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Chair

Ms. Bonnie Brown

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•(1110)

[English]

The Chair (Ms. Bonnie Brown (Oakville, Lib.)): Good morning, ladies and gentlemen.

It's my pleasure to welcome you to the tenth meeting of the Standing Committee on Health and our continuing review of Bill C-12, An Act to prevent the introduction and spread of communicable diseases.

We have three witnesses this morning, one from a hospital, one from the Airports Council, and one from the Air Transport Association of Canada. We'll begin with the representative of Mount Sinai Hospital, known to some of us as a TV star from the SARS crisis, Dr. Donald E. Low, microbiologist-in-chief and infectious diseases consultant with Toronto's University Health Network.

Dr. Low, you have the floor.

Dr. Donald E. Low (Chief of Microbiology, Mount Sinai Hospital; Infectious Diseases Consultant, University Health Network): Thank you.

Thank you very much for inviting me and allowing me to contribute to this document.

Basically, I've reviewed the bill and I think it's a very comprehensive bill. It will go a long way towards our trying to prevent the entry and spread of communicable diseases in Canada.

I think one of the main issues that still hasn't been addressed—I don't know if this is really the right place to address it, and it's fraught with difficulty no matter who that responsibility falls on—is that it's not so much a case of having to respond to a disease or a threat as it is of recognizing the threat. This is what we're left with all the time. Once we define a problem, it's relatively easy to deal with the problem, but the trouble is in defining the problem, and that's what we deal with here in a number of different examples.

We have to think about protecting not only ourselves but our neighbours by not exporting disease. Our borders are important points of entry where we hope we can accomplish that. The great difficulty with communicable diseases is in identifying the individual or the substance coming into the country that poses a threat to us.

I can give you a few examples of that. The best recent example is SARS. When somebody is coming from a country where the disease has been recognized, how do you define that person as possibly incubating the infection? We know that sometimes people who got exposed and have subsequently become infected didn't develop

symptoms for anywhere from 5 to 10 to 14 days afterwards. When those persons enter the country they're completely asymptomatic, unaware themselves they may be harbouring this illness.

Even those persons who might have some of the early symptoms of the disease may not be detectable by the screening methodologies we use, such as temperature detection. What about the person who's coming in with a disease that is an active disease, that is infectious at the time they're entering the country? Again, how do you identify these people? It's very difficult.

We're currently dealing with an outbreak of tuberculosis in the homeless shelters in downtown Toronto. We know tuberculosis is a disease that can have very minor signs and symptoms—a cough, no cough, maybe the person is feeling unwell, maybe not—but still be highly infectious. How do you identify that person so they won't subsequently transmit it to other individuals and from person to person?

Then we deal with substances that are coming into the country that could be infectious. One of the most recent examples is foot-and-mouth disease in animals. In bringing in food or a substance that could be carrying that very hardy virus, the traveller may be unaware there is a risk, and as a result there could be a secondary spread. There was an example in the 1950s, when a worker who came into Saskatchewan brought with him some sausage from an eastern European country and actually threw it out on the farm. As a result of that we had an outbreak in the 1950s of foot-and-mouth disease in Saskatchewan.

This bill addresses what to do with the person or the substance you recognize is a threat, and I think it deals with it adequately. There are a few issues I can address, but I think the greater challenge is to identify when you will start using this bill to help protect us.

•(1115)

Also, I just would make reference to the fact that the schedule—I'm not sure of the value or the purpose of it—that is attached to the back of the bill probably needs to be updated. It should be critiqued, I would suggest, by a group of experts, because many of the diseases that are listed here are not, in and of themselves, a risk to Canadians.

For example, there's tularemia. Of course we want to know if somebody comes into the country with tularemia, but in fact that person is at no risk of transmitting that disease to any other person. There has never been a documented example of transmission of tularemia by that mechanism. So yes, it's important to know to deal with the health of that individual, but it doesn't really pose a threat to us.

If you look at the hemorrhagic fevers, for example, you'll see the risk here is the source—the rodents, the ticks, and the mosquitoes; the vectors that are found in the countries where this disease is endemic—and not in the infected individual coming into our country. Yes, there is a theoretical risk in the sense that if somebody was exposed to the blood or to blood products from that person, the disease could be transmitted, but that's true with a number of infectious diseases and it wouldn't result in dissemination and outbreaks.

We could look at these and either include some that may have been omitted, exclude some that really aren't a risk, or possibly rank them in some manner according to those that are of concern. Again, I'm not sure of the best way to do this, but I would give an example here. In particular, on the schedule there is a reference to pandemic influenza A as a risk. Well, of course we don't know if somebody entering into the country who has symptoms of a respiratory illness actually has influenza, and if they do have influenza, do they have a strain of influenza that could cause a pandemic? Probably more importantly, though, we would want to care for that patient and try to minimize transmission from person to person.

I could continue on with some comments—but again, it may not be appropriate for this setting or in your dealing with this bill—about some of the issues around trying to educate either travellers to our country about what kind of risk they pose, what they might be bringing with them that is a risk to us, or people leaving our country and going to another country, so they don't pose a similar risk to others.

Maybe I should stop there, and I'd be glad to take any questions.

The Chair: Thank you, Dr. Low.

Our next witness is from the Canadian Airports Council in the person of Howard Goldberg, vice-president, economic affairs and policy development. Mr. Goldberg.

Mr. Howard P. Goldberg (Vice-President, Economic Affairs and Policy Development, Canadian Airports Council): Thank you, Madam Chair.

First, let me start out by saying that I am pleased to be here. Secondly, I had a dental appointment this morning and half my mouth is still frozen. That's my excuse if I make any mistakes, and I'm going to stick to that story.

I have provided the clerk with a copy of the paper that describes the parts of the bill that have given rise to the CAC's request to speak. Although I do not intend to read the paper, in brief I would like to highlight four points that are made in the paper that do give us some concern.

The first is subclause 6(2). To be honest, we think subclause 6(2) is a blank cheque. Unlike the previous Quarantine Act, this bill effectively confiscates space from the airport to create the quarantine station and requires the airport to furnish and outfit that space free of charge. There are no restrictions in regard to how much space, what furnishings, the types of sophisticated medical equipment, telecommunications services, and equipment, and the list could go on.

As the paper describes, airports already provide space to a litany of inspection and enforcement agencies. Although airports accept

and understand that customs inspection areas and the like—secondary inspection and so on—are part of the airport, there is no incentive for agencies to exercise control when they make their demands for space at an airport, unlike they did when the government owned the airports and the Deputy Minister of Transport in effect chaired an interdisciplinary committee and had the final veto. So in fact, we face ongoing demands, and in the paper I've listed some of the interesting anomalies that airports have faced.

The airport has to purchase and maintain the space and equipment, and it loses the revenue that it might otherwise have obtained had the space been available to rent. In addition to almost \$250 million a year in annual rents paid to the Crown by airports currently, the provision of this space and furnishings, phone service, parking spaces, lunch rooms, etc., constitutes, in our view, a hidden subsidy to these agencies, the total cost of which are borne by the passengers and the shippers who use airports. There is no other source of revenue for an airport. In our view, it is therefore unreasonable to expect passengers and shippers to pay these costs. Government agencies should pay rent and should buy their own furniture and equipment like every other tenant at the airport, and as they do at every space off the airport.

Second, we're concerned about training standards, and we think there must be some training standards in the act. Screening and quarantine officers identified in the bill must have emergency management training. The bill gives them broad powers. Without training, the fair and judicious application of this power becomes problematic in a real emergency situation. The stakes are too high. The impact on the airport's operation and on travellers, the cost to the airlines should an aircraft be detained or destroyed, requires—in fact, demands—that there be mandated training and even simulations to determine who is best suited to take up these important roles. The bill doesn't give any comfort to us in that area.

Clauses 73 and 74 of the bill seem out of place in a country that's governed by the rule of law. I go further into this in the paper, but officers and directors of the corporation accept responsibilities. Directors should establish goals for the corporation and set the direction, and officers of the corporation should assure that staff are in place and are well trained so that the corporation can meet the goals the directors have established. With emergency planning, and especially in the area of communicable diseases, airports have been working with their local health authorities and do training to deal with these emergencies.

I am very pleased to note that the major airports have well trained and competent staff to deal with such emergencies. But clauses 73 and 74 assume the guilt of directors and officers should any employee, possibly in the heat of the crisis, contravene or behave in a manner that contravenes the act. Worse, clause 74 says the employee does not have to be identified and in fact may not even be prosecuted under the act, yet the officers and directors will be guilty of an offence under the act. This is totally unreasonable in our view. In fact, it's unacceptable.

Should airports take all reasonable steps to train staff for emergencies, including quarantine? Yes. Should airports be held accountable if they wilfully ignore such requirements? Yes. Should the act require that airports take these responsibilities seriously and act on them? Yes. Airports take all of their safety responsibilities seriously, not just those in the area of health, and other safety regulators don't seem to have a problem with respect to the enforcement of their rules and their legislation and therefore require the tool that's in clauses 73 and 74. We think these two clauses should be removed.

• (1120)

Finally, not all airports are the same. I think it's important that the new Quarantine Act recognizes that there are varying levels of airports with varying capacities. Many smaller airports have customs offices as defined under subclause 6(2) because they are involved in international air transport, either charters to the south, to the Caribbean or to Mexico, or international cargo, and so on and so forth. But subclause 6(2) gives the minister the power to establish a quarantine station and require the space and require the equipment and so on even at smaller airports. Clearly, these airports do not have the capacity to provide the space or the finances to afford the equipment that would go with this requirement.

I would you give you Moncton, New Brunswick, as an example. It is rapidly becoming another hub for air transport in the maritime provinces. It is significantly smaller than Halifax, with significantly fewer passengers and very much significantly reduced international traffic, yet it has Customs and it has those requirements that could impose a quarantine station on it.

In our view, the act should limit its application with respect to quarantine stations to the eight largest international airports, which are well suited and well trained to provide that service. For smaller airports, we would like to suggest that perhaps regional health authorities could establish portable quarantine stations that could move from place to place in the event that there was a need for such a facility at a particular place.

So those are the four points that I highlight, and I go further into them in the paper.

I thank you again, Madam Chair, for the opportunity for speak. I was planning to be brief, and I hope I was. I look forward to any questions you might have.

• (1125)

The Chair: Yes, I'm really impressed with how brief the first two witnesses have been.

Our next witness is from the Air Transport Association of Canada. Mr. Warren Everson is the vice-president of policy and strategic planning.

Mr. Warren Everson (Vice-President, Policy and Strategic Planning, Air Transport Association of Canada): Thank you, Madam Chairman. I'm definitely feeling the pressure to be quick.

Let me explain that ATAC is the association that represents commercial aviation. We have all the Canadian carriers of people and cargo, or virtually all, and we have most of the Americans and many Europeans and Asians.

My president would normally be here, because we take this legislation seriously. I think there's something going around, though, and he's still recovering from a very serious medical situation. He's at the doctor's today, and he sends his regrets.

We do appreciate the opportunity to testify on this bill. As people who were directly involved in the response to SARS last year, we've had a recent illustration of both the incredible damage that infectious disease can do, and also the challenge of responding when you have millions of people travelling through Canadian airports or indeed across continents. SARS was the worst economic blow to strike the Canadian aviation industry in its history. Our traffic to Asia collapsed. Our traffic in Toronto declined by more than 25%. Of course, SARS combined with 9/11 and wars abroad to ravage our industry.

I would like to make a point that Health Canada got extensive and immediate cooperation from the airlines, both Canadian and international, when they called upon us. When I invited Howard's people, the airport operations people, to join our working group, their contribution was even more outstanding and immediate. Nobody cited the act. I didn't read the Quarantine Act until well after the crisis was over, and then I said, boy, that's a weird piece of legislation. But nobody was challenging the authority of Health Canada; they just did the job they were asked to do.

We're not contesting the need for new legislation, but I want to make it clear that whatever problems emerged last year in the SARS epidemic, a lack of legislative clout was not the problem they had in dealing with us. Therefore, we view this legislation with a little bit of caution.

Critical though this mission is, the legislation is unusually extensive in granting powers to officials, and it's not at all clear about compensation, appeal, or the rights of Canadian citizens. As members of Parliament, I think you should be quite conscious that you shouldn't grant unrestricted powers to officials without securing the knowledge that Canadian citizens retain some rights.

I have certain specifics to raise in the legislation, to ask questions about. The first is subclause 5(1), under which the minister can designate screening officers. Airline personnel are very frequently the only barrier between foreigners and Canadian soil. There are no Canadian officers of any kind in many, and I would say most, of the stations we serve.

In the event of a health crisis, we're concerned that the temptation would be to declare airline personnel to be screening officers and compel them to do some duty for Canada. That's not completely unprecedented. We do a screening function for the government on behalf of the Immigration Act when we have to screen the documentation, but at least we're competent or can be made competent to do that by the use of contractors or by training. We are not competent to detect the presence of Brazilian hemorrhagic fever. We would like to suggest that the committee insist that some reference to competency, or, on Howard's point, to trained personnel be inserted here to avoid the temptation to simply declare airlines a screening post for this purpose.

To the question of compensation, subclause 8(3) and clause 43 also discuss compensation, but they say the minister “may” choose to compensate. In this case, we’re not dealing with people who have done something wrong. This part of the bill is not suggesting that there’s a violation. We’re just talking about Canadians who got caught up in a crisis and whose businesses would certainly be very seriously affected and possibly destroyed. I don’t understand why the committee wouldn’t say the minister “will” compensate.

The officials can set the regulations and establish the compensation wherever they want, but I think that would also ensure a more ready compliance with the act. People who know they may get their businesses destroyed and that there’s no possibility, no likelihood of compensation, will be more likely to try to hide a problem than will those who feel they’re going to have some rights.

I actually don’t understand subclause 34(1). Carriers already have stipulations in their tariffs that we will not carry people who display a range of medical or hygienic problems. The tariffs are filed with the Canadian Transportation Agency. They’re great big, dense documents. We can and do routinely refuse people travel for a whole host of reasons, including inebriation, incapacity by drugs, lice, bare feet, hygienic problems, and so forth. It’s one of the more delightful areas of the airline business, I tell you.

• (1130)

We would not be carrying a person who displayed an evident medical problem. Clause 34 seems to imply that we have to warn Canada if we’re bringing someone like that. I can see that being in the bill when we’re in flight and a disease, or a symptom of a disease, breaks out on the aircraft. I think we should be responsible for warning Canada that it’s coming. But the next part, subclause 34(2), should not occur. We won’t do that. It seems to imply that we should warn Canada before we leave, taking someone who is ill out of the country. If the purpose is to say that, when you refuse passage to someone because they have an evident medical situation, you should tell Canada you’ve done so, then the law should say that explicitly. We then will inform Health Canada when we refuse somebody passage because of their evident medical problem.

We won’t do that now, and we won’t do that unless we’re obliged to do it, because there will be a privacy implication. It wouldn’t be a bad idea, I think, for the committee to enforce the powers of the carrier by confirming in this law that we are obliged to deny carriage to someone who has an evident medical problem.

Clause 38 requires us to give information. Now, this is a subject of some significance to us. We have asked, as we asked Health Canada when we consulted in the summer, for a specific exemption from the Privacy Act. The legislation doesn’t provide it.

I must tell you, we are getting a little bitter and twisted about laws being passed that require us to do something that another Canadian federal law requires us not to do. It’s not fair and it’s not just. There are myriad agencies in the federal government that should be able to sort that out.

Airlines around the world, and especially the Europeans, who have an extremely powerful privacy law, would want me to say that we will not provide information, if we violate the privacy law, unless this act specifically exempts us—which it should do. This act deals

with a medical crisis, and the Privacy Act should get out of the way. Our information should be available to the state officers who are fighting that crisis, but it’s not fair to put us in a situation where we could be liable whether we do or we don’t.

As well, as a general provision, we would suggest that carriers and their agents be exempt from liability resulting from compliance in good faith with this act. Now, we see that often in legislation, we just don’t see it all the time in legislation, and it’s odd. In the tax act, it says that no action lies against a person who does anything or omits to do anything in good faith compliance, or intended compliance, with the act. I saw it last year in the national airports act, Bill C-27. Why wouldn’t you put it in here? You don’t want people to sue air carriers or airports or any other officer because they followed the orders of Health Canada, so why wouldn’t you explicitly exempt them and make them safe?

Clause 39 is of course the big hammer in the legislation. We support the powers in this legislation, and we support the new bill, even paragraph 39(1)(d), which allows them to destroy conveyances if they’re infested, although we hope that Health Canada will not be destroying too many \$150 million aircraft. Our problem, however, lies in paragraph 39(1)(e), which affords an officer the authority to do any measures they think necessary to fight the spread of a disease. You don’t very often see “any measures”, unchecked, in Canadian legislation.

Clause 41, which follows up rapidly behind, allows the possibility that all the costs will be assigned to the carrier. We could have a situation in which an aircraft lands, a person who is ill comes in, goes through Canada Customs, who also fails to detect their illness, and later on, when it becomes clear they’re sick, an enormous expenditure—including, God knows what, mass inoculation, mass quarantine—could take place. In effect, all the costs could be attributed back to the carrier.

I don’t think that’s what Parliament intends. I think the carrier’s costs should be related to the costs of quarantining and de-infesting their aircraft or the physical assets they are involved in. I don’t think it’s wise to afford that kind of completely open-ended liability.

I’m almost done here, I think.

Subclause 39(1) is a very serious issue for us. The law allows the environment officer or the screening officer to order anything done—moving a conveyance, leaving a conveyance in place, quarantining it, and so forth. Aircraft get moved by competent ground personnel or by pilots. Both of them are covered by the Canada Labour Code. The Canada Labour Code affords them the opportunity to refuse work if they think it’s dangerous.

If I was told there was evident typhus on board the aircraft, and I should get on and move it over to this other place, I would think that was dangerous. I would refuse work. But we don't know which act would have primacy, and the sanctions in this act for failing to follow an order of a quarantine officer are enormous, both for the person and, as Howard said, for the officers who are deemed guilty, regardless of whether they were present.

● (1135)

There is an override in the Canada Labour Code that says you're not allowed to refuse work if the refusal would put other people's lives in danger. Maybe that's enough, but really, if I were on the committee, I would want to know exactly where this was going to fall down so that workers are not left unaware of what their rights are in a situation of desperate crisis. With respect to both the Privacy Act and the Labour Code, it seems fair to ask parliamentarians to sort out where those legislations stand in terms of primacy before they pass them.

In clause 42, very quickly, we're asked to post a bond. We get asked to post bonds a lot, to make sure that we execute, or pay fines, or whatever. Given the enormous penalties in this bill, it seems kind of unlikely that someone's going to refuse and have to have a bond posted, or, alternatively, it seems likely the department will require the posting of an enormous bond.

In every other case where we post a bond, the department is required to return the money if the carrier ceases to do the thing they were doing. In subclause 42(3), it says they have to return the money if *they* think they should return the money. Well, I think one of the criteria for being a very top public servant in Canada is that you should never think that you should give the money back. I think Parliament should say that if a carrier, for example, ceases to fly to Canada, there is no reason why the department should still hold on to that money.

We have carriers that are still in bond to Canada for immigration offences that happened a decade ago. They're not serving Canada at all, but at least the case is still alive; they can hang their hats on that. In this case, they wouldn't even have to have that demonstration.

We have a slight technical problem with clause 44. It pertains to the carriage of cadavers, body parts, and other human remains, or where we believe there are human remains. There is no definition in the bill, and there should be a definition. If it's meant to cover animal body parts and cadavers, that's different. Body parts, without definition, could include blood cells, tissue, and certain organs that we carry routinely, that are not for transplant but that also don't come accompanied by a death certificate. We routinely carry body parts for research. The donors may or may not be dead. The bill requires us to have a death certificate to carry, for example, a hand or a kidney. We aren't going to have a death certificate for those, and we'd like the committee to look at some recourse on that.

Clause 54 offers whistle-blowers anonymity, but subclause 54(3) prevents an employer from taking any action against the employee if they have made a report. I think subclause 54(3) is valuable, because it means the employee is free to do the right thing without fear. I'm not sure about the wisdom of allowing anonymity on top of that. The reason I think this is that you have to support your quarantine officers. You have given them incredible power and responsibility. If

they're not allowed to say where they got their tip, they won't be able to assess the credibility of the tip. They won't know whether or not the person is a wacko, a disgruntled employee, or someone who might actually know. In that case, what are they going to do? They're going to have to run the full gamut of their powers, even though they won't be able to make a subjective decision as to whether or not that was a wise tip to follow.

Why would you put them in that situation? We might be able to say, well, that employee says that we frequently carry TB patients out of Colombia, but that employee has never been on a Colombia flight. That would be a quick way of speaking to the credibility of the tip. So I think that's an unnecessary provision.

Subclause 56(2) gives the minister the right to disclose information, but we think that right already exists in the Privacy Act. It doesn't need to be repeated here.

Finally, to Howard's point on clauses 73 and 74, clause 74 is an obnoxious law in Canadian legislation. One ought not to be found or sought to be guilty unless you can prove your innocence. One ought not to be deemed to be guilty even though some other person who actually did the thing has not been prosecuted. The sanctions here are very large. The financial sanctions are enormous. I don't understand why you would say an officer of a corporation has to prove they were ignorant of some event in order not to be guilty of it. I think that's not the Canadian way.

Those are my comments. I'm sorry, I went much longer than my competitor witnesses here. I welcome your questions.

● (1140)

The Chair: Thank you, Mr. Everson.

We'll move to the question and answer session now.

We will begin with Mr. Fletcher, as the lead critic for the official opposition.

Mr. Steven Fletcher (Charleswood—St. James—Assiniboia, CPC): I am going to yield my time to Mr. Merrifield.

The Chair: Do you expect to use all 10 minutes, Mr. Merrifield?

Mr. Rob Merrifield (Yellowhead, CPC): I'll probably be taking the full time. If I don't, I'll yield it to Mr. Lunney.

The Chair: Mr. Merrifield.

Mr. Rob Merrifield: Thank you for coming, Mr. Everson, your president not being here. I noticed when you said he was sick, Mr. Low moved over a little. I hope it's not SARS. As I understand, Mr. Low was quarantined for SARS once.

I am pleased you are all here. And I hope your experience here is not as painful as at the dentist's, Mr. Goldberg. I am pleased you were able to come and are able to contribute your input to this bill. It's an important piece of legislation.

Some of the things you said we have discerned already, with regard to some of the details of the bill and your concerns with compensation, whether it should be in the bill or in the regulations, and who's going to actually police the regulations as they come forward. I believe we've talked about that around the table, and hopefully we'll put some comfort in that area as we move forward.

The question I'm going to start with is for you, Mr. Low.

A piece of legislation such as this is very powerful legislation. It should be used very sparingly, but when it is, it should be applied very aggressively. With the experience of SARS, this piece of legislation was not invoked.

Should it have been?

Dr. Donald E. Low: I think Mr. Everson made an excellent point. I think what happened when the rubber hit the road is everybody got to work and did what they had to do, and nobody really made much reference to legislation or having to invoke the old Quarantine Act. I never saw any examples of where we were limited in what we felt was the right thing to do. I would say that everybody having to deal with patients and isolations, from Health Canada down to the municipalities, really did what they had to do.

Mr. Rob Merrifield: Looking back, and knowing now what we know from our experience of SARS, do you have any vision on whether this new legislation—which actually has greater power with incoming and outgoing controls—should be invoked if, let's say, a repeat of SARS were to hit?

Dr. Donald E. Low: It would seem obvious that it would be, because there is a need to ensure you can do whatever possible to try to prevent either the entry or spread of disease. I think whether or not it would have made any difference is another story, and maybe that's looking in hindsight. I don't think it would have made any difference.

I think the measures that were put in place—the education of passengers and the public awareness of the disease and how it could be transmitted—were more than adequate, and I don't think this would have changed what we went through during SARS. I don't think it would have made it any less.

•(1145)

Mr. Rob Merrifield: One of the questions we had when this all hit, because we didn't know what SARS was initially, was whether it was an infectious disease, how aggressive it was going to be, and whether we could contain it. At the time, the World Health Organization had recommended personal screening at the airports, and the airports were saying it would be too clumsy, or... I'm not sure if it was the airports. That was the message I received from the minister when I challenged the minister on why the airports were not screening, and the point was that it was going to be too clumsy.

I had a difficult time understanding that. As MPs we travel quite a bit, and the questions about whether you'd packed your suitcase yourself or whether you'd left it alone were the two questions we got, not "Have you been in contact with anyone who could have displayed the symptoms of SARS?" That would have been a very simple question, I would think.

I'd like to get the perspective—I don't know if it would be from Mr. Low or, actually, any of you—with regard to why that was not done and whether it would have helped, particularly with the travel advisory that was put on, which was so economically damaging.

Dr. Donald E. Low: I don't think there was really any evidence that airport screening made any difference with regard to containing the disease. In fact, after the event that occurred at the Metropole Hotel on February 21, there was really no evidence of any

subsequent cases of travel from Asia that resulted in more than a secondary case. I think what we saw was a very unusual event, and we were the brunt of it in the sense that we had somebody come from Asia with an unknown disease, who then subsequently transmitted it to family members, who subsequently got admitted to hospital, who then transmitted it to a number of individuals.

What we learned, I think, is that airport screening really was not effective. There were huge costs, obviously, involved in doing it, but there's no evidence that it actually... I'm not even sure whether in Asia it identified more than one case, considering the hundreds of thousands of people who went through airport screening.

Using SARS as an example, what would have been a more valuable tool is education of travellers, so that if you're coming from a country or visiting a new country and you come down with an illness, you would seek medical attention in order to be assessed.

I'm not sure any questions that could have been asked at point of entry really would have had any impact on what we experienced. The real problem here in trying to contain disease is in identifying people who have that disease. That's the most difficult challenge.

Mr. Rob Merrifield: Yes, and probably from a doctor's perspective you're right, in terms of the spread of the disease. From a layman's perspective, in terms of the recommendation from the World Health Organization... I'm trying to get to whether it was a burden on the airlines. Were they reluctant to do screening at the time, or were they never asked to do the screening?

That's more where the question is coming from.

Mr. Warren Everson: I'll very quickly explain what we did.

Health Canada didn't want us to screen people in any medical sense—and I'm trying to recall exactly what we were asked to do. First and foremost, they wanted us to give an informational note to every passenger inbound to Canada. There were two different kinds, depending on whether they were coming from a part of the world where SARS was known to be active or they were coming from anywhere else. That included questions, and they were going to be required to answer those questions at the customs post when they entered Canada.

We called that the cherry card and yellow card program. They wanted us to make those available to every passenger coming in.

Mr. Rob Merrifield: That happened in every airport?

Mr. Warren Everson: It happened in the designated airports. There were five or six.

Mr. Rob Merrifield: Was that just Vancouver and Toronto?

Mr. Warren Everson: They started with Vancouver and Toronto, and then we did Montreal and worked our way across. I can't remember offhand how many airports were involved, but it was six or seven, I think, by the time we were done.

Mr. Rob Merrifield: Yes, that was the problem that I think we had when we were asked initially. Somebody could have come into, let's say, Edmonton or Calgary, and then travelled domestically. They could have been missed, even though they came from China or...

Mr. Warren Everson: At the beginning, we were not asked to hand out the cards for the domestic program. But for inbounds from other countries, we were asked to get those cards. We had a lot of argument with Health Canada, but I would not really characterize it as anybody being difficult. When someone comes along and says, “Okay, here's what we're going to do in the airport”, the operations people say, “Well, no, you can't do it like that. You can do it like this”.

Famously, amongst our circle anyway, they wanted to put machines in place that would screen people for temperature. This was a new technology; we were going to try it in Toronto and Vancouver. That was going to be done. Of course, you have to pick your spot in an airport where you're going to make that post. We were quite a long way down the line with that discussion, and the officers in the department were being pretty demanding, saying the minister has ordered it and this is going to happen.

Finally, in a rather lovely moment, one of the ladies from Vancouver airport emergency said, “Are you going to need electricity for that post? Because there is none anywhere near where you said it's going to be. Would you like us to bring you electricity?” The officers of the department had to concede that yes, it would be a good idea.

But that pushing and shoving didn't mean lack of cooperation. They said they wanted everybody to have a card. We said we had passengers who checked in at the kiosk and didn't talk to any airline employee, so they needed to find somewhere else where they could get that card. We had pushing and shoving on that, and finally we did deal with it. In fact, the airports bailed us out on that, did that work.

We gave cards away. We had a program by which, in a domestic situation or an outbound situation, if a person showed up and answered yes to the question “Do you have a fever?”, they would be sent to a Health Canada post in the airport—which were mostly in the VIP lounges at the airports—where a medical officer would screen them and then send them back to us if they were clear to go.

• (1150)

Mr. Rob Merrifield: That was quite a ways along, actually—after the travel advisory, I believe.

Mr. Warren Everson: Yes, it took quite a bit of time. I remember that I wrote a letter to the ADM at Health Canada and we indicated at a certain date that we were ready to do all those things, that all the airlines that were serving those airports had agreed and knew what they were supposed to do, and we were ready to deploy it. Then it was some period of time after that, and I think it was chiefly because they couldn't get the health personnel for 24-hour coverage, but I don't know all the reasons.

Mr. Rob Merrifield: Thank you.

The Chair: Thank you.

Mr. Ménard.

[*Translation*]

Mr. Réal Ménard (Hochelaga, BQ): I have three questions, the first of which is directed to Mr. Low.

You stated that we need to update the schedule in which epidemics, diseases and so forth are listed. You're the first witness to

make that comment to the committee. What exactly do you want to see happen?

Moreover, I believe a Cabinet order is required in order for the schedule to be updated. What is it that you want? In what way is the schedule incomplete, in your opinion? Could you be more specific in terms of what you would like us to recommend in so far as the schedule is concerned?

[*English*]

Dr. Donald E. Low: I think the schedule should be looked at and the question asked, what threat is this to Canadians for somebody who has this disease? And then I think you could not only look at these agents and determine their risk, but also look at other agents that might pose similar risks. So I would suggest that each one of these be characterized as to high risk, medium risk, or no risk. If they are no risk, then they could be removed from the schedule.

For example, the hemorrhagic fevers are listed. There are about six or seven diseases here that constitute hemorrhagic fevers. All of these are really no risk to Canadians and not even a risk to health care workers if they follow the normal practices to protect themselves—that is, blood and body precautions, which is now a standard in all health care facilities in Canada. So although it carries a connotation when we hear about Ebola, and we heard about the experience that happened in Hamilton a few years ago—and the response was that we were on the verge of an outbreak—in actual fact, that patient, if she ever did have Ebola, really posed no risk to anyone other than a health care worker who might have been exposed to the blood from that patient.

[*Translation*]

Mr. Réal Ménard: Thank you.

I also have a question for Mr. Everson.

You seem to be concerned about the bill putting you in the position of having to designate some space in airports. Either Mr. Everson or Mr. Goldberg—I can't recall who exactly—stated that the bill imposes the obligation to designate space, which could prove problematic in a number of cases. At the same time, of course, we could be dealing with a public health emergency.

Did I understand you correctly to say that you wished to see only the eight largest international airports in Canada, including the Vancouver, Halifax, Montreal and Toronto airports, eventually deemed eligible for consideration as quarantine stations?

As for the other smaller airports, you appear to favour some kind of temporary arrangement. Is that correct?

• (1155)

[*English*]

Mr. Howard P. Goldberg: Yes, sir. The bill makes a distinction between a quarantine station and a quarantine facility, the quarantine station being a permanent establishment. It's that permanent establishment that we spoke about along the lines of what we must provide for customs, immigration, the RCMP, and so on. For smaller airports, there just isn't space and they just don't have the funds to equip that as... Well, to be honest, we don't know what equipment is required. There's no description of the minimum equipment to be in each place.

The large eight airports and most smaller airports have some health space already where there's maybe an examining table and some small medical equipment for the use of either Health Canada or even in case of a small emergency at the airport, but it's this distinct quarantine station and what it may cause and its costs that's the concern. That's why we've said, yes, it makes sense for the large eight airports, because that's where the bulk of the international traffic will arrive. However, I don't want the committee to lose sight of the fact that there are numbers of smaller airports that do have international travel on an irregular or less-than-often basis that could be caught up in this. That's why I want to make that distinction.

[*Translation*]

Mr. Réal Ménard: I have one last question.

I believe it was Mr. Everson who expressed concern or some degree of apprehension over the fact that airline employees could eventually act as screening officers. Could you describe your concerns to us in greater detail? In the legislation, screening officers are persons designated by the minister. The committee looked at the issue of professional qualifications. Nurses made recommendations. However, I cannot easily imagine a situation where airline staff would act as screening officers. I don't see that happening any time, but I don't set foot in an airport every day either. You're more familiar with these issues than I am.

[*English*]

Mr. Warren Everson: I agree it's unlikely that the minister would designate airline personnel; however, we want it to be impossible, unless they've been professionally trained. There's no definition of what screening is, therefore we could be ordered to perform various tasks that might be extremely difficult to do in posts abroad.

Many Canadian air carriers don't staff their own posts in foreign locations; they use locally engaged personnel. So to have Air Transat informed that they have to take the temperature of everybody getting on the plane in Portugal, using locally engaged personnel who are actually employees of Lot Airlines—it's that kind of thing.

There's no question about the airlines doing everything reasonable to cooperate with the government in following all orders, but we're not just talking about Canadian domestic airlines either. I just don't think we want to leave an ambiguity in the act. It would be too tempting.

[*Translation*]

Mr. Réal Ménard: Thank you.

[*English*]

The Chair: Ms. Dhalla. Oh, she's not here.

Mr. Savage.

Mr. Michael Savage (Dartmouth—Cole Harbour, Lib.): I'll be Ms. Dhalla today. I have a couple of questions.

First of all, Dr. Low, you made a comment that in your view the legislation somewhat adequately did a good job of identifying or speaking to the identification of people who might need to be examined further. Can you just talk a little bit about some things you would strengthen in the legislation in terms of ID?

Dr. Donald E. Low: Unfortunately, I don't have a solution. It's just a reality, and one of the issues about the value of quarantine

itself as a means of controlling disease. We haven't used quarantine for the last 50 or 60 years, and there's good reason for that. It really does very little in controlling disease. Either something is so infectious, such as influenza, that by the time you're able to quarantine somebody with the disease they are already symptomatic and have transmitted it; or something is less infectious, therefore quarantine isn't needed because you can identify somebody who is symptomatic and put them in isolation, which is different.

Then you have to clarify the difference between isolation and quarantine. Isolation is when somebody has disease. Quarantine is when you suspect somebody might come down with the disease.

So there's still lots of controversy about the value of quarantine. Part of the real problem is having the tools to be able to identify the person who should be put in quarantine. There's just no easy answer for this, but it shows just how difficult it is to have something like this effectively control the introduction and spread of disease into Canada.

• (1200)

Mr. Michael Savage: Okay. So there's nothing we can do to the legislation to address that as such.

Dr. Donald E. Low: No.

Mr. Michael Savage: It's up to the individual.

Mr. Goldberg, you referred to subclause 6(2) as a blank cheque in terms of responsibility of airports. Is your issue there strictly that the airport should be compensated for having to provide these services? Do you think it's a good idea, assuming there was some compensation involved?

Mr. Howard P. Goldberg: They are issues of compensation and space, depending on which airport the minister decides to designate as a quarantine station. Fundamentally for us there are issues of space as well as cost, but if the act requires the space, we'll find it. The biggest issue for us is that it then becomes less space to generate the revenues we need to keep the airport going—the ongoing maintenance costs, and all of the other attendant costs.

Mr. Michael Savage: But I assume you're seeking compensation for the use of those facilities.

Mr. Howard P. Goldberg: Yes, absolutely.

Mr. Michael Savage: I would like to follow up on a question from Monsieur Ménard. In terms of the eight airports in Canada that are the largest, Halifax is obviously one of those. You mentioned Moncton.

Mr. Howard P. Goldberg: No, Moncton is not among the largest.

Mr. Michael Savage: Moncton is not. You mentioned Moncton being one of the ones that... How many airports are there in Canada outside of the top eight that actually would have some international travel?

Mr. Howard P. Goldberg: That's really hard to say, because an airport could have one international flight a week on a charter, say, out of Comox. I've had discussions with Comox about one flight to somewhere like Puerto Vallarta or somewhere like that, non-stop.

Lots of airports have small ad hoc charters or all kinds of things where there may be international service. There are lots of airports that have customs service. Fredericton, Moncton, and Saint John in New Brunswick, for example, all have customs service on a regularly scheduled basis, and they could very easily have these kinds of requirements imposed on them. It's very hard to give you a total number, but it's a large number of airports.

Mr. Michael Savage: I assume there might be some airports in Canada that wouldn't have any scheduled international flights but might have emergency landings of some sort as well.

Mr. Howard P. Goldberg: One would hope that every airport is available to every aircraft that's in need, and you couldn't figure that out.

Mr. Michael Savage: In an airport like Moncton, for example, if there was the need for this act to be invoked, you're suggesting a regional health authority should be the one that actually does the administration of it, but the facility would be available at the airports, even in the smaller ones?

Mr. Howard P. Goldberg: Well, no. The problem with the small one is that the facility will not likely be there. One of the interesting distinctions in the bill is the distinction between the station and the facility—the station, the permanent, ongoing, established place; and the facility, that piece that needs to be there when something happens.

All my airport people tell me, we don't know, if it's a 747 load of folks, where in the airport we are going to put them. What do we do with the terminal building? The act allows for 40 days for the use of this space on the decision of the minister. Do we take over a hangar? That's when there's an issue, and wherever there is one, as Warren said, we'll step up to the plate. Whatever needs to get done will get done. It's the station, and in fact the bill allows for compensation. The minister may compensate for a facility. So it's this station business, this permanent business that's the more important.

Mr. Michael Savage: Do I have another minute?

The Chair: No, I'm sorry. You're finished.

Mr. Lunney.

Mr. James Lunney (Nanaimo—Alberni, CPC): Thank you, Madam Chair.

It's been very helpful. I appreciate the input from all of our witnesses so far. I think you've raised some very good questions the committee is going to want to address.

One of the issues that both of our two members from the airport industry itself have brought up is that clause 73 and clause 74 talk about being guilty until proven innocent. That wouldn't be accepted just about anywhere else in society, and I think we do need to look at that provision.

We're talking about some fairly drastic measures here. In terms of compensation, you also mentioned that your airports are paying rent. In most cases a lot of them are private—

• (1205)

Mr. Howard P. Goldberg: All of them.

Mr. James Lunney: They're all private, that's right, but they're paying annual rent to the government on leases. I think you said \$250 million.

Mr. Howard P. Goldberg: Yes, it's \$250 million a year right now and going up.

Mr. James Lunney: It seems to me that if the federal government is going to impose costs on the carriers, there should be a way to compensate the carriers through the rent that they're paying and at least balance that out. It doesn't seem to be reasonable to impose those costs, especially when the government has an interest in protecting the public, presumably. I don't see why it would be the airlines that would have to carry that. So I hope that's something committee members will be willing to look at.

I want to raise a question while we have Dr. Low here, who's a microbiologist.

I wanted to ask you about SARS. It was a virus, and viruses generally work best in anaerobic conditions or low-oxygen environments.

For the air traveller, I'm thinking about long flights, where the passengers are exposed to lower oxygen availability in the cabin because of the lower cabin pressure and so on. It makes sense to try to look for a way to reduce the risk to air travellers by increasing oxygen availability in the cabin, in terms of retarding a rapidly multiplying virus like SARS that gets into the system. It would give the immune system a boost, because heart rate is low, respiratory rate is low, the cabin pressure is low, and so oxygen availability to tissue is low.

I just wonder if you think it might help if we made more oxygen available to the passengers to reduce the risk of a rapidly multiplying virus getting ahead of the passenger, as a preventive measure.

Dr. Donald E. Low: No, I don't. Actually, the air exchange in planes is better than you'll ever get in any office building downtown. There is little evidence that transmission actually occurred in airlines during SARS, although there were a number of patients who had the disease who did travel. There were examples of where it did occur in fact, not because of airborne transmission within the plane, but because of what we refer to as droplet and contact, which means that the person came in contact with the infected person.

There's no evidence to suggest that increasing the availability of oxygen would either retard or prevent transmission.

Mr. James Lunney: My point's not so much transmission. It's more about the development of a serious infection in someone who has had contact and is in transport, because the lower cabin pressure means that oxygen availability to tissue is down. It's not so much transmission, it's about allowing that infection to become a serious one, because as you know, many of the people exposed never develop serious symptoms.

By the way, could you tell us what the final number was? Was it 55 people who actually died, in total?

Dr. Donald E. Low: There were 44 who died in Canada.

Mr. James Lunney: It was 44 in Canada

Dr. Donald E. Low: That's correct.

Mr. James Lunney: The point there was simply that it would reduce the risk of that infection becoming serious on a long flight of 10 or 12 hours. When you're not able to move, your immune system is compromised and oxygen availability to the tissue of the individual who may already be infected when he or she board...

Dr. Donald E. Low: There is no evidence that in fact either of those measures would change the severity of the illness or the clinical manifestations.

Mr. James Lunney: Are you aware of anybody who's actually checked this out?

Dr. Donald E. Low: I would assume—and maybe our colleagues here might be able to tell me—but the oxygen content in planes in the long-haul flights is probably pretty close to what you get—

Mr. James Lunney: Let me say it this way. It's not the air you're breathing that we're talking about. I've talked to one of the airline engineers. One of the things we do is travel a lot, and I had one sitting beside me one day on a long flight. I was asking about that. At 30,000 feet, you're talking about a cabin pressure roughly equal to 700 feet elevation.

I'm talking about the atmospheric pressure that's reduced in the cabin. Atmospheric pressure drives oxygen to the tissue. When we know those viruses don't multiply without getting inside cells, if the cells have less oxygen available then the virus has a chance to get ahead on the immune system. That's what I'm implying here, and I'm just wondering if anybody's looking at it.

Second, in terms of droplet infection, you said the risk of transmission appeared to be low. I was glad to hear you say that, but there's certainly a lot of paranoia out there, which spread greatly. We saw travellers coming in with masks, people in airports wearing masks, everybody wearing masks. There's a lot of concern. When you're standing in line and somebody's coughing or sneezing, there are a lot of suspicious looks all of a sudden.

In order to reduce the fear the public has, is the airline industry itself looking at installing devices, like UV light in the duct work, for example, that would reduce the pathogens passing through with filtrations, to augment or assist that?

• (1210)

Dr. Donald E. Low: All the air is HEPA filtered on airlines, so you can't really do any better than that. I think that's probably more than adequate in the best of circumstances.

Mr. James Lunney: So you think these fears are misguided in the first place, except for droplet or contact in the handles and in hand washing and so on?

Dr. Donald E. Low: Exactly. If you don't know a person is sick and you come in contact with that person, there is that risk of transmission through droplet or contact. No air exchange or purification is going to change this.

The Chair: Thank you, Dr. Lunney.

Mr. Thibault.

Hon. Robert Thibault (West Nova, Lib.): Thank you, Madam Chair.

I want to thank the three gentlemen for appearing today and bringing a lot of information and a lot for us to consider. I don't

know how much we'll be able to get through in questioning—especially Mr. Everson, who has made a clause-by-clause analysis, which is part of the record and which we will be considering as we do our analysis and consider amendments to the bill. I just want to point out a couple of things and hopefully get a few comments on them.

Number one, Mr. Everson, you pointed out the question of putting the airlines in a dilemma between acts of Parliament in terms of which one they should follow in this instance. As I see it, this is very much a bill to manage an emergency and a crisis, and to my mind it takes precedence.

I want to make a few points before you answer. Would it be advisable to have an all-encompassing notwithstanding clause to say that this act takes precedence over other acts of Parliament where there is conflict?

The second question is for Mr. Goldberg. When I look at subclause 6(2),

(2) The operator of a facility in which a customs office, within the meaning of subsection 2(1) of the Customs Act, is located shall, when required in writing by the Minister, provide and maintain free of charge any area or facility that the Minister considers necessary...

Then it goes on to furnishings and so on. I see it very much as a punctual managing of an emergency, not an ongoing, full-time facility. If I'm wrong, please correct me.

The other point I'd like to look at is the question of the international flights and the requirements. I always thought that screening officers... When we had officials here, although it was not said, it was implied that it's the customs people. It's on Canadian soil. The screening is there, although the desire and duty of the airlines to inform if there's a problem on their flights come into play. But that's where it was... and that our bill was quite consistent with the evolution of law in other countries. That's where we're all coming to manage this type of thing, working through the World Health Organization and those areas.

Those would be my principal points. Perhaps we can start with Mr. Goldberg and work our way through.

Mr. Howard P. Goldberg: Thank you very much.

As I read the bill, the bill makes a difference between a quarantine station and a quarantine facility. In fact, in my written submission, the last bulleted point in the litany of things we think government's doing a little wrong in terms of its requirements for space makes clear that already quarantine officers at airports are starting to make plans for the stations they will have under the new act. In fact, in Toronto they are asking the Toronto Airport Authority to grant additional space for the eastern regional director, who will run the Quarantine Act and who will have all of eastern Canada to manage. The idea that there will be quarantine stations is clearly within the minds of the people who will be living under this act.

We already have a kind of quarantine function in Vancouver, for example. Those people are currently in rented space. The little bit of examining space, the 60 square metres that the airport provides for health, was being used for the staff who were looking after the occupational safety and health of the federal workers who are at the airport. We've had to tell those people they have to leave in order to put the quarantine people there, in order to free up space.

On the issue of the station, we fully expect the minister to request in writing, at least from each of the big eight, space for a quarantine station. We expect this to occur when the bill is passed. The current act does not allow the minister to do this. It's that difference between a permanent facility and the temporary facility I was trying point out.

• (1215)

Hon. Robert Thibault: Yes, Mr...

Mr. Warren Everson: I have two questions from you, but I also want to add to the comment Howard is making.

The federal agencies today help themselves to tens of millions of dollars of free space in our airports. There's little restriction on them. There are a lot of different agencies—food inspection, customs, immigration, CSIS, the police, etc. There are even anecdotal stories about the police thinking of closing their stations on the highway and moving to the airport because the space there is free.

We found during the SARS epidemic last year that sometimes when you deal with security people they say, "We don't care what it costs. Just do it". At Health Canada, they said, "We know very well what it costs. You're going to pay it". They are not unconscious of the costs; they're just anxious, even in a crisis, to make sure they get the best deal possible. If they had a 40-day lien on your property to put a customs station in place and they had a long-term situation in a region, they would do it, so you want to be conscious of it.

You asked me about an override clause. I guess my answer would be that I don't favour an all-override clause, because among the laws that would be overridden for an airline would be the Aeronautics Act, which is our safety statute. You wouldn't want a customs officers saying, "This is what you're going to do. I don't know from nothing with regard to airline operations, but I want this done and my act overrides everything".

I would ask you to look specifically at the Labour Code, because of the squeeze play we talked about for workers, and the Privacy Act. We had this issue last year and the year before on advance passenger information for terrorism security. We could not provide the information to the RCMP until we had an exemption that was specific.

You also asked about screening officers. My issue, I think, is that the stipulation should be that the person has some training or some competency, so that other people can't be pressed into service to serve as officers for Canada.

The Chair: Thank you, Mr. Thibault.

Mr. Carrie.

Mr. Colin Carrie (Oshawa, CPC): Thank you very much, gentlemen. I have a few questions, and I'll try to be as quick and succinct as I possibly can.

You mentioned the efficacy of screening. This is one of the issues we've been dealing with, not only with the medical associations that are in here. It almost seems to bring up another question: what exactly can you do realistically to help in an outbreak? That's where my question is coming from. You made a really good point that nobody brought up before about the education of travellers. I was wondering whether the airline or the airport industries would be open to helping educate travellers. In other words, when you have people on a plane and they're sitting there for half an hour or whatever, have a little video and let them know: if you have these problems, can you report them?

What can you do and what are you doing now? I guess that is my question.

Dr. Donald E. Low: Yes, I think that would be critical. There are two examples I can give you where it's actually in place. One is KLM, which has a video instructing people coming into the Netherlands about the risk of bringing pandemic influenza, influenza from a country where there is currently transmission of avian influenza, and it's done in the format of a video. In South America, during the vibrio cholera problems a few years ago, back with El Niño, when there was increasing cholera, in the seat pockets there was an information piece for travellers about what vibrio is, what the risks are, what you should do if you're symptomatic.

So I think it's an opportunity. To me, during SARS, the most critical thing would be to educate travellers, because on the way in they might not be sick, but they might become sick, and then what do they do? I think we could provide them with some options, so that if they did become ill they'd know who to turn to, who to call, and who to inform.

Mr. Colin Carrie: I was thinking of not only during outbreaks but as a preventative thing. What we're looking at now is what the government can do, but what can we do in partnering with industry as well? Around these rooms we have handwashing stations that we can use, simple things that we can put into airports, because looking at the effectiveness of screening, there doesn't appear to be anything you can really do ahead of time. You don't know who's sick and who's not sick.

Would you be agreeable to bringing these ideas back to your associations and seeing if there is something you could put in as a standard procedure for handwashing, videos on flights, preventative types of things?

• (1220)

Mr. Warren Everson: During the SARS outbreak, we provided information notices to travellers inbound and outbound eventually. We also put videos on our airplanes where we were requested to do so. We also did that in our oral announcements during the foot-and-mouth outbreaks in Korea and in Britain.

So we are willing to do what's required. However, we are not a medical source of information, so we will only distribute information that Canada provides. We're not going to be responsible for advising passengers of every possible risk to their health and therefore be liable when we fail to properly document one. This has been an issue on some other health issues that come up in aircraft.

There's no way to put it in legislation, but you would want some degree of reasonableness. We keep our videos fairly short. We keep them very visual because people can't hear properly, they don't speak the language, they have accents and so forth, so when Health Canada gives us material, we'd like it to be of a style that we can deploy usefully.

As for an ongoing process that when you board an aircraft you get information about health issues, I don't think our passengers are looking to us for that. Personally, I know I'm leaving the airplane in mid-flight if I have to sit through a video that tells me about hygiene more than once, unless there's an issue in a country that I'm going to.

Mr. Colin Carrie: I thought it was a good idea to look into.

Do I have time for another question, Madam Chair?

The Chair: Not really, Mr. Carrie.

We'll go to Madame Demers next, then Ms. Dhalla.

[*Translation*]

Ms. Nicole Demers (Laval, BQ): Thank you, Madam Chair.

Thank you for coming, Dr. Low. I too was delighted to hear you address the committee this morning. You stated that the biggest problem was identifying the responsible parties. Are you really saying then that if the status quo prevailed, that is if the bill were not adopted, we wouldn't really be any worse off?

[*English*]

Dr. Donald E. Low: I don't think this bill is going to address that problem. It's something we deal with not only with returning travellers and people visiting our country, but also in our hospital settings, identifying the person at risk. I think once you can do that, you can then evoke measures to protect other people from that contagion. I don't think the bill will address this.

[*Translation*]

Ms. Nicole Demers: Thank you. As for revising the schedule, you stated that we could remove listed diseases that are not transmitted through the air or by another vector.

Do you believe that if these diseases were not removed from the list and quarantine officers suspected that a person was infected, for example, with Ebola fever or some other disease listed in the schedule, because these diseases are transmitted through contact with blood or bodily fluids, this might pose a risk for quarantine officers in that they could contract these diseases?

[*English*]

Dr. Donald E. Low: The problem is identification. Patients who have Ebola or patients who have Brazilian hemorrhagic fever—these are diagnoses that are not made clinically but require diagnostic tests done in a health care facility. So the type of patient for whom you may be concerned that this could be one of the possibilities could also have a range of other illnesses. I think you should treat all of

those patients in the same manner. From all of those people you suspect, you should protect yourself against respiratory secretions, blood, and body fluids.

I'm not sure of the value of listing the actual agent in the schedule, because the agent is only identified post hoc. It's only identified sometimes days or weeks later. More important is the syndrome, so a patient coming in from another country who has a febrile respiratory illness is someone we should be concerned about, because they may have 10 or 15 different viral or bacterial causes that pose a risk to other individuals. But with the schedule, you wouldn't identify those individuals, because these are very disease specific. So I'm not sure what value to the bill this list would provide.

• (1225)

[*Translation*]

Ms. Nicole Demers: Are the syndromes to which you referred visible to the naked eye, or are invasive measures required in order to make a correct diagnosis?

[*English*]

Dr. Donald E. Low: For diseases that are a risk to other individuals, there are two settings. There is one in which the person is at risk of transmitting the disease before the onset of symptoms. The best example of that is chicken pox and influenza, where somebody can be infectious and they themselves don't know they have the disease. The second is where you have somebody who is symptomatic, the signs and symptoms are limited in scope, and therefore it is relatively easy to classify that individual. I would give as an example the person who presents with a respiratory illness, or a person who presents with a new onset of a dermatological disease or gastrointestinal. By that simple classification, you have a respiratory illness, a skin and soft tissue illness, or a gastrointestinal illness. It includes dozens of different possibilities, but in managing that person in the same way, you protect yourself, even though you don't know what the cause is.

The Chair: Ms. Dhalla.

Ms. Ruby Dhalla (Brampton—Springdale, Lib.): Madam Chairman, I want to take the opportunity to welcome all of our witnesses today. I offer my apologies. I had to step out, so excuse me if I'm asking a question that's already been answered.

Out of curiosity, Mr. Goldberg, in your capacity as vice-president of the Canadian Airports Council, do you have an effective strategy in place, aside from this quarantine legislation, since the outbreak of SARS?

Mr. Howard P. Goldberg: The council itself doesn't, but our individual—

Ms. Ruby Dhalla: The airports do individually.

Mr. Howard P. Goldberg: Yes, our individual airports do. The big eight especially, where this would occur, do have staff specifically designated for emergency procedures, including a lot of medical procedures. Those people are in constant contact with local health authorities. They meet on a regular basis. They do tabletop training. They are in a state of preparedness as we go forward.

I think we all learned lessons from SARS. Yes, the eight major international airports are significantly involved, and to a lesser degree smaller airports are as well.

Ms. Ruby Dhalla: Which type of individuals have the airports been training in regard to this preparedness?

Mr. Howard P. Goldberg: Within the operations department there's a person specifically designated as the emergency person, and that person deals with a number of emergencies, including health ones. Within their area of expertise, they will take within the airport those staff who need to be trained in various ways for various things. Firefighters, for example, might get various kinds of training, and security personnel might get other kinds of training. All of them have methods in place to deal with issues as they arise, including medical ones.

Ms. Ruby Dhalla: According to your knowledge, how fast would the turnaround time be in terms of preparedness for a particular issue?

Mr. Howard P. Goldberg: It depends on the issue. I don't know. I don't think I could give you an answer.

Ms. Ruby Dhalla: I have one last question. In regard to the administration of the act, again, how would the effect of it take place within the actual delegations of the airports themselves?

Mr. Howard P. Goldberg: Within the airport, I would assume the minister or someone has said there's a quarantine. Airports, like airlines, have this great big book. You take down the big book and you turn to the page that says, this is what you do. That's all part of the planning.

Once we've given the direction or the order or have declared the need to move, within each airport there is a set of clearly outlined steps that are taken: who's called, who's called when, and who comes in when. All of that's done and created through this training and the tabletopping exercises the staff of the airport do. Once we know something is on or once we need to start, they get going relatively quickly. How long it takes from pulling down the binder and turning to the right page until you're up and running, I think, will depend on the situation.

The Chair: Thank you, Miss Dhalla and the witnesses.

Mr. Goldberg has handed in his presentation, but it has to be translated. That's why it hasn't been given out to you.

I'm wondering if Mr. Everson, who seemed to be well prepared with suggestions on specific parts of the bill, could get his suggestions on paper and to the clerk, because we will soon be devising the amendments. If you want some of your thoughts included in the amendments, it's really helpful to have them on paper.

• (1230)

Mr. Warren Everson: Thank you, Madam Chairman.

I apologize. We normally bring briefs for everybody in the committee in both languages. In this case I didn't get the file until Tuesday. It's also Thanksgiving week in the United States, so a number of carriers who I know were going to make representations through our association have not been able to respond. I may get other input I didn't have available today that I'll provide later, if the committee doesn't mind.

The Chair: That would be helpful.

Mr. Everson, are you a lawyer?

Mr. Warren Everson: No, ma'am.

The Chair: Oh, you're not.

I was just going to say the really helpful submissions don't just mention the clause there's a concern about but say it should be amended this way. If witnesses give us their suggested amendments, then various members of the committee can present them.

Mr. Warren Everson: We'll do what we can.

The Chair: The problem is, there's a little shortage of time. This being Thursday, a week from today we begin clause-by-clause, so we would really like to have them in by Monday.

Mr. Warren Everson: It's the airline business, so we deal with short timeframes all the time. I'll see what I can do.

The Chair: Thanks very much.

Dr. Low, you suggested a revamping of the appendix at the back. I'm wondering if you could send us something on how you would do that.

Dr. Donald E. Low: I'd be glad to give my opinion, I'm sure. It'll be controversial, but I'll be glad to give it a try.

The Chair: That would be really helpful. Thank you very much.

On behalf of all members of the committee, I would once again like to thank the witnesses for giving us their time today and for the time they took to prepare their presentations. We really appreciate it. This is in our view what good citizenship is all about, and we really are grateful. Thank you very much.

For the members of the committee, we have a little bit of business to do. The first thing I want to put before my members is that I have been approached by the chair of the agriculture committee.

Now, for the new members, this is probably something you don't know, but the health department is in charge of the Pest Management Regulatory Agency. That is the agency that takes care of pesticides in this country. A couple of years ago this committee approved a new and revised pesticide act. Now, the problem is that the people most interested in the pesticide act—well, I wouldn't say most interested—rather, the people who use pesticides, who fulfill the requirements of the pesticide act, and who have to deal with the Pest Management Regulatory Agency are mainly farmers, and they go to the agriculture committee.

Mr. Rob Merrifield: What's wrong with farmers?

The Chair: Nothing, but the problem is that they're not as inclined to come here.

In any case, I've been approached by two members of the agriculture committee who are ready to tear their hair out about the Pest Management Regulatory Agency. They have been having hearings and think we—we're not in charge of that agency, but essentially it's under the health department—need to hear what they've found out. They have asked for a joint meeting with us—not a joint committee to be struck but a joint meeting—so we can find out from them what they have found out from their witnesses about this agency for which, in essence, we are somewhat responsible.

So I'm wondering if you would agree to the clerk trying to set up such a meeting. It might be at an odd time, but they are getting beyond patience. We had some indication of this when we did the pesticide act, but once we passed the act we put it behind us. What's happening is that the other committee is having to deal with the flotsam and jetsam that has come from it.

Mr. Merrifield.

Mr. Rob Merrifield: Yes, this doesn't surprise me at all, and you're exactly right. When we reviewed this piece of legislation, we knew at the time there wasn't a hope that what the Pest Management Regulatory Agency said they were going to do was going to actually transpire unless they completely changed things around. I think that's the source of the frustration that has now come to light.

But I agree with you. I think we should sit down with the agriculture committee, have this meeting, and see if we can help the situation.

The Chair: Mr. Thibault.

Hon. Robert Thibault: Thank you.

I agree. I think it would be useful. I think the chairs of both committees should jointly invite us to a dinner somewhere very expensive.

Some hon. members: Oh, oh!

The Chair: Café Henry Burger.

•(1235)

Hon. Robert Thibault: It might be helpful if you could ask the chair or the clerk of that committee to forward to us copies of the briefs that have been presented or any material that might be helpful to us before we go there, so we can understand the points better.

The Chair: I'm just hopeful we can find an evening, a breakfast, or something. We'll need a certain amount of time, because this is a complicated subject. It would be helpful if we all read a whole pile of material ahead of time, but I'm not 100% confident that in the next couple of weeks any of us will have the time to do that. If we can't get a time, then I would suggest we do it as one of our first items when we come back, because there will be more time then.

Do I have agreement on this plan?

Some hon. members: Agreed.

Hon. Robert Thibault: I just have one more quick one on that one. Just for the information of everybody, I believe the Pest Management Regulatory Agency officials are at the agriculture committee meeting this morning.

The Chair: Yes, and I don't think they're going to have too pleasant a time.

I thank you for your agreement on this.

Mr. Fletcher, go ahead.

Mr. Steven Fletcher: Madam Chair, you may recall that a while ago the health committee passed a motion to ask the Prime Minister to come and speak with us. I was wondering when we can expect that to occur.

The Chair: That letter has gone. I've signed it. But we have not had a response.

Mr. Steven Fletcher: Do you know when you will receive a response?

The Chair: No, I have no idea. How would I know? Do you know when you're going to get a letter? I don't know when I'm going to get a letter.

Mr. Steven Fletcher: Well, this is the health committee, and I would hope the Prime Minister would put this very high on his agenda, as we have very important things we'd like to ask him.

The Chair: Now, I have a new understanding about the process of clause-by-clause. There has always been a rule that you could not present in report stage in the House what could have been presented in committee. There was a time when that rule was not applied very heavily, but apparently there has been such a rash of amendments being presented at report stage in the House that the Speaker has told everybody that he is going to enforce that very tightly. This means that the main process of amending must be here.

For our committee, it seems to me we always had the main process here. But I just caution you because it actually is a bigger responsibility. We can't say things like, we can't deal with that here, we'll deal with in the House, because he is going to rule very tightly about what actually can be introduced in the House at that later stage, which makes our amendment process so much more important.

It says, "If an amendment is proposed at report stage which could have been proposed here, it will not be selected by the Speaker for debate and a decision of the House". Therefore, we must make every effort to consider all possible amendments to the bill here in committee.

Now there is a legislative clerk called Joann Garbig, and she can assist you. She's actually bringing copies of the Speaker's statement on this matter as well as a short document entitled "Amending Bills at Committee and Report Stages in the House of Commons".

Ms. Garbig, do you have that document with you?

•(1240)

Ms. Joann Garbig (Legislative Clerk): I have a few copies and the link to where it could be found on the Internet.

The Chair: Maybe you could give one per party or something.

Now, if in fact we're going to follow our schedule, which suggests we are going to start clause-by-clause a week from today, in order to get all the amendments into the package—some of you have been through this before, so you know there's a package of amendments that the clerks put in order—we need to get those amendments in by 5 p.m. on Monday. This is Thursday afternoon already, so there's not a whole lot of time.

I would think if you're questioning how many amendments you should put in, you can't expect that, because you had a good thought, somebody in another party is going to do it or somebody over here is going to do it. I would err on the side of submitting everything that you think. And if in fact Mr. Blaikie and Mr. Ménard submit almost identical amendments, we can deal very quickly with that. But it's harder to deal with situations where we say, we forgot about this so we'd better have an amendment later.

So err on the side of generosity when you're doing your amendments and get them in, and we'll sort them out. We might find some duplication, but essentially we can deal with that very easily.

Mr. Rob Merrifield: I have a question on that. Because it is going to be a very tight timeline to be able to make that happen, I'm wondering if we should put it off one more meeting and maybe that would give us Thursday to do something. Maybe the minister would come with supplementary estimates. We've asked for that. I don't know what his schedule is like, but—

The Chair: Put up your hand if you agree with Rob that it's going to be very difficult to get those amendments in by 5 p.m. this coming Monday.

Everybody. I wondered about this timeline.

Mr. Steven Fletcher: If the Prime Minister is available, I'd be happy to—

An hon. member: The Prime Minister or the minister.

The Chair: On that Thursday—

Ms. Ruby Dhalla: He said he was coming on the 30th.

The Chair: I don't think so. I remind you that on the 30th, which is one of our regular days, our 3:30 on Tuesday meeting, these rooms are unavailable and therefore we will not be meeting. So we lose one day there. And on the Thursday when we were to begin clause-by-clause, that is the day Kristopher Knowles is coming to Ottawa, and in accession to your wishes we have invited him to come here for 20 minutes.

If we can't start clause-by-clause that day—and it may be too soon—the next date we could start on would be December 7, and if we do that, we have set aside December 9 for the Hepatitis C Society.

Mr. Rob Merrifield: I think they're coming already. Is that confirmed on December 9?

The Chair: We told them when they were here that was the date we were thinking of, but the clerk has not sent them the formal invitation because she too is worried about whether we're going to get this clause-by-clause done.

Mr. Rob Merrifield: Can you interrupt the clause-by-clause with one meeting?

The Chair: Yes.

Mr. Rob Merrifield: So what's the problem, then?

The Chair: That's what we had planned. The problem is, at this point if we don't start clause-by-clause, if we don't get our amendments in by 5 o'clock on November 29, we can't start clause-by-clause on Thursday because it takes the clerks that long to get the package ready.

So then we could start on Tuesday, December 7, but on December 9 we were supposed to do hepatitis C and on December 14, tobacco regulations. That only leaves one meeting, December 16, in which case I wouldn't be able to report the bill before Christmas.

Mr. Rob Merrifield: But depending on how many days it would

The Chair: Mr. Ménard has an idea.

[*Translation*]

Mr. Réal Ménard: Basically then, on condition that we have a more in-depth discussions with our caucus, we have seven or eight amendments to consider. Once we have an answer, how much time it takes will depend on... We were told that Francis Descôteaux was in charge of drafting the amendments. If we send him our amendments, either today or tomorrow, and if he says he can have everything ready by Monday, then he's the person to answer that question.

Will legal counsel be standing by to draft all of the amendments submitted? If so, then I think we can get down to business on Tuesday. We don't draft the actual amendment, we simply submit a text and he puts it in the correct legal format. Can we check to see if counsel can be available throughout the day Monday to draft the amendments so that we have them by Tuesday? Basically, that's what we need to confirm.

Could we poll members quickly to see how many amendments were potentially looking at? We have about seven or eight, particularly on the question of human rights and practices. Approximately how many are you thinking of proposing? Could we go around the table quickly to get a rough idea of the total number?

[*English*]

The Chair: The Bloc has seven. Do you know how many the Conservatives are going to have? Rob, do you have any idea?

Mr. Rob Merrifield: How many amendments?

The Chair: How many amendments?

Mr. Rob Merrifield: I don't have the full numbers, but we'll take it into consideration. But it's not too many, because I think the intent is to deal with a lot of it in the regulations, and we want to solidify that we have enough meat in this bill that those regulations come back here.

Hon. Robert Thibault: We will have a large number that don't have substantial changes to the bill but that will take time. It's a large number, maybe 30, but we have—

The Chair: Are they housekeeping or substantive?

Hon. Robert Thibault: A lot of them are housekeeping. Most of them are housekeeping. But I find it difficult, with all due respect, on all of them, because there are some I'd like to have discussions with colleagues about—

• (1245)

The Chair: Ahead of time.

Hon. Robert Thibault: — ahead of time as to whether we can be ready essentially tomorrow. If we're going to have it drafted by Monday, it would be tomorrow. That's very little time to have discussions among colleagues, and I'm hoping to have some with all of you and all of my side on some we've been discussing already.

The Chair: I have another idea to propose to you. If you have 30, and you have seven, and you're not sure—let's say you have 15—that's quite a lot for the legislative clerk to get through. Thank you, Réal, for bringing that up.

This person's name is Francis Descôteaux, and he can be contacted at this phone number: 995-2988. He will help you draft these amendments. Anybody who has a question can ask Réal. He knows how you go about it.

I'm wondering about Tuesday, December 7. That regular meeting at 3:30 is set aside for clause-by-clause. How would you feel about my asking the clerk to try to get us a room where we could start at, say, 10 o'clock in the morning and just keep working and get as much done as we can? If we don't finish, then we could maybe return on the Wednesday afternoon, December 8. I think a full day and a half day will probably get us through this. We might not even need the half day.

But I'm wondering, until we have a better idea of the numbers, whether we should go ahead and invite hepatitis C people for December 9, or whether we should just hold back the invitation for a bit.

Mr. Rob Merrifield: Let's invite them. We'll get it in.

The Chair: You think we can do it?

[Translation]

Mr. Réal Ménard: No. I think we need to invite them. We passed a motion and made a commitment. They appeared before us and I think we need to invite them, perhaps a little later on, but before Christmas. If we can't invite them on the 7th, then perhaps the following week will do. We can wrap up our study of the bill and then do it afterwards but I think we do need to invite them. And since we'll need to examine the ongoing situation with the three Health Canada workers... We haven't heard anything more about them.

[English]

Mr. Rob Merrifield: So you're saying to invite him on December 9.

Mr. James Lunney: I agree with Réal.

The Chair: Okay, I have your agreement, then, that you will all dedicate all day on December 7—

[Translation]

Mr. Réal Ménard: We will be in the House for Question Period. We can't miss that.

[English]

The Chair: Oh, with the exception of question period, and I'll order in lunch for you. I have your agreement on that. If in fact we need the time, I'll ask the clerk to look ahead to see what she can book for Wednesday afternoon after question period, in which case if we have to keep going we'll order dinner and just keep working through.

That is December 8.

[Translation]

Mr. Réal Ménard: Then we agree that Tuesday...

[English]

The Chair: Is that your Christmas party?

Mr. Rob Merrifield: No, that's on December 6.

The Chair: Just a second. Mr. Fletcher wants—

[Translation]

Mr. Réal Ménard: We agree that we won't be sitting in the evening. We'll adjourn at 6 p.m.

[English]

The Chair: You don't want to work in the evening? This man has such a social life, people, we have to always work around it.

Mr. Réal Ménard: I have an exam tomorrow.

The Chair: What about on December 8? If we started at, say, 3:30 on December 8, is there anybody who couldn't work?

Mr. Steven Fletcher: Madam Chair, my days are packed.

Mr. Réal Ménard: We have our party.

The Chair: Okay, on December 8 we'll just work from 3:30, say, until 5:30 or 6 o'clock.

Now, Mr. Fletcher.

Mr. Steven Fletcher: Madam Chair, my days are just totally packed, so I'm wondering, if there's no objection, whether I could either excuse myself or send someone on my staff.

The Chair: Yes. However, Mr. Fletcher, just for your information, most of us have our days pretty packed, and when legislation comes up, most of us drop whatever else it is.

Mr. Steven Fletcher: There's shadow cabinet and other things that I have on those days, so I can't bail on those guys.

The Chair: I understand, but we have had occasion when new members have left clause-by-clause in order to go to do their TV program.

Mr. Steven Fletcher: Oh no, this is legitimate, important stuff.

The Chair: Okay, I think we have a plan, people. I'll just remind you that on Monday the 30th there will be nothing happening.

Now we have to pick a new deadline. How about Wednesday, December 1, at 5 p.m. as the deadline for your amendments to the clerk?

The Clerk of the Committee (Mrs. Carmen DePape): Could I ask a final question: whether, when I get the amendments, I can circulate them to everyone? Do they want me to do that?

●(1250)

The Chair: No, you don't do that. We'd rather see them once they're all in order and in a book.

The Clerk: Would you like them in a package before the meeting, if we can do that when they're all in a bundle?

The Chair: I can't remember. Is that usually done?

The Clerk: Yes.

The Chair: Yes, then let's have them a little bit ahead of time.

There's one other question I have to ask you. There were a couple of things we talked about as possible ways of operating.

I asked the clerk if the committee can reserve the right to examine and approve the regulations. Yes, there are two ways of proceeding. One is that you can put it in the bill by means of an amendment, or you can table the bill and move concurrence in a report expressing the committee's wish to examine and approve the regulations. I think the first way is more formal, so that's what we should do.

The second thing is that I asked if the committee could interrupt the clause-by-clause in order to hear from more witnesses or, say, one witness if we feel the need, and the answer is we can do that.

The other question was about the submission of amendments. We have to set a deadline for submitting amendments. We've just done that. It is now Wednesday, December 1, at 5 p.m.

The clerk has asked me whether the committee will accept amendments after the deadline, and from experience I can tell you that sometimes you're right into the heart of the bill and something arises in the debate around amendments that suggests there's something we had forgotten. So I would suggest we allow the submission of amendments throughout the process—

Mr. Rob Merrifield: That's with the agreement of the majority of the committee.

The Chair: Yes, but not another wording of something we've already defeated. In other words, if you lose on the concept of your amendment, we don't want it turned backwards and submitted again. Do you know what I mean? If it's a new idea, you can submit it at any time, but we have to agree we're not going to indulge in monkeyshines.

Mr. Thibault.

Hon. Robert Thibault: On the point you made concerning the question of approving the regulations at the committee, I have just one caveat we should be careful about when we draft. That is that there is within the bill a section on emergency measures, where the minister may regulate in cases of emergency quickly. We don't want to reduce that. I think it's important, in case the committee is not sitting and we have an incident, so we will have to be careful.

The Chair: Oh, no, we wouldn't want to interrupt a process. It's just that accompanying this bill, probably in another... I don't know how many months, the officials will have drafted a big package of paper that is actually regulations covering everything. As we found in the case of reproductive technology, that leaves a lot of decision-making to officials. It's not that they are not capable of doing it, but we would like to have political oversight.

Before those regulations are put into the *Gazette*, we'd like to see them and have the—

Hon. Robert Thibault: Approval.

The Chair: — ability to approve and amend them. Actually, we had better put that in the amendment, too, to “approve and amend” them if we're not happy. They'll have to justify them and they might be able to talk us into it, but it will be a whole process we're looking at. It certainly wouldn't interfere with the minister's ability to do things, because that's in the bill itself.

Mr. Ménard.

[Translation]

Mr. Réal Ménard: Can you tell us whether you yourself, or the government, intend drafting certain amendments, so that we don't do the same work four times over? Who is responsible for having an amendment drafted, for example, an amendment respecting tobacco regulations, for referral to the committee? Madam Chair, perhaps you, or the government, could take on this responsibility? Which is it?

[English]

The Chair: Do you mean the one about the regulations?

[Translation]

Mr. Réal Ménard: Yes.

[English]

The Chair: I think the Conservatives have agreed to do that, have you not?

Mr. Rob Merrifield: Well, we will make sure it's done, if we have to, but for the legal wording of exactly where it's going to be, we may need some legal counsel to prepare the clause.

The Chair: This is why you go to this person, Francis Descôteaux.

[Translation]

Mr. Réal Ménard: Who's going to attend to this? Perhaps the government would like to bring forth this amendment.

Hon. Robert Thibault: It really doesn't make any difference.

[English]

The Chair: Mr. Lunney.

Mr. James Lunney: It's customary during clause-by-clause to have legal counsel here on behalf of the committee, is it not?

Mrs. Nancy Miller Chenier (Committee Researcher): We have two. We'll have the legal clerk and we'll have a lawyer.

Mr. James Lunney: Yes, that's customary, so that we have some advice.

• (1255)

The Chair: Joann is the legal clerk, and Marlisa, who is here, is also a lawyer and will be with us. If we run into any other snags we can't solve ourselves, we'll just call somebody in.

Mr. Carrie.

Mr. Colin Carrie: Madam Chair, I had a question. As a new member, I assumed we would be sitting and working until December 17, and I have heard that sometimes it's shortened. Have you heard anything?

The Chair: I haven't heard any plans by the government to shorten the time, unless maybe by one day, or something—that sometimes happens—but certainly not by a week.

Mr. Colin Carrie: I'm just wondering if we're sitting.

The Chair: But we've heard gossip that the opposition might want to shut down early. Have you heard that?

Some hon. members: Oh, oh!

Mr. Colin Carrie: I have plans up to December 17, so I was planning on being here for the meeting on December 16.

Hon. Robert Thibault: We could try to accommodate the opposition in such a request.

Mr. Colin Carrie: I am just wondering how that is normally dealt with under—

The Chair: I am planning to be here until the 17th, and our last meeting would be on the 16th, in that case. That's what we are planning. I think sometimes these rumours that the House is going to shut down early are started by and promoted by staff, as opposed to members.

Mr. Rob Merrifield: I think we'll be here until the 17th—

The Chair: I do too.

Mr. Rob Merrifield: — unless I call an election.

Some hon. members: Oh, oh!

The Chair: Is there anything further?

Mr. Savage.

Mr. Michael Savage: It's not on this topic. We all submitted topics we would like to have further work done on by the committee. I just wanted to—

The Chair: I've just seen the list. The clerk is going to send it out either today or tomorrow, and I'm hoping that by the meeting next Thursday we might have them ranked and discuss the list after we meet with this young fellow, Kristopher Knowles.

[*Translation*]

Mr. Réal Ménard: As for the three public servants who were fired, we need to follow up on the motion passed. We're not obliged to do that right away, since we must go and get ready for Question Period, but it's something we need to look at. We want to hear from these three individuals. It can wait until January, but we do want to hear what they have to say.

[*English*]

The Chair: When we get through the load of work we have agreed upon, Mr. Ménard, I will ask the clerk to go back, because there are some other things hanging over. There's what you have mentioned. We've also received a letter from the Auditor General about the bulk purchase of pharmaceuticals, and it would seem to me we have to do something when the Auditor General sends us a letter.

When we come back in February, the clerk will have prepared a list of what I call “hanging over” items.

Mr. Réal Ménard: I have a motion for Tuesday.

The Chair: You have a motion?

[*Translation*]

Mr. Réal Ménard: On Internet pharmacies. It's very important.

[*English*]

The Chair: Well, that's one of the subjects on the list that we might do a study on.

[*Translation*]

Mr. Réal Ménard: Indeed.

[*English*]

The Chair: This meeting is adjourned.

Thank you, ladies and gentlemen.

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