the technical challenges that we had.

**The Clerk:** Mr. Chair, I believe your microphone is on mute.

**The Chair:** Mr. McCauley, I think I saw your hand raised. Did you have something you wish to share with the committee?

**Mr. Kelly McCauley:** I support Mr. Green's motion. I think anything, especially at this time, that's going to increase transparency of the entire issue is incredibly important. We need more openness and more transparency now more than ever. I fully support the intent of the motion, and I thank Mr. Green for bringing it forward.

**Mr. Matthew Green:** Am I allowed to speak to the motion?

**The Chair:** Yes, briefly if you can, Mr. Green, because following that I will be compelled to make a ruling on your motion.

**Mr. Matthew Green:** We've heard today that the minister has stated that her department officials have no role to play in the national emergency strategic stockpile. We've also heard public health experts suggest that there are going to be multiple waves potentially of COVID in future seasons.

My concern is that we're not adequately preparing now, particularly in the hypercompetitive purchasing environment, in replenishing our stockpile and preparing for the next wave. We should be looking at ways to share responsibility if we are responsible for the procurement and the logistics chain, right up to when they're being delivered and disposed of. I'm still to understand that under this ministry there is a responsibility for the distribution of goods before they expire, and I would like to have better information around that because there's been a lot of ambiguity around that, Mr. Chair.

• (1220)

**The Chair:** Thank you, Mr. Green.

I understand Mr. Drouin, you have something to add as well.

**Mr. Francis Drouin:** I just want to point out a few things that Mr. Green has mentioned.

He's referred to the February 26 motion that was adopted by the committee, and I want to remind Mr. Green that it was prior to the House officially standing adjourned. It is my belief that members can present motions only pertaining to witnesses.

I would defer to you, Mr. Chair, but our understanding is that when the House is adjourned right now, as the rules were presented to us, members may present motions, but only as they pertain to specific witnesses.

**The Chair:** Thank you, Mr. Drouin.

I do not see any other hands raised indicating a wish to participate, so in that case I'll make my ruling now.

Mr. Green, I'm going to have to find that your motion is inadmissible, but I do want to give you the rationale.

Number one, the House order that was adopted on April 11 was quite specific, in my view. It stated that the purpose of this meeting and subsequent meetings is only to deal with the COVID-19 pandemic and the government's response to it.

Additionally, it said that the role of the committee is to receive evidence. There was some discussion about the motion passed on March 24 that talked about a reduced quorum, and because of that reduced quorum, it had some restrictions on motions being presented at committee.

Some have argued now that we are back with a full quorum and having video conferences, the reduced quorum restrictions should be removed. However, the order of April 11 was quite specific stating that the exception to the normal practice of committees being able to introduce motions is now in effect on these committees. As a consequence, the only motions that may be accepted are motions pertaining to the scheduling and appearance of witnesses and the testimony that they may provide.

As much as I have great empathy for your motion, Mr. Green, and agree with Mr. McCauley that it would be wonderful for all of us to receive as much information as possible during this difficult time, we are constrained—and I, as Chair, am particularly constrained—by the terms of the motion that was passed. They being quite specific, unfortunately, Mr. Green, I have to rule your motion as inadmissible.

**Mr. Matthew Green:** I appreciate your thoughtful response. Clearly you have given it some jurisprudence.

I'm happy to hold this notice of motion. Sometime, when we do make it back to the House, it will be put.

**The Chair:** Thank you very much.

We will now go to our second round of questions.

Mr. Clerk, I don't have my list in front of me. Is Mr. McCauley the first up?

Mr. McCauley, you have five minutes.

**Mr. Kelly McCauley:** Thanks very much, Mr. Chair.

Mr. Matthews, maybe you could consider finding these documents that Mr. Green has asked for. Even though it's not a legitimate, so to speak, motion, maybe we can share them with the committee.

Let me get to a couple of things regarding the contaminated supplies, for example, the one million masks and the other contaminated items.

Were these items prepaid? Are we getting the money back for them, or is that money just gone?

**Mr. Bill Matthews:** On the mask front, Mr. Chair, the—

**Mr. Kelly McCauley:** —and any other items.

**Mr. Bill Matthews:** We can address both if you wish, Mr. McCauley.

The mask company has committed to supplying acceptable products, so they are standing behind their product. We have an ongoing relationship with them. We are looking at the masks in terms of

what can be done with them. The relationship with the supplier will continue, and they are standing behind their product, Mr. Chair.

**Mr. Kelly McCauley:** But they are not appropriate products for Canada, and therefore, we have a million masks that we bought that cannot be used for what they were purchased for. Is the supplier keeping that money?

We've also heard of contaminated swabs and so on.

Is this money gone, or are we allowing them to keep the money? On contaminated equipment that is brought in for Canadian purposes and does not meet our standards, how much money have we spent on that so far?

• (1225)

**Mr. Bill Matthews:** In both cases, Mr. Chair, we have ongoing relationships with the suppliers, and they are working to address the quality issues.

In the case of the swabs, it was a pre-existing relationship, and it was a bad batch.

Our expectation, Mr. Chair, is that both companies will stand behind their products and make things right.

**Mr. Kelly McCauley:** You're not answering the question, Mr. Matthews.

Frankly, I don't think Canadians care if we have a pre-existing relationship with the supplier. We cut them a cheque for products to be used for our doctors, for our nurses and to protect our elderly and they are clearly not acceptable for that purpose. Are these suppliers keeping taxpayers' money or will it be refunded to us?

If it's not going to be refunded to us, how much money have we spent on supplies that are not appropriate or do not meet Canadian standards, please?

**Mr. Bill Matthews:** I'll try one more time, Mr. Chair.

The company of the masks in question is going to provide replacement product.

**Mr. Kelly McCauley:** Will this replacement product be up to our standards?

**Mr. Bill Matthews:** They are adjusting their production, and we're seeing new product now. To be acceptable to us, it has to meet our standards.

**Mr. Kelly McCauley:** For the million masks that we considered unacceptable, they're going to replace them outright without any additional cost to taxpayers. Is that what you're saying?

**Mr. Bill Matthews:** We are expecting them to stand behind their product. They have indicated they would.

**Mr. Kelly McCauley:** Mr. Matthews, it's a straight yes or no question. Canadian taxpayers have a right to know, if we have purchased a million masks that are unsuitable to protect our doctors, nurses and our seniors, whether we are getting that money back.

**Mr. Bill Matthews:** Mr. Chair—

**Mr. Kelly McCauley:** Are they going to replace them with appropriate products for Canadians, for our doctors and our nurses, or are we just going to let that money go away? It's a simple yes or no question.

**Mr. Bill Matthews:** I don't believe it's a simple yes or no question, Mr. Chair. The company is going to supply a replacement product to back up the masks.

The reason I hesitated on that is that it is not a filtration issue. We have issues with the masks, a large part of them to do with elastics, so if they can be used for something else, we will absolutely use them for something else, but these masks never made it into the medical system. To make it in, they have to pass the inspection by PHAC and meet Canadian standards, so our expectation is that we are getting replacement product.

**Mr. Kelly McCauley:** Will that be at no extra charge?

**Mr. Bill Matthews:** That is my expectation, Mr. Chair.

**Mr. Kelly McCauley:** Okay. How much in total have we spent on items that have not been deemed acceptable according to our standards?

**Mr. Bill Matthews:** There were two examples in play from a quality perspective, Mr. Chair. One is the swabs, which arrived and were not sterile. They were put back into the system after sterilization.

I am going to turn to Arianne Reza to get an answer on the swab question, but on—

**Mr. Kelly McCauley:** How much did it cost us then to fix those swabs? Are we paying for that or is the supplier paying for it?

**Mr. Bill Matthews:** I'm going to have to let Arianne answer the swab question if she can. If not, we can circle back.

On the mask question, we're seeing a range of prices for masks, Mr. Chair. When this crisis started, we were looking at about \$1.20 a mask for orders early on. For more recent orders, you're seeing prices quoted up to \$5 and \$6 a mask for N95 respirators, and so the cost of a mask depends on when you placed an order, frankly, and when you had your arrangements in place.

Maybe I'll flip to Arianne to see if she can shed some light on the swabs.

**Mr. Kelly McCauley:** If the stockpile had been stocked up, we would have saved a lot of money as well. Is that what you're saying?

Ms. Reza.

**Ms. Arianne Reza (Assistant Deputy Minister, Procurement, Department of Public Works and Government Services):** On the swabs, this was the first batch of swabs from the supplier. We called the supplier, and they will be providing us with new swabs.

In the interim, we did have success in sterilizing them, just to provide an additional contingency to the Canadian health care system.

**Mr. Kelly McCauley:** Okay. How much did it cost us to sterilize those swabs? Are the replacement ones coming at no charge?

**Ms. Arianne Reza:** The replacement ones are coming at no additional charge to Canada. I don't know the price of the sterilization. We'll come back with a written response.

**Mr. Kelly McCauley:** Maybe you can come back to us.

Mr. Matthews, are there any examples of products that we bought besides the masks and the swabs that haven't met our standards?

**Mr. Bill Matthews:** They're the two that I'm aware of, Mr. Chair, and obviously, making sure that we buy goods that respect our standards is very important to us.

**Mr. Kelly McCauley:** I realize it's very, very difficult and I'm not saying you specifically, but obviously, if you are buying items for Canada that are not appropriate, then I don't think taxpayers should be on the hook.

How much time do I have, Mr. Chair?

**The Chair:** Mr. McCauley, you have only about 15 seconds.

**Mr. Kelly McCauley:** Okay. Thanks very much then.

**The Chair:** Thank you very much.

We will now go to Mr. Drouin for six minutes.

Francis, you're up.

**Mr. Francis Drouin:** Thank you, Mr. Chair.

I thought Mr. Jowhari would be going, but I'm happy to interject, unless Mr. Jowhari wanted to jump in.

● (1230)

**The Chair:** Mr. Drouin, my speaking order has you, but you can certainly cede your time to anyone on the government side should you wish.

**Mr. Francis Drouin:** That's fine. No, I'm happy to continue on my side, because we are at the start of the second round.

**Mr. Majid Jowhari (Richmond Hill, Lib.):** I'll go back on mute.

**The Chair:** That's correct.

I have to remind members that we have about 20 minutes left, after which time I will be suspending the meeting, excusing our witnesses, and we'll be going into the last 10 minutes of the meeting to discuss upcoming meetings and the work plan.

Twenty minutes will give us, I believe, about three more interventions: Mr. Drouin, Madam Vignola and Mr. Green.

Francis, let's start now.

**Mr. Francis Drouin:** Thank you, Mr. Chair.

I just want to advise that we have been in discussion with Ms. May. If this is going to be the Liberals' last round, I would like to share about three minutes with Ms. May in the spirit of co-operation.

I have a couple of questions with regard to some of the barriers that may exist for companies that do want to sell into Canada. We know there's an approval process with Health Canada, which has to allow them to sell medical devices in Canada.

I just want to know, Mr. Matthews, whether your department, once they identify a Canadian company, encourages them to talk to Health Canada to allow them to sell, to get their special licence.

**Mr. Bill Matthews:** The member is quite right. There are licensing requirements when you're dealing with medical equipment, the MDE licence, and there are three aspects to it: manufacturing, distribution and importing. All three are important.

Through the outreach we've had with the Canadian industry and others, we've learned that there's an uneven understanding of some of those requirements, so when we're dealing with a potential supplier who does not either possess the required licence or is not sure how to go about it, we very quickly make links with Health Canada to allow them to facilitate that process to the extent they can. There is an accelerated process in place.

It is a world where there are different categories of licences. Category one, PPE, is the least complex, but it goes all the way up to something that's more complex like ventilators. You can understand that they would have a more complicated application process and evaluation process than something that's less complex. Putting them in touch with the right people on the regulation side is critical to helping them out.

As I said, we have some companies who've come in who already have a licence, understand the system very well and know exactly what to do, but we have others who are breaking new ground as they try to find their way into a new industry.

**Mr. Francis Drouin:** Are you aware of the different categories? For instance, we've often had discussions about visors. I know one company in my riding, Innovation Tools, got the licence fairly quickly, but I think what helped them is that they also worked with the local hospital to make sure that the model and the innovation they presented in those visors would meet the adequate need of the medical community. Is it harder to qualify for category one, category two, etc.?

**Mr. Bill Matthews:** The higher the category—

**The Chair:** Mr. Matthews, please complete your response in less than 30 seconds. We want to go to Ms. May for three minutes after that.

**Mr. Bill Matthews:** I will do so, Mr. Chair.

The higher the level of category, the more complex it is, and the more steps and information are required. Most PPE would fall under the category one level, which is the most streamlined, but there are still some steps involved.

**The Chair:** Thank you very much, Mr. Matthews.

Madam May, welcome to our committee. It's good to virtually see you. You have three minutes.

**Ms. Elizabeth May (Saanich—Gulf Islands, GP):** Thank you. I'm very happy to see you as well, Mr. Chair.

My first question is one at a higher level of analysis than we've been getting so far in the committee, and that is the lessons from SARS and that experience. We were supposed to be paying attention to making sure we had PPE and making sure we had stockpiles. Where was that primary responsibility lodged? Is it in the department that we're talking to today? Would it have been the Public Health Agency?

I ask the officials: Who was primarily responsible for making sure we didn't forget the experience of SARS?

**Mr. Bill Matthews:** Policy-type questions or levels of stockpile-type questions would fall squarely in the circles of Health Canada and the Public Health Agency of Canada. The role of this department is to actually go and procure, but we usually procure when we have a client who instructs us on just what it is they need.

• (1235)

**Ms. Elizabeth May:** Thank you. That's very clear and helpful.

In terms of what you've experienced since the COVID-19 crisis began—and I think some of the other questioners and Mr. McCauley were getting at this, too—when were you first given instructions that we needed to really bulk up our procurement around PPE?

**Mr. Bill Matthews:** If we reflect back, you would have seen some minor small orders towards the end of January or early February. As for the first big order, a collaborative one with the provinces—this is where the Public Health Agency came in with a big order that involved multiple provinces—it was March 10 or March 11, and that would have been done after several weeks of consultation among the various health authorities in the provinces, territories and the federal government.

**Ms. Elizabeth May:** I'll squidge in one last question. As things stand right now, what is the commodity, the product, that gives you the biggest headaches? Which ones are we most likely to experience a shortage of, or are you comfortable that we have what we need for the next few months?

**Mr. Bill Matthews:** It varies by the week, frankly. Two weeks ago or a week ago, if I were here, I would be talking about swabs. That's under control. I think the N95 respirators are one that we are still actively managing. For others like surgical masks, we're very much in control. We have a good supply of good, high-quality masks coming into the system.

**Ms. Elizabeth May:** Thank you very much, Mr. Matthews.

Thank you, Mr. Chair.

**The Chair:** Thank you, Ms. May.

We will go to our final two interventions for six minutes.

Madam Vignola.

[Translation]

**Mrs. Julie Vignola:** Thank you.

I am going to stay with stockpile management.

I understand very well that PSPC's role is procurement and that you wait for the health sector to ask before you initiate orders. However, I would like to understand the process of supplying and replenishing the stockpiles. Clearly, some equipment was not distributed and had to be discarded. I do not understand how equipment could remain in a warehouse when the expiry date is approaching.

How is it possible that no one in health or your department raised a red flag to indicate that the equipment had to be distributed before it expired?

I would like to understand the whole process.

[English]

**Mr. Bill Matthews:** Thank you for the question. I have a couple of thoughts on this one.

First of all, process would be number one. Get the goods into Canada, get them cleared through customs and then get them warehoused or counted, so that we actually know what we have. That's part of this process.

As we discussed in earlier questions, there is then a process of quality assurance where samples are tested. The Public Health Agency of Canada makes sure that the goods are indeed up to standard and then they're put into the system for distribution. The vast majority of the goods, once they clear those two processes, go directly out to the provinces. There is a small percentage that is held inside the Public Health Agency warehouse for additional urgencies. If a province needs something urgently, they would be in direct contact with the Public Health Agency of Canada to get urgent distribution.

[Translation]

**Mrs. Julie Vignola:** As the expiry date approaches, when there are two, three, four, five or six months left before the expiry date or the end of the manufacturer's warranty, why is it that no alarm system automatically signals that products must be distributed to avoid wasting them?

[English]

**Mr. Bill Matthews:** It's a matter of understanding that the goods that are coming in now are basically for current use, but the idea is also to have a steady stream of PPE arriving for distribution to provinces and territories. It's not a matter of sending everything out the door all at once, but it's a steady stream. Some of the orders that are coming in now actually relate to orders we placed on behalf of provinces and territories, so those goods would go right to the provinces and territories. The stockpile exists for when there's a critical shortage.

Again, I want to remind members that the provinces, territories and health authorities are busy doing their own ordering at the same time. We are not their sole source of supply.

• (1240)

[Translation]

**Mrs. Julie Vignola:** I understand that we have one situation now and we had another before, but the fact remains that a resource was thrown away and wasted and there was no red flag to signal that in advance. From what I hear, nobody called anywhere to say that

some equipment was six months from its expiry date and it had to be distributed, in order to renew the inventory and keep it up to date.

Where is the alarm signal in the process? Where is the flaw?

[English]

**Mr. Bill Matthews:** This is a better question for the officials who run the stockpile in terms of how they deal with the surplus. Keeping the stockpile fully stocked with whatever levels they decide are necessary, that's their responsibility. How they would go through and decide what has expired and is not usable versus what perhaps can be repurposed, I'm not sure you have the right folks at the table to properly answer that question.

[Translation]

**Mrs. Julie Vignola:** I also see that we depend a lot on international sourcing. I understand that many Canadian companies in the manufacturing sector, such as the garment businesses, have gone to countries where labour is cheaper.

However, here is my question: will the government review its policy on the percentage of local content? We realize that we are dependent and that it is not necessarily a good thing.

**Mr. Bill Matthews:** Thank you for your question.

For goods produced by Canadian industry, that is a question for Health Canada.

Nevertheless, at the beginning of the crisis, a significant number of goods came from other countries. This was our only source in a number of cases. Now we have the capacity to manufacture goods in Canada. This is already being done for hand sanitizer and protective visors, as one member mentioned.

[English]

Next up will be gowns. We're seeing a lot of Canadian manufacturing happening on gowns.

**The Chair:** Thank you very much, Mr. Matthews.

Our final intervention for six minutes will be back to Mr. Green.

Matthew, you're up.

**Mr. Matthew Green:** Thank you very much, Mr. Chair.

We've heard today Amazon first characterized by the minister as a Canadian company, then, of course, corrected to say that it was a company that had Canadian operations. We know that the owner of Amazon has profited, I don't know, something like \$24 billion during COVID. We know also, at least to my best knowledge, and somebody here perhaps can correct me, but I don't believe they pay any federal taxes.

What do we have in place to ensure, based on the descriptions we've had on their logistics, that even though they're doing this at no cost, there isn't an ability for there to be self-dealing on their platform?

Notwithstanding the fact that they're still going to be selling these items, is there any possibility or has the potential been explored of self-dealing between the Amazon platform and the logistics work they're doing with us for the federal government?

**Mr. Bill Matthews:** There's a lot in that question, some of which I cannot answer in terms of income tax, and so on. However, in terms of the arrangement that the government has reached with Amazon and partners, it's dedicated to allow for, basically, ordering and distribution of the federally acquired goods and services—or sorry, goods, not services. It's distinct from their regular operations.

What's unique about Amazon in this case is their outward-facing retail platform that would let provinces and territories effectively put in orders for PPE to the national warehouse. That's the unique feature there. As has been mentioned, the warehousing and distribution is Amazon and Canada Post plus Purolator. It's very much a distinct arrangement at no profit for the first few months, and we'll go from there. It's very much distinct. I wouldn't view it as being mixed in with their regular operations.

• (1245)

**Mr. Matthew Green:** I just can't see how, on the back end of their logistical supply chain, they wouldn't have information. We've heard about the price gouging for all the PPEs on the market, and they are providing, at no federal tax implication, perhaps the largest online avenue for that in the private sector.

I'm very concerned that there have been three reported cases of COVID in the Canadian operations. I'm very concerned about the reports of significant labour violations in the United States, in Paris and in their global operations. What do we have in our abilities, in our tools, given that they are now a direct supplier of service to us, to ensure that they are providing a Canadian standard of public health-respected workplace environments, knowing that they're going to be having 1,000 new hires?

Business is brisk. How do we ensure that our suppliers, such as Amazon, are going to be maintaining the type of public health safety that we're going to need in order to head off any potential significant vector for COVID distribution around the country, literally door to door?

**Mr. Bill Matthews:** It's an interesting question.

I think the answer would be the same for all industry. They have to find ways to keep their workforce safe as they do this very important work, and they are equally interested, as are we, in keeping the workforce healthy.

In discussions around how they would organize themselves to deliver this service, there were discussions about the workforce—and they will continue—but obviously they have to respect whatever rules are in place from a public health perspective in order to properly protect their employees.

**Mr. Matthew Green:** We know that they've made billions and trillions of dollars off the supply chains. We know that if they have in their stockpiles a certain number that comes to a place of depletion they'll have automatic systems in place to be able to restock those things.

Going back to the national emergency strategic stockpile, it has been suggested through this committee now multiple times that there's no real role for this ministry in the operations, that this is solely on PHAC. I'm going to go ahead and make the statement that, in fact, it's very clear there has been a mismanagement of the stockpile.

I need to know this: In the independent recommendations, the assessments, the recommendation to move from nine warehouses to six, the warehouse in Regina was one that was closed, but what are the other ones that were closed, and were those stockpiles also disposed of?

**Mr. Bill Matthews:** I think those questions are better placed with the Public Health Agency or Health Canada. I'm not sure I can help you with those questions.

**Mr. Matthew Green:** I know some people might say this is all retroactive, that it's hindsight, but has there been any discussion, given the scale of the emergency, of having an integrated committee so that it doesn't leave the sole responsibility for PHAC to run the national stockpile? Has your ministry reached out to their ministry to say, “Hey, we do this stuff day in and day out. We understand logistics. Perhaps we should be involved in this for future emergencies?” Has that conversation happened?

**Mr. Bill Matthews:** The ongoing relationship with the health agency and our agency is one of procurement, so there is a hand-off in terms of when they order things. We have a dialogue with them about what's coming and when, and then how it arrives in Canada and gets placed into their system. Obviously, we helped the Public Health Agency in negotiating the arrangements with Amazon, Canada Post and Purolator. There is ongoing dialogue in terms of how we work together.

**Mr. Matthew Green:** My last question is a very clear one. Are you aware of what the minimum supply of the emergency stockpile is, and are there any mechanisms in place that would flag for you whether or not it has reached those critical points, or are you solely relying on PHAC? If that's the case, we have a significant problem here, understanding what's just transpired over the last year and a half.

**The Chair:** Mr. Matthews, if you can answer that in 10 seconds or less, I'll let you go ahead. Otherwise, I would ask that you give a written response to Mr. Green's question through our clerk.

**Mr. Bill Matthews:** I will give the 10-second attempt, Mr. Chair.

The responsibility for the levels of supply in the stockpile, as well as their upkeep and currency in terms of expiration dates, is 100% in the domain of the Public Health Agency.

• (1250)

**Mr. Matthew Green:** I look forward to having the Public Health Agency before us some time in the near future.

**The Chair:** Thank you very much.

Colleagues, I will now excuse all of our witnesses, with our thanks for participating virtually. We will go directly into the last few minutes of our committee meeting, which will be held in public. Colleagues, we are not in camera. I just want you all to realize that.

The purpose of these last few minutes is to discuss our future meetings. We have a work plan that has been developed, which was sent to all of you, I believe, yesterday.

Perhaps, Mr. Clerk, we can invite Raphaëlle to present the work plan. How would you like to do it, Mr. Clerk?

**The Clerk:** I would suggest Raphaëlle take the lead on this.

**The Chair:** Raphaëlle, please.

**Ms. Raphaëlle Deraspe (Committee Researcher):** Thank you, Mr. Chair.

As you mentioned, committee members should have received a copy of the work plan. We included all the suggestions from all parties as well as some of our own. We tried to group them under several themes.

We had the first meeting today with PSPC. As members can see on their work plan, the second meeting is with the federal departments supporting businesses. The third meeting would be about medical sector businesses and a research hospital. The fourth meeting will be on the distribution of medical supplies. The fifth meeting will be on cybersecurity, and the sixth meeting on the allocation of emergency benefits and on federal employees who are all teleworking—or most of them. The seventh meeting will be on emergency benefits. The eighth meeting will be on the oversight of government activities. The ninth meeting will be on representatives from Alberta and not-for-profit organizations. Finally the 10th meeting would be on industry groups. I believe some members would also like to have the Public Health Agency of Canada added to it.

**The Chair:** Thank you very much.

I will entertain questions.

I see Mr. McCauley has his hand up. Colleagues, perhaps you want to participate in questioning as well.

Raphaëlle, near the top of your screen, you have an icon saying “Participants”. If they click on that, there is an opportunity for them to raise their hands. That way I can take a look virtually and see what everyone is doing and who might have questions.

Mr. McCauley, I saw you first, so you're up.

**Mr. Kelly McCauley:** Thanks, Mr. Chair.

There are a couple of things, and I'd love everyone's feedback.

I think we should invite Mr. Matthews back. I don't think we need Mr. Muldoon necessarily, or Mr. Vandergrift, but certainly Mr. Matthews. I think there are a lot of outstanding questions. We could have him.

My only other thought is on the lineup. Maybe the issues with CERB—some of the eligibility issues and so on—and some of the others should be moved up closer, so we're doing them sooner rather than on week six. I know it might be difficult, but I just thought maybe some of those items should be moved up a bit sooner.

Thanks.

**The Chair:** Are there any other questions or comments from committee members?

First I have Mr. Drouin and then we'll go to Mr. MacKinnon.

**Mr. Francis Drouin:** I have just a couple of comments, and I would ask the opinion of the committee.

I noticed some names where they may not be the proper people. Especially when we are asking departments to appear before the committee, I would hope that we would allow the deputy minister to decide who the best person is to answer.

Just to give you one example, Paul Girard, for instance, is the CIO for the Treasury Board but only internally. He wouldn't know necessarily the IT policies of the other departments. He only deals inside Treasury Board, so unless that were the intent, I'm just not sure how COVID-related that would be for this particular committee. I would ask that we allow deputy ministers the liberty to decide that, yes, this is my point person on COVID-19, or no, this person has nothing to do with COVID-19.

**The Chair:** Thank you.

We'll go now to Mr. MacKinnon.

• (1255)

[*Translation*]

**Mr. Steven MacKinnon (Gatineau, Lib.):** Thank you, Mr. Chair.

Hello, everyone. My question is also a comment.

The proposed list is very long. Normally, I would say that many of the proposed witnesses are outside the mandate or authority of our committee. I also remind the committee that we are in a time of crisis and that appearing before a parliamentary committee often requires a great deal of preparation, especially for people who are not used to it.

Perhaps we should look at the proposed list, remembering that we are in the midst of a crisis and that many people inside and outside government are very much involved. If those people are called before this committee and before the health or industry committees or any other committee that is meeting right now, that could be a lot. I would like us to be able to clarify the situation or coordinate with other committees to divide the appearances of these witnesses among the committees.

I would ask you to consider this concern, because I think our plan is very ambitious.

[*English*]

**The Chair:** Thank you, Mr. MacKinnon.

We'll go now to Mr. Green.

**Mr. Matthew Green:** Thank you very much. Certainly I don't think any of us on this committee needs a reminder of the emergency we're in or the seriousness of the work we are undertaking, but having said that, I'm seeing here some sections that are heavily dominated.... For instance, if you were to look at the third meeting for the medical sector and the business research hospital, you would see it's almost exclusively dominated by folks invited by the governing party.

I'm wondering where the representatives are for some of the workers, in order for us to get first-hand, lived experience and not necessarily corporate reporting on what people are facing.

**The Chair:** Raphaëlle, before I put it back to you because I don't see any other hands raised, I have a couple of questions for you.

Mr. MacKinnon's point, if I'm interpreting him correctly, was asking if it would be possible for you, as analyst, to coordinate with other committees to ensure that we are not duplicating efforts in terms of witnesses coming to testify. The second thing that Mr. Green asked is whether or not we would be able to get, for the lack of a better term, real people, perhaps front-line medical workers to testify as opposed to government officials and bureaucrats.

Now I see we have a couple of other questioners, Madam Vignola and Mr. McCauley.

Do you want to finish off your thoughts, Mr. Green?

**Mr. Matthew Green:** Yes, if you don't mind, I do. I respectfully just want to make sure that we are also including unions and union reps. They're certainly very active on the file, and we want to make sure, as was identified today, that as with programs that are being offered to the broader public, as employers, we're taking care of our workers in the same way, with the same considerations and the same compensation, or better.

**The Chair:** Yes, and I would point out, Mr. Green, and to all committee members, that if you have any specific suggestions for witnesses, you can submit them to our clerk, who will get them to our analysts.

The analysts can only propose a lineup of witnesses based on the information they receive from the committee, so should you have specific union representatives you would like to appear, please get those names in through the clerk. The analysts will then obviously take that under consideration.

Madam Vignola, you're up.

• (1300)

[*Translation*]

**Mrs. Julie Vignola:** I quite agree with Mr. McCauley about faster processing of everything related to the CERB. In our ridings, we get a lot of questions about that. We have to avoid duplication, but we also have to make sure that people are comfortable with the committee's approach. We need to respond quickly and have workers on the ground, because they are better placed to see what is going on.

The three proposals made are all very interesting and I support them.

[*English*]

**The Chair:** Thank you.

We'll now go to Mr. McCauley, followed by Madam Block.

**Mr. Kelly McCauley:** I take Mr. MacKinnon's comments, and I understand. There are a couple of things that maybe you can share with us, not right now but by email, about who you might think is overlapping or redundant.

My concern with not having the deputy ministers there, as we may have listed, is that we've seen repeatedly in the past that we get people who show up and their only answer is, "Well, that's really not me anyway; that's someone else within the department." We've seen already a lot of passing the buck on issues. I'd hate to see a continuance of that.

We can certainly go back, those of us who have put deputy ministers on the witness lists, or perhaps if it came from the analysts, they could have another look to justify it, but I'd be very wary about having deputy ministers not show up in order to have other people who could not answer questions.

**The Chair:** Thank you.

Kelly Block.

**Mrs. Kelly Block:** Thank you very much, Mr. Chair.

I'll just make three points. First, to Mr. MacKinnon's intervention, witnesses may decline, and I'm sure that if we were hearing from some of our witnesses that they have attended many committee meetings and are not able to focus on the job they need to do, we would probably be gracious enough to accept that. I think even though—

**The Chair:** Kelly, if I could interrupt just for a second, and I'm sorry, the volume on your microphone is very low. I don't know if it has been disconnected from your laptop or if you're just a very soft speaker. I know that normally...but I'm having some difficulty hearing you. I wonder if you could just increase the volume somewhat.

**Mrs. Kelly Block:** Let me try again.

**The Chair:** That's perfect. Thank you.

**Mrs. Kelly Block:** My first point was to Mr. MacKinnon's intervention. Witnesses can always decline to attend, and if they provided us with a rationale that made sense in terms of their time being taken up in other committees or the fact that they aren't able to do their work, I'm sure we could extend grace to them for that.

When they attend other committees, the focus may be very different in terms of the questions being asked. The reason we may be seeing some overlap early on is that not a lot of committees were meeting. I know that the health committee, for example, invited witnesses from PSPC because there were questions around procurement and OGGO wasn't meeting, so we weren't able to ask those questions ourselves.

Some of these issues may iron themselves out. I would not want us to say no for people, and neither would I want us to not do our due diligence on this committee, asking the questions that we feel need to be asked around procurement.

**The Chair:** Raphaëlle, I'd ask you to make a quick response to that, and then I'll have a couple of closing comments.

Based on the comments and suggestions you've heard, do you feel that you will be able to revise your work plan somewhat and get that revised work plan out to committee members in short order? Give us your thoughts, please.

• (1305)

**Ms. Raphaëlle Deraspe:** Yes, I would ask members to send their comments and the names they find are duplications to the clerk as well as new witnesses by early next week, and then we can provide a revised plan based on those comments.

**The Chair:** Thank you very much, Raphaëlle.

**Mr. Francis Drouin:** Mr. Chair...?

**The Chair:** Mr. Clerk, Paul, you had your hand up. I'm not sure if you were the first to raise your hand.

**The Clerk:** I believe Mr. Drouin outranks me, so you should go to him first.

**The Chair:** Mr. Drouin probably outranks everyone, so we'll go to Francis.

Go ahead, Francis.

**Mr. Francis Drouin:** I hope my mother can hear that.

I have just a quick question on procedure. We had to end the meeting 15 minutes earlier, and I know other committees do a side meeting to discuss witnesses. I'm just wondering, Mr. Chair, if we could do that as well, not every week but maybe once every two weeks, to discuss the upcoming witnesses at a time when we're not officially meeting so that we can use the full two hours to ask questions. I'm just wondering what the feel of this committee is.

**The Chair:** My apologies again. I was the cause of this committee's starting 15 minutes or however many minutes it was past the allotted time. Unfortunately, we only have a two-hour block, simply because there are many more committees coming on stream now that will have virtual meetings at the same times as ours. We only have so many interpreters who are available, so we have to be somewhat cautious about extending our time or trying to break into others' time when they may have requested a specific meeting time as well.

Specifically, Francis, yes, I have no difficulty whatsoever getting together one more time or even several more times to discuss potential witnesses, but I think Raphaëlle's comment was very apropos.

Should anyone on this committee have any witnesses right now that they would like to see appear, please get those names in immediately. Then I will wait until I see what Raphaëlle has come up with in terms of a revised work plan. Then, Francis, perhaps we can have another informal steering committee meeting as we did last Friday. Is that okay?

Steve, I understand you wish to share some stuff with the committee as well.

**Mr. Steven MacKinnon:** I won't harp on this. I just want to say, Mr. Chair, that there are, I think, four committees operating, if I'm not mistaken. Maybe there are more, but they're all doing their own witness lists.

I just want to state the obvious. The health committee has a specific mandate to oversee the Department of Health and the Public Health Agency. I don't know who has appeared where, but it strikes me that, either through you, Mr. Chair, or the committee staff, we may want to ask the health committee members who they intend to convene or have in fact convened and coordinate so that we're avoiding enlisting the testimony of very busy people repeatedly across committees or asking people without coordination from outside of the Government of Canada apparatus to appear before multiple committees when they may be asked to do really important work.

**The Chair:** Thank you, Steve. I believe Raphaëlle has taken that under consideration. Yes, if there's any way we can avoid the duplication of witnesses, it would be beneficial to all, not just our committee but all the other committees and the witnesses themselves.

Colleagues, seeing no more questions, and unless anyone else has any information or business—

**The Clerk:** Mr. Chair, I would just like some instruction from the committee regarding who we want to invite for Wednesday and Friday next week. According to the current work plan, we are to have representatives of Innovation, Science and Economic Development Canada as well as the Office of Small and Medium Enterprises and the procurement ombudsman. We were originally planning that for Wednesday, and then the third meeting was going to be for next Friday.

Can the committee give me some sort of instruction? Do the members still want me to invite those organizations for Wednesday? Also, who would the committee like me to invite for next Friday? As we're not approving the work plan today, I would appreciate some guidance as to who I should invite to appear before the committee for the next meeting.

**The Chair:** Paul, let me intervene as well, if I can. You're right. We haven't officially approved the work plan as presented by Raphaëlle but she is coming back with the revised work plan, hopefully early next week, based on the comments and suggestions from this committee.

In the interim, unless there are any great objections, my suggestion is that committee members go forward with the next two meetings, certainly the next meeting on Wednesday with the witnesses as suggested in Raphaëlle's work plan. Unless I hear any significant objections to that, that would allow our clerk and analyst to start compiling the witnesses and confirming their attendance.

I see one thumbs-up from Madam Block. Thank you for that, Kelly.

• (1310)

**The Clerk:** Mr. Chair, I hate to be unnecessarily bureaucratic or procedural. Unfortunately the order we are currently working under requires that all decisions be taken by a recorded division. That is the order adopted by the House.

If the committee will permit, may I put to them the question that you just enunciated, that we follow the work plan for the next two planned meetings in anticipation of a revised one being presented by the analysts in the near future?

**The Chair:** That's excellent. Please proceed, Paul.

(Motion agreed to: yeas 9; nays 1)

**The Chair:** Thank you, Mr. Clerk. Then we will proceed, Raphaëlle, with the next two meetings as indicated on your work plan.

Once again, colleagues, I would strongly suggest, should you have any additional witnesses or suggestions for evidence to be presented at this committee, get that information as quickly as possible through to our clerk so that when we make a revised work plan, it can take some of your suggestions into account.

Colleagues, thank you very much. Once again, my apologies for the delay in the commencement of this meeting. Hopefully it will be a little easier next time.

The meeting is adjourned.

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