

THE FEDERAL RESPONSE TO COVID-19: Interim Observations



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Interim Report of the Standing Senate
Committee on Social Affairs, Science
and Technology

The Honourable Chantal Petitclerc, Chair
The Honourable Rose-May Poirier, Deputy Chair

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The Honourable Senator Rose-May Poirier, Deputy Chair

The Honourable Senators

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Ex-officio members of the committee:

The Honourable Senator Marc Gold, P.C. (or Raymonde Gagné)

The Honourable Senator Donald Plett (or Yonah Martin)

Other Senators who have participated in the study:

The Honourable Senator Robert Black (Ontario)

The Honourable Senator Patricia Bovey

The Honourable Senator René Cormier

The Honourable Senator Jean-Guy Dagenais

The Honourable Senator Patti LaBoucane-Benson

The Honourable Senator Frances Lankin, P.C.

The Honourable Senator Mary Jane McCallum

The Honourable Senator Julie Miville-Dechéne

The Honourable Senator Kim Pate

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ORDER OF REFERENCE

Extract from the *Journals of the Senate* of Saturday, April 11, 2020:

With leave of the Senate,

The Honourable Senator Gold, P.C., moved, seconded by the Honourable Senators Plett, Woo and Verner, P.C.:

That the Standing Senate Committee on Social Affairs, Science and Technology be authorized to examine and report on the government's response to the COVID-19 pandemic;

After debate,

The question being put on the motion, it was adopted.

Interim Clerk of the Senate

Richard Denis

The Federal Response to COVID-19: Interim Observations

Your committee, which was authorized to examine the government's response to the COVID-19 pandemic, has, in obedience to the order of reference of April 11, 2020, examined the said response with respect to selected vulnerable population groups.

Your committee emphasizes that these observations derive from meetings held within a short timeline and that it was unable to hear from many stakeholders. However, members look forward to resuming this examination by hearing from additional vulnerable groups including racialized communities and Indigenous peoples, as well as hearing about other key issues during this pandemic, such as the role of charities and non-profit organizations during public health emergencies, and science and research on the novel coronavirus.

While members acknowledge that many witnesses commended the federal government on the efforts it has made in the pandemic response, the witnesses also highlighted areas that need more attention. It is in this regard that your committee now reports.

Essential Workers in Health Care

Representatives of health care providers spoke to their personal vulnerability while working on the front line of the COVID-19 pandemic, as well as to the vulnerability of Canada's health care system as it becomes strained by the pandemic.

1. *Vulnerability of Health Care Providers*

In terms of the vulnerability of health care providers, your committee heard about the challenges in securing and maintaining in good order an adequate supply of personal protective equipment (PPE). Your committee was told that the federal National Emergency Strategic Stockpile (NESS) was not well-managed over the years and was not sufficiently and appropriately stocked to provide needed supplies across Canada. Witnesses stated that the government should ensure on an urgent basis that the NESS is adjusted to meet the needs of a range of emergencies, is regularly monitored and replenished and is accompanied by a clear plan for distribution across the country during a national emergency.

Witnesses also expressed concern about access to PPE beyond the role of the NESS. It was suggested that some health care providers may have felt that the absence of a federal declaration of a public welfare emergency under the *Emergencies Act* warranted only a casual interpretation of certain provincial emergency orders. This situation resulted in delays in securing necessary PPE and in ensuring proper staffing levels, both of which likely contributed to the spreading of the virus. Members heard that clear guidelines from the Public Health Agency of Canada (PHAC) must be created, disseminated and communicated widely on the access to and use of personal protective equipment.

It was brought to your committee's attention that Canada is not self-sufficient in the production of PPE and related equipment (such as ventilators). Your committee acknowledges the competitiveness of the current international market and the need to further develop domestic production to reach self-sufficiency in order to meet the country's current and future needs. Furthermore, witnesses indicated that the government should provide increased transparency with respect to domestic production as well as procurement and distribution of PPE in the country.

2. *Issues for Canada's Health Care System*

In terms of sustainability of health care services, your committee heard concerns that the *2015 Canadian Pandemic Influenza Preparedness: Planning Guidance for the Health Sector (CPIP)* requires updating in order to provide clear responsibilities and authorities of the federal and provincial/territorial governments. Your committee was made aware that the current plan is specific to influenza pandemics and heard suggestions that, in order to avoid confusion and acknowledging the overlap, the federal government should consider a separate pandemic plan that addresses non-influenza pandemics. Some witnesses noted that scopes of practice for certain health care professionals should be expanded and harmonized across Canada, for example for pharmacists and paramedics, in order to supplement the services traditionally provided by physicians and nurses. Witnesses shared with us that there was a need for an effective national strategy for appropriate and timely competency assessment and pathway to licensure for internationally educated health care providers so that these individuals can more readily apply their skills and their linguistic and cultural knowledge to better serve the needs of Canadians.

Your committee was told that Canada is not prepared for a second wave of the pandemic, should it arrive. Members heard that better diagnostic testing and a strategy for efficient contact tracing are required for effective containment of new cases as is serological testing in order to assess potential immunity among the population that has been exposed to the novel coronavirus. Your committee heard that the federal government should collaborate with the provinces and territories to ensure as soon as possible that they have addressed, reviewed and improved their testing capabilities and contact tracing capacity. A second wave of COVID-19 could coincide with the seasonal influenza, which typically starts in the fall. Witnesses suggested that the federal government, with its provincial and territorial partners, design and implement a more robust and effective influenza vaccination strategy with the goal of reducing the burden on the health care system. Furthermore, witnesses said that, prior to the introduction of a COVID-19 vaccine, the federal government consider developing and implementing, alongside its provincial and territorial partners, an effective COVID-19 vaccination program that addresses rising vaccine hesitancy among the population.

Essential Workers in Other Sectors

Members heard about multiple sectors in which workers were deemed to be essential and therefore required to work during the COVID-19 pandemic. Your committee heard that these workers, many of whom are women, racialized and from low income backgrounds, often earn low wages at temporary or part-time jobs without paid sick leave and other benefits. As a result, many workers have to work more than one job, which puts themselves and others at risk of infection from COVID-19 as they travel between workplaces.

Members heard that the seasonal agricultural workers (SAWs) hired through the Temporary Foreign Worker Program are essential workers and are invaluable to the agriculture sector. Your committee was told that far fewer temporary foreign workers (TFWs) would be available to assist farmers in their harvests this year, which could significantly affect the food supply. These workers are often undervalued, exploited, abused or neglected, despite the crucial work they do in agricultural and other sectors. As the Honourable Patty Hajdu, Minister of Health, stated: "It is a national disgrace the way that workers are treated." Witnesses emphasized that TFWs are employed without the full protections afforded under the *Canada Labour Code* and do not have access to the provincial health care system and other social benefits, including employment insurance. Members were told that reforms must be introduced to provide TFWs with the ability

The Federal Response to COVID-19: Interim Observations

to change employers, to allow TFWs to have access to certain benefits, and to offer TFWs the ability to progress towards permanent residency.

Personal support workers (PSWs), another category of essential workers, provide support to individuals who cannot independently perform the activities of daily living. However, despite the importance of their work, PSWs are not regulated or recognized as a profession. Members heard that the creation of a regulated professional status for PSWs would help to ensure the development and application of appropriate national standards in the education and training of PSWs. Furthermore, it was suggested that the Minister of Citizenship and Immigration create a targeted immigration program for PSWs in order to address shortages and improve stability in staffing.

Your committee heard evidence of a potential shortage of PPE for the Canadian Armed Forces (CAF) in the event of a second wave, as the CAF are dependent on timely shipment of PPE from international markets. Your committee is aware of inconsistencies from international procurement and is concerned that CAF members could be potentially deployed without proper protection.

Individuals with Mental Health Challenges

Your committee heard that the COVID-19 pandemic is magnifying the fact that many Canadians are unable to access the mental health care that they require. Witnesses stressed that the mental health care system, which was chronically under-resourced, underfunded, and unable to meet the needs of many Canadians pre-pandemic, is facing additional pressure now.

Members were told that the health, social and economic crisis caused by the pandemic has led to mental distress among the general population. However, your committee wants to draw a distinction between members of the general population who are experiencing distress – an expected reaction to exceptional circumstances – and individuals whose pre-existing mental health conditions make them particularly vulnerable during this pandemic. Your committee is concerned that members of vulnerable populations, who are in greatest need of care, are not receiving the mental health services they require.

First, should the acute health care system be inundated by COVID-19, there may be an increase in mental health care needs among health care providers. Second, people with existing mental health care needs who were already under-served prior to the pandemic will experience even greater challenges in accessing care. Third, mental health care delivery for vulnerable groups, such as children and youth, Indigenous peoples, individuals with disabilities, racialized people, incarcerated individuals, and people experiencing family violence and homelessness, has become even more challenging during the pandemic.

Your committee recognizes that the Government of Canada has provided a Wellness Together Canada portal that may potentially help address some mental health needs during the COVID-19 pandemic. Your committee was unable to determine the impact or value of this intervention at this time.

Your committee heard that there should be enhanced research and evaluation into virtual mental health care to ensure its effectiveness, its safety, and its data security. Such research must determine which specific populations are best served by various virtual care options, acknowledging that virtual care is limited to individuals who have access to the Internet. Furthermore, your committee heard that uneven access to high-speed Internet for Canadians poses an ongoing barrier to the equitable delivery of virtual mental health care.

Children and Youth

Your committee heard of the particular ways in which children and youth are affected during the COVID-19 pandemic. Members are concerned that children and youth with the greatest needs are not being included in government programs during the pandemic. School closures have negatively affected the physical and mental health of children, with short- and long-term implications. Witnesses shared the range of reasons children and youth are reaching out for help, including reasons related to eating disorders and body image; isolation; emotional, physical and sexual abuse; grief; and substance use.

Your committee acknowledges that federal government funding has enabled Kids Help Phone to assist children and youth who are isolated and unable to reach out to teachers and other trusted adults for support during the pandemic. Furthermore, your committee observed strong support among witnesses for the creation of a Commissioner for Children and Youth, which would be an independent voice representing the rights and interests of children at the national level and who could have aided Canada's emergency response to COVID-19.

Your committee wants to acknowledge, in particular, the importance of the testimony provided by two young Canadians, who shared their insight on the pandemic's impact on their peers.

Seniors

Advocates for Canada's seniors and representatives of and experts in long-term care (LTC) spoke about the vulnerability of Canada's older population during the COVID-19 pandemic.

1. *Long-Term Care in Canada*

The pandemic has highlighted problems that have existed for many years in Canada's long-term care sector, such as understaffing, inadequate training, low wages, unregulated support workers, insufficient inspections, variability in regulations amongst jurisdictions and the lack of a mandatory national accreditation process. Witnesses highlighted the need to improve the provision of services to seniors, whether in LTC homes (both for profit and not-for-profit), in-home services, or in the community.

Witnesses emphasized that the federal government could assume greater responsibility for LTC standards by amending the *Canada Health Act* or implementing federal legislation specific to LTC. Witnesses suggested that federal legislation could require mandatory accreditation of LTC homes as well as national standards for equal access and consistent quality in LTC across Canada. Provinces would be required to meet those standards in order to qualify for federal funding transfers for LTC. Witnesses thought that the federal government could also develop a national human resources strategy for the LTC sector. Witnesses noted that Canada spends significantly less of its Gross Domestic Product on LTC than many other countries.

Your committee heard that while PHAC released guidance for infection prevention and control of COVID-19 for LTC homes, the federal government's response in this area lacked urgency, and guidelines should have been released more quickly following the World Health Organization's declaration of a global COVID-19 pandemic. Witnesses said that those guidelines could not be fully implemented in many cases as they do not reflect the realities in many LTC homes; for instance, many homes are constructed in a way that makes it difficult or impossible to isolate sick patients or to allow for physical distancing in dining facilities. Your committee questions why the interim guidance provided in April 2020 has not been subsequently revised and updated.

The Federal Response to COVID-19: Interim Observations

Members heard that there are numerous innovative and potentially effective interventions in LTC for seniors in Canada, but that there is no designated federal body with responsibility for independently evaluating and scaling up these interventions. Such a creative approach to improving LTC is needed and could be undertaken by PHAC or an independent entity funded by government that reports to the federal government through the appropriate authorities.

Your committee observed with concern that a more compassionate approach is required for residents in LTC and palliative care to ensure that family and friends can visit their loved ones.

2. Vulnerability of Older Canadians

Your committee heard evidence of financial insecurity and increased vulnerability for Canadian seniors with low incomes. With a possible second wave of COVID-19 and without concrete and timely government action, your committee heard concerns that the vulnerability of these seniors will increase. Members were told that the government should consult seniors' advocacy groups to develop concrete solutions for seniors to ensure their needs are met.

Your committee heard testimony proposing the establishment of a national seniors strategy that, while reflecting provincial jurisdiction over the provision of health care, would promote better collaboration among the federal, provincial and territorial governments and stakeholders to address the shortcomings identified. Witnesses also stressed the importance of aging at home; a national seniors strategy could emphasize the importance of maintaining individuals in their homes as long as possible and provide targeted federal transfers alongside reconfigured provincial/territorial funding for long-term care to reflect that emphasis. Witnesses also requested that the federal government consider establishing a program providing Canadians with a home care allowance. Members heard that this could be part of a national home care strategy with accountability and transparency measures for funds allocated to the provinces for home care.

Additional Observations

1. The Need for More and Better Data

An issue emphasized by witnesses representing health care providers, seniors, and individuals with mental health issues was the need to collect more and better data related to COVID-19 and to improve access to that data. Witnesses explained that often the data required to make policy decisions is not collected, is of inadequate quality or is unavailable to the analysts and policy makers who need it. It was noted that during rapidly evolving situations, such as a pandemic, data should be collected and made available in real time to the extent possible in order to identify and implement needed changes in policy. Members heard that, as part of pandemic planning, the federal government should collaborate with the provinces and territories to establish a pandemic database that can be populated in real time with consistent and reliable data collected from all jurisdictions.

Additional testimony related to data collection emphasized the need for it to be disaggregated. While gender information is available for some COVID-19 data, it is not always the practice and should be required. Data should also be disaggregated based on race, as currently there is a lack of data that would provide a complete picture of the impact of the crisis on racialized communities. Witnesses stated that the impact of the COVID-19 pandemic can only be accurately measured and addressed if new data on the social determinants of health, including

The Federal Response to COVID-19: Interim Observations

for example disability, income, and working conditions, is collected and available to stakeholders who need it.

2. Misinformation about Vaccines

As research progresses on a COVID-19 vaccine and the federal government plans for regulatory approval of a successful vaccine candidate, it is important that the federal government acknowledge that misinformation about the COVID-19 vaccine could be a serious threat to efforts to contain the pandemic. As stated above, your committee heard that the federal government should invest in a public awareness strategy to address vaccine hesitancy and to highlight the urgent need to embrace a future COVID-19 vaccine. This strategy should employ evidence-based and effective interventions.

3. Impact of COVID-19 on Rural Populations

Your committee heard evidence that the impact of COVID-19 is not the same in urban areas as it is in rural areas. Members were told that closures of some services and delayed reopening in certain jurisdictions are more difficult on vulnerable population groups in rural areas than in more populated regions, and that lack of equitable access to high-speed Internet is a barrier to accessing health, education and social supports during this pandemic. Your committee heard that the government should apply a rural and regional lens in its policy development and targeted funding in the next phase of COVID-19 policies and programs.

4. Socioeconomic Consequences of the Pandemic

Some witnesses testified to the negative socioeconomic consequences of the pandemic on many people in Canada. They suggested that COVID-19 has exacerbated the vulnerability of population groups that were already marginalized. Your committee would like to see the federal government release a socioeconomic update no later than August 30, 2020 that includes short- and long-term solutions to help individuals and communities who have been most socioeconomically disadvantaged by COVID-19.

5. Vulnerability of Correctional Facilities to Coronavirus Outbreaks

Your committee heard that workers and inmates in correctional facilities are particularly vulnerable to COVID-19 and that the federal government's pandemic response has been inadequate as there have been outbreaks in multiple federal institutions that have affected both correctional officers and inmates. Witnesses noted the lack of preparation at correctional facilities at the start of the pandemic and suggested that the government proactively prepare for a possible second wave by consulting with stakeholders, including public health experts, to ensure correctional facilities across the country are prepared.

6. Impact of COVID-19 on Charities and Community-Based Services

Charities in Canada are suffering serious financial losses and layoffs as a result of the economic impact of the COVID-19 pandemic. Witnesses suggested that the federal government stabilize charities through additional measures, acknowledging that these organizations may not be on the front line but have important programs to support Canadians during and beyond the pandemic.

The Federal Response to COVID-19: Interim Observations

Your committee heard that community-based services for people with disabilities were already overstretched before the pandemic, and many have been closed or severely restricted due to COVID-19 although the need for these supports is unchanged.

7. Food Security

Your committee acknowledges the steps taken by the Canadian Food Inspection Agency (CFIA) to avoid food shortages, including the temporary exemption to allow meat to be moved across provincial boundaries. Your committee trusts that the CFIA and the federal government will continue to work with the provinces to avoid food supply disruption and to work with the provinces to remove interprovincial trade barriers permanently.

8. Language Requirements for Labelling

Your committee heard from government witnesses who said that unilingual English labelling on cleaning and disinfectant products was permitted given the context of the pandemic and its impact on product availability. Your committee acknowledges that there are constitutionally guaranteed language rights that should be incorporated in the pandemic response in order to provide all communities in Canada with the same level of support.

Conclusion

Your committee will continue its examination of the government's response to the COVID-19 pandemic when committee meetings resume in the fall 2020 session. Your committee may invite federal officials back at that time to provide a briefing on lessons learned and to indicate how the federal government intends to adjust its response going forward.



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