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• (1105)

[*English*]

The Chair (Mrs. Karen McCrimmon (Kanata—Carleton, Lib.)): Good morning, everyone.

I'm calling this meeting to order.

Welcome to meeting number four 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.

We've done this before in a hybrid format, so the same rules will apply.

Please keep in mind that those of us attending in person, me included, must abide by the rules of the public health measures in force at the present time.

When you're not speaking, please put your mike on mute. When it comes to the speakers list, the clerk and I will do the very best we can to maintain the speaking order for all members.

I would like to begin by welcoming our witnesses this morning.

I'm very grateful that you could join us this morning. I will probably hand it over to Major-General Trevor Cadieu and ask him to introduce the members of his team. Then he can proceed with his opening statement.

Further, Troy Crosby, who is the ADM, materiel, will join us for the second half of this meeting, around noon. When he comes on-line, we'll take a little break. We'll introduce him to the meeting and then will carry on.

[*Translation*]

Welcome, Major-General Trevor Cadieu.

[*English*]

I would like to hand it to you to introduce your team.

Major-General Trevor Cadieu (Director of Staff, Strategic Joint Staff, Department of National Defence): Good morning, Madam Chair.

Before I get started, I want to confirm that you can hear me.

The Chair: Yes.

[*Translation*]

MGen Trevor Cadieu: Madam Chair, thank you for the invitation to discuss the role of the Department of National Defence, or DND, and the Canadian Armed Forces, or CAF, in the whole-of-government response to the evolving COVID-19 situation and the impact of COVID-19 on domestic and international operations.

[*English*]

With me today, Madam Chair, are Major-General Marc Bilodeau, surgeon general for the Canadian Armed Forces, and Rear-Admiral Rebecca Patterson, commander of the Canadian Armed Forces health services group. As you indicated, Mr. Troy Crosby, assistant deputy minister for the materiel group, will be joining us for the second hour of this meeting.

Since the start of this pandemic, which has claimed the lives of thousands of precious Canadians and well over a million people globally, our most sacred duty in the Canadian Armed Forces has been to mobilize for what has been and must continue to be a whole-of-nation defence against COVID-19.

Starting in February, as we all worked to better understand the disease and the threats it posed, the Canadian Armed Forces deployed in support of Global Affairs and the Public Health Agency under the rubric of Operation Globe. That was the mission we established to repatriate Canadians from China, Japan and the United States. As part of this operation, Canadian Forces health services medical personnel screened and prepared travellers for their journey and provided compassionate inflight and post-flight care. Upon arrival in Canada, the Canadian Armed Forces, in coordination with the Public Health Agency and the Red Cross, facilitated the quarantine of nearly 1,000 Canadians at Canadian Forces Base Trenton by providing accommodations, transportation, food services and general duty support. Approximately 300 Canadian Armed Forces personnel supported Operation Globe.

As our nation organized to delay and mitigate the effects of COVID-19, the chief of the defence staff issued direction to protect the force and prepare for a potential large-scale and enduring domestic response known as Operation Laser. That's a critical Canadian Armed Forces mission that continues today.

In order to ready the Canadian Armed Forces, we dispersed personnel, we restricted travel and engagements and we temporarily contracted our global force posture in order to provide support to Canadians. We established Operation Laser, a formidable team of 24,000 Canadian Armed Forces members—regular force, reserve force, Canadian Rangers and civilians—postured throughout the nation and ready to respond to requests for Canadian Armed Forces assistance.

You are familiar with the tireless work of Canadian Armed Forces men and women in 54 long-term care facilities in the provinces of Quebec and Ontario. After undergoing a focused training and orientation program, these members needed to move decisively to form augmented civilian care teams and rapidly surge into facilities hit hardest by COVID-19. In the course of their duties, our teammates observed issues related to the provision of care to residents in some of those facilities.

As you would expect of your Canadian Armed Forces, these uniformed members immediately reported their findings while taking immediate corrective action on the ground alongside civilian colleagues to provide dignified care. This effort involved nearly 2,000 Canadian Armed Forces members, many of whom selflessly gave of themselves to better protect our most vulnerable Canadians in some of their darkest moments.

Separately, the Canadian Armed Forces has been honoured to provide support to other Canadians in this very challenging year. Hundreds of Canadian Rangers, for example, have reinforced public health measures in northern and remote communities while facilitating the delivery of humanitarian aid. Concurrently, the Department of National Defence and Canadian Armed Forces logistics experts have helped the Public Health Agency to strengthen its medical supply chain by assisting with the reception, warehousing and distribution of personal protective equipment and medical materiel across the country.

While protecting Canadians was and will continue to be our number one priority, the Canadian Armed Forces was also able to project aircraft and crews in support of the United Nations Office for the Coordination of Humanitarian Affairs to deliver life-saving medical equipment and humanitarian aid to numerous countries in Latin America and the Caribbean this past summer. This effort was hailed by both by the United Nations and our closest allies.

In addition, although some training and activities have paused to ensure the continued safety and security of our personnel during this pandemic, your military continues to be active in operations abroad. In fact, nearly 2,000 troops are deployed in support of Canada's allies globally.

Looking ahead, we recognize that additional unity, determination and sacrifice will be required of all of us to eventually prevail in this fight against COVID. The Canadian Armed Forces remains poised to do our part alongside other government departments, partners and Canadians. We have liaison officers working in support of other government departments in order to streamline communications. We are integral to all government contingency planning, and we maintain a robust, ready force comprising sea, land and air force elements.

Our teams are again fully integrated with the Public Health Agency of Canada, where we are working with optimism and enthusiasm as part of the COVID-19 vaccine rollout task force. Specifically, the Canadian Armed Forces is assisting with the development of a logistics support plan for the rollout of the vaccine. We are helping to establish a national operations centre that will oversee distribution of the vaccine, and the chief of the defence staff will be prepared to provide advice on how best to use Canadian Armed Forces resources for the actual vaccine rollout in the weeks and months to come.

Finally, I will close by acknowledging that we, like most Canadians, have learned how to better function in the midst of this pandemic, and we are applying the tough lessons from our operations to enhance our resilience, to grow from and to be better for these experiences. Our chief of the defence staff and deputy minister have directed that we continually refine our understanding and application of public health measures to protect ourselves, our loved ones and our communities.

Moreover, we are mobilizing medical and mental health supports to enhance the wellness of Canadian Armed Forces troops. We continuously work to strengthen our stocks of personal protective equipment, and we are developing innovative risk mitigation strategies to reduce the risk of community transition as we conduct operations in support of Canada.

• (1110)

[*Translation*]

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

[*English*]

The Chair: Thank you very much, General Cadieu.

On behalf of the entire committee team, I would just like to say thank you for everything you have done. The work of the Canadian Armed Forces in support of Canadians during this pandemic was quite obvious in the media coverage.

We will commence with the questioning round.

First up for six minutes is Mr. Benzen.

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

Thank you to all of the witnesses. I concur and thank you for your service to Canada.

Major-General Cadieu, many of our allies and partners have domestic organizations to help them with disaster responses. For example, in the United States they have FEMA. In Canada, we now are relying highly on the military.

Because we're going to have these ongoing pandemics and have all these environmental issues now with floods and fires, etc., is the military doing some long-term thinking and planning to organize themselves on a long-term basis with the necessary training they will need for dealing with, on one hand, foreign interventions and then, on the other, the interventions they will need to make within Canada? These are totally different in nature and have different costs involved.

Have you been giving some thought to how we would use our reserves and our regular forces to deal with this on an ongoing basis?

MGen Trevor Cadieu: This is absolutely something that our chief of the defence staff has been considering with the senior leadership of the Canadian Armed Forces.

On the one hand, of course, our nation, as is the case with all of our allies, is confronting a rapidly evolving security situation globally. The threats posed by potential adversaries is something that the Canadian Armed Forces needs to organize for, and so our chief of the defence staff is focused on what capabilities and resources need to be mobilized to defend Canada and Canadians against external threats. But, of course, he also recognizes that at home we need to be prepared to support Canadians in their time of need, and we have seen that, as you suggest, on many occasions over the last several years.

He has directed us to consider what additional training and organizational structures are required to be prepared to respond to other natural disasters, weather events and domestic emergencies.

• (1115)

Mr. Bob Benzen: Would you say that right now we need to increase the size of our military, both of our reserves and our regular forces, to deal with all of the situations we're encountering?

MGen Trevor Cadieu: In terms of the resourcing of the Canadian Armed Forces, of course, that's the subject of deliberations for the Government of Canada based on the advice of our chief of the defence staff. We are organizing with the resources at our disposal to be able to address those two requirements: the imperative to protect Canada and Canadians, and also be able to respond domestically to emergencies that might arise.

Mr. Bob Benzen: Right now they say there were 384 cases of COVID-19 in the forces that have been reported over the last 10 months. I know you guys have pulled back on training a lot to ensure the safety of our personnel. Some training has been resumed. I know we had some training in Wainwright a few weeks ago. Can you talk a little about training. Because this pandemic is going to continue for some time, we do have to resume some training and get our forces in top condition, so what are our plans for getting the training back up to speed again?

MGen Trevor Cadieu: You are absolutely right. For the Canadian Armed Forces to maintain its edge and to be prepared to respond to emerging threats, our members have to continually train for the different types of environments they might be deployed into. Initially, when we knew little about this disease, there was a requirement to contract the force and to privilege the support that we were providing to Canadians. Over time, as we better understood COVID-19, it allowed us to initiate or reinstate a number of training and operational activities.

In general terms, our chief of the defence staff and our deputy minister have articulated a number of guiding principles, if you will, that need to be put into place as our force generators and our different environments re-engage in training. For example, it's absolutely essential that our teammates respect public health measures and have at their disposal non-medical masks and personal protective equipment if it's required. They must be properly trained on the use of personal protective equipment. We make sure there's a period of onboarding for all Canadian Armed Forces' members and Department of National Defence personnel before they come back and work, so they can visualize the environment they're going to be in, while making sure we respect the flexibility that some of our teammates require to be working from home.

The last thing I would say is that as we deploy back into the field to conduct our manoeuvre training, it's forced us to mobilize some imagination, some innovation, on how to do that safely to maintain physical distancing, for example, and strong hygiene. It requires significant attention to detail and strong leadership and cohesion among all our teams.

Mr. Bob Benzen: I agree. There's a lot of new—

The Chair: I'm afraid your time is up, Mr. Benzen.

Monsieur Robillard.

[*Translation*]

Mr. Yves Robillard (Marc-Aurèle-Fortin, Lib.): Good morning, Major-General.

Welcome to you and your team.

What specific role did women play in the CAF's Operation Laser?

MGen Trevor Cadieu: Madam Chair, I would like to thank the member for his question.

[*English*]

I will get started with the response to this question and will also turn it over to Admiral Patterson to see if she wants to expand on this.

What I would say categorically is that throughout Operation Laser, our women leaders and members of the Canadian Armed Forces have featured prominently in absolutely every aspect of the Canadian Armed Forces' response, whether it's deployment into long-term care facilities, or the advice that's being provided to other government departments. The Canadian Rangers, comprising both women and men, surged into our communities to help vulnerable Canadians in their times of need.

I cannot think of a force element that has been employed as part of Operation Laser in which women have not featured prominently.

I'll just turn it over to Admiral Patterson to see if she'd like to expand on this as well.

• (1120)

Rear-Admiral Rebecca Patterson (Commander, Canadian Forces Health Services Group, Department of National Defence): Thank you.

We have had women fully integrated throughout the whole task force. Of those 24,000 people, women have been equally represented in all of the different domains of work.

Apart from that, I have nothing further to add.

[*Translation*]

Mr. Yves Robillard: Now, for my second question.

In northern Quebec, the Canadian Rangers played an essential role in supporting their communities.

Talk a bit, if you would, about the important role the Rangers have played throughout the pandemic.

MGen Trevor Cadieu: Madam Chair, I would like to thank the member for his question.

[*English*]

I think you are absolutely right that the Canadian Rangers have featured prominently in the Canadian Armed Forces response to help Canadians throughout this pandemic.

You referred specifically to Canadian Rangers support in the province of Quebec. Of course, we mobilize Rangers to the regions of Nunavik and Basse-Côte-Nord, among others, to provide critical logistical support, facilitate the delivery of humanitarian aid and to help with the establishment of testing sites. This is essentially what we've seen across other regions of Canada as well.

In the first wave of this pandemic, the Canadian Rangers deployed to a number of their local communities. They were able to help reinforce some of the messages around public health measures and provide to us a better sense of the needs of those communities so that we could be more responsive to Canadians.

[*Translation*]

Mr. Yves Robillard: How did the communities respond to the Rangers?

MGen Trevor Cadieu: Madam Chair, I would like to thank the member for his question.

[*English*]

In many cases, almost universally, we find that our Canadian Rangers are very integrated in their local communities. They are highly respected because of the training they receive and their service to Canada. Often, our Canadian Rangers take on leadership roles in governance in their respective communities, so they've been very warmly received across Canada throughout this pandemic.

[*Translation*]

Mr. Yves Robillard: Thank you for your answers.

[*English*]

The Chair: Thank you very much.

[*Translation*]

Mr. Brunelle-Duceppe, you may go ahead.

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

I would like to thank the witnesses for being with us today and answering such important questions.

I have heard no mention of this, so I am curious. As part of Operation Laser, how many CAF members contracted COVID-19 while working in Quebec's residential and long-term care centres?

MGen Trevor Cadieu: Thank you, Madam Chair.

[*English*]

I will turn it over to our surgeon general, as your question is specific to the number of CAF personnel who have fallen ill in long-term care facilities. Overall, across both Quebec and the province of Ontario, we have just over 50, I believe 55, who have contracted COVID-19 as a result of their service in long-term care facilities.

Major-General Bilodeau might be able to provide additional granularity about the province of Quebec.

• (1125)

[*Translation*]

Major-General Marc Bilodeau (Surgeon General, Canadian Armed Forces, Department of National Defence): Thank you, Madam Chair.

A total of 55 CAF members contracted the virus at residential and long-term care centres and nursing homes in Ontario and Quebec. I don't have the exact numbers, but I believe 40 or so of the cases were in Quebec and about 15 were in Ontario. I can get back to you with the exact numbers, if you like.

Mr. Alexis Brunelle-Duceppe: Yes, that would be appreciated.

Did any of the 55 members who contracted COVID-19 become seriously ill or have to be hospitalized?

MGen Marc Bilodeau: Madam Chair, I would like to thank the member for his question.

All 55 members who contracted COVID-19 in residential and long-term care centres recovered with no obvious sequelae. We monitor them closely. We keep a log of all the members who were infected and we will monitor them over the long term to make sure they remain in good health after having been infected.

Mr. Alexis Brunelle-Duceppe: I see.

I asked you whether any of the members who contracted the virus had to be hospitalized because I want to know this. If we were hit by another wave or another pandemic and members of the military were called upon to assist in health care institutions or elsewhere, would the CAF be ready to care for them?

MGen Marc Bilodeau: We don't actually have a military hospital in Canada right now. We depend on the civilian health care system for tertiary and hospital care. Those services are provided through a partnership. None of the 55 CAF members infected during the mission at residential and long-term care centres had to be hospitalized.

Mr. Alexis Brunelle-Duceppe: Very good.

Did you have a protocol or procedure in place before the pandemic to deal with this sort of thing?

MGen Marc Bilodeau: Do you mind repeating the question?

Mr. Alexis Brunelle-Duceppe: Did you have a protocol or procedure in place before the pandemic to deal with this sort of thing?

For example, if a large number of CAF members were to contract the virus in the course of a military operation to provide assistance in residential and long-term care centres, did you have a pre-existing protocol to follow?

MGen Marc Bilodeau: We have long-term partnerships with all civilian health care facilities in all regions of the country where we have military bases. Our members rely on those partnerships for surgical, hospital, preventative and specialized care. Through that partnership model, which is 20 years old, we can provide our members access to the care they need when they need it.

Mr. Alexis Brunelle-Duceppe: This pandemic is an exceptional situation. Neither you nor I had ever experienced anything like it in our lifetimes. I don't think the world has been hit this hard by a global pandemic since the Spanish flu. This pandemic has been harmful on so many levels.

Do you think it's time to change the 20-year-old protocol? After all, one day, our military members may have to return to residential and long-term care centres or be deployed elsewhere.

Is it not time to change the protocol or make some adjustments, at least?

MGen Marc Bilodeau: Obviously a crisis like this brings a number of the ideologies at the heart of our organization into perspective. The lessons learned process is critical because it teaches us how to better position ourselves for the future, and the crisis caused by the pandemic is not exempt from that process.

MGen Cadieu may be able to speak more broadly to the situation as it relates to the CAF.

[*English*]

MGen Trevor Cadieu: Madam Chair, I do not have much further to add to that particular point.

Of course, as we go through this pandemic, once we're able to reflect on what we've learned through our operations in support of Canada, our chief of the defence staff will provide advice to the government on the apportionment of resources and how we're organized to deal with similar threats to Canada and Canadians in the future.

• (1130)

[*Translation*]

Mr. Alexis Brunelle-Duceppe: Do I have any time left, Madam Chair?

The Chair: No.

Mr. Alexis Brunelle-Duceppe: All right.

Thank you, gentlemen, for your answers.

[*English*]

The Chair: Mr. Garrison.

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

I'd certainly like to start by expressing the thanks of New Democrats, on behalf all Canadians, for the Canadian Forces' responsive role in this pandemic in keeping our international relations going as well as aiding domestic authorities.

I want to continue on the question of resources. I have expressed my concerns many times in this committee that the operational budget of the Canadian Armed Forces, with the inflation rate in Canada, has barely maintained a pace that would allow the continuation of all of its operations. Now this year, we've had extraordinary operations added on top of that.

To the knowledge of our witnesses, has the Canadian Armed Forces received any additional and supplemental funding to help take care of these extra duties they've been assigned during the pandemic?

MGen Trevor Cadieu: I'll have to return to the committee with a detailed written response in terms of the precise numbers.

As was the case I think with all government departments that had to mobilize in support of Canadians as part of the COVID-19 response, there was a supplemental request for resources. The actual details of that we'll have to return to you with a written response.

Mr. Randall Garrison: Thank you. We'd very much appreciate seeing that response.

In this first round of questions, I want to focus on the assistance that was provided in long-term care by the Canadian Forces. We had, quite frankly, shocking reports issued by Brigadier-General Carpentier and Brigadier-General Mialkowski.

I wonder if today we could put on the record the main findings of those reports of what the Canadian Forces were confronted with when they were asked to help out in long-term care homes in Ontario and Quebec.

MGen Trevor Cadieu: Madam Chair, I'll also turn to my colleagues who will provide supplemental responses.

Of course, as our Canadian Armed Forces members deployed into these facilities, they were mobilized by Canada and Canadians for a reason. Certainly it was because of the gravity of the situation in those long-term care homes.

What they discovered—and I'll just report in general terms—in a number of facilities.... I should also note that each of the facilities was different, so this is not a generalization of all 50-plus facilities that the Canadian Armed Forces proudly served in alongside our civilian colleagues.

In some of the facilities they saw, for example, non-adherence to policies related to infection prevention and control. In some cases, they discovered inadequate training and medical supplies for facility staff. They observed deficiencies in long-term care infrastructure. There were concerns with the standard of care that was being delivered in support of Canadians or vulnerable residents in some facilities. Of course, there were high rates of staff illness, and as a result of that, in some cases, absenteeism exacerbated the conditions in some of those long-term care facilities.

I'll turn it over now to the surgeon general to see if he has additional feedback, and then we'll go over to the commander of the health services group.

MGen Marc Bilodeau: Madam Chair, to summarize those points, what was noticed was basically patient and staff safety considerations and concerns that needed to be addressed.

In health care, the security of patients and staff is paramount, obviously. This is the responsibility of every single health care provider or member of the health care team, when they notice those challenges, to raise them, to identify them and to make sure that they are being addressed.

Mr. Randall Garrison: When this operation came to a close, and I'm assuming that I'm not wrong in saying they're no longer providing assistance in any of those homes, who was responsibility turned over to from the Canadian Forces for the activities that we had undertaken on behalf of long-term care? Did they simply go back to the existing long-term care, or was anyone else providing resources to deal with these challenges?

• (1135)

MGen Trevor Cadieu: On the departure of Canadian Armed Forces personnel from those facilities, we had established beforehand with each of the provinces what we referred to as "transition criteria" that needed to be met and agreed upon between the Canadian Armed Forces and those provinces.

First and foremost, before the Canadian Armed Forces teams left those facilities, the provincial ministries of health and long-term care needed to assess and signal to us that CAF support was not required in those specific facilities, and then a number of other criteria had to be satisfied. For example, we needed to have confidence that the facility had the integral capacity to manage the situation of the respective facility; that the infection prevention and control measures that I referred to earlier had been addressed, established and were being enforced; and that staffing levels were sufficient. Those transition criteria needed to be codified in an exchange of written instruments or letters between the province and the Canadian Armed Forces.

To answer your question, Madam Chair, in many cases when the Canadian Armed Forces vacated facilities, it was at the request of the respective provinces, and they handed those facilities back over to the facility management themselves.

You'll hear some discussion about the Canadian Red Cross surging into the province of Quebec, for example. They were directed to other facilities that required supports outside of those the Canadian Armed Forces had occupied.

Mr. Randall Garrison: Given that we're now seeing a very serious—

The Chair: Mr. Garrison, sorry about that.

We will go to Madame Gallant.

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

First of all, through you to the surgeon general, where do the Canadian Armed Forces personnel fit in terms of precedence for access to a COVID-19 vaccination?

MGen Trevor Cadieu: Go ahead, Surgeon General.

MGen Marc Bilodeau: I was going to get you to do the initial comments, and I may add anything that is required.

MGen Trevor Cadieu: Right now we are working very closely with the Public Health Agency of Canada as part of the vaccine rollout. From a national perspective, they are considering right now the prioritization of the rollout of the vaccine, whether it be for vulnerable populations, first responders and those sorts of people.

Those decisions have yet to be made and will be brought forward by the Public Health Agency to elected officials in the days and weeks to come. Of course, the Canadian Armed Forces will be factored into that order of march or precedence as the vaccine is rolled out.

Internally in the Department of National Defence and the Canadian Armed Forces, we are undergoing a very similar exercise in the recommended prioritization of the vaccination for DND and Canadian Armed Forces members, and that advice will be brought forward for the consideration of our chief of the defence staff.

Mrs. Cheryl Gallant: The federal government has said that vaccination against COVID will be optional. Is that the case for CAF personnel?

MGen Trevor Cadieu: That is something that our chief of the defence staff is currently considering. He will be taking additional advice from his health advisers.

Surgeon General, is there anything you would like to add to that?

MGen Marc Bilodeau: Yes, the discussion is ongoing, as Major-General Cadieu said. I'm there to provide medical advice to that discussion.

Mrs. Cheryl Gallant: For those who choose not to be vaccinated—if there's a choice—how will their deployments, promotions or requests for transfers be impacted? Now, given that you haven't made those decisions yet, hold off on that. Nonetheless, that's something we will be looking into.

Will all Canadian Armed Forces members receive the same brand of vaccination?

MGen Trevor Cadieu: I think the Public Health Agency is working through right now the number and stocks of the vaccine from various manufacturers, so it's not yet evident to us what specific vaccine will be made available to Canadian Armed Forces personnel.

I think the surgeon general might have additional amplifying information on that.

• (1140)

MGen Marc Bilodeau: Madam Chair, what we also don't know yet is which vaccine is going to be the most effective for our specific population. We have fairly young adults in good health—or most of them are—and we don't know which vaccine will be the best one for them. It's too early to say now which vaccine would be used.

Mrs. Cheryl Gallant: Will reservists get the same order of precedence for receiving the vaccine as regular forces?

MGen Trevor Cadieu: Of course, as the chief of the defence staff considers the rollout of the vaccine internally within the CAF, he will be thinking equally about regular force, reserve force and Canadian Ranger members.

In terms of the actual sequencing event rollout, as indicated, that is still to be considered and analyzed by staff recommending.

Mrs. Cheryl Gallant: Thank you.

How many CAF personnel contracted COVID from their deployments in CAF overseas operations?

[*Technical difficulty—Editor*]

Mrs. Cheryl Gallant: Madam Chair, we might want to stop the timer.

Mr. James Bezan (Selkirk—Interlake—Eastman, CPC): Madam Chair, did we just lose all our witnesses?

Mrs. Cheryl Gallant: I didn't know my questions were that paralysing.

MGen Trevor Cadieu: Madam Chair, it's Trevor Cadieu here just doing a communications check.

Mrs. Cheryl Gallant: How many CAF personnel contracted COVID from their deployments in CAF overseas operations?

MGen Trevor Cadieu: Madam Chair, I'm going to have to return to the committee with a precise number. It's a relatively small number of Canadian Armed Forces members who have contracted COVID while serving overseas.

Mrs. Cheryl Gallant: What number of CAF members have died as a direct result of being infected with COVID-19?

MGen Trevor Cadieu: Madam Chair, no CAF members have died as a result of contracting COVID-19. I'll just ask the surgeon general if he wants to comment on the severity of the disease amongst some members.

MGen Marc Bilodeau: Madam Chair, overall, six of our members required hospitalization, and all others were treated through out-service capacity.

Mrs. Cheryl Gallant: Thank you.

The Chair: You're welcome, Madam Gallant.

Next is Mr. Bagnall.

The Clerk of the Committee (Mr. Michel Marcotte): Can you unmute yourself, please?

Hon. Larry Bagnell (Yukon, Lib.): Thank you, Madam Chair.

I, too, would like to give a big thank you to the Canadian military. Your job of protecting us is difficult and dangerous at all times, but particularly now, so please pass on our gratitude.

My first question was posed by Mr. Robillard already, because I was interested in the Rangers as well, so thank you, Mr. Robillard. The rest of my questions were about the Rangers who, as you know, provide instrumental service in the military that, in some cases, no one else can provide. So a big thank you for that to the Canadian Rangers across the Arctic and the north.

The rest of my questions come from the excellent research done by the Library of Parliament, and perhaps Madame Dumont could pass on my gratitude to the great and professional work they always do for committees and members of Parliament.

Major-General, I wonder if you could update us on our mission in Latvia, as much as you can without threatening Canada's security, and then any changes that have occurred as a result of COVID.

• (1145)

MGen Trevor Cadieu: We're also grateful for the support communicated to our Canadian Armed Forces members, and I will be very happy to pass that on.

As I indicated in my opening remarks, initially early in the pandemic, as we tried to learn about the disease that was confronting us and Canadians and the world, frankly, the chief of the defence staff made a decision to temporarily contract the global posture of the Canadian Armed Forces.

You specifically asked about our mission in Latvia, which is known as Operation Reassurance. As you know, we have deployed what we call an enhanced forward presence battle group.

Interestingly, as the chief of the defence staff looked at having to contract the global posture, given the situation in Latvia, our confidence, based on the chief of the defence staff's advice that he was getting from his medical advisers, was that we could make a determination that Canada would be able to continue its contribution relatively unimpeded in Latvia. Throughout this crisis, the CAF support to the enhanced forward presence battle group has continued, while, of course, respecting some of the public health measures in place locally in Latvia.

We had to contract the force a little more restrictively in other places like Iraq, for example, where the COVID situation was not under control. Other factors in Iraq, such as the geopolitical and security situation, also forced us to reassess our posture in the region.

Ukraine I would mention as well, specifically as one of the missions that required us to contract the force a little more, again because of the uncontrolled transmission of COVID-19 and the challenges that country is having.

In all cases where it's been possible, we've reinvigorated our collaboration, operations and training in support of our allies.

Hon. Larry Bagnell: Thank you.

You mentioned Iraq. Could you let us know what the 400-or-so troops who were deployed there are and have been brought home are doing now?

MGen Trevor Cadieu: The Canadian Armed Forces members who were deployed to Iraq, I would classify their contribution essentially into two main categories. First it would be in support of combined joint task force Operation Inherent Resolve, which is mission to defeat ISIS that the Canadian Armed Forces has contributed to. That mission has contracted significantly in recent months. Some low-level collaboration and capacity-building training is ongoing. Second, the Canadian Armed Forces continues to contribute to the NATO mission in Iraq, albeit again in a more restricted posture.

Troops that came out of that joint operations area returned to Canada. In many cases they got some well-deserved leave and they have resumed force generation activities with their respective services.

Hon. Larry Bagnell: Thank you.

My time is up.

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

[Translation]

Go ahead, Mr. Brunelle-Duceppe.

Mr. Alexis Brunelle-Duceppe: Madam Chair, the previous discussion focused on overseas deployments.

Under Operation Globe, the CAF has already responded to a United Nations request for the transport of food and medical supplies on behalf of the World Food Programme and the World Health Organization.

Has the CAF been able to accommodate all international requests for humanitarian assistance related to the pandemic so far?

MGen Trevor Cadieu: Madam Chair, I would like to thank the member for his question.

[English]

The Canadian Armed Forces responded with strength and pride to the request to provide humanitarian assistance to Latin America and the Caribbean. In fact, we were one of the only military forces, one of the only countries, that was distributing medical materiel to those countries in the Latin American and Caribbean basin, so that support was very highly valued.

Of course, we are working in harmony with our other allies to facilitate the delivery of humanitarian assistance and medical materiel to other countries around the globe. Clearly, the Canadian Armed Forces do not have the capacity to handle that global demand independently, so we are working to cohere our activities closely with our allies.

• (1150)

[Translation]

Mr. Alexis Brunelle-Duceppe: Congratulations, by the way.

Will the CAF be able to respond to upcoming pandemic-related requests?

MGen Trevor Cadieu: Madam Chair, I would like to thank the member for his question.

[English]

In the Canadian Armed Forces, as we go through this pandemic, of course we continue to learn about the requirements that we have domestically and internationally. What we are seeing, of course, is a very significant precipitous increase in the transmission of this disease internationally, so we will continue to monitor the requirements of the Canadian Armed Forces for Canada and Canadians, as well as for our allies, within our resources. As missions are assigned to us by the Government of Canada, we will work alongside allies to satisfy that demand globally.

[Translation]

The Chair: Thank you.

[English]

Mr. Garrison, please.

Mr. Randall Garrison: Thank you very much, Madam Chair.

I'd just like to return to where I left off in the last round of questioning about the role of the Canadian Forces in long-term-care homes. I would just state once again that I am immensely proud as a Canadian of the role the Canadian Forces played in those long-term-care homes, however embarrassed I am, as a Canadian, that we had to ask Canadian Forces to step into those long-term-care homes.

On the topic of long-term-care homes, what are the lessons learned by the Canadian Forces about what we need to do to prepare to perhaps have to intervene again during the COVID epidemic, as we are seeing enormous spikes in the number of new infections? What kind of training or equipment needs have we identified for the Canadian Forces if there has to be another intervention before we get to a vaccine?

MGen Trevor Cadieu: At the Canadian Armed Forces, we always strive to be a learning organization, to be able to dynamically capture, reflect on and share our lessons learned and observations from these types of operations. Operation Laser is no exception to that.

We have certainly learned a number of lessons from our operations inside long-term-care facilities, but also in other jurisdictions in support of Canadians. For example, specific to long-term-care, to address your question, we learned quite a bit throughout this pandemic in terms of how to properly don, use and take off medical-grade personal protective equipment. We've learned about some of the dynamics of mobilizing health services personnel to support some of our vulnerable populations. We've learned how to collaborate with different agencies in different levels of government.

Already, we've taken those lessons and shared them throughout the force. As we remain postured for additional potential requests for assistance, those troops will be going in having benefited from the tough lessons learned by some of their teammates.

I think the surgeon general might one to amplify one of those points.

MGen Marc Bilodeau: Yes, Madame Chair.

In addition to that, we're obviously following the science and the scientific community's findings related to COVID. We know a lot more now about COVID compared with what we knew in the spring—obviously with regard to the mode of transmission and in what type of environment transmission is more likely. This will inform how we prepare our troops for potential additional tasks.

The Chair: Thank you very much.

Mr. Randall Garrison: I know the Canadian Forces face—

The Chair: I'm afraid your time is up, Mr. Garrison.

Mr. Randall Garrison: Okay. Thank you.

The Chair: Mr. Bezan, please.

Mr. James Bezan: Thank you, Madam Chair.

I want to thank our witnesses for coming today and for the great work all of you have been doing to make sure that Canadians are taken care of during this pandemic, and the role that all members of the Canadian Armed Forces have played in both force protection and protecting Canadians.

I want to follow up more on what Mr. Garrison was saying about preparation and the potential use of the Canadian Armed Forces in the next go-around of this pandemic. I know, for example, that the mayor of Winnipeg and the chief of Opaskwayak Cree Nation are making requests here in Manitoba for military assistance.

Has any of that filtered up to the Canadian Armed Forces level yet, and are you prepared to go, if required?

• (1155)

MGen Trevor Cadieu: We are absolutely plugged in to the situation across the nation. We are working very closely with Public Safety, the government operations centre, and other government departments—the Public Health Agency, Health, and Indigenous Services Canada.

In fact, the Canadian Armed Forces, along with some of our other federal government partners, spent most of the weekend talking about the situation in Manitoba and many other jurisdictions throughout the country. We are quite in tune with the evolving situation, to answer your specific question about the province of Manitoba.

We have engaged in interactions with some of our provincial partners to better understand the requirements and needs. If a request for federal government assistance or Canadian Armed Forces assistance comes across, our chief of the defence staff will be prepared to provide advice to our minister and, if requested, to dynamically task troops to help Canadians in their time of need.

Mr. James Bezan: Thank you.

One thing I've always been quite proud of is how the Canadian Armed Forces started down the path of mental readiness. During the Afghanistan deployment we had the road to mental readiness program.

I was a little bit concerned when I read in the media last week about Major Karoline Martin, who was working in the long-term care situation in Ontario. She was testifying at the commission. She was talking about how devastated the members of the Canadian

Armed Forces were when they entered some of these facilities, by the squalor and the miscare of residents and our loved ones.

Is R2MR again being provided to our troops, for those who were in the long-term care homes and are still somewhat devastated from what they experienced, and who are, as well, being prepared to go in again if needed?

MGen Trevor Cadieu: I'm going to start answering this from a chain of command perspective, and then hand it over to the surgeon general to talk about specific medical supports that are being mobilized for our members.

Certainly we all recognize that Canadian Armed Forces members are often deployed into some very difficult environments overseas as part of some of our international operations, and from time to time, here in Canada as well. It's why the military force of last resort is mobilized.

Long-term care was particularly challenging because, of course, we are Canadians first and foremost, and we do not like to see fellow Canadians suffering. So we deploy, as a priority, in support of those vulnerable Canadians.

I will say this in terms of what we try to do proactively to mentally prepare Canadian Armed Forces members for these types of operations. First of all, we always aim, in all echelons, to destigmatize mental illness, to make sure that Canadian Armed Forces members know that, first of all, they're going to be going into difficult environments, and if they have challenges, they can raise those concerns with their chain of command.

Leadership and cohesion factor into this significantly. You referred to the road to mental readiness program that helps to better visualize that environment to ensure that arousal control and different techniques are put into place for CAF members when they operate in those environments.

I'll hand it over now to our surgeon general to talk about some of the medical-specific supports and psychosocial supports that are available to CAF members.

MGen Marc Bilodeau: Obviously, prevention is key in mental health, especially when members are exposed to challenging situations like a long-term care facility. This was a critical aspect of the preparation of our troops, and the road to mental readiness program, which has existed for many years, has been tailored to the specific needs of those troops going into long-term care facilities.

So we were able to make sure that a specific environment was captured, which allowed us to have a customized preparation of our troops. During the deployment itself, social workers were deployed and made available on a 24-7 basis for all of our members who were deployed in the long-term care facilities. The units also deployed chaplains as part of the support team, if you will, and who helped with addressing some of the challenges that our members could have been facing. Obviously, our 24-7 telephone supports were still available for our members during that time, as well as our peer support program, the OSISS program, and we were able to provide the care and support that those members needed during the mission.

Post-mission, we put in place another road to mental readiness program to close the loop from the prevention part of the mission, and then we also instituted a post-deployment screening process by which we'll be able to identify any members who might not have been captured during the deployment or immediately after. We usually do that three to six months after the deployment.

All of this is part of our ongoing approach to screen and identify members early who may be suffering from mental health challenges. In addition to that, we're conducting a research study to try to identify the challenges that our members have been and are going through, with the aim of trying to learn how we can better prepare them for future missions similar to this one.

• (1200)

Mr. James Bezan: Would that study include both those who have been deployed in Operation Laser and those who have been pretty much confined to quarters because of force protection measures taken by the chief of the defence staff?

MGen Marc Bilodeau: Yes, like any good study, we're trying to build a control group that will allow us to compare how that environment was more challenging than another one, and try to identify the specific trends related to that environment.

The Chair: All right, thank you very much.

Mr. Spengemann.

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

I'd like to start by thanking our witnesses, our team of senior Canadian Forces officers, for being with us today and for their distinguished service, and through them, I'd like to also thank the women and men in uniform who are serving alongside them, with particular gratitude for the work the Canadian Forces are doing in helping us get through the pandemic.

I'd like to start with a question to take us back to some earlier discussions on training, and perhaps start with Major-General Cadieu.

To what extent is pandemic response training part of the Canadian Forces training package at the moment, from the very basic first steps, basic training, up to more advanced training in senior ranks? To the extent there are gaps, what would your vision be in strengthening that training?

MGen Trevor Cadieu: The role, the mission, of the Canadian Armed Forces, of course, is to defend Canada and Canadians

against all threats. So as our Canadian Armed Forces members progress through their training, they need to be prepared for up to and including general purpose combat operations, which, generally speaking, from a military perspective, cover an entire spectrum of activities that members might be called upon to do.

In the course of that training, they will be exposed to and will receive tools that can be applied in a domestic setting or paradigm such as what we have seen for Operation Laser, the Canadian Armed Forces response to the COVID-19 situation. For example, when our Canadian Armed Forces members deploy on operations abroad, they have to deal with local populations, with other government agencies and departments and partners. They are often called upon to deliver humanitarian aid and provide logistics and transportation support.

So as part of that general purpose combat training, they receive a suite of tools that can be applied for activities such as this.

Mr. Sven Spengemann: Thank you very much for that.

Looking at the deployability of Canadian Forces in the context of the pandemic perhaps continuing for the longer term, is guidance coming our way from NATO and the UN with respect to deployments in peace operations, and to the extent that this is still at the beginning, is there room for Canada and specifically the Canadian Forces to have input into such frameworks?

• (1205)

MGen Trevor Cadieu: Of course, as you indicate, globally we are all learning as we go through this pandemic together how it's going to evolve and what the potential implications for our allies and partnerships might be.

What I will say is that with strength, once again, after initially contracting the force in order to privilege support to Canadians, which remains in place, we have been able to resume almost all of our operations in support of our allies, including NATO and the United Nations forces deployed abroad. We have approximately 2,000 Canadian Armed Forces members deployed on approximately 20 missions around the globe.

We will continue to watch for the activities and operations that are going to be contemplated in relation to the pandemic specifically. If there's an opportunity for the Canadian Armed Forces to be engaged, our chief of the defence staff will provide advice to our minister.

Mr. Sven Spengemann: Thank you very much.

I'd like to ask a question about the reserves, specifically reserve units that are located in urban centres. To what extent has the pandemic impacted their work, their training and their readiness?

MGen Trevor Cadieu: The reserves in the Canadian Armed Forces, Madam Chair, have featured prominently in our response as part of Operation Laser. In the first wave, when it was unclear how much of the Canadian Armed Forces would be required to be mobilized to support Canadians, reservists were offered full-time service, what we refer to as class C service. Almost 7,000 reservists took that call, and they played a very fundamental role in a number of our operations, including long-term care support, especially in the province of Ontario.

To answer your question, we have certainly seen a number of reservists answering the call to support Canada in its time of need. They've had to undergo the same preparations and training as their regular force counterparts, in terms of using personal protective equipment; observing, respecting and enforcing public health measures; and integrating into operations. Any reservist who integrates into an Operation Laser function or operation will undergo the same preparations as their regular force counterparts.

Mr. Sven Spengemann: Thank you very much.

Thank you, Madam Chair.

The Chair: First, I would like to advise the committee that Mr. Troy Cosby, ADM, materiel, has joined us at this time.

Did you have a statement you wanted to make, ADM Crosby?

Mr. Troy Crosby (Assistant Deputy Minister, Materiel Group, Department of National Defence): No. Thank you, Madam Chair.

The Chair: Okay. Thank you very much.

We will go on to Mr. Dowdall, please.

Mr. Terry Dowdall (Simcoe—Grey, CPC): Good afternoon, Madam Chair.

I want to thank the witnesses as well for their presentations, and certainly all of the men and women of our Canadian Armed Forces. I am fortunate to have a military base in my riding in Simcoe—Grey. At Base Borden, I have the opportunity to thank many of them in person.

I have a couple of questions pertaining to the base. On April 5, The Globe and Mail reported that Canadian Forces Base Borden would be the headquarters for the joint force central fight against COVID-19.

The minister did confront me a little bit later. I wish it was earlier because I was hearing all kinds of concerns from local residents about military seeming to be coming into a little town. I was getting lots of concerns as people were stressed about the pandemic and wondering what it meant. Maybe further on, the ministries could reach out to the local MP and give them a heads-up. That would certainly be appreciated.

They said that approximately 400 troops were stationed at Base Borden for Operation Laser. What was the actual number?

MGen Trevor Cadieu: I will have to get back to you with a written response on the specific number of Canadian Armed Forces troops that were readied in support of Operation Laser at Borden.

What I would say is that base, as well as many others throughout the country, has played a pivotal role in allowing our Canadian Armed Forces members to stage and conduct operations in support of Canadians.

As much as is possible, we've tried to undertake every measure to ensure that local authorities are kept abreast of Canadian Armed Forces activities and what they might mean to the local communities in the regions they are serving.

• (1210)

Mr. Terry Dowdall: Thank you very much for that answer.

I have a follow-up, if I might. I'm sure you had isolation protocols at that particular base. Can you elaborate on them?

Earlier we talked, and I think it's fantastic that you've had this partnership for 20 years with the local hospitals. We have two that would be in our catchment area, RVH and Stevenson Memorial, which work hand and hand. Number one, are they kept abreast of all of the latest happenings as we get more military personnel in place? Number two, are you reaching out as well to local municipalities?

I know for a fact that Angus is part of it now, and there is going to be a COVID testing centre. Is there a COVID testing centre on base for your personnel, or our military, at this time? If not, do you work in conjunction to move these items forward?

MGen Trevor Cadieu: I'll turn it over to the surgeon general to talk about how the Canadian Armed Forces is organized for COVID testing. In terms of your question about engagement with local communities, our chief of the defence staff expects his base commanders to maintain that robust communication and relationships with their local and regional interlocutors. That dialogue is happening continuously between uniformed leaders and the community leaders with whom they serve.

Our chief of the defence staff certainly expects his subordinate commanders to keep local officials apprised of developments in the Canadian Armed Forces' response as part of Operation Laser and any significant activities that might have an impact on the communities they're serving in.

The surgeon general will be able to comment on how we're organized for COVID testing.

MGen Marc Bilodeau: We are growing our integral capability for testing in the Canadian Armed Forces. We have a growing amount of testing equipment that we're starting to distribute on our bases and wings, on our ships in some of our deployments.

I don't have the exact information, though, as to whether we have one type of equipment or not at Borden, but this is certainly something that we can get back to you on in writing after today's discussion.

Mr. Terry Dowdall: Thank you.

I'd like to know if all of the bases have testing ability for our military personnel, because if not, I think they certainly have to budgy up with someone to make sure those options are available and that they have the opportunity to test and get quick results. I think that's very important.

I want to thank you too about the connection with the local hospitals. They are often frustrated with the fact that some of the local hospitals come up with some suggestions and perhaps don't go back. It could definitely be part of the problem we heard earlier—a lack of funding through the government to upgrade some of those problems out there, whether it be for mental health or what have you, because we don't have 24-7 access in many of our hospitals. I don't know if you have a comment on that side of it.

MGen Trevor Cadieu: I don't have a specific comment on that other than to maintain our commitment to continue that active engagement between uniformed leaders and community leaders they're serving with across the country.

The Chair: We'll move on to Mr. Baker, please.

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

Major-General Cadieu, Major-General Bilodeau, Rear-Admiral Patterson, Mr. Crosby, thank you very much for being here to present to us and to answer questions from the defence committee today.

In my community of Etobicoke Centre, we are mourning the loss of 42 residents to COVID-19 at the Eatonville long-term care centre. As devastating as this is, the death toll would have been much higher if it had not been for the members of the Canadian Armed Forces who were deployed there to care for people in my community, my constituents.

On behalf of my constituents and my community I'd like to start by thanking the Canadian Armed Forces for serving in our long-term care homes. I would particularly like to thank, and I would ask you to pass along my thanks if possible, to the Canadian Armed Forces members who cared for and who saved the lives of my constituents in Etobicoke Centre.

I would also like to thank you for something else. In May, the Canadian Armed Forces prepared a report describing horrific and abusive conditions at the five long-term care homes in Ontario where they were posted at the time. The horrific allegations described in that report, in my view, should alarm every single Canadian. The stories, the examples of mistreatment and abuse, described by the soldiers stationed at these homes I think are simply unacceptable, and I think all Canadians find them unacceptable.

As we rightly focus on the numbers and the statistics and some of the events, I think it's also important that we remember that behind these examples are human beings and our fellow citizens. They were mothers, fathers, brothers and sisters. They were Canadians and they deserved better.

As a result of your report, four other MPs and I, who represent the constituencies in Ontario in which the CAF was serving in long-term care, wrote to Premier Ford and Prime Minister Trudeau calling for a number of steps, including national standards for long-term care. Many other caucus colleagues joined that call. In the

Speech from the Throne the government announced that it would be working with the provinces to do just that, to establish national standards for long-term care.

On behalf of my community I would like to thank the Canadian Armed Forces for caring for and saving the lives of my constituents in Etobicoke Centre. I would also like to thank the members of the Canadian Armed Forces for documenting what they discovered. This has enabled awareness, which has led to action and led to government committing to establishing national standards. When this is done I think this will make a difference for seniors for generations to come.

My thanks to you and all the members of the Canadian Armed Forces who were involved in Operation Laser.

Could you share with us some of the most troubling conditions that the Canadian Armed Forces discovered in our long-term care homes?

• (1215)

MGen Trevor Cadieu: I will turn it over to our commander of Canadian health services here shortly. We will certainly convey your gratitude to Canadian Armed Forces members who served in those facilities.

Before I hand over to Admiral Patterson and our surgeon general, I would just reinforce that, in addition to our commitment, our obligation to report what we see, which you should expect of our Canadian Armed Forces members at all occasions, is a healthy bias to action. Immediately upon discovering issues, Canadian Armed Forces members intervened to correct any activities and work alongside civilian colleagues to provide compassion and care to vulnerable Canadians.

I'll turn it over now to Admiral Patterson to comment on some of the additional issues that were discovered in long-term care facilities.

RAdm Rebecca Patterson: Just to piggyback on what General Cadieu has said, while there was no specific issue typical of all of the different installations in Ontario, we can certainly say, if I were to globalize it, that it was adherence to policies to help ensure that our most vulnerable residents were properly cared for— and, of course, within the actual report as you know, there are very specific examples, but in general, it was adherence to policies.

I think I could also point out the fact that we did go into those homes that were basically in crisis and at the invitation of the provincial government. We worked very, very closely in partnership with both the management and the leadership of the homes, as well as with the government. I can tell you that, when we were pointing out issues with policies or with standard of care delivery, everybody was very receptive to making the changes that were necessary, but with that, you also asked about other issues.

We talk about standards of care and, as you know, we were there to support the local facilities, and also, as military professionals, to achieve the mission that was set out for us. As well, as health care professionals, we have obligations to point out cases where there may be harm to our residents.

Again, the four themes we had a look at were lack of adherence to policies, inadequate staffing or even training of the care providers within the facility, and some challenges in the infrastructure.

Surgeon General, would you like to add anything else?

MGen Marc Bilodeau: Yes. Just to sum up, Madam Chair, it comes down to patient safety again, and staff safety. I think those are the common themes and the reason why we had to document, to intervene and to make sure that those concerns were being addressed.

Mr. Yvan Baker: Thank you very much.

[Translation]

The Chair: Go ahead, Mr. Brunelle-Duceppe.

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

I am happy to hear that national standards are not what's missing; it is actually health transfers, which provincial governments, including Quebec's, have long been calling for. Nevertheless, I will not play politics in committee. That's not why we are here.

A lot of tough decisions had to be made in many areas, and the CAF was not spared. In the CAF's case, several important training courses were impacted. Career advancement courses were cancelled or postponed, or accommodated only a limited number of participants. That means fewer soldiers, fewer non-commissioned officers and fewer commissioned officers were trained. They, in turn, could have provided training to others.

How do these delays impact the readiness of the armed forces?

• (1220)

MGen Trevor Cadieu: Madam Chair, I would like to thank the member for his question.

[English]

This pandemic, of course, has affected everyone globally, and many Canadians in the Canadian Armed Forces have not been spared that. It has required us to make some tough choices, as you've indicated.

First of all, to privilege the health of our members, when the chief of the defence staff initially ordered Canadian Armed Forces members to disperse, we activated what we refer to as our “business continuity plans” to better understand the environment that we were operating in and how serious this illness was going to be. In the short term, it forced us to stop what we refer to as our “force generation”, or our training activities. When we committed to operations in support of Operation Laser—the CAF support in long-term care facilities—it required us to hold in abeyance some of our additional training that would have been conducted at that time.

To respond to your question about what the impacts of the cancellations of training are going to be, first of all, there will be a delay in some cases to the professional development we deliver to Canadian Armed Forces members. Depending on how long this pandemic takes, it's going to impact our ability to increase our training throughput to what it once was. Second, it also speaks to the requirement to, in a responsible way, while ensuring that first and foremost, we are mobilizing to support Canadians in their time

of need, that when we can do it responsibly, respect public health measures, social distancing, the use of non-medical masks and personal protective equipment. The Canadian Armed Forces does need to return to its training activities so we have a ready force that's prepared to respond not just domestically, but also to protect this country against external threats.

The Chair: Mr. Garrison, please.

Mr. Randall Garrison: Thank you very much, Madam Chair.

I want to turn to the question of the role of the Canadian Forces in the distribution of vaccines. We know that vaccines are on the horizon, but we have a period to go through that will require a great deal of discipline before we get to those vaccines.

It will require a great deal of discipline among all Canadians for us to adhere to health directives until we get to the vaccines. My question is about the scope of the role that's being envisioned for the Canadian Forces in the distribution of vaccines. My hope would be that part of that will be to provide assistance in rural, remote and northern areas, where underlying health conditions mean the population is more vulnerable, and where medical facilities are more limited.

MGen Trevor Cadieu: The Canadian Armed Forces are working very closely with the Public Health Agency and other federal government partners as part of the COVID-19 vaccine task force. We have already committed Canadian Armed Forces members and leaders as part of this effort.

Currently, we have a number of CAF members operating out of the Public Health Agency to establish what will be known as a “national operation centre”, which will be the command and control node, or the hub that will coordinate the distribution of a COVID-19 vaccine across the country, including in northern and remote communities. Our chief of the defence staff has dispatched some of his best planners to work with the Public Health Agency to develop a logistic support plan that will, for all intents and purposes, be the manoeuvre plan to support the delivery of the vaccine across the country.

Beyond that, I believe the Minister of Health and the president of the Public Health Agency will be coming forward in short order with an update on the status of the logistic support plan, the distribution plan that's going to be put in place. In terms of the Canadian Armed Forces' role in that, we will continue to collaborate with the Public Health Agency to better understand what the needs of the CAF might be, and our chief of the defence staff will provide advice to the minister.

To address your specific point on support for northern and remote communities, our chief of the defence staff has made it clear that throughout this pandemic, we're to be prepared to provide support to those communities when called upon.

• (1225)

Mr. Randall Garrison: Of course, given the important role of the Canadian Forces on a day-to-day basis, and also in the distribution of this vaccine, I would hope that forces members would be given a high priority for the vaccine.

I was a bit disturbed by a question earlier, and I hope it wasn't a nod to the anti-vaxxers, but can you please reassure me that no consideration is being given to the idea that vaccinations against COVID-19 would be voluntary for Canadian Forces, so that no one will be allowed to skip the vaccine except for medical reasons?

MGen Trevor Cadieu: This issue is currently under consideration by our chief of the defence staff. We are only learning now about the types of vaccines that might be available. General Vance has issued direction to the Canadian Armed Forces, as has our deputy minister to the Department of National Defence, to come back to them with recommendations on how a vaccine might be rolled out internally to the Canadian Armed Forces. He'll rely on his surgeon general as well to provide advice on the universality of that vaccination.

That determination has not yet been made. It will go in front of our chief of the defence staff. I'll turn it over now to the surgeon general to see if he wants to amplify anything on that response.

MGen Marc Bilodeau: Madam Chair, I have nothing to add.

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

We'll move on to Mr. Bezan, please.

Mr. James Bezan: Thank you, Madam Chair.

First and foremost, I'm very pleased that the Canadian Armed Forces are going to be managing the logistics and the supply lines in moving the vaccines across country. Nobody can do it better than the Canadian Armed Forces when it comes to getting things moved out in a timely and reliable manner. Thanks for taking that leadership role.

Now that we've got Mr. Crosby with us, I did want to drill down a bit on how COVID is impacting the supply lines of the Canadian Armed Forces, how everything from getting bullets, boots and uniforms to even toilet paper—which seems to be on the run again in all our stores—is being affected. I was wondering, Mr. Crosby, if you could talk about how our suppliers to the Canadian Armed Forces are being impacted and how that is affecting the supplies that are required.

Mr. Troy Crosby: I appreciate the committee's flexibility in allowing me to join late here today and the opportunity to address some of these important questions.

When it comes to the supply chain, the way the spring played out was that the materiel group worked really closely with the Canadian Armed Forces to determine the critical fleet needs and our critical contracts. We looked at our available sparing and where we were from an activity level and the ability to support the activity levels that were being forecast at that point.

In the beginning, we identified a reduced number of fleets that were important to the ongoing operations, the responses under way, and we were able to look at supply and our ability to provide support over periods of 30, 60, 90 days and, as time went on, further into the future. There were different approaches, different considerations for those fleets. We ran into some interesting circumstances that we wouldn't have foreseen.

I'll give you a specific example. On our wheeled light support vehicle, we found that we were forecasting a shortage of a particu-

lar part of the brake cylinder. Interestingly enough, those brake cylinders are sourced from northern Italy. Rather than finding ourselves in a bind however, the combined team was able to look at the issues we were having with the brake cylinders and apply an engineering solution that allowed us to ensure that the supply of parts remained unimpeded and that the vehicles were available for Canadian Forces operations.

The situation is different in other circumstances, where moving parts and people, for example moving field service representatives across international and even provincial borders, has proven challenging at times. It remains challenging in certain cases where we have equipment coming from offshore, but we're able—

● (1230)

Mr. James Bezan: Mr. Crosby, does it mean though—and I'm glad you're pointing this out—that international supplies are the ones being impacted? I'm sure the domestic ones are being impacted as well, but does this again come down to our own force generation, to our own control over our sovereignty, so that those supply chains and suppliers should be more closely aligned to supply lines within North America, particularly here in Canada?

Mr. Troy Crosby: The resilience of the supply chain really comes from our ability to hold sufficient spares and to have the repair and overhaul capacity that's required when it's needed. Our time frames, looking out 30, 60 and 90 days and beyond, are sufficient to maintain our supply chains and we haven't had any specific issues through the past eight months of the COVID pandemic.

When we look at our supply chain resilience in the longer term, there's a balance to be found between the cost of warehousing sufficient spares for different operational circumstances and tempos and having second sources of supply, for example, or more assured sources of supply—either domestically or with allies.

Through the pandemic response, our ability to reach out internationally to our allies and work co-operatively with them has been key to keeping those supplies moving. I'm happy to report that we haven't run into any issues.

Mr. James Bezan: Thank you, Mr. Crosby.

Regarding DND and the Canadian Armed Forces working on ongoing procurement projects, has COVID impacted things like the JSS and the AOPS program for getting ships built and rolled out in time? Has it impacted the selection of our next fighter jet? I know the tenders are in and it's just a matter of making sure everybody has the chance to digest that information and make the selection.

Again, staffing resources have been limited with working from home and with COVID-19 protocols. Then there is working on the surface combatant design as that project continues to evolve.

What impact has COVID had on those procurement projects?

Mr. Troy Crosby: Thank you, Madam Chair, for the question.

I'll respond in two general categories.

The first category would be those projects that are largely being advanced through work that takes place in office spaces. In the beginning there was a little bit of a slowdown, as we came to grips with working remotely and through new technologies.

Generally, the projects that are advancing through the development of a request for proposal, such as the logistics vehicle modernization project or the remotely piloted aircraft system project—both of which have recently released significant portions of their draft requests for proposal—continue to advance. Similarly, the future fighter capability project, which has had the proposals in hand since the summer, has been able to advance.

There are challenges as we deal with a significant volume of classified information. Nevertheless, the team has found some really creative ways to ensure that we continue to move forward on those. I would see delays, potentially, in the order of weeks for any of those kinds of activities, but not measurable in the long term.

On the other hand, the projects that are in more of a production phase have been more challenging. The question touched on some of the shipbuilding projects. We can all appreciate that the physical distancing requirements on board a ship under production or on board a submarine going through a repair and overhaul have been more challenging. However, it's been remarkable to see the shipbuilding industry's response in finding solutions and working with its labour force to find ways to continue to move work forward. It's been quite astonishing. In fact, through the spring we were holding weekly defence industry advisory group meetings with the shipyards and there were 50 participants. They were quite readily sharing information on how best to respond and to continue to move forward.

Other projects in a production-type phase include the fixed-wing search and rescue project, which is the aircraft being produced in Spain. Airbus, the aircraft manufacturer in this case, did a phenomenal job of keeping the project moving forward according to its original timelines.

Again, moving back and forth across international borders has been challenging. We've actually made a deliberate choice to patriate and move some of the work that had originally been planned to occur in Spain to Comox, so that we would get ahead of future waves and uncertainty with the COVID situation. It set us back a little bit, but I think we're well positioned now to continue moving forward with the project in its current set-up.

• (1235)

Mr. James Bezan: Thank you, Madam Chair.

The Chair: Thank you, Mr. Bezan.

Madam Vandenberg, please.

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

I would like to echo the thanks of my colleagues for the work the Canadian Armed Forces have done throughout this crisis. You are literally saving lives. I think I speak for all members of the committee when I say we are very grateful.

My first question is to Rear-Admiral Patterson, specifically about your role as commander of the health services group. I can well imagine that additional stresses and demands were put on the health services group during this period.

I wonder if you could talk a bit about how you were able to build resiliency and keep the members of your teams healthy, safe and well throughout this process.

RAdm Rebecca Patterson: As you can imagine, the Canadian Forces Health Services is a finite health resource, just as it is out in the civilian community.

As the pandemic has evolved, of course, we have needed not only to be ready to respond to Canadians but also to be ready to continue to provide care to Canadian Armed Forces members. As well, we also have families and we need to be able to balance out what's going on in our personal lives with everything else that's going on.

As the pandemic has unrolled we've made, certainly, extra efforts to prioritize the work that needs to be done. We're making sure that the needs of Canadian Armed Forces members as well as our personnel are met from a care perspective.

We have used criteria in our business resumption plans in order to make sure that as many people as possible are working remotely, because we are a civilian and military team, in order to continue providing the kind of care that has been available.

We've looked at other ways of giving access to care to Canadian Armed Forces members, things such as virtual care, a project we really hope to advance in the future.

When you talk about resiliency, I think it's about working hand in glove, physically distanced of course, with the chief of the defence staff and trying to meet all of his priorities.

Ms. Anita Vandenberg: I don't know which of you would be best to answer this, but further to that, the Public Health Agency of Canada is actually in my riding of Ottawa West-Nepean. I did have an opportunity to go there and to thank the colonel and his team for the work they were doing. I wonder if you could elaborate more on the integration between the Canadian Armed Forces and the Public Health Agency of Canada, both in the initial stages of the pandemic—I know there were a number of activities, also with Public Health Ontario on contact tracing, on logistics and on PPE movement—but also in terms of moving forward. How will that integration continue with the Public Health Agency of Canada?

MGen Trevor Cadieu: This partnership between the Department of National Defence, the Canadian Armed Forces and the Public Health Agency is one that we are proud of in support of Canada.

As you indicated, at the start of this pandemic we worked very closely with the Public Health Agency, first of all on the successive repatriations of Canadians from China, Japan and the United States, and on the subsequent quarantine operations that were conducted out of Canadian Forces Base Trenton.

Following that we worked very closely with the Public Health Agency to facilitate the arrival, storage and distribution of medical materiel and personal protective equipment to Canadians. Currently, and moving forward, as I've indicated we are working closely in support of the Public Health Agency on the vaccine rollout strategy.

I do want to provide one point of clarification on that. The Canadian Armed Forces is working in support of developing a logistics support plan for the actual rollout of the vaccine. The role that the Canadian Armed Forces is going to play, or potentially going to play, in terms of the actual rollout of that vaccine has yet to be defined. That's the work that's ongoing right now to understand the needs of Canadians, provinces, territories and different jurisdictions.

Once the Public Health Agency, with the CAF in support, has worked that out, we would expect there would potentially be a request for Canadian Armed Forces assistance, which would be considered by our chief of the defence staff.

• (1240)

Ms. Anita Vandenberg: Thank you very much.

The other aspect of this, I understand, is that in Operation Laser there is in fact a higher proportion of women who are involved than, perhaps, in other operations, including women in leadership positions.

Could you comment a little bit about the role that women have played in the domestic operations?

MGen Trevor Cadieu: Madam Chair, I'm going to hand it back to Admiral Patterson because she is such an inspirational leader in the Canadian Armed Forces for our country, and internationally as well, I will be frank to say. Women have featured prominently in all aspects of our Operation Laser deployment, but they are also standing tall and proud for our country in operations around the world right now.

One powerful example is Major-General Jennie Carignan, who is currently the commander of the NATO mission in Iraq. Her one-year tenure is just about to be up. She has led Canadian Armed Forces troops under very difficult and challenging circumstances, and so we look forward to welcoming her back to Canada shortly.

I'll hand it over now to Rebecca for additional comments.

RAdm Rebecca Patterson: Madam Chair, thank you very much for this question, because in my other role, I am the defence champion for women, as I know you are aware.

With that, I thought I would give you the context of women in Operation Laser. I'm going to use health services as the example because, currently, with the about 18 different occupations that reside within health services, we're at about a fifty-fifty men and women division.

Throughout Operation Laser, we had about 1,772 personnel, both regular and reserve force, who were either actively engaged in all facets of Operation Laser or on standby in order to deploy. Out of those 1,700-plus people, over 700 were women. When we look at the actual work directly in long-term care facilities, of the health services personnel who were deployed—and there were about 729—393 were women. That is a good example of where the Canadian Armed Forces really has integrated gender into operations, whether it be domestically or internationally as General Cadieu has said, everywhere from leadership positions through to being key members of our team from the army, the navy or air force. With Operation Laser, we have integrated women fully into everything that's been done.

The Chair: General Cadieu, do you have something to add?

MGen Trevor Cadieu: Madam Chair, I'd be remiss if I did not give a shout-out to a couple of other very strong leaders. Lieutenant-Colonel Sarah Heer is currently commanding Operation Unifier. That's our commitment in Ukraine. That is a first. Commodore Josée Kurtz commanded a NATO standing maritime group, which was very significant. She has recently returned to Canada.

The Chair: We do have a bit of extra time. Four committee members have indicated they would like a little extra time to ask another question: Mr. Bezan, Mr. Bagnall, Mr. Benzen and Mr. Baker. Each will have three additional minutes.

You're up first, Mr. Bezan.

Mr. James Bezan: I want to come back quickly to the armed forces leadership on the whole avenue of medical intelligence. The first organization in the Government of Canada that was aware of COVID-19 was the Canadian Forces medical intelligence unit, who reported that to the chain of command and up. Then it went to cabinet. There was a little bit of delay by the government in reacting to that intel.

What role is the Canadian Forces medical intelligence unit playing today in not just this pandemic but also how it's being observed by our adversaries, and how might that change the operations of the Canadian Armed Forces?

• (1245)

MGen Trevor Cadieu: Our medical intelligence capability is a team that evaluates threats from infectious diseases and other environmental hazards. It is really focused on the health supports, or on the Canadian Armed Forces members as it pertains to their deployment on operations.

We recognized that in very early January the Public Health Agency had communicated to senior leaders the status of the COVID-19 pandemic. On the heels of that and throughout this, our medical intelligence team has been collaborating very closely with other government departments, the Public Health Agency in particular. We are also collaborating with our allies to scan for developments of this particular threat, and other environmental and infectious disease threats to Canadian Armed Forces members on all operations around the globe.

Mr. James Bezan: Thank you, and I'll give the rest of my time to Mrs. Gallant.

Mrs. Cheryl Gallant: Have all personnel deployed on Operation Laser in long-term care facilities been issued non-expired PPEs on a daily basis?

MGen Trevor Cadieu: Our chief of the defence staff takes very seriously the health of the force—what we refer to as “force protection”. Whether he's deploying Canadian Armed Forces members into combat operations or in support of vulnerable Canadians in long-term care, he is very directive in ensuring that they have the safety equipment they require.

The CAF deployment to long-term care was no exception. He issued unambiguous direction that all CAF members go into long-term care facilities with the medical grade personal protective equipment that they required for that task and that they be adequately trained on that equipment.

Without exception, all Canadian Armed Forces members who did go into long-term care received material that had been certified, either by the Public Health Agency of Canada or by the Canadian Armed Forces health services team, to ensure that equipment complied with medical standards.

There was one stock—I can turn to our surgeon general to amplify this—as required, a stock of nitrile gloves that had reached its expiry date. It required certification before being issued to members. That was only after our health services and medical folks had determined that this material was still compliant all health standards.

I'll turn it over the surgeon general to see if he would like to amplify that.

MGen Marc Bilodeau: Yes, thank you, Madam Chair.

We worked with Mr. Crosby's team and his quality engineering test establishment to make sure to recertify, based on the industry standard, any material or personnel protective equipment—gloves in that instance—that were past the expiry date on the label. We were able to certify that they were still valid and usable by our people.

Mrs. Cheryl Gallant: Given how long it takes to replace fighter jets, helicopters and ships, it's not a stretch to wonder whether or not the pandemic PPE was expired.

I'm receiving reports that people had to use masks that had expired in 2003. There was nothing to share with frontline workers at the nursing homes. They had nothing other than what they could get their hands on at that point, maybe from Home Depot. I'm really concerned that our stores had not been replenished since the SARS outbreak.

Can you offer me some reassurance there?

MGen Marc Bilodeau: Madam Chair, I am not tracking masks from 2003 that were delivered to our members for any of their tasks. For sure, there was that lot of gloves that we tested and were able to recertify.

• (1250)

The Chair: All right.

Thank you very much.

All right, Mr. Bagnell.

Hon. Larry Bagnell: Thank you, Madam Chair.

I just want to thank all of our witnesses for your very comprehensive and knowledgeable answers, and also for protecting all the regular troops in my riding, which is all of the Yukon. They each have their own office and separate entrances into the building.

I just have one question in two parts. It's for Admiral Patterson. I want to zoom in on the needs of women in particular.

First, can you identify any special unique challenges for women caused by the COVID situation and any accommodation for that?

Second, as you know, our active troops are only half the story. Their families are the other half, as you mentioned, actually. I'm glad you mentioned that. Once again, for the women, children and men who have to stay home, there are great challenges as well, including mental health. Are there any special challenges for women who stay home, or any services or accommodations for that?

RAdm Rebecca Patterson: I think I could say that COVID affects both men and women. For men and women service members, how it impacts their families is the same.

Can I tell you that there are any specific or unique challenges faced by women who serve that are not faced by men? That's not something we can answer right now. However, what I can say is that the chief of the defence staff established a very good criteria to use, to look at people who absolutely needed to be at work, and one of the considerations was family issues, whether it be the essential requirement to provide child care, or perhaps having a family member who was immunocompromised in some way and could be impacted. I would say that the special and unique challenges were taken into account for all men and women who serve, in terms of the criteria established by the chief of the defence staff as to who would be working or deploying to participate in Operation Laser or day-to-day operations.

The Chair: Mr. Benzen, you have two and a half minutes, please.

Mr. Bob Benzen: Thank you, Madam Chair.

We talked earlier about how we pulled back on some of our training, how we brought troops home from foreign missions, and how we devoted a lot of resources to COVID-19. How has that affected our adversaries, people like Russia and China? Have they taken advantage of this in any way, particularly China? Have they seen this as a weakness, and somehow are they trying to take advantage of it?

MGen Trevor Cadieu: We are very sensitive at once to the needs of Canadians, and our chief of the defence staff has directed, of course, through Operation Laser, that we remain poised and prepared to respond to the evolving needs of our country. He has also been unambiguous that we need to continue to be ready for any potential external threats to Canada and Canadians. Because of that, what we've seen across this country in recent months is reinvigoration of some of our individual and collective training in training areas across Canada to include live-fire manoeuvre training. While we continue to support Canadians throughout this pandemic, it is absolutely essential that, with the residual capacity that we have, we maintain our force generation, our training activities for operations abroad, so that no potential adversaries can take advantage.

Again, we have surged back out to continue to operate in over 20 missions globally alongside our allies, safely respecting the COVID environment, and also to deliver the mission that our government has sent us out to do.

Mr. Bob Benzen: You don't think a country like China is taking advantage of the situation to do something to Taiwan or Hong Kong or other areas of the world, thinking that we have a weakness because we're focusing more internally on our own country at this time.

MGen Trevor Cadieu: I think different adversaries and competitors, whether they be state-based or violent extremist organizations, are absolutely trying to capitalize on the environment, the uncertainty, the chaos, that's been brought on by the pandemic. It's for that exact reason that our chief of the defence staff has directed us to maintain our edge and to continue to conduct the training that's required for our members to be effective when operations deploy.

• (1255)

The Chair: Thank you very much.

Monsieur Brunelle-Duceppe, you have two and a half minutes, please.

[*Translation*]

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

First of all, gentlemen, thank you for being here today and for doing such outstanding work—work that is so very important. That is the first thing I wanted to tell you before I say, “see you next time.”

Under Operation Laser, the CAF provided support mainly in large centres, if I'm not mistaken. I am from a fairly remote region in Lac-Saint-Jean, and it has one of the highest infection rates in Quebec and Canada right now. So far, our health care system, our residential and long-term care centres, our hospitals and our private homes are coping. Most of them are more than an hour away from a military base, which has no reserve unit.

Does the CAF have a plan for rapid deployment to more rural areas, if it receives such a request?

MGen Trevor Cadieu: Madam Chair, I would like to thank the member for his question.

[*English*]

Yes, as we did throughout the first wave of the pandemic, the Canadian Armed Forces has set a domestic-ready force consisting of regular force, reserve force and Canadian Rangers—and, of course, we have some great civilians in support as well—prepared to respond to the needs of not only major urban areas but also rural environments. We saw quite a bit of that during the first wave of the pandemic with deployments to Nunavik and la Basse-Côte-Nord in the province of Quebec for example, with Canadian Rangers surging throughout remote communities in their respective provinces and territories. That will continue, I expect fully, as we continue to operate through this pandemic.

[*Translation*]

Mr. Alexis Brunelle-Duceppe: When he appeared before the committee two weeks ago, Minister Sajjan told us that he was trying to determine what type of role the Reserve could play in the current pandemic.

Is that a discussion you have taken up on your end?

[*English*]

MGen Trevor Cadieu: The Canadian reserves, army, air force and navy, have featured prominently throughout the domestic response whether it be Operation Globe and/or Operation Laser as well.

I would give you one very strong, powerful example. In the Canadian Armed Forces' support for long-term care in the province of Ontario, there was a very significant reserve presence. Inside those long-term care facilities were young Canadian reservists, who were serving their nation with pride and compassion to Canadians in their time of need. We've seen that across the country with reservists postured to act as local response forces. I expect this will continue throughout the balance of this pandemic.

The Chair: All right.

Thank you very much.

Mr. Garrison, there's two and a half minutes if you'd like a question.

Mr. Randall Garrison: Thank you very much, Madam Chair.

I want to thank Rear-Admiral Patterson for highlighting the role Canadian military families play in partnership with the Canadian Armed Forces in everything they do.

I want to ask a specific question about the impact of COVID on recruiting for the Canadian forces and for the reserves. I know we have had trouble meeting recruiting targets and I'm suspecting that COVID presents some challenges there.

I also believe that the crisis the economy is in generally will also present some opportunities as unemployment rises, if we can make Canadians aware of the opportunities in the Canadian forces.

I'd like to hear something about the impact of COVID on recruiting.

MGen Trevor Cadieu: Like all of our activities in the Canadian Armed Forces, early in the pandemic we had to work out how we were going to organize to continue to conduct our activities safely in a responsible way, and that included recruiting. In the early period of this pandemic, as we compressed our activities and activated

our business continuity plans, the same applied to our recruiting centres until we could learn how to optimize the use of digital tools—and much of that has happened recently.

We have reinvigorated our recruiting efforts, which are absolutely essential to a large force, any military force. We have an element of attrition on an annual basis and therefore it's imperative that we continue to bring in young Canadians who want to serve their country and ensure they're trained in a timely manner to integrate into operations. That is now happening.

I would agree with you absolutely, Madam Chair, that the Canadian Armed Forces present a tremendous employment opportunity for young Canadian men and women.

• (1300)

Mr. Randall Garrison: Thank you, Madam Chair.

I'd like to join all the members of the committee in thanking the witnesses for their testimony today.

The Chair: Yes.

From all of us, thank you to all our witnesses today.

We understand just how precious your time is and we appreciate your taking that time with us today.

I think it was a very helpful session.

[*Translation*]

Thank you for your service to Canadians.

Thank you very much.

See you next time.

[*English*]

The Chair: The meeting is adjourned.

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