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• (1305)

[English]

The Chair (Mrs. Karen McCrimmon (Kanata—Carleton, Lib.)): I'm calling this meeting to order.

[Translation]

I want to welcome the committee members and witnesses. Thank you for being here today.

[English]

Welcome to meeting number five of the House of Commons Standing Committee on National Defence. Pursuant to Standing Order 108(2) and the motion adopted by the committee on Wednesday, October 14, the committee is meeting today to study the impacts of the COVID-19 pandemic on Canadian Armed Forces operations.

Today's meeting is taking place in a hybrid format pursuant to the House order of September 23. The proceedings will be made available via the House of Commons website. Just so that you are aware, the webcast will always show the person speaking, rather than the entire committee.

With that, I would like to hand this over to Major-General Dany Fortin, chief of staff of the Canadian Joint Operations Command.

I will ask you, General Fortin, to introduce your team. Thank you very much.

Major-General Dany Fortin (Chief of Staff, Canadian Joint Operations Command, Department of National Defence): Madam Chair and committee members, good afternoon.

Thank you for the invitation to discuss the role that the Canadian Armed Forces has played in this whole-of-government response to the COVID-19 pandemic.

As mentioned, I'm Major-General Dany Fortin. I'm currently the chief of staff of the Canadian Joint Operations Command, which oversees the execution of domestic and expeditionary operations.

I am accompanied today by Rear-Admiral Rebecca Patterson, the commander of the Canadian Armed Forces health services group.

Also with me are Brigadier-General Conrad Mialkowski, commander of the 4th Canadian Division and Joint Task Force (Central), headquartered in Toronto and

[Translation]

Brigadier-General Gervais Carpentier, commander of the 2nd Canadian Division and Joint Task Force (East),

[English]

headquartered in Montreal.

We have been closely involved in the planning and execution of Operation Laser, the CAF response to the pandemic.

As COVID-19 evolved and took on global pandemic proportions last March, a great deal was unknown. The CAF and DND rapidly adopted measures designed to protect their own members and position the force to be able to respond effectively to the priorities of the Government of Canada in close co-ordination with our federal, provincial and territorial partners.

The CAF went through a wide range of scenario-based planning and prepared for a potential large-scale and enduring domestic response to pandemic-related requests for assistance across the country. Nonetheless, we also had to be poised for the possibility of having to simultaneously assist Canadians dealing with floods and wild fires during a pandemic.

We ensured that general purpose task forces were ready to deploy in each of our six regional joint task forces. Royal Canadian Air Force assets were assigned specific support roles and others put on reduced notice to move. Ships and crews were made available on each coast, and Canadian Rangers were activated to support the unique needs of our isolated communities.

At the peak of the first wave, thousands of service members, many with stay-at-home orders, were mobilized under a pan-national joint task force Laser. Others were dispersed and on standby to support.

The CAF has provided unwavering support to Canadians across the nation throughout this unprecedented crisis. Canadian Rangers were instrumental in reinforcing the public health measures in their communities. Logistics experts helped Public Health Agency colleagues strengthen the medical PPE chain, and Canadian Armed Forces health professionals assisted with contact tracing, among other things.

But what Canadians may remember the most was our support to long-term care facilities. In April, the Government of Canada received requests for assistance in managing the deteriorating situation in long-term care facilities in the provinces of Quebec and Ontario.

From April to June 2020, the CAF deployed approximately 1,700 medical and non-medical support personnel in total to provide support to afflicted long-term care facilities identified by provincial authorities. These members, who included a number of CAF medical personnel, were properly trained and were equipped with medical-grade PPE. This ensured that they were prepared to carry out this non-standard military task to safely and effectively support a uniquely vulnerable population. Our effort helped curb the crisis and stabilize the situation in a total of 54 facilities: 47 in greater Montreal and seven in the greater Toronto area.

Our CAF members exemplified selfless service while working alongside dedicated health care workers, contributing to saving many lives.

The leaders have an ultimate obligation to the troops they lead to ensure they are as protected as they can be. As I previously mentioned, all of our troops were provided with approved medical grade PPE and were trained in its use. Still, 55 Canadian Armed Forces members—41 in Quebec and 14 in Ontario—working in long-term care facilities tested positive for COVID-19. All recovered and none have required hospital care.

We also recognized that this deployment could affect our members mentally as well as physically. So we mobilized mental health support during the deployment to ensure that those who needed it had access to that support.

• (1310)

As previously stated to the committee by my colleague Major General Cadieu, CAF members assigned to long-term care facilities had a duty to report their findings while taking immediate corrective action alongside civilian colleagues to provide dignified care and avoid becoming threat vectors themselves.

Let me close by acknowledging that we have all learned a great deal over the last months, as have Canadians. The safety, well-being and resilience of CAF and DND personnel are always our paramount concern. CAF and DND remain poised to support Canadians alongside our colleagues in other departments and agencies. Lessons from the first wave were internalized. We have since procured more PPE and are in the process of gaining our own testing capability.

Today, liaison officers are engaged with our federal, provincial and territorial teammates to ensure a shared awareness and anticipate government contingency planning. CAF personnel are support-

ing the Public Health Agency of Canada with a plan for COVID-19 vaccine distribution. The CAF has carefully resumed recruiting and training, both distributed and in CAF establishments across the country, with strict adherence to health protection measures.

The CDS and the deputy minister gave direction to the CAF and the Department of National Defence to adopt robust risk mitigation, protect the force and stand ready to conduct operations in support of the nation.

Madam Chair, ladies and gentlemen, we look forward to taking your questions.

Thank you.

[*Translation*]

The Chair: Thank you, Major-General Fortin.

We'll start the round of questions.

Ms. Gallant, the floor is yours.

[*English*]

Mrs. Cheryl Gallant (Renfrew—Nipissing—Pembroke, CPC): Thank you, Madam Chair.

NATO member nations must not allow a health crisis to become a security crisis. I can tell you that my colleagues in the NATO Parliamentary Assembly on Latvia are most grateful that we have continued our missions to Latvia.

On a previous flight to Latvia, the plane was forced to turn around due to concern that passengers may have been exposed to the virus.

How, if at all, have the pre-boarding protocols been changed?

MGen Dany Fortin: Madam Chair, thank you for the question.

We have adopted procedures to ensure that people are properly isolated and don't pick up threat vectors as they are about to embark on a mission like this. In spite of our best efforts, there was a concern that someone may have been in contact with a person with COVID-19 as they moved as a group towards the point of embarkation in the aircraft. It was then deemed appropriate for the plane to return and have proper measures put in place.

Mrs. Cheryl Gallant: Does the—

MGen Dany Fortin: The mission has since resumed.

Mrs. Cheryl Gallant: —military have access to rapid testing for its members?

MGen Dany Fortin: I will turn it over to Rear Admiral Patterson who can expand on this in a second.

I would add that our contribution to those missions has continued and we've taken the necessary steps to ensure that we're not threat vectors in the areas where we perform our tasks.

Admiral Patterson.

• (1315)

Rear-Admiral Rebecca Patterson (Commander, Canadian Forces Health Services Group, Department of National Defence): The Canadian Armed Forces, since the beginning of the COVID crisis, has been acquiring slowly but surely, along with the rest of Canada, testing capability. Our testing capability right now focuses on looking at where the cases are positive. It's called operational testing for surveillance purposes. However, we continue to use the public health system in the province in which Canadian Armed Forces members find themselves, for both diagnosis and reporting to us on how cases are doing in terms of COVID positivity in the forces.

Mrs. Cheryl Gallant: Madam Chair, the witness did not answer my question.

I specifically asked whether or not our Canadian Armed Forces members have access to rapid testing.

RAdm Rebecca Patterson: Madam Chair, our Canadian Armed Forces members have access to rapid testing through both the civilian system and surveillance testing through the forces.

Mrs. Cheryl Gallant: Do the tests come from Canada or other countries that are allowing their citizens to protect themselves with rapid testing?

RAdm Rebecca Patterson: In order to provide the response that our distinguished parliamentarian is looking for, I'd like to take that question on notice.

Thank you.

Mrs. Cheryl Gallant: Thank you.

When our soldiers are abroad, do they have access to rapid testing? If so, are those tests available from another country—another NATO member perhaps—when they're on a NATO mission, or is it strictly through Canada?

RAdm Rebecca Patterson: Madame Chair, that's a question that, again, I can certainly provide initial opening comments on. If you wish to have further detail, again, we can provide that for you.

As we roll out our Canadian capability, our ability to do surveillance testing is focusing on deployed operations first. For instance, we have deployed testing capability with the Royal Canadian Navy. We have it at sites where people will embark, in places such as Trenton. Otherwise, we are using testing locations wherever Canadian Forces members find themselves.

Mrs. Cheryl Gallant: Garrison Petawawa is in my riding. Since the spring there appears to have been a noticeable reduction in the tempo of military training. When will normal training operations resume at Garrison Petawawa?

MGen Dany Fortin: Madam Chair, this is one that I will turn over to my colleague, General Mialkowski, in a second. Before I do, let me tell you that, generally speaking, we have adopted very rigorous measures to ensure that we protect ourselves and are not becoming threat vectors, as previously mentioned. As more public health measures are applied, the right amount of PPE is made available to ensure that we safely conduct our training activities.

In Base Petawawa proper, there are a significant number of troops that have prepared and deployed to operations. General Mialkowski can expand on this. It is clear across the country that we're doing things differently. While we've resumed the training, not everything has resumed. We've taken the steps to ensure that we do this safely. The things that can be distributed are done through this process. Groups are smaller, and the collective training—the training as a group—is done with a very robust application of public health measures.

Always key to the application of any type of measures or conditions set is robust leadership, applied to all levels. Leaders are very much aware of the things they need to do to protect the troops and ensure that we are mission-ready.

I'll turn it over to General Mialkowski, if I may.

The Chair: A quick response, please.

Brigadier-General Conrad Mialkowski (Commander 4th Division and Joint Task Force (Central), Department of National Defence): Thank you, Madam Chair.

In terms of training at Canadian Forces Base Petawawa, as Major General Fortin pointed out, there's a certain element in terms of the fact that this is a high readiness year for the troops stationed in Petawawa. Currently they have people deployed in Latvia and Ukraine, as well as in the Middle East. There would be a natural tendency for a decline in the training tempo at the base.

Equally, with COVID, we have focused training solely on the performance of principal combat skills and leadership skills, and we have diminished the amount of training to ensure that we continue to have a healthy force.

• (1320)

The Chair: Thank you very much for that.

Mr. Bagnell.

Hon. Larry Bagnell (Yukon, Lib.): Thank you very much, Madame Chair.

Pass on my gratitude, again, to the military for your work to keep us safe in always dangerous situations. I'm sure the last thing you needed was more danger, added by COVID.

As you probably know, I represent a northern riding, an Arctic riding. I'm just wondering if any countries that have Arctic ambitions, such as China, Russia or any others, have taken advantage of COVID to try to press their agenda in the north.

MGen Dany Fortin: This is a multi-faceted problem set, so let me just take on a very narrow, focused view.

The COVID-19 pandemic has affected everyone equally and certainly has affected potential adversaries. In this great power competition setting that we're in, it's certainly affected countries that may have northern or Arctic ambitions as well. We saw no degradation in our ability to project our forces. What you would anticipate happening in the Arctic, with our great Canadian Rangers and with the deployments of naval assets in activities such as Operation Nanook, has continued with no degradation.

Hon. Larry Bagnell: Thank you very much.

Just broadening the scope of the question, I wonder if, around the world, any country has tried to take advantage of COVID-19 to advance its objectives, in any of the 27 parts of the world where Canadian forces are presently active or stationed, that would make it more dangerous.

MGen Dany Fortin: I would say that, as I mentioned earlier, if COVID has affected everyone in the problem set that we just discussed, it equally has affected areas in which we operate in such a way that some of the training activities, some of the engagements, were curtailed by the nation in which we worked because of the high prevalence of COVID or a high number of COVID cases.

I would add that, while I mentioned earlier that we saw no degradation in our ability to conduct force projection activities and participate in a number of activities, such as our strategic airlift that saw no degradation, our support to NATO and our activities in terms of force projection in countries such as Latvia and Romania with the air task force as well as ships, have gone without any degradation.

Hon. Larry Bagnell: Thank you.

On April 24 of this year, the chief of the defence staff noted that the personnel's use of helplines and access to mental health professionals was at an all-time low. I'm wondering if Admiral Patterson can comment on that and include in her comments any differences related to mental health supports requested by women and why it seems that when a lot of people in the world are having increased mental stress, the use of the helpline might be lower.

RAdm Rebecca Patterson: We know that, in line with our civilian counterparts, in the first part of the pandemic, all of us saw a decrease in use of the service. The reasons for that reduction of service are something that we are going to be looking at over the long run. However, what we've tried to express throughout all of our communication with members of the Canadian Armed Forces is that just because they may be working from a different location, that doesn't mean that we're not here to help support them should they have any mental health challenges. We work very hard to make sure that it becomes known that these helplines are available, and that people can still book face-to-face appointments and that they can reach out to the chain of command if they are suffering from any great distress linked to either ongoing health issues or things that arise with the pandemic.

In terms of the impact of COVID on women in general, we know that COVID impacts men and women differently within the Canadian Armed Forces. We, of course, will be doing ongoing studies to have a look at just what that means. However, one thing I will go to is that, with serving men and women in the Canadian Armed Forces, as part of our business resumption plan, we were provided with direction using gender-based analysis, which allowed local-level commanders to take into account those factors that sometimes impact men and women differently, and so commanders could make very precise decisions regarding how to best deploy their people.

• (1325)

Hon. Larry Bagnell: Thank you very much.

In closing, I'll just say that it's great to have people from different joint task forces here. I hope that in one of these meetings we can have the commander of joint task force north.

Thank you, Madam Chair.

The Chair: Thank you.

[*Translation*]

Mr. Brunelle-Duceppe, the floor is yours.

Mr. Alexis Brunelle-Duceppe (Lac-Saint-Jean, BQ): Thank you, Madam Chair.

First, I want to thank all the witnesses for being here. I want to say that we're grateful for the role that they play in the forces.

The pandemic has been challenging for everyone, and they're no exception. I want them to know that I'm asking these questions to gather information on the operations conducted, not to judge the decisions made.

Some of my constituents who work in health care are concerned. Right now, in my region of Saguenay—Lac-Saint-Jean, we have the highest rate of COVID-19 infections. The situation isn't getting better at all. We've already exceeded the number of cases reported in Montreal yesterday. The health care system is struggling. Many people in remote areas are asking questions. They're worried, which is completely normal.

I want to know a bit more about the steps that lead to military involvement in health care. Who makes the request? To whom is the request made? How is the request delivered?

MGen Dany Fortin: Thank you for your question, Mr. Brunelle-Duceppe. I'll respond in French.

As noted, the pandemic is, and has been, extremely challenging for everyone across the country.

I'll give you an overview of the process. Both provincial and territorial authorities voice their needs within their own systems. In the provinces, including Quebec, these requests must be made in such a way that they're referred to Public Safety Canada at the federal level.

The requests are discussed at the federal level by Public Safety Canada and National Defence officials. Based on the decision of our minister and, of course, the advice of the chief of the defence staff, who is responsible for providing the best possible advice on the use of military force, the requests will be accepted, if appropriate.

Mr. Alexis Brunelle-Duceppe: Are there specific criteria, Major-General Fortin? I imagine that an evaluation grid must be filled out.

MGen Dany Fortin: Thank you for your question, Mr. Brunelle-Duceppe.

Exactly. However, I'd say that the process isn't quite as straightforward as you might think. Each request is different. Some situations are perhaps a little less abstract for most Canadians, such as floods or forest fires. The province's capacity is overwhelmed. We'll determine whether we can seek additional assistance at the federal level, either from the Department of National Defence or from another department.

I'll add that our liaison officers' network always works closely with provincial and territorial authorities. Specifically in Quebec, we maintain close ties with Geneviève Guilbault, the deputy premier of Quebec and public safety minister. In addition, as you've seen during the pandemic, we've developed a relationship with the Quebec department of health and social services, or MSSS.

• (1330)

Mr. Alexis Brunelle-Duceppe: Thank you, Major-General Fortin.

We saw the status of the situation. Dr. Tam told us earlier about periods when there could be 20,000 new cases a day. These are obviously frightening predictions.

Have you already prepared action plans for each area of Quebec, in the event of a request? The situation may be consistent with this scenario.

MGen Dany Fortin: Thank you for your question, Mr. Brunelle-Duceppe.

I want to point out that, based on our experience last spring and summer, we've continued—although in an extremely gradual and cautious manner—the training and force generation activities for our activities or operations abroad. We've maintained our capacity so that we remain prepared to meet the various needs of Canadians.

On that note, elements of the Canadian Armed Forces, or CAF, are called upon to respond to a range of potential activities—and they're ready to respond. While natural events such as fires, forest fires or floods are unlikely to occur in the coming months, this capacity remains in place.

We've also learned several lessons and taken into account our observations over the spring. We've incorporated them into our decision-making and force preparation process.

Mr. Alexis Brunelle-Duceppe: Thank you, Major-General Fortin.

If you had to identify one or two key lessons among the most important lessons learned—because Operation Laser is a first for the armed forces—what would they be?

MGen Dany Fortin: Thank you for your question, Mr. Brunelle-Duceppe.

We were able to learn both important and innocuous lessons. For example, we learned how to make sure that we have a good supply of personal protective equipment. We had some inventory, but we acquired more. We continue to do this at the federal level, as do all other entities, including provincial entities. So we have more equipment.

We also developed a training program geared towards providing support in seniors' residences and long-term care facilities, or CHSLDs. If we had to respond to a request for assistance, this program could be implemented throughout the Canadian Armed Forces.

We have a customized program to ensure that the people called upon to help not only have good medical skills, but are also prepared to meet the specific needs associated with geriatric care.

Mr. Alexis Brunelle-Duceppe: I don't have any time left.

Thank you.

The Chair: Thank you.

[English]

Mr. Garrison, we've been having some technical troubles getting you on board here.

Do you want to try to see if we can get your questions in now? We can bump you further down the list...

Oh, look at that. Perfect. Thank you.

Mr. Randall Garrison (Esquimalt—Saanich—Sooke, NDP): Thank you, Madam Chair.

I've found that if I don't move my head and I don't move my hand, this appears to work. Let me try that. I apologize to committee members for any inadvertent replies as we were trying to fix the technical problems.

I also want to thank the witnesses for being with us today.

I have some questions about the impact of the large percentage of contracted-out services within DND during COVID. I realize it may be difficult for some of our witnesses to answer, but let me set the context here.

Nearly five years ago, I asked about these high levels of contracting out and their impacts on force readiness and the security of facilities and equipment, and in particular the problem of having workers working for private contractors who are in a precarious employment situation and the possible pressures that can be placed on them.

I heard very clearly from the Public Service Alliance of Canada and from others that at the beginning of COVID, when the Canadian Forces put in place very strict standards for safety and protection of personnel, these same standards of protection, and in fact PPE, were not applied by all the private contractors working side by side with both Canadian Armed Forces members and civilian employees of DND.

I wonder whether you can comment on that problem. What measures have been taken to make sure the private contractors achieve the same standards during COVID as the Canadian Armed Forces and DND civilian employees?

• (1335)

MGen Dany Fortin: Madam Chair, thank you very much for the question. As you might expect, I will turn it over to Admiral Patterson in a second.

I would say that throughout, as we learned a lot about the COVID pandemic, we adopted force health protection measures. That is also true for our medical professionals, whether they are military or non-military members of the CAF and DND. This also applies to individuals who are contracted. That's not exclusive to medical professionals, but the same would apply across the board.

I'll defer to Admiral Patterson on this particular point with regard to medical....

RAdm Rebecca Patterson: Thank you, Madam Chair.

I think I'll shape this in terms of public health measures.

Public health measures apply to the facilities and the people who work within those facilities. From a health services perspective, we have provided the public health measures advice based on provincial guidance and guidelines, as well as any more restrictive requirements based on the chief of the defence staff and deputy minister's direction. Anybody working within a DND facility is expected to follow those rules.

We also have people who enforce those rules, standing at the doors as people come into the facilities. While I cannot comment on any specific cases, specific types of contractors or locations, there have been, from both the department and from the Canadian Armed Forces' perspective, expectations of maintaining these protective health measures as part of the conditions of entering into any defence establishment.

Mr. Randall Garrison: Thank you very much for that reply.

I want to continue and ask about cleaning standards. In the past, we know there have been problems of underperformance with cleaning by certain private contractors, in terms of diluting cleaning solutions and taking other cleaning shortcuts.

Obviously during COVID, especially in the military health facilities, maintaining those very high standards of cleaning is extremely important—

[*Translation*]

Mr. Alexis Brunelle-Duceppe: Madam Chair, I have a point of order.

I don't want to upset my colleagues. However, the interpretation isn't as loud as Mr. Garrison's voice. I can't understand what he's saying at all, unfortunately.

The Clerk of the Committee (Mr. Michel Marcotte): Mr. Brunelle-Duceppe, can you click on the French interpretation channel? That may be the issue.

Mr. Alexis Brunelle-Duceppe: Yes, I chose the French channel.

The Clerk: Do you have the floor muted?

[*English*]

Mr. James Bezan (Selkirk—Interlake—Eastman, CPC): There's also no French-to-English interpretation.

[*Translation*]

Mr. Alexis Brunelle-Duceppe: Sorry?

The Clerk: Do you have a button to mute the floor?

Mr. Alexis Brunelle-Duceppe: No, I don't have one. Where is it?

The Clerk: It's the “interpretation” button.

Mr. Alexis Brunelle-Duceppe: I'll just hear the interpretation, and not the other channels.

The Clerk: That's right.

Mr. Alexis Brunelle-Duceppe: I'm sorry.

[*English*]

Mr. James Bezan: There is also no French-to-English translation.

The Chair: All right, how about now?

[*Translation*]

I see that it is. You can continue, Mr. Garrison.

[*English*]

Mr. Randall Garrison: Madam Chair, maybe I'll just go back very briefly.

My concern is about maintaining high cleaning standards during the COVID epidemic, and the previous failures of many of the private, contracted-out and privatized services to meet the standards of cleanliness in those contracts.

What measures have been taken to ensure that the private contractors will meet the high standards necessary during the COVID epidemic?

MGen Dany Fortin: Certainly, from my viewpoint, in what we experienced in the last few months as a large number of CAF and DND members were on stay-at-home orders, we had significantly fewer people in some of the buildings. Mindful of the challenge of higher cleaning standards and additional cleaning requirements imposed on a small workforce, including our contractors, they focused on those areas that were, obviously, more demanding in terms of work hours or quantity of personnel.

We've also lessened the burden on them as we adopt more strict force health protection measures in those areas where the business of defence continues. We are very mindful of the workload. As a result, we ourselves, both military and civilian members in our workplace, ensure that we do our part to clean and ensure that we maintain a high standard.

• (1340)

Mr. Randall Garrison: Thank you very much.

I just want to stress that my questions are not in any way criticisms of individual employees of the Canadian Armed Forces or DND, or even of the private contractors, but I think we have a structural problem here with the high levels of contracting out and the difficulties of enforcing those standards on private contractors.

With that, Madam Chair, I think I've pressed my luck on technical difficulties and I'll stop there.

The Chair: Thank you very much, Mr. Garrison.

Mr. Benzen.

Mr. Bob Benzen (Calgary Heritage, CPC): Thank you, Chair.

Thank you, witnesses, for being here today and for your service to Canada.

The chief public health officer has said recently, in fact just yesterday, that our daily cases of COVID-19, which are around 5,000, are about to double to 10,000. They could double again to 20,000 and maybe skyrocket to 60,000 by the end of this year.

I wonder if that is consistent with the medical intelligence branch's modelling and predictions. Is that what you guys are also seeing happening?

MGen Dany Fortin: While we have individuals in the medical intelligence section who look at medical conditions across the globe, they exclusively look at what happens outside of Canada, for obvious reasons.

At home, it is through the Public Health Agency. It is through our partners that we understand the dynamics of what is happening in the country. There's a rich dialogue about what happens from one end of the country to the other and how we can factor that into our own activities, ensuring that we ourselves protect the members and the families of the CAF and DND and don't become threat vectors. We're very mindful of that.

Mr. Bob Benzen: As the medical intelligence unit collects its data from outside the country and it sees how COVID-19 might be mutating, for example, it brings that information back into Canada and shares it with Health Canada. Is that what you're saying?

MGen Dany Fortin: We should perhaps consider this question, take it on notice. I am not well equipped to answer this question

fully, and there are also things that we would prefer to take on notice.

Mr. Bob Benzen: Thank you.

Let's assume that the cases do skyrocket up to 60,000 a day. There's a good chance, obviously, that our military personnel are going to be infected at a higher rate, and that is going to constrain your resources for dealing with how we are giving out the vaccine and all the work you have to do.

With the potential of increased cases of infection within the military and having more work to do, what are your thoughts on how we're going to deal with that situation maybe in January and February?

MGen Dany Fortin: Thank you for the question. We're very mindful that we live among society and therefore are subject to the same regulations and the same measures. The guidance is that we follow local, provincial and territorial measures. That's the first point.

The other issue I'd like to emphasize is that the chief of the defence staff and the deputy minister jointly published a directive to the department and to the CAF on business resumption, with a set of guiding principles and a very logical lay-down of the measures by phase, if you will, or by levels. We've certainly demonstrated that we're prepared to adopt very strict measures to protect the forces, but also to ensure that we're not putting Canadians at risk.

That is the angle we're taking. We'll continue to adapt moving forward, being mindful that some of the training needs to continue and that some very specific training needs to happen, for instance, for its military operations. We've put together the right parameters to ensure that's done safely, and that will minimize the cracks in the armour, if you can pardon my analogy.

• (1345)

Mr. Bob Benzen: Do you think, though, that with the increased demands on CAF we're going to be short of personnel, that we're going to need more personnel? Logistically, you're going to be a focal point in spreading the vaccine around Canada. If there's an increase in the infection rate, is that going to hurt you in doing that job?

MGen Dany Fortin: Thank you for the question.

This is certainly something that the chief of the defence staff and the deputy minister are well aware of. Additional measures can be put in place to ensure that we are protecting ourselves even more, so that we remain that force of last resort and can be prepared to take on those tasks that the Government of Canada decides on in support of Canada and in support of Canadians.

As to whether or not we have an appropriate amount of resources, we operate within the resources that are allocated to the Canadian Armed Forces. We're specifically privileging the security of Canadians and the defence of the country.

The Chair: Thank you very much.

Mr. Spengemann.

Mr. Sven Spengemann (Mississauga—Lakeshore, Lib.): Madam Chair, thank you very much.

I would like to thank our team of witnesses for their distinguished service as senior officers of the Canadian Armed Forces and, through them, also thank the women and men who are serving under their command.

My first question is a question that I would like you to take on notice.

Major-General Fortin, there's a lot of discussion locally in civilian communities about the impact of COVID-19—as we see in the headlines—and appropriate response measures. Could you provide the committee with an analysis of which trades in the Canadian Armed Forces are most impacted by the COVID-19 pandemic, either directly as they involve potential front-line exposure, or indirectly with respect to logistics, movement control, training or other trades?

MGen Dany Fortin: Thank you, Madam Chair. We will.

Mr. Sven Spengemann: Thank you very much.

Are strategic and operational aspects of a pandemic response considered to be part of force protection in the Canadian Armed Forces? I think there was an allusion to that. I just want to confirm it for the record and also ask if there are any specific dimensions to that question with respect to overseas operations.

MGen Dany Fortin: Thank you, Madam Chair.

I think I mentioned this earlier, if I got the question right. We very much have adopted force health protection measures—all of the public health measures that we adopt in the country—and have added an additional layer in very specific cases and very specific regions. As we prepare the force for deployment, we're very mindful of that.

As I mentioned earlier, for our activities abroad, our force protection was and continues to be conducted with no degradation, but we're very mindful that this represents a higher training bill, if I may say so, in terms of ensuring that people are isolated prior to conducting certain force generation activities, and that they are conducted in a different way so that we continue to factor COVID into everything we do.

Mr. Sven Spengemann: That's very helpful, Major-General. I would imagine that the health component of force protection is integrated also into the other aspects of operating in a kinetic environment, an environment where any given state may not have the control either of health or of security, and that this is part of a broader strategic consideration.

MGen Dany Fortin: Madam Chair, very much so. Mindful of the rising numbers of COVID cases in some of the countries in which we operate, we put additional measures in place to protect ourselves and to limit contact. In some of those places, we have curtailed some specific activities over the last months, and we are resuming some of that training at the request of the country in which we work.

Mr. Sven Spengemann: Thank you very much.

I wanted to clarify a bit something from our previous session's testimony. I don't know if this is a fair question or a precise enough question, Major-General. Where in the Canadian Forces is the core of pandemic response expertise located organizationally? If there is a core—it may be more decentralized than that—could you give us a very quick overview of where that expertise sits?

• (1350)

MGen Dany Fortin: Thank you, Madam Chair.

I will defer to Admiral Patterson in a second, to respond more specifically on the medical.

There's no core for the pandemic, except for the medical branch. In the Canadian Armed Forces, we have internalized many of the lessons learned from wave one and we continue to adapt to change. We have forces across the nation that are identified and that are prepared to respond to a wide range of scenarios to include things that are related to the COVID pandemic.

I'll defer to Admiral Patterson, if she has anything to add regarding the medical.

Mr. Sven Spengemann: Thank you.

RAdm Rebecca Patterson: Thank you, Madam Chair.

Again, it's a geographic dispersion of a number of different functions that we provide from health services, and one of the most key components of this is medical advice. While we may be headquartered with the surgeon general here in Ottawa, we have medical advisers across the country advising the leadership in the army, navy and air force to make sure that their forces are protected locally. In addition, of course, we could talk about how we medically resupply or where troops come from. That is a coast-to-coast issue.

Mr. Sven Spengemann: That's a very helpful clarification.

Madam Chair, that's just about my time, so thank you very much.

The Chair: Thank you very much.

[*Translation*]

Mr. Brunelle-Duceppe, go ahead.

Mr. Alexis Brunelle-Duceppe: The mission of the Operation IMPACT in Iraq was affected both by the pandemic and by the deteriorating security situation since the assassination of Major General Qassem Soleimani.

Has security improved over the past few months?

MGen Dany Fortin: Thank you for the question.

Concerning Operation IMPACT, especially our activities in Iraq, owing to a change in geopolitical dynamics and a growing threat over the past few months, our forces have been reduced for protection reasons, but also because of a decline in the Iraqi security forces' training activities.

Certain activities are being taken up again. Most activities of the Combined Joint Task Force of Operation INHERENT RESOLVE, or CJTF-OIR, and of the NATO mission in Iraq, which we are commanding for a few days, are mainly focused on training related to the institutional reform of security.

The strategic environment in Iraq being a bit more complex, I cannot give you a full answer on that, but this gives you some indication of the scope of our activities.

Mr. Alexis Brunelle-Duceppe: Has the health situation over there improved or is it getting worse?

MGen Dany Fortin: I could talk about the health situation over there in a general sense, but I would prefer not to say too much right now. We are taking note of the question and will get back to you with a more detailed answer.

Mr. Alexis Brunelle-Duceppe: Okay.

I have another brief question. Given the telework and the cancellation of many exercises, are you worried about a drop in motivation among the troops, which could impact staff retention?

MGen Dany Fortin: Commanders on the ground would be better able to answer your question, especially Brigadier-General Mialkowski and Brigadier-General Carpentier, in that order, if that's okay with you.

I will turn to Brigadier-General Mialkowski.

Mr. Alexis Brunelle-Duceppe: Okay.

• (1355)

[English]

BGen Conrad Mialkowski: In terms of what is occurring in Ontario, and my colleague from the province of Quebec can respond shortly afterwards, we're in the high readiness mode. As a second wave of deployments must occur in the spring, we have conducted all of the live-fire requirements that are typical of international deployments. I can assure you, having observed it myself, that there's been no diminishment in either the effectiveness or the activities of that training.

Certainly we have been very scrupulous in ensuring there has been no additional risk added to the training, and we apply force health protection measures throughout that training.

Perhaps Brigadier General Carpentier could speak to the training that he is conducting with his team as they get ready to take that on this summer.

[Translation]

BGen Gervais Carpentier (Commander 2nd Division and Joint Task Force (East), Department of National Defence): Good afternoon, Madam Chair.

I thank Mr. Brunelle-Duceppe for the question.

Owing to the current pandemic, we have had to adapt our ways of conducting operations and training. Our approach is more local. There is collective training and mandated training that could sometimes take place outside the province—in our situation, outside Valcartier—but we have concentrated the bulk of our operations in Valcartier.

By taking those steps, we can reach the set objectives in training and education in order to be ready for 2nd Canadian Division's next high operational availability cycle of as of next summer. To answer the question, I would say that we are maintaining a good number of activities, while obviously respecting the health protection measures implemented by the Canadian Forces.

The Chair: Thank you very much.

[English]

Go ahead, Mr. Garrison.

Mr. Randall Garrison: Thank you, Madam Chair.

I want to return to the question of the threat that I believe the high levels of private contracting out present to the Canadian Forces during COVID.

Just to give an idea of why I'm so concerned—

[Translation]

Mr. Alexis Brunelle-Duceppe: I have a point of order, Madam Chair.

We've lost the French interpretation.

[English]

The Chair: Can we try again, Mr. Garrison?

Mr. Randall Garrison: I want to return to the question of the threat to the health and safety of the Canadian Forces presented by high levels of contracting out. I don't think that most people would be aware that the value of contracts for contracted out personnel represents about a third of the total budget of the Canadian Forces, both those in the Canadian Forces and DND personnel costs, so about a third of all personnel are operating under these contracts.

In October 2020, the Public Service Alliance of Canada published a report called "In the interest of safety and security". On pages 24 and 25 of that report, they report some very disturbing things happening during COVID. One of those is, of course, the fact that the employees of private contractors often have no sick leave or inadequate sick leave provisions, which force them into the choice of working either immune-compromised when they should be in isolation, or not being able to buy food and pay rent.

The second concern they raise is that they were contacted as a union by employees of private contractors who told them that they were instructed not to raise health concerns directly with DND, that they had to go through the contractor. The the allegation is that those health concerns were not being passed on to DND.

Are measures being taken to make sure that we do not have people who are sick working under those private contracts? Secondly, are health concerns raised by those workers being effectively communicated to DND and the Canadian Armed Forces?

MGen Dany Fortin: If you allow me, we'll take this on notice, because it requires a more fulsome answer. I would tell you that I have the privilege of being part of the executive committee on health and security in the workplace oversight committee. While there are discussions about more generic things, there are rich discussions about the importance of ensuring that our personnel—those who are contracted as well as those in the different unions represented at the board, as well as the leadership—are looked after, because we care for their well-being.

We'll take this question on notice, if we may, and provide a more fulsome written answer.

• (1400)

The Chair: All right. Thank you very much.

Mr. Dowdall.

Mr. Terry Dowdall (Simcoe—Grey, CPC): Thank you, Madam Chair.

I want to take an opportunity as well to thank all of the witnesses who are here today and all of the men and women of our Canadian Armed Forces for all that they do for safety and security, not only here but abroad as well. Thank you very much for being here.

We understand that the Department of National Defence and the Canadian Armed Forces are preparing for a request from the government to distribute vaccines across the country. Is the Canadian Armed Forces preparing for a front-facing role, working alongside public health, to distribute the vaccines directly to Canadians and even perhaps administer them in areas with a shortage of front-line health workers?

MGen Dany Fortin: It's clear that since the beginning of the COVID-19 pandemic the Canadian Armed Forces have been working in close co-operation with our federal and provincial and territorial partners. We've also been working very closely with the Public Health Agency of Canada. This is why we currently have Canadian Armed Forces personnel in support of the Public Health Agency, specifically in the coordination of the national COVID-19 vaccine strategy. That includes logistics experts as well as other advisers to help as we bring an additional workforce to the problem.

We're very much in the planning phase still, which is essential to a well-coordinated federal response. The items in the—

Mr. Terry Dowdall: So perhaps you could be administering them in areas where there's a shortage of front-line health workers. Has there been discussion on that?

MGen Dany Fortin: At this stage, we're very much higher-level than that. But because we have forces prepared for a wide range of scenarios, if that requirement were to come across to Public Safety and the Minister of National Defence for consideration, the chief of the defence staff would be preparing his best military advice on the way forward and whether or not we would be involved, and exactly which part we would be involved in.

Mr. Terry Dowdall: As a follow-up to that, will all of the Canadian Forces personnel working on the front lines of this distribution operation be vaccinated before they begin to engage with all of the public?

MGen Dany Fortin: I will defer to Admiral Patterson on specifics, if she has anything to add with regard to medical.... We're currently in the analysis phase. We're preparing advice so that the chief of the defence staff will be in a position to provide his input and his advice to government on the way forward and the prioritization of CAF members.

RAdm Rebecca Patterson: Madam Chair, I have nothing further to add.

Mr. Terry Dowdall: As maybe a follow-up question, for those individuals, will there be a policy, perhaps, that it will be mandatory for those personnel to actually receive the vaccines, or do you have a policy for those who perhaps may choose not to?

MGen Dany Fortin: At this time, this is being considered. As I said, we'll be preparing the advice. The Canadian Armed Forces surgeon general is very much central to the advice that's prepared for the chief of the defence staff.

Mr. Terry Dowdall: Thank you.

My next question is about PPE. How much of what the Canadian Armed Forces has ordered has yet to be delivered?

MGen Dany Fortin: A lot of the PPE existed in our stock. We took every step to ensure that when we utilized the PPE, we put in the request so that we could continue. We are currently acquiring additional PPE. I would say that we are in very good shape to respond to a wide range of scenarios. We continue, as part of the federal buy, to work closely with the Public Health Agency of Canada as well as PSPC in terms of buying it for more effective use and distribution throughout Canada.

Mr. Terry Dowdall: Basically, at this time you're confident with the amount of PPE in stock. Even with the looming numbers going forward, at this particular moment in time, you think we're okay. As we need to go to more long-term care homes, we seem to think.... You think we'll be okay.

• (1405)

MGen Dany Fortin: I would say we have an appropriate amount of PPE to deal with a wide range of scenarios.

I would defer to Admiral Patterson with regard to the specifics of medical PPE and possible medical requirements.

RAdm Rebecca Patterson: Madam Chair, yes, we do hold a certain amount of medical-grade PPE, and we currently are holding adequate amounts to respond to requests from government as well as supporting our own requirements over time.

Again, because there is a global shortage of medical-grade PPE, we work very closely with the Public Health Agency of Canada, along with PSPC, in order to make sure we have what we need when we need it.

The Chair: Thank you very much.

Mr. Baker, go ahead, please.

Mr. Terry Dowdall: Thank you.

Mr. Yvan Baker (Etobicoke Centre, Lib.): Thank you very much, Madam Chair.

Major-General Fortin, Rear-Admiral Patterson, Brigadier-General Mialkowski and Brigadier-General Carpentier, thank you for being here and for your service to Canadians.

Admiral Patterson, it's good to see you again today. You were with us here answering questions the last time. I have to say that there aren't too many people I know who, after having submitted themselves to a couple of hours of questioning at one committee meeting, sign up for another couple of hours. Thank you, in particular, for being with us again today.

I had the chance in our last meeting to thank the members of the armed forces for their service as part of Operation Laser. Once again, I just want to briefly extend my thanks to all of you for your service and the service of the men and women under your command.

One of the long-term care residences in which you served is the Eatonville Care Centre in my riding of Etobicoke Centre. That was one of the initial five in which you served in Ontario. We're mourning the loss to COVID-19 of 42 residents of the Eatonville Care Centre.

I know your service was essential not only to providing care but also to saving lives, and for that, I and my community are grateful. I'd like to extend my thanks to you, but also I'd ask you to pass along my thanks to the men and women under your command.

I'd also like to thank you again for documenting what you found in those long-term care homes and some of the horrendous conditions and, frankly, in some cases, abusive practices you discovered, which have led to a lot of advocacy by me and a number of my caucus colleagues. I've been advocating for change in long-term care homes, including having national standards.

It's because of your disclosure and that transparency you provided that this action was taken and subsequent action is being taken to address those problems. I thank you for that as well, because you have made a difference for seniors—I hope and expect—for years and generations to come.

[*Translation*]

My first question is about Operation LASER. Can you tell us how many members of the Canadian Forces participated in Operation LASER? How many homes were they in? What influence did the Canadian Forces have through Operation LASER?

[*English*]

BGen Conrad Mialkowski: Madam Chair, I'm not sure if the video is frozen from Ottawa. Perhaps I would be able to answer the

question in that in Ontario, during the 67 days that we provided support to the Province of Ontario through a request for assistance, we operated inside of seven long-term care facilities and had just over 670 Canadian Armed Forces members, who either worked in the facilities or supported the work around those facilities.

I'll stop this response here to see if Major General Fortin has been able to get his video to work at that end.

• (1410)

MGen Dany Fortin: Madam President, thank you. I apologize. We froze for a second here, so I missed part of the answer, but I am grateful that my colleague was able to answer part of it.

I would say that at the peak of the spring period, forces were identified and were ready to respond to a wide range of scenarios, as I indicated earlier. At its peak, we had about 24,000 personnel identified, many of whom were on stay-at-home orders but by name were put against a specific task. Airplanes were in the air; ships were at sea and forces were ready to respond to a wide range of scenarios, as I indicated earlier, to a total of 24,000 personnel.

Of course, as you realize, nearly 1,700 people were committed to helping in long-term care facilities in Quebec and Ontario. That represents the majority of the folks who were actually involved in providing that level of support.

Mr. Yvan Baker: Thank you.

[*Translation*]

What influence did the work of the Canadian Forces have through operation LASER?

MGen Dany Fortin: Thank you for the question.

There have been direct and significant impacts on CHSLDs and long-term care facilities in Quebec and Ontario. Without a doubt, the presence of Canadian Forces members at those places has helped save lives when the situation was chaotic and health workers in those establishments were completely overwhelmed.

As far as other contributions go, there were many unknowns about the situation that took place in the spring. This was a completely appropriate response, considering what was at risk of happening—that is, increased demand after floods or forest fires, as we have seen.

This year, we have been extremely lucky in terms of floods and forest fires across the country. We were worried about potentially having to both respond to disasters of that nature and to a situation that was perhaps to require increased presence in all sorts of activities related to the pandemic.

Following that experience during the second wave and while society was restarting, we know that it would have been appropriate to reduce the number of staff in the short term. We will be able to increase the number should the situation require that.

[*English*]

The Chair: Thank you very much.

Mr. Bezan, please.

Mr. James Bezan: Thank you so much, Madame Chair. I want to join everyone else in thanking our witnesses for being here, for the work that you're doing on protecting Canadians and, of course, the protection you're providing to our troops.

It was just recently reported that Canadian Armed Forces personnel were up at Opaskwayak Cree Nation in northern Manitoba dealing with an outbreak in a long-term care facility out there. My understanding is that they're doing recon and trying to determine what assistance may be needed.

Would our witnesses be able to provide any more information on what's going to happen in that particular case? For a first nation, as opposed to a municipality, to receive assistance as part of article 6 of the National Defence Act, would it be required to go through the province, through the premier's office in particular? Finally, are there any other northern and remote communities that have requested the Canadian Armed Forces to do similar work?

MGen Dany Fortin: At the Joint Operations Command, we very much are tracking the possibility of deployment in that locality. On 18 November, a small detachment of eight personnel from the CAF reconnaissance team went forward to assess the impact of COVID-19 at The Pas and OCN community with a view to better understand what the problem is. The assessment is being done and the CAF will be prepared to respond should a formal request for assistance be received.

As of just this morning, I understand that a request is being formulated and it's going to be looked at over the course of the day. Unfortunately, I don't have any particular details as to what the response might be in detail but it will be considered. The degree of involvement of the province is unknown to me at this time, but we're all in close coordination, as well as with other federal partners.

• (1415)

Mr. James Bezan: Thank you very much.

General Fortin, you were the commanding officer for Operation Impact, and I believe you were the general in command at the time of the COVID restrictions coming into play and the drawdown of forces there. Can you speak to how that played out on the ground in Kuwait and Iraq, as well as Lebanon and Palestine, with our forces in those locations?

MGen Dany Fortin: Unfortunately, I was not the commander of Operation Impact. However, from October 2018 to late November 2019—almost exactly a year ago—I led the establishment of, and executed and commanded, NATO Mission Iraq, which fell under Operation Impact for administrative purposes. I can speak at length on what we experienced over the course of the 13 months that I

spent there. The geopolitical situation took a bit of a turn a couple of months later, and so I cannot comment specifically—

Mr. James Bezan: I appreciate that. That was my confusion. I believed you were still on the ground when that took place earlier this year.

Would you be able to take this on notice then? I know that the forces has maps that are unclassified that show where Canadian troops are currently located and what operations they're involved in. Would you be able to show what the troop numbers were before COVID became a pandemic, probably early March, where the numbers sat mid-summer and then where they are today? I think that would something that would be of interest to our committee, to be able to document and demonstrate how the troop numbers have changed.

MGen Dany Fortin: Madam Chair, I could certainly do that.

I could also add briefly that we're very much aware of the draw-down due to the degrading geopolitical and security environment in Iraq as well as due to COVID. We've reduced the activities in both Jordan and Lebanon. We have since resumed a lot of the training that is away from the urban areas in both Jordan and Lebanon, and that continues apace. As well, we are refocusing the training in Iraq at this time.

Mr. James Bezan: Both the rear admiral and you, General, talked about getting more testing for the Canadian Armed Forces. You also said that we're relying on public testing.

My questions are, how much COVID testing has taken place on our deployed missions, and who is responsible for conducting those tests and getting the results back to our troops?

MGen Dany Fortin: Rear Admiral Patterson, better than anyone, can answer the specifics on the medical screening and the COVID testing prior to deployment. I would add that, during operations, as cases come up, there's an integral medical capacity that is deployed. There are partnerships with our allies and partners locally, and we also leverage what is available in that particular theatre of operation. When appropriate, the individual is isolated, and, if required, evacuated back to either here or a third location for medical treatment.

Admiral Patterson.

RAdm Rebecca Patterson: Madam Chair, I can't add a lot more to that on the international perspective. If you were looking for specific numbers, that will have to be a question we take on notice so that we could provide you with what you're looking for.

• (1420)

Mr. James Bezan: That's fine.

Admiral Patterson, I'm looking in particular at troops who are stationed in major centres, such as Ukraine in Operation Unifier, and Operation Reassurance, particularly the troops stationed in Latvia. When we look at Operation Impact, with troops in both Kuwait and Iraq, are we relying on their public health services to provide the testing for our troops there, or are we using the military testing of our allies in those locations?

RAdm Rebecca Patterson: Madam Chair, I apologize for not having a clear answer on this one. If I can put that as a question for notice, I will get back to you with those details. I prefer to give you something more precise than general.

Mr. James Bezan: Then I would ask, when you provide that information...one of the concerns I have with troops on deployment is the disparity of health care services in other countries versus what we are used to here in Canada. I'm not so concerned about Latvia, but I look at Ukraine and how their system is getting overrun with COVID cases right now, as well as in Kuwait and Iraq.

I'm wondering if you could provide us with the protocols that are in place in case somebody gets severely ill and is currently serving in the Canadian Armed Forces.

The Chair: Thank you very much.

Go ahead, Mr. Robillard.

[*Translation*]

Mr. Yves Robillard (Marc-Aurèle-Fortin, Lib.): Thank you, Madam Chair.

Good afternoon, everyone. Thank you for joining us today.

During this pandemic, the virus is not the only danger threatening our fellow citizens. We should all be taking care of our mental health.

Can you tell us about the support provided to the Canadian Armed Forces during this pandemic, more specifically support for Canadian Armed Forces members who had to intervene at Quebec CHSLDs?

MGen Dany Fortin: Thank you for the question.

I will say a few words and, if it's okay with you, I will then yield the floor to Rear Admiral Patterson and Brigadier-General Carpentier, who will be able to give you more clarifications on situations related to Quebec and to what we have done there.

I'd like to start off by saying that we are extremely careful. The well-being of troops and members of the defence team is a crucial priority within the department. We are also very aware that robust leadership on the ground, well-connected to the situation and to our staff, is often key in mental health challenge cases.

We have a program to support our troops. When we had to deploy troops in CHSLDs and long-term care facilities in Ontario, we made sure to have trained people on the ground—social workers and chaplains—to provide that close support to those troops.

I will now yield the floor to Rear Admiral Patterson.

[*English*]

RAdm Rebecca Patterson: Madam Chair, I'll start with the deployment. We believe in preventing problems before they happen. The Canadian Armed Forces builds mental resiliency into our personnel throughout their careers. We have a very specialized program called the road to mental readiness. Prior to this deployment, we recognized that this was going to be a unique situation that Canadian Armed Forces members found themselves in, so we adapted the program to address that.

In addition, leadership support and observation of their personnel when they were deployed was quite critical to making sure that we had built in regular rest and work cycles. Further to that, during the deployments themselves, we also had social workers on site, as well as chaplains or padres from our service, for them to have support in place.

If any member of the Canadian Armed Forces needs access to mental health support, we continue to run a robust mental health care system, though we've had to adapt how we deliver services during the COVID pandemic and have been using different methods of delivering care, whether that be through virtual care or keeping a 24-7 telephone line available to people so they can phone in and seek support. I would also say that we do this in partnership with our chaplain colleagues as well to help them provide spiritual guidance, etc.

For those who do require treatment, as I've already said, the full spectrum of mental health support services has remained in place. We provide services to our members as they are required, including those who served on this particular deployment.

• (1425)

Mr. Yves Robillard: Thank you.

[*Translation*]

I would once again like to thank the Canadian Armed Forces for the assistance they lent to CHSLDs in Quebec. That help was precious and quite necessary.

In case of increased outbreak activity in long-term care establishments, would it be possible for the Canadian Armed Forces to return?

If so, what would be the time frames and at what point would the Canadian Armed Forces be able to meet that demand?

MGen Dany Fortin: Thank you for the question.

In the spring, nearly everything in society came to a halt. That was the order given. We had more staff to assign those tasks to, be they people from the regular forces, of course, or from the reserves.

[*Technical difficulties*]

[*English*]

The Chair: All right. Thank you very much.

[*Translation*]

Mr. Brunelle-Duceppe, you have the floor.

Mr. Alexis Brunelle-Duceppe: Madam Chair, am I the only one to notice that our witness is having technical difficulties?

[*English*]

The Chair: General Mialkowski, could you take that and finish the answer?

Stand by.

MGen Dany Fortin: Madam Chair, I apologize. I don't know how much of it was cut off. We're back on now.

The Chair: You have about 30 seconds, please.

MGen Dany Fortin: Sorry, Madam Chair, was this for me?

The Chair: Monsieur Brunelle-Duceppe, do you want to repeat your question?

[*Translation*]

Mr. Alexis Brunelle-Duceppe: It wasn't my question. Actually, our witness was answering Mr. Robillard's question. I don't want to steal the answer to his question, but I can start with my own questions. I haven't asked any yet. May I?

The Chair: Yes, you have the floor.

Mr. Alexis Brunelle-Duceppe: Thank you, Madam Chair.

I want you to know, Major General Fortin, that the reserves are very important to me. I'm wondering if you have the numbers on armed forces members who have been involved in the pandemic response. Do you know roughly how many people came from the reserves?

MGen Dany Fortin: Thank you for the question.

Within the reserves, more than 7,000 members of the Canadian Armed Forces had decided to participate full time in the first wave. I don't have the national distribution, but I can tell you that the total is 7,000 in the primary reserve.

Mr. Alexis Brunelle-Duceppe: That's huge. So this demonstrates the importance of the reserves to the Canadian Armed Forces.

However, it's our understanding that some brigades have reduced their recruitment quotas for 2020-21. I was wondering first of all if this was correct.

Second, is it directly related to the pandemic, or are there other factors that could have affected recruitment?

MGen Dany Fortin: Thank you for the question.

I'm not in a position to comment on recruitment as a whole. Without a doubt, recruitment was affected in terms of procedure rather than quantity, as many activities were done virtually. I'm not aware of any quotas that have been reduced within brigades. We can take note of this question and answer it later. If you wish, I can ask one of the divisional commanders to answer the question as to what is applicable to their situation.

• (1430)

Mr. Alexis Brunelle-Duceppe: All right.

The Chair: That's great.

Thank you very much.

Mr. Alexis Brunelle-Duceppe: I think Brigadier-General Carpentier wanted to elaborate.

BGen Gervais Carpentier: Madam Chair, I'd like to answer the question.

[*English*]

The Chair: Go ahead.

[*Translation*]

BGen Gervais Carpentier: I just want to mention that we certainly don't want to impose quotas to reduce recruitment into the reserves. As Brigadier-General Fortin mentioned, the pandemic has presented its own set of challenges in terms of recruiting capacity.

There's another element to consider. When activities resume, the training courses and individual instruction will be what will allow us to train our staff. We have needs, and we want more reservists. More than 40% of the personnel who participated in Operation LASER in Quebec were reservists. This is an important resource for the Canadian Armed Forces.

Mr. Alexis Brunelle-Duceppe: With that in mind, Brigadier-General Carpentier, do you still believe that Canada's defence policy objectives of protection, security and engagement can be met, particularly in terms of increasing the number of men and women in uniform? Is the pandemic making it more difficult for you to achieve these objectives?

BGen Gervais Carpentier: Achieving defence policy objectives certainly remains a priority. As with the rest of society, we are faced with the unknowns of the pandemic, and we must adapt our plans. We are working hard to achieve our goals.

Mr. Alexis Brunelle-Duceppe: Thank you very much.

The Chair: Thank you, Mr. Brunelle-Duceppe.

[*English*]

Now it's up to Mr. Garrison. Mr. Garrison's had a technical issue with his headset and microphone, but he's emailed me the question. I will share that with you.

His question is the following: "I would like to ask a final question about the impact of DND's privatization during COVID. What measures have been taken to make sure that employees of private contractors have access to the amount and quality of PPE they need in order to protect their own health and the health of CAF members and the DND civilian employees they work alongside every day?"

MGen Dany Fortin: Madam Chair, thank you for the question.

I would respond by amplifying what I mentioned earlier about the application of public health measures and the additional layer within the establishments of Defence. Whether an individual is a CAF member, a member of the Defence team or a private contractor supporting us, they are expected to adhere to the same protocols and the same public health measures. Those who are contracted by Defence are afforded an opportunity to have the PPE we have provided to perform their tasks.

The Chair: All right. Thank you very much. Would any of the other witnesses have anything to contribute to this question?

Fine, we'll move on, then, to Mr. Bezan.

Mr. James Bezan: First of all, I want to thank both General Mialkowski and General Carpentier for the reports on what they witnessed in long-term care facilities in Ontario and Quebec. How long did it take, when you were witnessing things on the ground earlier this year in our long-term care facilities, for you to believe this was going to be a substantial report that would trigger a series of events, including the Ontario long-term care commission study that's taking place right now?

MGen Dany Fortin: I will ask General Mialkowski first to comment. It's very clear that Canadian Armed Forces members, I expect, have a duty to report. That's not exclusive to COVID-19 and what was observed in long-term care facilities.

General Mialkowski.

BGen Conrad Mialkowski: As the question demonstrates, certainly we started to see observations as related to both standards of practice and duty of care upon our initial arrival in the long-term care homes. As our teams had better sensitivities to the tasks they were performing and started to see different circumstances, and not only similarities across the five homes we were initially in, but also the variances within the practices in the five different homes, we started to get low-level reporting from our augmented civilian care team, which was the medical team inside the homes. That was reported up the chain of command.

I started to receive reports on that as early as May 7. We started to validate that reporting and confirm it such that I provided a letter to my commander, the commander of CJOC, in writing, one week later, on May 14.

• (1435)

Mr. James Bezan: General, how long did it take, in your mind, before the forces were able to regain control of the situation in long-term care facilities?

BGen Conrad Mialkowski: Specific to Ontario, they varied by the facility. It wasn't just the Canadian Armed Forces that was able to provide stability in those homes. It was a partnership with both the Province of Ontario and the resources they were flowing in, not only to the seven different homes we were in but also to the close to 200 homes that were in crisis across Ontario at the same time. Each home had a different period of time to come to stability, which also sort of contributed to how long we remained in each of those homes and when we would transition to another home.

Mr. James Bezan: Back on April 24, the chief of the defence staff issued a letter to all CAF personnel regarding COVID-19, noting that the personnel's "[u]se of help lines and access to mental health professionals is at an all-time low". Did we see an uptake in requests for more mental health support, as well as the use of hotlines and helplines, after our troops were involved in Operation Laser at the long-term care facilities?

I don't know if you can answer that, General, or if maybe Admiral Patterson can.

MGen Dany Fortin: I'll defer to Admiral Patterson.

RAdm Rebecca Patterson: Certainly, since we reminded people that these resources were available, we started to see a gradual increase in access to the 24-7 line. As well, as we've gone through

our business resumption plans and actual delivery of service in a physical location, people are accessing mental health care.

To go to your second point, about whether we have seen something directly linked to the long-term care facility component, right now that is not information that we have. I'm unable to comment on that at this time. I know it is something the surgeon general and his team have under consideration.

Mr. James Bezan: Thank you.

How much more time do I have, Madam Chair?

The Chair: Another minute.

Mr. James Bezan: I'd like to give that time to Madam Gallant.

Mrs. Cheryl Gallant: Thank you, Madam Chair.

First of all, we learned earlier this week that the personnel deployed on Operation Laser had inadequate, inefficient and expired PPE. I want to ask the commanders, who would have been in charge of Operation Laser, whether or not that had ever been reported to them.

MGen Dany Fortin: In the spring there was a global shortage of protective equipment, both medical and non-medical grade equipment. We certainly utilized the stock that was at our disposal for the tasks at the long-term care facilities. We also had equipment distributed for additional potential tasks. It was very clear that we took every step to ensure that members were prepared, had the right PPE and were trained in its use before going into long-term care facilities. As I previously mentioned, we worked very closely with the Public Health Agency of Canada and PSPC to maintain the stock and to continue to acquire the appropriate stock.

I know that Admiral Patterson has further details on the distribution. She can certainly touch on the issue of expiry dates.

• (1440)

RAdm Rebecca Patterson: One thing we know is that when medical equipment has gone beyond the recommended usage date, it does not necessarily mean that the equipment is no longer protective or of value. However, due to the global shortage of medical-grade personal protective equipment, along with the fact that there literally was nothing on the shelf—it was right up there with the toilet paper run—and the fact that there were incredibly difficult challenges in moving this product around the world, it certainly was very important that we carefully reviewed what was available to us. While there were certainly items that had hit their “use-by” date, the surgeon general, rather than just moving forward and using them, determined that these were required to go back and be retested. Using Canadian standard testing, through the assistant deputy minister of materiel, it was determined that the gloves that were linked to this “beyond their use-by date” were, in fact, still of quality and still useable. Therefore, they were recertified for a period of up to an additional year, and therefore, no expired equipment was used with our personnel.

Second, with respect to the comment concerning a shortage, please keep in mind that this was a particularly urgent situation and some of our most vulnerable citizens were dying of COVID. What happened globally is that as our personnel went out the door with their equipment, we also shared it with the people we worked with in the different provinces, and vice versa. The intent was always to make sure that everybody was fully protected and had the equipment, the training and resources necessary to provide the care that was required for our citizens.

The Chair: All right. Thank you very much.

Madam Vandenberg.

Ms. Anita Vandenberg (Ottawa West—Nepean, Lib.): Thank you very much.

I would like to echo the thoughts of all of my colleagues here today. I want to thank you very, very much for your service, particularly now, at a time of crisis, and through you, to all serving Canadian Armed Forces members.

General Fortin, you mentioned in your opening remarks the extent to which the Canadian Armed Forces were prepared, had contingency plans and were ready for this crisis. Many Canadians are very aware of the work in long-term care. You also spoke about ships and aircraft. I wonder if you could talk about some of the things that may not be as well-known to Canadians, such as the delivery of PPE to Latin America, or why we would have had the ships at the ready. Could you talk a little bit about that, as well?

MGen Dany Fortin: As you will recall, we didn't know the type of environment we were getting ourselves into, as COVID-19 took on global pandemic proportions. As a result, the word of order in the Canadian Armed Forces was that we are and would remain the force of last resort. We didn't know what might be coming at us, in terms of the defence of Canada and to protect Canadians. What we did know is that there might be a need for forces across the country to do a wide range of tasks, as I explained earlier. I think I can safely say for a number of my colleagues that we did not anticipate having to deploy in such big numbers to long-term care facilities. We certainly were of the impression that we might need to help in a

logistics capability in various scenarios. That would include transporting PPE to remote areas in Canada. That would also include, perhaps, power generation with ships at the given localities that are accessible by sea. We can think of a number of scenarios in which those assets of the Canadian Armed Forces could help.

With regard to helping—and you're particularly referring to UN-OCHA requests—Canada provided support, as detailed by Major General Cadieu earlier this week, and it was well appreciated by the UN and by those countries.

• (1445)

Ms. Anita Vandenberg: Thank you.

This question is more for Commanders Mialkowski and Carpentier and Admiral Patterson, and it is specifically about when you went into the long-term care homes. My understanding is that there were certain criteria that enabled you to determine whether those homes were then “green”, meaning that the transition had happened to the point that you were actually able to leave those homes. Could you explain in a little more detail what those criteria were and how you were able to determine that? Could you also speak a little more about the transition to the work that the Red Cross is now undertaking?

MGen Dany Fortin: Madam Chair, I will ask General Mialkowski first to answer.

BGen Conrad Mialkowski: In the Ontario context, when we looked at transitioning from any long-term care home, there was a set of criteria that we built in concert with the Province of Ontario. It was, in fact, based on four separate criteria.

The first one was sort of the master criterion, and that was that the Ministry of Health and the Ministry of Long-Term Care agreed that it was time for the Canadian Forces to transition out and either be reassigned to another facility or, if the overall situation had improved to a point that we were no longer required, we would withdraw those forces from the request for assistance.

The second criterion was that the facility itself had the capacity to deal with the number of residents, and among those residents, the patients with COVID, through their own means and no longer required that assistance from our medical teams in support.

The third criterion goes to infection prevention and control, or IPAC, such that the IPAC control procedures were not only educated and in place, but also that the effect of having proper IPAC procedures—as determined by the competent civilian medical authority responsible for that facility—could be guaranteed as functioning and in place, and that we agreed, the Canadian Armed Forces and that competent medical authority and the Ministry of Long-Term Care and the Ministry of Health, that this essential element of our transition was there.

Finally, it was an assessment, not only by the management of the long-term care facility but also by the province in the form of the Ministries of Health and Long-Term Care. At the point of our transition, Ontario had implemented oversight from local hospital networks that were connected to a long-term care facility, and they assessed that the staffing had met both the required degree of competency and, most importantly, the numbers to be able to take care of the residents inside those homes.

Throughout that collaborative effort, we would do a daily review at the local level in the home itself with our teams and a daily review between the provincial emergency operations centre and the Ontario incident management system for COVID-19. We had weekly reviews as to how the overall situation was improving. That was finalized in an exchange of letters at my level with the deputy solicitor general of Ontario, because that individual was the one responsible to Minister Jones, the solicitor general of Ontario, to manage the request for assistance throughout.

Perhaps I can pass this to my colleague in Quebec to describe the events there.

[*Translation*]

BGen Gervais Carpentier: I don't want to repeat the different criteria that need to be evaluated to make the transition, which my colleague has just listed. I just want to reiterate the importance of the links that have been established with the centres. These criteria were first evaluated by the centres' managers and our senior military representative in the field.

In Quebec, an agreement has been reached with the regional public health department, namely the Centres intégrés de santé et de services sociaux, or CISSS, and the Centres intégrés universitaires de santé et de services sociaux, or CIUSSS, and then with the ministry of health and social services. Once there's an agreement with the ministry on the joint assessment of the situation, we could proceed with the transition, with the authority of my supervisor in Ottawa.

I'd like to mention that we've served in 47 CHSLDs. The situation has improved significantly during our mandate. The situation was different in the 25 CHSLDs where we went first than in the 22 CHSLDs where we provided assistance afterwards, as the first wave was winding down. There was an improvement in the situation and our civilian partners were able to continue to carry out their functions in these centres.

I will end by talking about the Red Cross, whose members arrived after we left. They offered help in other centres with slightly different teams. We worked with them at different stages. The first stage was pre-deployment training, which was mandated by the ministry of health and social services and offered by the Red Cross.

In preparation for their mandate, there have been discussions at my level with the provincial director. At the tactical level, we worked with our commanders and health experts in the field to share our experience, observations and best practices.

● (1450)

The Chair: Thank you very much.

[*English*]

I think that's the end of the question rotation.

[*Translation*]

I want to thank our witnesses for giving us their time.

[*English*]

Also, to all of the committee members, there were some excellent questions today. Thank you for making good use of our witnesses' time.

The meeting is adjourned.

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