

# DÁIL ÉIREANN

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## COISTE SPEISIALTA UM FHREAGRA AR COVID-19

## SPECIAL COMMITTEE ON COVID-19 RESPONSE

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*Déardaoin, 13 Lúnasa 2020*

*Thursday, 13 August 2020*

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Tháinig an Coiste le chéile ag 10 a.m.

The Committee met at 10 a.m.

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Comhaltaí a bhí i láthair / Members present:

Teachtaí Dála / Deputies	Seanadóirí / Senators
James Browne,*	
Colm Burke,	
Holly Cairns,*	
Jennifer Carroll MacNeill,	
Matt Carthy,	
Réada Cronin,+	
David Cullinane,	
Cormac Devlin,*	
Bernard J. Durkan,*	
James Lawless,*	
Steven Matthews,+	
Paul McAuliffe,*	
Jennifer Murnane O'Connor,+	
Carol Nolan,*	
Louise O'Reilly,	
Darren O'Rourke,*	
Marc Ó Cathasaigh,*	
Patricia Ryan,+	
Matt Shanahan,	
Duncan Smith.	

\* In éagmais / In the absence of Deputies John McGuinness, Roisín Shortall, Mary Butler, Colm Brophy, Norma Foley, Stephen Donnelly, Michael Collins, Pearse Doherty and Ossian Smyth, respectively.

+ In éagmais le haghaidh cuid den choiste / In the absence for part of the meeting of Deputies Darren O'Rourke, Marc Ó Cathasaigh, Paul McAuliffe and Louise O'Reilly, respectively.

Teachta / Deputy Michael McNamara sa Chathaoir / in the Chair.

## Business of Special Committee

**Chairman:** We have a quorum so we will go straight into public session. I apologise for being slightly late. I thought we were sitting in the Dáil Chamber but it became apparent that we were not.

We have been notified that Deputies Holly Cairns, Cormac Devlin, Paul McAuliffe, Jennifer Murnane O'Connor, Pdraig O'Sullivan, Carol Nolan, Bernard Durkan and James Lawless will be substituting for colleagues today.

I take the items of correspondence received as noted with the exception of that from the Minister for Health, Deputy Stephen Donnelly. The Minister has indicated that he and the acting CMO, Dr. Ronan Glynn, are not in a position to attend today's meeting. However, the Minister has indicated to me privately that they are in a position to make themselves available to the committee next week. Does the committee wish to discuss this at the end of today's meeting? I asked the Minister if he was available the following week but I did not receive a reply. Will we discuss this at the end of today's meeting or will we instruct the secretariat to at least ascertain, perhaps before close of business today, what day he would be available next week or whether he is available the following week?

**Deputy Louise O'Reilly:** Yes, we should.

**Chairman:** It may well be that he is not available the following week. I do not know. In fairness to the Minister and to the acting CMO in particular, they are entitled to some downtime and family time.

**Deputy Louise O'Reilly:** I do not think anyone is trying to take that from them. As the Chairman knows, Sinn Féin's preference is for a meeting the week after. It is fair enough if that cannot be facilitated, but it is our preference.

**Chairman:** If the secretariat could seek-----

**Deputy Paul McAuliffe:** On that subject, I have noticed media reports which suggest that it is intended to call other Ministers before the committee in August. I believe the Social Democrats wished to call the Minister for Education and Skills. Is it intended that the committee meet weekly throughout August? What other Ministers are to be called? It would be good to co-ordinate the committee's different activities during August.

**Chairman:** I have not seen the media reports and the Social Democrats have not contacted me to tell me that they wish the Minister to be called before the committee. Personally, I hope there will not be a need to meet the Minister and that the schools will open as anticipated, as I expect and hope they will. Can we discuss this matter in private session? I was not aware of these issues and I thank Deputy McAuliffe for bringing them to my attention. Perhaps we will discuss the matter this evening. It is not intended to meet weekly but, given the circumstances that arose last weekend, it is good that we are meeting now to discuss the issue of the meat plants.

**Deputy Louise O'Reilly:** I do not propose that the committee meet every week. If there are witnesses Deputies wish to call for a meeting, we should try to condense those meetings with the intention of dealing with them all in one week, if possible. Clearly, everyone is entitled to time off. I refer not only to ourselves but to the staff of the secretariat and so on. Perhaps we

could condense all meetings into a given week so as not to sit throughout the month.

**Chairman:** That is fine. We tried to do that by holding three sessions today.

**Deputy Colm Burke:** As it is August, it is important that everyone be given adequate notice.

**Chairman:** Absolutely.

**Deputy Colm Burke:** I am not sure people would be able to attend a meeting next week. A meeting in two weeks' time may be better but we should decide today whether it will be held then or in three weeks' time so that everyone will have adequate notice.

**Chairman:** I accept that. We will also be sitting in September so that might be an opportune time to bring in witnesses other than the Minister for Health and the deputy chief medical officer.

**Deputy Louise O'Reilly:** It might be too late.

**Chairman:** The acting thinks it might be too late. In fairness to the Minister for Health, he said that he and the acting chief medical officer would be available next week. We can discuss other witnesses later rather than taking up time now. I agree, however, that we must give people adequate notice, particularly at this time. On that, I thank the secretariat for organising today's meeting at very short notice. I particularly thank Mr Tom Malone and Ms Éilís Fallon. It is greatly appreciated. We will move on to our witnesses, if that is okay with members.

### **Covid-19: The Situation in Meat Processing Plants**

**Chairman:** I welcome our witnesses, who are in committee room 2, to discuss the situation in meat processing plants. I have a different name on the list before me but the representative from the Irish Congress of Trade Unions, ICTU, is obviously Ms Patricia King. I welcome Ms King and thank her very much for coming before the committee again. She was here on the first day, as were representatives from the Health and Safety Authority. From SIPTU, I welcome Mr. Greg Ennis, manufacturing division organiser. From the Independent Workers' Union, I welcome Ms Nora Labo of the Cork Operative Butchers Society.

I wish to advise our guests that by virtue of section 17(2)(I) of the Defamation Act 2009, witnesses are protected by absolute privilege in respect of their evidence to this committee. If they are directed by the committee to cease giving evidence in relation to a particular matter and continue to do so, they are entitled thereafter only to a qualified privilege in respect of their evidence. Witnesses are directed that only evidence connected with the subject matter of these proceedings is to be given and are asked to respect the parliamentary practice to the effect that, where possible, they should not criticise nor make charges against any person, persons or entity by name or in such a way as to make him, her or it identifiable.

I will ask each witness to make an opening statement of no more than five minutes' duration. I understand Ms King's statement is quite short. She may wish to give some of her time to her trade union movement colleagues.

**Ms Patricia King:** ICTU represents over 800,000 members in every sector of the economy across our island. We welcome the opportunity to appear before the committee this morning.

On previous occasions, both through written submissions and oral evidence, ICTU has outlined to members details of our active and significant role in responding to the Covid-19 outbreak in Ireland on behalf of workers. In June, this committee sought and received our submission relating to the emergence of clusters of Covid-19 in the meat processing sector. It is, therefore, not my intention to repeat the points raised therein. Meat processing plants, in our view, are very vulnerable to the spread of Covid-19 and should be regarded as high-risk workplaces in terms of viral spread. There are specific features which underpin this classification that are recognised globally. Meat processing is labour intensive, involving very physically demanding work, organised around at-pace production lines where workers work in close proximity to one another, making social distancing difficult to achieve, while language differences can often impede good communications. Despite the fact that this is a highly profitable, heavily subsidised industry, low pay and deficient terms and conditions, including the absence of sick pay schemes, are common across the sector. Workers may often live in crowded or congregated accommodation settings while transportation to and from work may not always be conducive to practising the required social distancing measures.

From a very early stage, our affiliate trade union, SIPTU, has continuously highlighted the vulnerability of the meat processing sector to the spread of Covid 19. I have no doubt its representatives will elaborate on this. We have also regularly liaised with the Migrant Rights Centre Ireland, MRCI, on these matters.

For our part, congress has, through the consultative forum of the national safety protocol, sought to have a number of key principles adopted, which would serve to contain the spread of the virus and address the recent spikes in cases in meat processing plants in the midlands. A special meeting of the forum was convened last Friday, 7 August 2020, to discuss the crisis in the sector. It was attended by the acting chief medical officer. At that meeting, congress called for the introduction of regular testing of all workers in the meat processing sector and the reassessment of the use of PPE in these plants. It called on the Health and Safety Authority to conduct random and unannounced inspections of all meat processing facilities, with instruction for closure where appropriate, bearing in mind its extensive powers of enforcement. In addition, where workers have tested positive and are on sick leave, self-isolating or in circumstances of temporary lay-off, congress stated they should be paid. We note that following this meeting, the Government announced that the pandemic unemployment payment of €350 covering sick pay, isolation period and lay-off time will be made available to migrant workers and those living in direct provision settings.

Congress has petitioned both the Health and Safety Authority and the Government to classify this disease as an occupational injury which would provide statutory protection to workers in the face of Covid-19, but to no avail. The effect of its exclusion from the scope of current regulations is that the employer is not obliged to notify the Health and Safety Authority of incidents of employees having contracted the disease in the course of their employment. Consequently, the HSA cannot undertake an investigation so as to establish how it may have occurred, nor can it advise or give instructions on the prevention of similar occurrences. This is a major flaw in current regulations that should be rectified swiftly. Congress is very dissatisfied that the HSA seems not to be supportive of this remedy but rather views Covid-19 as a public health matter and not a safety, health and welfare at work issue. Congress, through its HSA board representation, has sought to have this very serious matter progressed but all such efforts have been rejected through correspondence from the chairman of the HSA.

In the face of this lethal virus the health and safety of our communities and workforce is

paramount. Therefore, no effort should be spared in ensuring that all the necessary measures are put in place to contain and eliminate this disease. We hope the committee will recommend favourably on the matters we have raised.

**Chairman:** I thank Ms King very much. I am afraid I did not time her. I had forgotten there are no timers in the Seanad, which I suppose is timeless, so I do not know if there is any extra time to be given to Mr. Ennis. He has five minutes and whatever time is left over from Ms King's time slot.

**Mr. Greg Ennis:** On behalf of SIPTU members in the meat processing industry, I thank the committee for this opportunity to finally outline our members' ongoing and most serious concerns with regard to the prevalence of Covid-19, both inside and outside the workplace.

SIPTU is Ireland's largest trade union with almost 200,000 members and within its agriculture, ingredients, food and drink, AIFD, sector, we represent over 6,000 workers across all grades in the primary and secondary meat processing industry. Our 6,000 and more members in the meat processing industry have been extremely concerned about the potential for their exposure and, by extension, their families, to Covid-19, as they rightly believed that the industry was insufficiently prepared to deal with what was and is an unfolding public health and occupational health crisis of unprecedented nature and scale. The justified concerns of our members were predicated on the experiences being suffered by fellow meat processing and abattoir workers in the United States, Canada and across Europe. Our national network of shop stewards and health and safety representatives was in constant contact with our officials on the ground about concerns relating to the need for adequate provision of PPE, multilingual health and safety information, etc.

SIPTU took on board those legitimate concerns and responded as follows. On 20 March, we raised concerns with certain employers and public representatives about health and safety within the industry. On 3 April, we wrote to the then Minister for Agriculture, Food and the Marine, noting that our members' health and safety was of paramount importance and the need for his Department to support both industries in advance of a Covid-related European Union special agricultural committee meeting taking place on 6 April. On 10 April and 1 May, we publicly called for mandatory temperature testing to be put in place for workers in meat plants. On 28 April, we issued a letter of complaint to the Health and Safety Authority requesting inspections at a particular meat plant.

On 15 May, we again wrote to the then Minister, requesting that he bring together all elements of the meat processing industry to establish a "farm to fork" task force to deal with this unprecedented crisis. We still believe that a sector-specific strategy is required and that workers' considerations must be part of any such strategy. The Minister did not agree to such a farm to fork task force being constituted.

On 18 May, we wrote to Meat Industry Ireland, MII, seeking a meeting to discuss the ongoing and most serious impact that Covid-19 was having on our members. MII representatives refused to meet us. On 20 May, we wrote to the HSA advising of our deep concern at its testimony, given on 19 May, which confirmed that meat plant inspections were only commencing.

In June and July, we called for increased testing of workers and compliance with temperature testing and the updated HSE guidelines of 30 June. On 16 July, we again wrote to MII, following its commitment given at a meeting of this committee to meet SIPTU representatives, and I am glad to report this meeting occurred on Monday this week. At this meeting, both par-

ties agreed to seek a meeting with the Health Service Executive national standing oversight committee to discuss the need for repeat blanket testing of workers within the industry, with an emphasis on speed of testing and results, and a protocol to deal with potential scenarios arising. MII also agreed to bring a SIPTU charter on Covid to its members for consideration. This charter addresses such issues as support for unannounced HSA inspections, compliance with HSE guidelines and temperature testing and the need for engagement on terms and conditions of employment, with particular reference to pay and sick pay provision. A further meeting is scheduled with MII representatives for 1 September.

It is now beyond doubt that the meat processing industry contains unrivalled vectors for the transmission of Covid-19, which had previously caused 1,115 meat plant workers to be infected in 20 clusters as of early July. These vectors include close proximity working, bottlenecks in canteens and toilets, noise pollution causing workers to shout to communicate and which creates droplets circulated through the industrial air cooling systems and relatively low wages causing workers to car pool, share accommodation and in many cases share rooms within that accommodation. It is notable that circa 90% of workers in the industry do not have sick pay, forcing vulnerable workers to go to work, even if they are feeling unwell with possible Covid-19 symptoms.

In mid-June, we predicted that if a second wave of Covid-19 were to arise, it would manifest itself in the meat processing industry. This article was published on 23 June and this opinion was predicated on the experiences of other countries, such as the United States and Canada, and the example in Germany, wherein two months after the country announced looser Covid-19 controls, an outbreak in a meat processing plant triggered a return to lockdown in the western state of North Rhine-Westphalia. This meat plant was closed after 1,500 workers tested positive for Covid-19.

In the Republic of Ireland, we now have circa 1,450 meat plant workers with confirmed Covid-19 cases, with clusters of more than 100 cases in five separate meat plants following the recent resurgence in the midlands. Other European Union countries long ago set up national outbreak control teams with the voice of meat processing workers being represented. Why has Ireland not done likewise? Surely it is the workers who would have greater knowledge of the position on the ground and it is the workers and their families who are vulnerable and most at risk. Why did the HSA not commence inspections at meat plants until late in May and why do we still have very few unannounced inspections? The Food Safety Authority of Ireland, FSAI, performs an excellent public duty through its unannounced inspections. Do we cherish the quality of our food more than the safety of our people?

Hourly rates of basic pay across the industry generally range from minimum wage to €12.50 per hour, with some skilled workers able to accrue an additional premium payment through piece-rates and bonuses. Everyone recognises that meat processing is an essential service but this must be recognised with reasonable rates of pay to reflect the labour intensive and physically demanding roles in meat processing.

As I stated, nine of every ten workers do not have access to a sick pay scheme. This is a significant contributory factor in the spread of Covid-19 within the workplace. Why have we not ensured that workers suffer no loss of earnings should they have to isolate? The pandemic unemployment payment is not an appropriate substitute for the necessary legislative imposition of a sick pay scheme but it could be part of it in the short term where employers make up the net pay balance.

In comparison with our EU peer group, SIPTU's economic research, which can be provided, demonstrates that Irish meat plant operatives work an average of 4.7 weeks per year more than their EU counterparts and rank bottom of the list on actual hourly wages received. A feature of the continental system is the high level of employer social insurance, which ensures that most workers in our EU peer group receive acceptable illness benefit.

In following the recent commentary about Covid-19 outbreaks in the meat industry, there would seem to be a much higher proportion of asymptomatic cases than in other areas. I do not know how this is possible. Very recent commentary has emerged of workers being redeployed from one meat plant to another to finish production at weekends, causing so much concern about contagion that regular employees refused to go back to work until their safety concerns were addressed. I have been reliably advised in recent days that upwards of 40 migrant meat plant workers are sharing rooms and accommodation in a certain town in Offaly. Should this prove to be the case and if we are truly serious about defeating Covid transmission within the meat industry, this hot bedding of workers has to stop. Surely this is not an Ireland that anyone would want to be proud of or indeed be associated with.

Where large Covid outbreaks have been established and production lines shut down, we cannot have a situation, as we believe occurred recently, wherein other workers in that same employment were tested and went back to work to deal with perishable product, and four days later they found out that they had tested positive for Covid. Where such large outbreaks occur, workers should be immediately removed from the workplace without loss of earnings until the workplace is deep cleaned, sanitised and inspected by the HSA, with workers only returning when they have tested negative for the virus. We can no longer compromise workers' safety through the unbridled drive for profits. We have already seen the tragic death of one meat plant worker from Covid-19 on the island of Ireland; we do not need to see another. Meat may be perishable, but workers must not be so.

The reimposed lockdown in counties Laois, Kildare and Offaly to deal with this crisis is now costing the midlands economy more than it would cost to ensure employers and State agencies are equipped to fulfil their obligations for a safe working environment.

We need legislation to ban subcontracting and bogus self-employment within the meat industry, similar to that announced in Germany on 20 May. So-called sole traders, working in Irish meat plants, paying tax in Poland, with employers avoiding PRSI contributions, workers missing out on leave and welfare benefits and the State being denuded of tax revenue must be stopped. Licensed direct employment is the way forward in this regard and an end to agency working in this industry is now necessary.

It is never too late to do the right thing and Tuesday's belated announcement by the Government for repeated weekly blanket testing of workers in meat plants, which we have been calling for for some time, within the lockdown areas is welcome, but we need to go further. We need rapid result turnaround times for this testing within 24 hours, as is the case in the UK. We also need a clear protocol as to how cases or suspected cases of Covid are isolated within the workplace and how co-workers within that work area or employment are treated.

The emergence of Covid-19 within the Irish meat processing industry has been extremely difficult for our members. They are all petrified of contracting the disease and they feel they must walk a tightrope every day. In many cases, they attend work even if they are unwell.

We have had many cheerleaders trumpeting the essential nature of meat processing at both

Government and employer level. It is now time for these entities to put their money where their mouths are and recognise the need for workers within the industry to have decent pay, sick pay and pension provision put on a statutory footing, similar to that of a sectoral employment order. This will be the litmus test of those who are saying they are doing everything they can to eradicate Covid-19 in the Irish meat industry.

As Covid will prevail for possibly years to come and meat will always remain an essential foodstuff for our population, we have little choice but to shine a light like never before on this industry and address once and for all the socio-economic issues which have given rise to the meat industry being the perfect storm for the transmission and predicted resurgence of Covid-19 in Ireland.

**Chairman:** I note Mr. Ennis has called for a 24-hour turnaround period in testing. This committee made a similar recommendation just over a week ago. Is Mr. Ennis saying that the turnaround period for tests in meat plants was four days?

**Mr. Greg Ennis:** That is at a minimum. I understand the turnaround time has been five days in Kildare. As of this morning, a significant number of workers still have not got their results some four or five days later.

**Chairman:** I do not want to eat into my colleagues' time. I thank Mr. Ennis for that clarification.

I call Ms Labo from the Independent Workers Union and ask her to confine her contribution to five minutes.

**Ms Nora Labo:** I will do my best. On behalf of the Independent Workers Union, I thank the committee for inviting us to present our findings today.

The Cork Operative Butchers Society branch of the Independent Workers Union has been supporting workers in meat plants and in the meat industry for a long time and has been in daily contact with workers of different nationalities employed in several meat plants around Munster for the duration of the pandemic thus far. As the workforce in this industry is largely foreign, with limited English fluency, I emphasise that our union, even though it is small, has had privileged access to these workers' experiences, as our team includes Polish and Romanian-speaking organisers, and the union constantly strives to provide translation for any other language which is necessary for organising this diverse workforce. I personally have been in contact with Romanian workers in several plants each day since the beginning of the pandemic.

I will briefly state our union's position on the matter discussed today. This union believes there is no intrinsic reason why working in a meat plant should be more conducive to contracting Covid-19 than working in any other environment. We are convinced that the reason Ireland has witnessed so many worrying outbreaks in meat plants in the past months is due to the workers' substandard employment and living conditions which are the result of the industry's long-term disregard for the well-being of its staff. These problems are aggravated by the unscrupulous practices of the work placement agencies through which many of the workers in this sector are employed. Based on our membership a high percentage, perhaps 40% or 50% - we do not know - of these workers are employed through agencies.

I will briefly list the main factors which led, in our opinion, to such a dire epidemiological situation in the meat-packing sector in Ireland. I would like the committee to bear in mind that, in our view, these Covid-19 outbreaks are simply the most visible consequence of chronic

issues that should be of great concern in their own right. First, there is the question of overcrowded accommodation. Many meat plants are in rural areas where there is a shortage of suitable accommodation to begin with. As most meat workers are paid the minimum wage, often with no overtime premium, their tight budgets force them into seeking shared accommodation, sometimes even with several families in the same house. At the same time, being foreign and with a limited command of English is a real disadvantage in independently securing accommodation. Many workers we know are being housed by their employment agencies which, seeking to maximise profit from the accommodation they provide to their employees, crowd as many people as possible into each house they let. This reckless behaviour on the agencies' part also led to people being moved from one shared house to another during the height of the pandemic in an effort to keep each house full so as not to lose income. Our union has documented several such cases. The workers housed by the employment agencies never get a proper contract for their paid accommodation, even after several years of living in the same place, so they can be moved around or evicted without notice, both of which have happened since March to workers we know. It is obvious that this dismal housing situation favours the spread of Covid-19 among workers and, despite relating to conditions outside of work, is a result of low pay and dependency on the employer for accommodation.

Second, most workers need to provide their own transportation to get to work. As I said earlier, many meat plants are in quite remote areas and the employers make no effort to provide any transport. There is no public transport available. On a tight budget, the workers car pool and they fill the cars to capacity. This has continued throughout the pandemic as most employers make no effort to facilitate the safe and socially distant transport option, either through a company bus or with financial assistance for private transportation, both of which would have been possible, while perfectly aware of how their staff get to work every day.

Third, many workers in this sector do not benefit from a sick-pay scheme with their employer and this is especially the case with all the agency workers we know. This means that these workers, while already on very low pay, know that when they are ill they will not be able to earn any money at all. Of course, this logically leads to some workers being less cautious than they should ideally be after noticing early symptoms of what might or might not be a worrying condition. We also know that many workers, after years in Ireland, do not have a GP, which can be seen as an indirect consequence of extremely difficult working conditions. When working on minimum wage, one has to work excessive hours, often more than 50 hours a week, to get by. This limits the time available to find a doctor and the time to learn the basics of English to communicate with a medical professional. One has to pay for the doctor and often also for the translator when visiting the doctor. A special case of this lack of access to healthcare, but of great importance, is that of a great number of workers, all Romanian, who were for years cheated out of their social security rights in Ireland by the employment agency which was hiring them to work in several meat plants in Munster. This agency employed all these Romanian nationals as self-employed contractors declared in Poland, so all the workers' contributions were sent to the Polish and not the Irish Revenue. I emphasise it is our union that has uncovered hundreds of such cases and we have filed hundreds of complaints to the Workplace Relations Commission. For many years, all of these workers have had no annual leave, no right to illness benefit, no rights to child allowance, had no PPS numbers, and were *de facto* invisible in Ireland. While some of these workers were self-isolating on suspicion of Covid-19 in March, they had no access to a doctor, no GPs would take them and their agency tried to force them to apply for unemployment benefit instead of the Covid-19 illness benefit, taking advantage of the fact that the workers had no GPs and no English. Our union is present in several plants where this agency operates in Munster and we have knowledge of other places in Ireland where the

same practices are happening and where the same agency supplies workers. When these workers have no legal existence in Ireland for years they are also not entitled to illness benefit and they are extremely vulnerable. Based on these observations I will emphasise one last point.

**Chairman:** I ask Ms Labo to conclude.

**Ms Nora Labo:** I ask for just five seconds; my colleague spoke more. These workers are not just vectors for a virus. They are not just vectors for a disease. They are people with full lives. It is important to take into account all aspects of their lives when we think about how to prevent this disease. For example, if Perspex screens are introduced and we do not take into consideration that the workers then must lift heavy crates above the Perspex screens, then their workload is greatly increased and, while the pace of their work has never slowed during the pandemic, such measures will not work. The workers' well-being, their workload, their mental health, their income and social and economic conditions have to be taken into account if we want to contain this disease.

As my colleagues said, we recommend unannounced inspections. However, we also recommend democratically elected workers' health and safety committees in each factory and these should be consulted on any measures. Thorough investigations should take place in all meat plants to see how workers' contracts operate and how their accommodation is provided for by their employers. I welcome any questions on this brief presentation because we have much more information, especially from foreign workers who are quite isolated. I thank the committee for the time provided.

**Chairman:** I thank Ms Labo for her presentation and for all the information she crammed into that five or six minutes. I will now open the floor to questions. Is Deputy Durkan taking five minutes?

**Deputy Bernard J. Durkan:** I will take however long the Chairman tells me to.

**Chairman:** It depends on how many Fine Gael speakers there are. They have 20 minutes in total but no more than ten minutes at this stage.

**Deputy Bernard J. Durkan:** I will take five minutes. I welcome the witnesses and thank them for coming along at a difficult time in order to discuss the challenges we all face. As a representative from one of counties in the eye of the storm, I have questions about the meat industry in County Kildare in particular. Having regard to the points made by the various witnesses, the evidence given previously to the committee and the degree to which action was taken following those events, are the witnesses satisfied that the actions they previously recommended to this committee were followed up by the employers and the various groups involved in the meat industry in County Kildare and other counties? What actions were taken as a result of the witnesses' submissions to the committee and were these in line with their expectations? Has immediate action been taken by each of the facilities involved on the floor regarding visible signs of a possible outbreak? Was that action to the witnesses' satisfaction and what do they recommend as a result of these events?

**Ms Patricia King:** I thank Deputy Durkan. I will say two things. When we previously gave evidence before the committee, we spoke mainly about the national Return to Work Safely Protocol and its provisions. One of the key flaws in its implementation in meat factories relates to worker representation on the ground. Putting in place worker representation infrastructure is a key part of the protocol to facilitate quality interaction between the management and the

workforce in the various work settings. That has not happened in meat factories. Worker representation infrastructure is very low-grade, although the employers do not agree with me on that. I have raised this matter on several occasions at the consultative forum on the implementation of the protocol and I have told the employers that I am very unhappy because the workforce representation has not been effective at all. There are many reasons for that which we can go into in more detail, and I am sure others will do so.

Second, it is untenable that the HSA, which is assigned in law the responsibility for overseeing the implementation of all aspects of the protocol, has the power to inspect workplaces and order closure where appropriate and is there to maintain the health and safety of workers and protect them in the workplace, is not even notified when a worker contracts Covid. We have to get our heads around that. I realise the import of what I am saying, but all the indicators are that the HSA does not want to be notified of such cases. It does not want this task. From day one, I have had this argument with Government representatives. I am on record on this matter and am blue in the face writing about it. Two weeks ago, I met the Tánaiste and for the first time he said he would consider the points we were making about this issue. If we have a Health and Safety Authority, HSA, charged with the protection and the prevention of injury and so on to workers in workplaces and it is not even notified, does not do the inspections and does not go to the place to find out what happened and give advice on what should happen to prevent it happening again, we will arrive in all sorts of a mess. It says it is a public health issue, which it is, and as the members know the public health people operate under legislation from 1981. They go and do what they have to do to protect not just in the workplace but they are also very interested in the spread of this virus in terms of the community. That is their job but there is no emphasis satisfactorily in that regard. That has to be put right and we believe there is a swift way of doing that.

**Mr. Greg Ennis:** In response to Deputy Durkan, in short, “No”. I am far from happy and I will give him the reasons with regard to Kildare that he mentioned. We have a situation in meat plants in Kildare where lines are shut down, for example, and 50% of the workers have tested positive and are taken out of the workplace. That is fine, but we have other workers in that meat plant dealing with a different product who are tested and then sent back in to deal with perishable product - product of value. They then get the results four days later and they are told that they have Covid-19. That is unforgivable. That is a real issue that should never be repeated.

The second point I would make is that we are too slow to get test results, and I believe that is still the case this week in Kildare. The issue of the HSA inspections needs to be drilled in once and for all because we are not happy with the number of unannounced visits. I believe there are very few, if any, and the HSA needs to be pressed on that. Looking forward, however, in terms of trying to fix this, because we have to fix it, I suggest we need to bring in what I have termed Covid compliance officers with the sole responsibility for policing Covid-19 within the meat industry. Those designated officers possibly should come from the HSA inspectorate and if it needs to be beefed up, we must beef it up - no pun intended. We have to ensure we deal with this issue because what has happened in Kildare, and in other counties, for the past number of months is not acceptable. We are too slow to get test results. We need the HSA to be doing what it is paid to do. We need Covid compliance officers. At the end of the day, I am not at all satisfied with what has happened. We cannot prioritise profits over the health and safety of our workers.

**Chairman:** I thank Mr. Ennis. I am afraid Deputy Durkan’s five minutes are up.

**Deputy Bernard J. Durkan:** Okay.

**Ms Nora Labo:** If I may contribute something too as an answer to the question-----

**Chairman:** I will bring in Ms Labo in a couple of minutes. I am sorry but every speaker has-----

**Deputy Bernard J. Durkan:** The questions I raised would apply to the last respondent also.

**Chairman:** I know but there is not enough time to reply. I will bring Ms Labo in shortly. Deputy McAuliffe is the next speaker. He has a maximum of ten minutes at this stage for his party so he can choose how he wishes to share that with Deputy Lawless.

**Deputy Paul McAuliffe:** I will ask a number of questions and yield the remainder of my time to Deputy James Lawless, who represents the Kildare constituency immediately impacted. I welcome Ms Patricia King and thank her for returning to this committee. I acknowledge the compelling evidence of Ms Labo on her direct contact with the workers impacted.

I have two questions. There is no doubt that many of the terms and conditions of employment in the meat industry must be addressed, particularly the issue of bogus self-employment. They are matters I have no doubt the trade union movement has been working on long before this issue arose and will continue to do so. For the remit of this committee, the impact of the virus is our focus. The learning point seems to be that where there is co-living and close working, with very few public transport options, there is an inevitability that that will lead to a cluster of Covid-19. My question is for all the witnesses. It appeared for a long time that meat industry plants would not be impacted in the same way they were elsewhere in Europe, particularly in June and July. Have the representatives been given any information as to the reason this has happened now? Many people want to know what happened in this region, the reason the virus was allowed to develop there, and the source of it.

**Ms Nora Labo:** May I speak? I wish to re-emphasise that, in our opinion, any kind of PPE or other health and safety measure that is adopted in the workplace and is not corroborated with an adjustment in the pace of work will be ineffective. We have noticed that, even in workplaces where there was a workers' health and safety committee, it was never consulted as to the suitability of the measures for how workers were expected to do their work. Production never slowed down. I have sources in killing, dispatch, packing, boning and all other parts of the meat plant. The volume processed in every meat plant that we are in contact with has increased even though there have been fewer workers. The companies could not source foreign workers at the height of lockdown and, when some workers got ill, others would just have to do more work. Even if a Perspex screen was installed, workers would still have to lift heavy crates and pass them on to one another. They actually have to lift-----

**Deputy Paul McAuliffe:** I hesitate to interrupt, but Ms Labo has made a strong case as to why the-----

**Ms Nora Labo:** These situations are unavoidable. That is what I want to say. Also, we had many people-----

**Deputy Paul McAuliffe:** Have workers' representatives been given any information as to how these clusters were initiated? What were their source? Have workers' representatives received any information from the public health authorities in that regard?

**Mr. Greg Ennis:** SIPTU has not received information from the public health bodies beyond

what we are following from NPHE and so on. The Deputy asked why the infection recurred. At the end of June or in early July, we had 1,115 cases. We now have 1,450 and rising. The recurrence is because our guard was relaxed. We need more focused inspections. That and speedy results from testing are the two key weapons the meat industry has.

It is a scary thought, given that meat will always be an essential foodstuff, but as we reopen our economy further, we will unfortunately see more cases if we do not act inside and outside the workplace and deal with the vectors of no sick pay, workers living in terrible conditions and so on. In my written submission, members will see a link to an interview that I did with one of the media outlets where this was predicted. We do not always get things right. Unfortunately, we were right in this case and I have grave fears as we move into autumn and winter with the seasonal influenza that will probably come and employments reopening as they should.

We can get this right, but we must throw everything at it. We need Covid compliance officers. We need to ensure that inspections are unannounced and are happening in a saturated way across meat plants in the areas the Deputy represents.

**Deputy Paul McAuliffe:** I apologise for the short time available. I yield the remainder to Deputy Lawless.

**Chairman:** There will be a couple of other speakers. He can then contribute. The next speaker is from Sinn Féin. Is Deputy O'Reilly taking ten minutes now?

**Deputy Louise O'Reilly:** I am taking-----

**Deputy Paul McAuliffe:** There were ten minutes allocated to this speaking slot for Fianna Fáil.

**Chairman:** There were, but after we went to all of the other parties. I was going to bring in-----

**Deputy James Lawless:** Did the Chairman not say that I would speak in the second round? That was our understanding of how this would work.

**Deputy Louise O'Reilly:** I have no objection if Deputy Lawless wants to take his time now. He seems very agitated.

**Chairman:** If people are just taking five minutes, we normally intersperse the speakers.

**Deputy James Lawless:** I was going to take seven minutes rather than five.

**Chairman:** Rather than waste time discussing it, Deputy Lawless should take his five minutes.

**Deputy Louise O'Reilly:** Go ahead.

**Deputy Bernard J. Durkan:** On a point of order, I was sharing time with a second speaker.

**Chairman:** Yes. That is what I was going to do with Fianna Fáil as well.

**Deputy Bernard J. Durkan:** Presumably, the same will apply.

**Chairman:** Yes.

**Deputy James Lawless:** The issue is that Deputy McAuliffe was going to yield some of his

five minutes to me so that I would have seven or either minutes.

**Chairman:** But he did not. He had six minutes. He had no time to give Deputy Lawless.

**Deputy Paul McAuliffe:** I am sorry,-----

**Chairman:** There is no problem. Deputy Lawless will get his five minutes to contribute. Can he wait ten minutes for it?

**Deputy Paul McAuliffe:** I spoke for four minutes.

**Chairman:** I timed it at six.

**Deputy James Lawless:** My preference would be to take it now.

**Chairman:** I do not want to get into an argument over seconds. I am doing my best to time everyone. There are no clocks in the Chamber and I am using the timer I have, which I believe is accurate. I have not had any complaint about it.

**Deputy James Lawless:** My preference would be to go now, if that is possible.

**Deputy Louise O'Reilly:** I have no objection to that.

**Chairman:** Go now, then. Deputy Lawless has five minutes.

**Deputy James Lawless:** I thank the Chairman and the witnesses. I commend the trade union representatives appearing before the committee on their efforts, not just in respect of this issue but on many others down the years. Some may be aware that I used to be a branch secretary for a number of years in a workplace in the Unite trade union, so I support and have sympathy for and an awareness of the work the representatives do.

I wish to put my questions in context. Since I am a representative from the lockdown counties as they are now known, I will briefly recap what has happened in the past week in Kildare, Laois and Offaly and the impact it has had upon businesses. Small businesses, which are employers in their own right, had just picked up the pieces and were beginning to get off the ground again in terms of trading, restoring consumer confidence as well as their own in their operations, bringing workers back into their workplaces and investing in PPE, screens and so on. Perishable stocks, which were bought in for what they hoped was the remaining part of the tourism season, are now written off and wiped out. I refer to not only those businesses which have been forced to close but the businesses around them, such as fashion boutiques and retailers, which are seeing such a plummet in footfall. That is the impact it has had on the business community. In terms of destination shopping venues, such as Naas and Kildare Village, nobody is coming in from outside because they are not allowed to do so and there has been a huge knock-on effect on local businesses and the local economy.

In terms of people who feel they have done everything right - they have worn their masks, they have minded themselves, they have stayed indoors, they have social distanced and all the rest of it - any chance of a staycation has gone. Any chance of family breaks are gone. By and large, people have cancelled *en masse*. Not only are there all the implications but they themselves cannot even get away. That is psychologically damaging. That is a huge blow to the county. I suppose what really compounds it is the view that outbreaks are concentrated on the meat plants. There are particular clusters but three counties are paying the price for three or four plants.

There is a number of boundary conditions, etc., which I do not have time to go into. There are certain estates, for instance, Kilmalum in Blessington, where the back of the cul-de-sac is in Kildare and to get out of the estate in the morning, people have got to break the law because of the way the lockdown was done. In any event, I want to move on to questions to the witnesses.

I read all the submissions this morning and thank the witnesses for the presentation today. The State put in place a number of supports to help workers and help the wider economy and the wider society during the pandemic but it strikes me that these have not been applied, or that we have not been able to apply them, in the sector. We heard about temporary accommodation and about accommodation issues. Despite there being an eviction ban in place, we saw that workers were forced to move from one place to another and often cohabit. We saw workers afraid to take sick leave and afraid to phone in sick despite there being the pandemic payment and temporary wage support schemes. It strikes me, as a general rule, that many of the State supports were not available, whether through ignorance, lack of awareness or possibly lack of promotion within those workplaces, and all those issues must be examined.

I will home in on one issue because Ms Patricia King has mentioned this. This is the notification of a workplace disease, the definition of personal injury and the idea that if somebody trips on a floorboard or injures himself or herself on a piece of machinery in a factory, that is notifiable to the Health and Safety Authority. If somebody presents with coronavirus or another infectious disease, that is not. What we have heard Ms King and others say today and in recent days is that the plethora of sanctions, inspections and powers that would kick in were that in that statutory instrument and were part of the Health and Safety Authority framework would be there and the power of the State could be brought to bear but because this disease is not listed as a notifiable illness, that does not happen. I studied the regulations again this morning. When I see the 2016 regulations - we have heard that the Tánaiste and Minister for Enterprise, Trade and Employment could make a one-line change to those regulations to introduce infectious disease or coronavirus as a notifiable illness - it was there previously in the 2011 and 2007 regulations. In the 2016 regulations, it was deliberately taken out. Turning to page 3 of those regulations, I see that “personal injury” does not include any disease, occupational illness or any impairment of mental condition”. That is the real scandal here, not that it is not there at present which, of course, it should be, but that it was previously there and was removed. I would ask for the witnesses’ opinion on that.

**Chairman:** I ask the witnesses, between them, to speak for no more than a minute.

**Ms Patricia King:** I agree with the Deputy and thank him for the query. The Deputy is correct. This regulation 224, put in in 2016, excludes personal injury. In the Act, accident is defined as personal injury and personal injury does include any infectious disease, but the regulation, in 2016, came along and excluded it. My judgment is that the employers are hung up about the mental health issue there and they did not want to have this - what they believed to be onerous. That is my own judgment of what was going on at that particular time. However, this regulation was signed up to anyway.

As to what can happen, section 58 of the Act allows the Minister to lay an amended regulation before the Houses of the Oireachtas, but it becomes valid from the time of its making unless and until it is amended by the Oireachtas. We could resolve this problem quickly. So far, the Tánaiste stated he was looking at it. The HSA, in my judgment, has obstructed our efforts because it is now talking about it requiring a major risk impact assessment. There is nothing about that in the legislation. I cannot see it anyway. Accordingly, we need to put this right. We do not have time. The virus is doing all the damage the Deputy outlined. We need to put it

right. We need to get a grip of this and do it.

**Chairman:** I call Deputy O'Reilly who has ten minutes.

**Deputy Louise O'Reilly:** Thank you, Chairman. I will stick on my timer.

**Chairman:** Is the timer for ten minutes?

**Deputy Louise O'Reilly:** Yes, it is for ten minutes.

I thank the witnesses for attending. I thank them for the work they and their members are doing in what some would describe as challenging circumstances and I would describe as disgraceful circumstances. They are no less worthy of applause than other front-line workers.

On the point raised by Ms King on making Covid-19 a notifiable disease, I welcome the support for doing so expressed by Deputies this morning. If the Tánaiste is minded to make the requisite changes, I have legislation which I published in June which will ensure this is done. I look forward to support for this from Members right across the House. There is general agreement that if one contracts Covid in the workplace, it should be treated as a workplace injury. I do not know what all the ducking and diving on the part of the Government is about. I suspect I know what it is about but I am not prepared to go in to it here as it would not be helpful to do so. I have the legislation published and I welcome support for it right across the House.

We know the turnaround times for test results are going down but we also know that this is primarily because the turnaround time includes healthcare workers whose tests are processed on site. This is dragging down the numbers. In the meat processing sector, what is the wait time for results? What happens when a worker is called for a test? Is the worker permitted to self-isolate, as we have been advised to do? Are such workers given a place to self-isolate? Are they provided with money to ensure they and their families can survive that time?

**Mr. Greg Ennis:** Unfortunately, it is a tale of woe because in the most recent manifestation of Covid in the meat industry, especially in the three lockdown counties, I have seen and been made aware of situations where workers were tested and allowed back into the workplace. In some cases, they did not get the results for four to five days. I believe some workers were tested last week.

**Deputy Louise O'Reilly:** When Mr. Ennis says workers were allowed back into the workplace, that sounds like a place they were dying to get back into. Can Mr. Ennis explain what happens in such a case? Are the workers afforded an opportunity not to go back into the workplace or is it the case that they have to go back?

**Mr. Greg Ennis:** I will make it simple. The HSE would have carried out significant testing in a particular plant. It would have been aware of a strong presence of Covid. Up to 50% of a lamb line tested positive for Covid but the beef line was still continuing. Workers from the beef line were tested. When one blows a whistle in a plant, there are many carcasses - I am sorry to be so graphic - lying about. It is valuable product as far as the employers would see it. Those workers were tested and even though they were in a workplace where there was a significant number of confirmed cases of Covid, they went back in without having first got the results of their tests. As I said, they had to wait four to five days to process that product. They then found out belatedly that they have tested positive for Covid. That is how bad it has been.

Even today, I believe some workers in meat plants in Kildare have not got their results from

last week. The testing is a real issue.

**Deputy Louise O'Reilly:** Is it the case that we are nowhere near a turnaround time of 24 hours?

**Mr. Greg Ennis:** No. That is achievable.

The meat industry is the most regulated industry except when it comes to terms and conditions for workers. Traceability goes back to the farmer and there are strict regulations concerning the movement of animals. There are veterinary inspections overseeing the slaughter and butchering of carcasses. There are regulations right up to the consumer. This is perfectly right and proper. However, there is nothing but the statutory minimum wage, or a little above it, for workers.

On making Covid a notifiable disease in the meat plants, we need that regulation reinstated.

**Deputy Louise O'Reilly:** The good news is that we have had expressions of support from at least one party in the Government on that. Here is hoping that it gets done.

As some will know, my father used to organise workers in the meat factories in the late 1970s and early 1980s. It is shocking that those conditions do not appear to have improved and in fact, if anything, have gone the other way. I am struck by the fact we talked a lot about vulnerable people in nursing homes but we are not talking about the vulnerabilities regarding meat processing. Mr. Ennis is right that it is a regulated industry. We have heard in the media that the workers are the vectors. The real vectors are the lack of sick pay, living in overcrowded accommodation and not being able to take time off work. That is what is acting as a vector in this instance.

What the current situation regarding access to language appropriate information? I ask that Ms Labo please to be brief because time is tight.

**Ms Nora Labo:** We have noticed a chronic issue whereby workers of different nationalities are brought in to work in factories without any induction in their own language. Some employers do, but in some places, there is no such induction. They work in segregated teams based on nationality so they have no opportunity to learn English. People are often working-----

**Deputy Louise O'Reilly:** I am sorry to interrupt Ms Labo, my apologies. I ask specifically about language specific information that is made available to people relating to Covid-19 and the precautions.

**Ms Nora Labo:** In many meat plants, for instance, we know workers employed through agencies received a text message or email from their agency - very brief and often only in English - about the PPE they were going receive. Often, they came with no instructions in their own language as to whether the face mask was reusable, single use or essential information like this. Sometimes workers called me with a photo of the mask and asked me to tell them how to use it, could it be re-used or how long it was good for because no such instructions had been given by the employing agencies. In terms of translation and everything else it has been dismal. For some communities that have been in Ireland for longer, like the Polish community, perhaps the factories have some available translation or supervisors who are already from that background and speak the language. For some other recent arrivals, such as many Chinese workers in Munster, for example, there is little support. It is the same for Brazilians, East Timorese or other communities.

**Deputy Louise O'Reilly:** We know it is a diverse workforce but the available information is not available in a diverse range of languages. We can hear that.

Would Mr. Ennis and Ms King like to comment on the remarkably high levels of asymptomatic cases considering we have a 10% infection rate among meat and food processing workers and yet we appear miraculously to have some of the highest asymptomatic presentations I have seen anywhere in Europe?

**Ms Patricia King:** I raised that last Friday at the meeting which was attended by the acting CMO and I found it somewhat incredible. Do people think this virus picked out this group of people so they would have a much higher rate of asymptomatic cases than other groups? I have my own view as to what the narrative here is but the narrative from the employer side was clearly that people were asymptomatic. Therefore, they did not know they had it and were in work even though they had it, and so on.

However, the point is that anyone in this room could be asymptomatic, we could have it and we could get tested. I support the viewpoint Mr. Ennis has given in his evidence. Once the virus has been detected there should be a quick-fire procedure that is implemented immediately. The Health and Safety Authority, HSA, should be to the front making sure that is implemented. That should include closure until the virus is eradicated and, at the very least, until all the workers have been tested and one knows the extent of the viral contraction. Members have seen, and it was public, that is not what happened in these meat plants. In fact, one company was instructing workers, albeit that nine people had been identified as positive and the rest of the workers were out for testing, which had been started, to come to work on Monday. It was late Monday evening or early Tuesday morning before the chief executive told workers. That company is owned by a private equity group and it was Tuesday morning before those workers were told it was going to close the place. What does that indicate-----

**Deputy Louise O'Reilly:** Should the people running those companies be compelled to close? I note that the Minister for Health over the weekend, fairly unhelpfully, offered a personal opinion on the closures but that is all it was. Is Ms King saying that we should have the capacity to shut individual plants quickly, test and get the workers back to work quickly? That is not happening at the moment.

**Ms Patricia King:** No, we are having a variety of approaches. For instance, some employers say that they are having a deep clean. What does that mean? How valuable is that? It is a bit like temperature testing. We are now told that temperature testing is not that valuable. We must have a tried and trusted arrangement, agreed with and led by the HSA and in concert with the HSE public health officials. We need to have that so that every employer and every worker knows exactly what the process is when a case is identified.

**Deputy Louise O'Reilly:** I thank Ms King and will conclude on this point, which was mentioned to me last night when I was out canvassing. I met a lady who threw her eyes up to heaven and asked if there was anything to be said for another beef tribunal. We will see.

**Chairman:** It would cost a fair bit.

**Deputy Louise O'Reilly:** It might be worth it.

**Chairman:** I call now Deputy Burke.

**Deputy Colm Burke:** I thank the Chair and each of the people who have presented here

this morning. I want to ask about the process in the beef plants. If a person has the symptoms but does not inform anyone, what is the process for the employer to intervene and insist that the person to go for a test, if the employer becomes aware of these symptoms?

**Mr. Greg Ennis:** The way the Deputy prefaced his question is bit a little misleading. If the worker does not tell anyone then no one will know that the worker has a symptom unless it is fairly obvious. That is why temperature testing has been an important element and has been in the guidelines of June 30. There seems to be mismatch of an approach as to how we deal with such-----

**Deputy Colm Burke:** Is the temperature testing being done?

**Ms Nora Labo:** I will make a contribution on this. We know of a situation in a food production plant, which is not a meat plant but a dairy one in west Cork, where during lockdown around May, some workers had very obvious symptoms and were not purposely trying to hide them but wanted to stay home. The employers, however, insisted that these workers continue coming into work. There was a significant walkout of all the factory employees on that shift in order to protest as to their own lack of safety.

**Deputy Colm Burke:** I want to return to the process at the moment.

**Ms Nora Labo:** It is often not the workers who would willingly dissimulate their symptoms but is more likely the shift supervisors.

**Deputy Colm Burke:** I want to establish what the process is at the moment.

**Ms Patricia King:** I might assist in answering the Deputy's question by saying that in the national Return to Work Safely Protocol there is a section which deals with what happens if a worker contracts Covid-19 and it is identified. The employer has a duty to ensure there is an isolation room - all employments should have an isolation. The employee is asked to go to the isolation room and contact is made with the HSE on the public health issue which will then direct the employer. The employee concerned is "encouraged", which is the word used in the document, to contact his or her own GP and there will then be an engagement between the HSE public health people and the GP on how best to deal with this. There is an immediate isolation process that kicks in and every protection is offered to ensure the employee is looked after, and to ensure prevention and protection for the rest of the employees. That is laid out very succinctly in the protocol but I would offer this to the Deputy-----

**Deputy Colm Burke:** In the case of the employee who is identified as a suspect case, are the other people who have worked with that person over the previous number of days also asked at that stage to isolate pending proper testing?

**Ms Patricia King:** Yes, that would be a matter that the public health officials would be notified of by the employer.

**Deputy Colm Burke:** Are the witnesses satisfied that has occurred?

**Mr. Greg Ennis:** No.

**Ms Patricia King:** No:

**Mr. Greg Ennis:** We are not satisfied. I have already given examples of where this has not occurred and where significant outbreaks have been confirmed and workers who might have

been in the same canteens, used the same toilet facilities, etc., continued to deal with perishable product. We are not at all satisfied that has taken place. It is a mismatch of an approach.

**Deputy Colm Burke:** Were there any incidents in recent whereby the witnesses became aware that someone was suspected of having Covid and was asked to self-isolate and no action was taken in respect of the rest of the employees? Have the witnesses come across cases like that and have complaints been filed with the relevant authorities?

**Ms Nora Labo:** We have an example in our union. There is one plant which is strongly unionised, with members in our union in west Cork, where there was a massive cluster of Covid. While some of the workers tested positive and were told to self-isolate, other workers living in the same house were told to keep coming to work, even though there was contact tracing and management had all the workers' addresses so that it was obvious that these workers were all living in the same place.

**Deputy Colm Burke:** When Ms Labo became aware of that, were complaints filed by the unions with the relevant authorities?

**Ms Nora Labo:** Yes. We filed complaints on behalf of the workers who were put at risk. There was a confluence of factors in that case. The workers had to wait a long time to get their test results and they kept working in the meantime. We have filed complaints. As the Deputy knows, the Workplace Relations Commission has not been working since March.

**Deputy Colm Burke:** Has SIPTU filed complaints where proper procedures were not followed by the industry? How many complaints were filed by SIPTU about this matter?

**Mr. Greg Ennis:** Significant complaints have been filed with us with regard to workers. I will give on really bad example I was involved in myself of a worker's experience at the height of the crisis in late May. That person went home to eastern Europe, as they did annually, to visit their family and then came back with the intention of self-isolating. The employer said that if the worker self-isolated, there would not be a job for them in two weeks. If that is to be the approach, we need enforcement and policing of this by the HSA.

**Deputy Colm Burke:** Many issues have been raised about people's living conditions, working conditions, pay and lack of pay when they are out sick. Do the witnesses feel that it is time to set up a commission to look at employment in this area?

**Ms Patricia King:** The last time I came in, I informed the committee that we operate a system in this State whereby no worker has any right or entitlement in law to be represented collectively. That is how bad the situation is here. Can the Deputy imagine a meat factory owner, who wants to keep his or her business going with a tight schedule and production line going, standing back and saying that Patricia King said something is happening? They have no such interest.

**Deputy Colm Burke:** Do the witnesses believe that a commission should be established to look at this issue, particularly as it relates to agency workers' pay and conditions and lack of sick pay? Do they believe that a commission being set up is the appropriate way to deal with this?

**Mr. Greg Ennis:** The Deputy can call it a commission or whatever. I wrote to the then Minister for Agriculture, Food and the Marine on 15 May looking to set up a task force with all stakeholders in the industry to get this right. I was told that it would not be happening and

would not be constituted. We need to bring all parties together and that we need to focus on the conditions of workers both inside and outside the workplace. That is the only hope that we have of beating Covid in the meat industry.

**Chairman:** If it is convened, I hope it will be a bit more successful than the beef task force.

**Deputy Marc Ó Cathasaigh:** I thank the expert witnesses for coming in. It is helpful information. Looking back at some of the things that I have spoken about in the Dáil so far, I was dismayed to see that, as far back as 19 March, I was talking about the need to address issues relating to migrant workers, especially in the context of the Covid crisis, because they were always going to become a reservoir where the disease would hang on unless they were properly treated and dealt with. My first question relates to whether the witnesses can provide a more complete picture regarding the nationalities of those employed in meat processing plants. I get the impression that they are predominantly migrant workers. Is there a breakdown of the incidence rate of Covid-19 between migrant workers who work in those factories and those who are more normally resident in Ireland? Will the witnesses give me a fuller picture in that regard?

**Ms Nora Labo:** I would like to specify that just because workers come from a foreign country and are considered migrant workers does not mean that they have not habitually been living in Ireland for a long time.

**Deputy Marc Ó Cathasaigh:** I know that and that is why-----

**Ms Nora Labo:** In all the factories in which we have unionised, approximately 90% of workers are foreign but most have been living in Ireland for more than five years. Even though their contracts with their agencies classify them as temporary workers so as to deprive them of their collective bargaining rights, they are not in fact temporary workers. They are people who live in Ireland, like Irish citizens who live here all year around, and have been working in the same jobs for ten years. As such, it is not a workforce in transit or a seasonal one in any way. It is a permanent workforce which happens to be foreign, quite vulnerable and marginalised.

**Deputy Marc Ó Cathasaigh:** I thank Ms Labo. I was aiming the question more at the-----

**Mr. Greg Ennis:** If I may deal with the question Deputy Ó Cathasaigh asked, our more than 6,000 members, particularly in the primary meat processing industry, can be in workplaces with six or seven different languages, as my colleagues will testify, where they are not being given all the necessary information in their mother tongue. This is a problem. The Deputy asked how many cases are in the migrant category. I watched the meeting of this committee that was addressed by Meat Industry Ireland and its representatives may appear again today. I found it ironic that eastern European workers, although they have free movement across the EU, are not recognised by Meat Industry Ireland as migrant workers. That is spin. There are workers from South Africa, a large number of Brazilian workers from South America and many eastern European workers. As my colleague said, some of them have been here for many years.

As members know, the virus does not discriminate on grounds of ethnicity. It does not discriminate inside or outside employment. I have not represented meat workers for a long time but when I first did so over 20 years ago in Kildare, I would say that the ratio was 80% indigenous workers to 20% migrant workers. It is now 70% migrant and 30% indigenous workers. As such, there will be, *pro rata*, more cases among workers because of vectors such as cramped living conditions and the car-pooling that workers are forced into using. In 2016, the then Government stated in its programme that it would have the minimum wage up to €10.50 per hour

at this stage. It is still €10.10, which is nowhere near that commitment. We are nowhere near the living wage. We need to be moving these workers up towards the average industrial wage because of the labour intensive work they provide in what is, by everyone's admission, an essential service.

**Deputy Marc Ó Cathasaigh:** My second question is on sick pay provision. It has been outlined that 90% of the workers we are talking about do not have sick pay provision. Specifically in the context of language issues and difficulties with accessing services, have workers been able to access the pandemic unemployment payment or has there been a large lag time during which workers have been left without any payment owing to Covid-19 sickness?

**Ms Nora Labo:** For many of these workers, especially agency workers, the agencies sometimes actively tried to discourage them from applying for the Covid-19 illness benefit and tried to make them apply for the pandemic unemployment payment when they were self-isolating while ill. We do not know the reasons for this but we suspect it was because they did not want any clusters to show up. Our union - often me - has had to help workers by providing them with the relevant forms, filling in these forms for them and so on. This is because the employment agencies for foreign workers have made no effort to help them access any of the payments they were entitled to while ill and self-isolating at home. Workers were actively discouraged from seeking illness benefit even at the beginning of the pandemic when there was a huge financial difference between the unemployment payment, which was still at €203 per week, and illness benefit which was €350 per week. The agencies kept trying to force people to apply for the unemployment payment, probably so that a cluster would not appear in that area and would not show up in the statistics.

**Deputy Marc Ó Cathasaigh:** Was it falling mainly to representatives like Ms Labo to do the translation work?

**Ms Nora Labo:** Yes. I have done it a lot but the employers should have been supportive of their own staff and should have at least instructed people in how to find these forms. For instance, a lot of the forms for the Covid-19 illness benefit were not available online for most of March when we had some early clusters. Many people did not have GPs as they did not have a PPS number. This was because they had been scammed by their employment agency. These workers were in a very difficult situation and the agencies and the hirers, by which I mean the factory owners, did not help their staff in any way. They just sent them home to self-isolate without supplies. These workers were desperate and it is only because they were unionised that we could help them. We do not know if other non-unionised workers went through a whole ordeal without accessing any payments.

There were also very long delays in accessing these payments. As the workers do not speak English, they found it hard to contact the Department of Employment Affairs and Social Protection to see how their application was going. For instance, we had a case of six workers who only in July received payment for the two weeks in March during which they self-isolated.

**Deputy Duncan Smith:** I will direct my first questions to Mr. Ennis. I have a couple of short questions and a slightly longer one. Is Mr. Ennis aware of employers in any meat plant assisting staff in availing of alternative travel arrangements other than carpooling?

**Mr. Greg Ennis:** I am not. I am, however, aware that some employers who worked well with us during the early days of the Covid pandemic later provided buses to take people to and from the workplace. One could not make up this stuff.

**Deputy Duncan Smith:** Is Mr. Ennis aware of any employers assisting staff in accessing medical services such as GP services if they have had difficulty in doing so? Has any information been given?

**Mr. Greg Ennis:** No. We touched on the issue of sole traders and it is important to make this point. Some workers were wrongly classified as sole traders and the Department of Employment Affairs and Social Protection ultimately found that they were legally employees. Such workers did not have the necessary 13 PRSI contributions to receive anything from the State earlier this year. The answer to the Deputy's question is that, no, I am not aware of any such employer assistance.

**Deputy Duncan Smith:** With regard to accommodation, is Mr. Ennis aware of any employers who have assisted their staff in avoiding hot-bedding to keep them safe?

**Mr. Greg Ennis:** I am not. I believe representatives of the Migrant Rights Centre will be before the committee later and they may talk about this issue. We, however, have anecdotal evidence with regard to the cramped conditions in which workers are living around the country, as do all unions. This phenomenon of hot-bedding is really the worst-case scenario. Workers on a shift finish go back to their houses while the other workers living there go into work. That sort of arrangement needs to be outlawed because it will absolutely transmit Covid.

**Deputy Duncan Smith:** Absolutely. Mr. Ennis's answers to those short questions have backed up my worst fears with regard to employers' responsibilities towards their staff. Will Mr. Ennis explain why it is important that inspections are unannounced? It would be very helpful if he would explain that in more detail.

**Mr. Greg Ennis:** I do not know if it needs that much explanation. If one is told someone is coming to one's house for an evening dinner, one will probably have the kitchen clean and food cooked. If a person arrives hungry to one's door, however, and one has nothing prepared, there may be a bit of a scramble around the house. We have to ensure inspections are unannounced because that means workers and, more importantly, employers will be on their toes with regard to the provision of personal protection equipment, PPE, and the necessary safety standards that are desirable in any workplace.

**Deputy Duncan Smith:** Absolutely. Is Mr. Ennis getting feedback from the floor that, when it is announced that inspectors are coming, there is tidying-up and preparation?

**Mr. Greg Ennis:** Absolutely. There is also a delineation with regard to how PPE is provided when the inspection is over. I would say the other unions would share that view.

**Ms Patricia King:** That question is really relevant. Order should be put on this matter and the Health and Safety Authority, HSA, should be to the forefront on it. It should sit on this issue until it is dealt with. It should be to the fore. All employers should be working on the basis that the knock can come on the door at any time of the day or night. That is not the case at the moment. This business of inspections by arrangement is nonsense when one is trying to deal with something.

Furthermore, the national protocol on a safe return to work that was agreed provides for a worker-based infrastructure. Why is that important? It would mean that all of the people on the floor would have a representative who would interact with an identified management representative under the Safety, Health and Welfare at Work Act 2005 and share all the difficulties that arise out of Covid. In my opinion, the meat factories have ignored this provision. The Health

Protection Surveillance Centre, HPSC, has issued instructions to the meat factories as to the protocols they should follow. These are the same as the national protocol. They are all about what should happen in canteens, toilets and so on. These factories should not be inspected by arrangement. They should be inspected daily or weekly. The HSA should liaise with workers and employers. I have asked the HSA and the Department of Agriculture, Food and the Marine whether they were carrying out such inspections but the answers I got did not inspire great confidence. Those things need to start happening immediately. It is very important these things be done immediately.

**Deputy Duncan Smith:** I thank Ms King. I am out of time.

**Deputy Holly Cairns:** I thank the witnesses for their statements and for being here today. Given all the harrowing information we have heard from representative organisations, such as we have heard here today, the Migrant Rights Centre of Ireland's report, various media reports on workers' conditions in the industry and the fact that before this the industry was most recently associated with farmers' protests because they could not get a fair price for their produce – given all of that and more – serious questions have been raised about how the industry treats people – workers, farmers and consumers. We all deserve transparency and to know that the food we consume is produced in a fair and ethical way. I cannot imagine that many consumers feel inspired to buy produce that has come from these conditions at the moment. For all of those reasons, I have been calling for a task force to examine conditions for workers. Mr. Ennis mentioned that he had been asking for one too from the Department of Agriculture, Food and the Marine. Would all the witnesses support the establishment of a task force to examine the industry and what specifically would they like examined regarding workers' conditions? I have one more question after that.

**Mr. Greg Ennis:** As I said, I wrote to the Minister on this back in April or mid-May, which seems like a long time ago now. This week we handed the SIPTU charter to Meat Industry Ireland, the purpose of which is the safety of workers, their families and the wider community, the continuity of production, as we do need a meat processing business for this essential foodstuff, but more importantly the terms and conditions reflecting the essentiality of the sector. We put in preventative and corrective measures within the charter.

I believe we absolutely need to look at the meat processing industry from every angle. As I outlined previously, we need all of the stakeholders to be involved but we definitely need to look at the terms and conditions of workers within that industry. It is not good enough to cheerlead, call it an essential service and pay people a pittance for very labour-intensive and sometimes very challenging work in meat plants.

This has shone a light on the meat industry. When a crack opens up the light comes in and this has been the crack in the meat industry. It is about time that this industry was put under the microscope. There is nothing wrong with an employer making profits once they are generated through workers that are on reasonable terms and conditions. That is the trade-off and at the moment that is not happening. I would welcome a task force and I would love if this committee recommended it. There must be a worker's voice on it, as there is all over Europe.

**Deputy Holly Cairns:** This committee has been calling for a task force and I have written to the Chair about establishing it. Could I have a brief response from the other two organisations on whether they would support the establishment of a task force to examine workers' rights in this sector?

**Ms Nora Labo:** We would definitely support it, but we would also demand that union representatives would be allowed to carry out inspections in unionised workplaces. This has been a demand of trade unions in Ireland for a long time. That happens in other European countries and it would be of great benefit to workers if their representatives would also be able to be present during inspections to see what is happening.

We would also like the task force perhaps to address the fact that people who are housed by employment agencies do not have the same rights as normal tenants. They have scam contracts that allow them to be evicted with no notice and shifted around from one house to another. That could easily be discovered in an inspection.

We also want agency employment to be better regulated in Ireland because from what we see, in hundreds and perhaps thousands of cases, agency workers always have worse conditions than those who are directly employed, even though that is clearly illegal and could be discovered in a routine inspection. We also want to make sure that all workers in meat plants in Ireland are declared in Ireland so that their PRSI contributions are paid and that they have access to social security. They would be the priorities for the task force but I would like to insist that a union presence in inspections would strengthen workers' rights and their bargaining power with their employers.

**Deputy Holly Cairns:** I thank the witnesses. I have one quick question. Why did it take workers being infected with Covid to bring all this out? Were the unions aware of conditions in meat plants before this?

**Ms Patricia King:** I will take that. I thank Deputy Cairns for the question. There are a number of reasons for it. First, affiliate unions of Congress, but in particular SIPTU, have represented workers in meat plants for decades. In some cases there is a collective agreement on terms and conditions but that is not the norm and it is not by any means in the majority of cases.

I sit on the Low Pay Commission and I have taken part in public consultations where we have had exposure to workers coming in from the street to offer their view on what happens in their environment in meat factories as well. We are well aware of the issues. There is a very large body of opposition to workers having any voice in the industry and there is a reason for that. With a production pace at this level, it is the focus of the employers. We can look at the top ten companies operating in the sector. The top company had a turnover of €2.3 billion in 2019 and the second company had a turnover of €2.2 billion. There is big money to be made and their focus is on keeping the production lines as fast and as lean as possible. The model is to work people as hard as they can for as little as they can for as long as they can. It is the model and the companies will resist any infiltration by us in trying to have discussions.

These companies are helped by a lack of legislation in this country. This means if those workers want to have their voice heard collectively, there is no law to help them in doing that. The balance of power is with the employers and it is not a question that we have not said this. We are blue in the face from saying it. I have been doing this for a living for three decades and I can tell the committee that although we are blue in the face from making this argument, we still have not succeeded in getting across the value of having a balance in the employer-worker relationship. It has taken a pandemic to demonstrate the fallout of this but the matter has been with us for a long time.

**Chairman:** Thank you, Ms King.

**Deputy Holly Cairns:** To clarify, the unions were aware of worker conditions before the pandemic but the power of the beef lobby was too great to enable those voices to be heard.

**Ms Patricia King:** They do not listen.

**Chairman:** The next speaker is Deputy Shanahan. I will have to be fairly ruthless with the five-minute slots from now on or else we will go over time.

**Deputy Matt Shanahan:** I thank our contributors and those who have returned to speak to the committee. I know we will speak with representatives of Meat Industry Ireland later today as well. I agree in part with Ms King's comments regarding the very high turnover of companies but I point out that turnover is vanity at the end of the day and there is a high capital cost in this market. It is important to note where are the profits. There is no doubt there is a small number of players in the market and they are very much in control of that market.

I listened to the president of the Irish Cattle and Sheep Farmers Association, ICSA, on television yesterday speaking about the poor price being paid to farmers for their produce, with farmers having to operate below cost. The business operates a cost model. Has SIPTU considered going to the Government to speak about the below-cost selling of meat, which is ultimately a big component of this problem? I worked in the meat industry 30 years ago and at that time we sold meat at a higher price per kilogramme than we are selling it today. The below-cost selling and loss leading of meat, particularly in the convenience sector, is a large proportion of the Irish price. The witnesses know 90% of our meat exports are sold to the European market and we are subject to the pricing conventions within that.

**Mr. Greg Ennis:** I thank the Deputy for his question. We have been on the public record since April seeking this farm to fork task force. I really meant those words. From the very start of the process, from the animal on a farm getting to the abattoir and the meat then getting to the market, there is a microscope to be shone on the industry.

I take the Deputy's point that turnover is one thing and profit is another but there are significant profits being made on the sweat of workers' backs. In many cases, and particularly in the white meat industry, these people are getting €10.10 per hour, with no sick pay or pension provision and basic leave entitlement. It is the same with the red meat and pork segments. There are different areas with differing pay rates relating to skill sets and so on but in the main we are seeing workers getting €12 or €13 per hour, including the piece rate. It is immeasurable. We have had a recent situation with SEOs. I believe the Government may be appealing that High Court judgment and I wish it well with it. At the end of the day that is what it will take to sort this out. As part of this process we need to bring in all the participants in the meat industry, not just the processors - the farmers, workers and consumers - to bring about a solution that will work for everyone. Covid will be with us and that is what we are here to discuss. Some of the experts say we will have if for a decade or more. Meat will be with us. We have one shot at this and we must fix it.

**Deputy Matt Shanahan:** May I say to Mr. Ennis-----

**Ms Nora Labo:** Sorry, I have a very relevant example relating to profits and what the Deputy was asking. I will give an example of a poultry plant that is unionised with our union. This poultry plant processes 45,000 chickens a day with 90 staff on the production floor. We have calculated that if every member of staff got a pay increase of €1 an hour, it would only affect the price per chicken by 8 cent. This would probably still keep these chickens competitive. Profits

are at an all-time high. Production never stopped and actually increased during the pandemic. All these workers are agency workers and the agency is getting €15 per hour for each worker, but the workers are only getting €10. The head supervisor in this factory who has been there 13 years is paid €12 an hour with no premium for overtime.

**Deputy Matt Shanahan:** I would like to get in some questions if I may. I agree with Ms Labo about workers' pay. She has highlighted one of the key issues in this industry which is the issue of agencies. Have the unions offered some alternative to the agency structure for hiring foreign and migrant workers here? The meat factories themselves are not in a position to recruit on that basis which is why they look to agencies. Ms Labo has highlighted that agencies are not passing on the overtime. They are crowding people into houses which is tantamount to spreading infection across the country. This needs to be looked at. What are the unions doing on that?

**Ms Patricia King:** I will respond to that. Legislation arising from a European directive in 2012 was introduced to deal with temporary agency workers. It provides that agency workers should not be treated any less favourably than their counterparts who are directly employed. However, this is being bypassed by some employers by constructing this self-employed company they are putting in place. They are constructing a way around this. In aviation it is done in a very sophisticated way. In this case I gather it is not that sophisticated. The home employer is in Poland and not in Ireland at all. When those workers are fictitiously or bogusly self-employed, they end up with no entitlements to anything and those workers lose out.

What have we done about it? Neither the Deputy nor I have all day to outline how much we have done. I have hawked myself around every Department and Minister to try to get the issue of bogus self-employment dealt with. The Revenue Commissioners rules allow somebody to be declared self-employed by the employer; that is acceptable. Unless we get to a place where workers are not regarded as self-employed until they put forward the evidence as being non-bogusly self-employed, we will not deal with this. We have hawked ourselves around the place to anybody who would listen to this to take on this argument. I had a conversation with the chairman of the Revenue Commissioners. I have spoken to the Minister for Finance. Every pre-budget submission we make includes dealing with bogus self-employment. We have made very little headway.

To be fair, Deputy O'Dea-----

**Chairman:** I am loath to cut Ms King short, but I have to make time for other speakers.

I call Deputy Nolan, who represents a constituency affected by this.

**Deputy Carol Nolan:** I represent the Laois-Offaly constituency. I thank the witnesses for their comprehensive presentations, which contained a lot of information. The treatment of workers in our meat factories is totally unacceptable and a disgrace, but is hardly surprising when we think of how our farmers have been treated for decades. The meat price is still not what it should be. It should be at least €4.20 per kilogram but farmers are not getting the colour of that, although there has been a slight improvement when compared with last year. This time last year, we had chaos with suckler and beef farmers on their knees outside factory gates pleading with factories to give them a fair price for their produce. Now we see the problem of meat factory workers coming to light. While this problem has been around for decades, it is only being exposed now.

I have argued strongly that we need to see the meat factories reined in. For some reason, a

blind eye has been turned for too long with regard to meat producers and the workers in meat plants. We need an overhaul and we need it fast. As a Member of the Rural Independent Group, I call on the Government to take action once and for all because this cannot continue. It is ruining livelihoods, communities and regions. I come from the Laois-Offaly constituency. We have been unfairly punished because of meat factories. Some businesses are closing as they cannot continue any longer because of the actions of the meat factories. This has to stop. The midlands region is already on its knees, with Bord na Móna workers losing their jobs and more of them set to lose their jobs before Christmas. We cannot allow this to continue.

On 20 May, there were 828 cases of Covid-19 in meat factories. Nearly three months on, the position is no better. I want to know what exactly is happening. The witnesses outlined some of the issues. The committee was told previously about a national outbreak control team which would deal with the problem in the meat factories. I think I know the answer to my next question, which is rhetorical in a sense. What evidence is there of any work being carried out by this national outbreak control team? It sounds great but has it done anything?

Mr. Ennis outlined that testing turnaround times are a serious issue and I agree with him. The Government has said it wants weekly testing done for four weeks. Four weeks is not long enough given that we had a serious problem in May and we are still experiencing a problem. For how long should the testing continue? I believe that four weeks is not long enough.

I will address a question on complaints received to SIPTU in particular. Does SIPTU know how many complaints it has received from workers about conditions in the meat factories? Has it received more complaints since 20 May when we had 828 cases? I would like to know exactly what the figures are and would appreciate some information on that.

**Mr. Greg Ennis:** Testing is a very important issue and SIPTU welcomed the Government's announcement that testing would take place for four weeks. Deputy Nolan asked for how long testing should continue. It will have to continue for as long as it is needed. We could, rightly, blanket test workers in the HSE, nursing homes and residential care. For five months, we have been raising the fact that there are perfect vectors in meat plants for the transmission of Covid-19. To answer the Deputy's question directly, we need testing every week on a repeated basis until we get on top of this virus. This is what we need. More important, we need the results the following day as happens in the UK currently. One could test 600 or 700 meat plant workers in one evening in the UK and get the result the following day. This is what we need. It is the only chance we have of keeping our workers safe, keeping the communities in Deputy Nolan's constituency safe, which is very important, and maintaining the continuity of meat production.

Deputy Nolan also asked about complaints. As a union official, I have dealt with many high-level disputes over the past 23 years in different sectors, including transport. I do not believe I have ever seen the volume of calls or complaints, call them what one will, that our officials on the ground have received from members since late April and early May. I cannot say they go back to March. It is about our members and their families. The Deputy referred to there being over 800 Covid cases in meat factories. I mentioned the 1,115 cases by early July and now there are 1,450 and that figure is heading north. When those workers have to isolate with suspected or confirmed Covid, their families also have to isolate due to being in close contact with them. Two partners in a house could both be out of work and looking to get illness benefit or the pandemic unemployment payment. This is a catastrophe for the economy in the region from which Deputy Nolan comes. Those three counties are paying a heavy price for us taking our eye off the ball. We need inspections and testing. To answer the Deputy's other question, we have received hundreds of complaints from workers about their concerns.

Finally, I have never seen an industry in my experience across the public and private sector where workers are so reluctant to come out front and talk to the media or union officials about their concerns for fear of retribution. That is a scandal in itself.

**Chairman:** There are six speaking slots left so I am going to reduce the time for each to four minutes. Deputy Carroll MacNeill, therefore, has eight minutes.

**Deputy Jennifer Carroll MacNeill:** I thank the witnesses for coming in. I ask Mr. Ennis to elaborate on his point about the workers' fear of speaking to the media.

**Mr. Greg Ennis:** I have said it as it is. I have been dealing with the media on this issue 24/7 for the last eight days. In fairness to the Irish media, when they see a story, they go after it. However, I have yet to be able to produce someone who will talk to the media about this. Many workers are from agencies, as we have discussed, and they feel very vulnerable. Anecdotally, some workers who tested positive for Covid in the past and were brought to the field hospital in Citywest did not give contact tracing information because they did not understand what they were being asked or were afraid of putting another worker out of the workplace. That was at the height of the pandemic in May. Workers are reluctant to talk to the media because they fear there will be some retribution if they do so. That is the reality.

**Deputy Jennifer Carroll MacNeill:** As regards agency staff, I want to get a better handle on the structures and agencies involved. How many agencies are there or what percentage of staff are from agencies?

**Ms Nora Labo:** First, I would like to add something to the previous speaker's point-----

**Deputy Jennifer Carroll MacNeill:** I am sorry, I asked-----

**Ms Nora Labo:** Very briefly, in ten seconds-----

**Deputy Jennifer Carroll MacNeill:** My question is about the agencies.

**Ms Nora Labo:** Okay, fine. There are several agencies involved. They regularly pay people less and offer worse conditions than those who are directly employed, if they can get away with it. This is systemic among agencies and the situation is only corrected when there is an inspection or a whistleblower goes to the WRC. One of the main agencies in the sector has been pursuing the scheme we have tried to describe today for years. Workers who were working full-time and were employed full-time in Ireland were declared as self-employed contractors from Poland and all their social contributions were paid to the Polish revenue-----

**Deputy Jennifer Carroll MacNeill:** I am sorry to interrupt Ms Labo, but I asked how many agencies are involved.

**Ms Nora Labo:** It is hard to know. There are several agencies. Each factory might work with one agency but throughout the sector there are probably five or six agencies that provide workers and source them from different places. I mostly know about workers sourced from eastern Europe but there are also agencies that bring in workers from Brazil, for instance. That involves a different procedure from European workers because those workers are often brought in on visa permits. I do not know how many agencies there are. There may be up to a dozen, but I do not think it is very relevant because they all have similar practices.

**Deputy Jennifer Carroll MacNeill:** It is relevant to me because it is a question of interest to me. What I am interested in is whether there are agencies based in Ireland and the number

of people they are hiring.

**Ms Nora Labo:** These agencies are based in Ireland. Even when the agency to which I referred was working through its Polish subsidiary, the workers were hired and were always in close contact with the agency's Irish staff, though all the financial and contract business was done through the Polish subsidiary to evade tax in Ireland. From the beginning, people were in contact with the Irish staff of this agency, which is based in Waterford and was started in Ireland. The people who are described as Polish self-employed contractors in their contracts have no ties to Poland, are not even Polish and had never set foot in Poland. They are insured in Poland but they are actually Romanian.

**Deputy Jennifer Carroll MacNeill:** I thank Ms Labo for the additional information she has provided, but what I am trying to do is get a systematic review of the number of agencies, where they are based and their proliferation. I can imagine they have different recruitment and contractual practices. We need to be very careful such that saying something about one will not necessarily implicate others.

**Ms Nora Labo:** That is why systematic inspections by Revenue would be necessary. These could compare who is on the payroll of a factory to the number of workers that are actually declared to Revenue. A union cannot have exhaustive information on that because we only know the people who are unionised with us. For instance, all these people who are falsely declared in Poland are completely invisible in Ireland. They do not appear as being insured and having PPS numbers. We uncovered hundreds of cases in several plants that are unionised with us but hundreds, even thousands, more such people might still be working in these conditions in other plants. That can only be found out through inspections by, say, the scope section in the Department of Employment Affairs and Social Protection, which is supposed to assess if people are employees or self-employed, Revenue and so on. A union can have no numbers beyond what its actual members experience.

**Mr. Greg Ennis:** If I may assist the Deputy on that, I believe the number of agencies is somewhere in the region of seven or eight. Just less than 30% of the workers would be agency workers. My colleague mentioned the scope section, which in this case needs support and to be beefed up because, having dealt with it some years ago, and I do not think it has changed much in the past three or four years, I believe it does not have the resources to carry out the inspections that are necessary. That is the reason we need a holistic view of what is happening in the meat industry with all stakeholders. I reiterate the request that I made in May to the then Minister for Agriculture, Food and the Marine to set that up. Four months later, we have another 500 Covid-19 cases and we have lockdowns in regions. This Government needs to get real and deploy everything it has in its arsenal in order to deal with this pandemic.

**Deputy Jennifer Carroll MacNeill:** Do the witnesses' members communicate the names of the agencies? Is there a list of the agencies? We do not want to name people publicly because that is not what we do in these committees but do they have a list of the agencies?

**Mr. Greg Ennis:** I am sure I can get that list for the Deputy.

**Deputy Jennifer Carroll MacNeill:** I would greatly appreciate that. Mr. Ennis said that about 30% of his workers are working in the industry generally.

**Mr. Greg Ennis:** Yes, 30% of our members,.

**Deputy Jennifer Carroll MacNeill:** I thank Mr. Ennis. That is all I wanted to know.

**Ms Nora Labo:** I refer to the false Polish contract scheme in my long report which we filed in July for the first session of this committee. Every member of the committee has received this report and the main culprit, in our opinion, and its practices are described in it so I will not name it here.

**Deputy Jennifer Carroll MacNeill:** I thank Ms Labo for that.

**Deputy Cormac Devlin:** I will ask a number of questions to which the witnesses might respond. I welcome all of them back before the committee. I had an opportunity to question them in early July when the number of cases was decreasing. That number decreased significantly afterwards as well.. My first question is on the significantly high number of cases, particularly in meat plants but also in direct provision centres, in what my colleague, Deputy Lawless, referred to as the lockdown counties versus other parts of the country. I would like to hear from the witnesses as to why they believe there is a disparity between Kildare, Laois and Offaly versus the west of Ireland.

Also, I asked in June about multilingual signage and training. Has that improved in light of everything we now know about Covid-19 and the threat it causes to migrant workers, low-paid workers or indeed workers in meat plants?

My next question relates to unannounced inspections, an issue I also raised previously. One of the witnesses may have mentioned earlier that there were some unannounced inspections but not many. Can they provide an indication of how many we are talking about because if they are not taking place that is a huge issue in itself? Hopefully, that will be addressed shortly.

Finally, on foot of the witnesses' opening statements, there was a discussion on hot-bedding, which is shift workers sharing bedding or, indeed, housing. How prevalent is that practice?

**Mr. Greg Ennis:** If I can deal with the four questions, first - and without putting words in the Deputy's mouth - what is the reason for the numbers in the three lockdown counties and why are they not happening anywhere else? The numbers are stark. In total, we are looking at just under 300 cases across four employments in the three counties to which the Deputy refers. It is not dissimilar to what happened in other plants in other areas that are not locked down where 25% of the workforce had confirmed cases of Covid-19 in some instances. That happened in Cork, Tipperary and other places so we have had five clusters in meat plants with outbreaks of more than 100 confirmed cases. I do not know why it is happening there. The reason for this has as much to do with what is happening outside of the workplace as with what is happening in it. Some employers have worked well with us. Unfortunately, many workers share accommodation and rooms, which has to do with the Deputy's question on hot bedding, and are being forced to carpool because they are paid a pittance.

The Deputy's next question was on multilingual signage. It has improved according to our information, albeit not to the extent where I would be satisfied. The Deputy might say that I would say that anyway. To be realistic, though, if there are seven or eight different languages in an employment, it would not cost too much to get signs transposed into those mother tongues. The situation is not ideal. It has improved, but not to the extent required.

The unannounced inspections I have heard of in the past six weeks number in the single digits. There are many more announced inspections. As far as I am concerned, there should be no further announced inspections. Everything should be unannounced.

I used the term "hot bedding" in my opening remarks. It is a common practice. Earlier this

year, we saw fruit pickers being flown in from Romania at the height of the pandemic. Hot bedding is an issue in that sector. I am not saying that it is rampant in the meat industry, but it definitely happens in a number of large towns, particularly one or two towns in the three lockdown counties.

**Deputy Cormac Devlin:** I thank Mr. Ennis.

**Chairman:** Next is Deputy Carthy, who has eight minutes. I have had to reduce the final spots by a minute or so. I am sorry, but it is to allow everyone to contribute.

**Deputy Matt Carthy:** The Chairman might give me two minutes extra during the next session-----

**Chairman:** I will try to.

*(Interruptions).*

**Deputy Matt Carthy:** -----in recognition of that.

**Chairman:** Just go ahead.

**Deputy Matt Carthy:** It would have been appropriate had Meat Industry Ireland been a part of this session. I do not know whether there was a particular reason for that not happening.

**Chairman:** It is because we have workers' representatives in this session. Meat Industry Ireland will be in the next. The Deputy will have an opportunity to ask it questions then.

**Deputy Matt Carthy:** I accept that, but this would have been a more appropriate session. Notwithstanding that, I have a number of questions. In light of the limited time, I ask that witnesses be brief.

There was considerable discussion about how Covid-19 was not a notifiable illness and the apparent lack of urgency or even desire on the part of the HSA for it to become so. Earlier, the Government parties lamented the fact that it was not notifiable and Deputy O'Reilly stated that she had legislation to make it so. Will Ms King explain as briefly as possible why she believes there would be reluctance on the part of the HSA or any of the other statutory bodies involved for Covid-19 to be a notifiable illness under the legislation?

**Ms Patricia King:** In any of the queries that I have put directly, the main response has been that the level of resources the organisation would need were this to happen would be very large. It is one of the causes of resistance to the proposal.

**Deputy Matt Carthy:** I thank Ms King. I might ask Mr. Ennis to take my next couple of questions, but since they are broad, other witnesses may wish to contribute. We have had a conversation about workers, employment contracts and the seeming lack of transparency. Does that lack of transparency, which pervades the meat industry, have an impact on the State's ability to prepare adequately for issues relating to Covid-19?

**Mr. Greg Ennis:** Absolutely. We need to shine the spotlight. It is focused on the industry, but we need to turn up the glow and expose how workers are being treated in the industry. Without doing so, we will be back here discussing this issue again in a number of months' time.

**Deputy Matt Carthy:** Why would a company decide to be unlimited, which I understand is the case throughout almost the entire food industry, as opposed to limited in its structure?

**Mr. Greg Ennis:** Probably because there is less regulation, but that is a matter for the companies. There seems to be a great deal of it in this industry and others. It might be taking people out from under the spotlight that needs be shone on them. There is less liability.

**Deputy Matt Carthy:** The Chairman will recall how, during the factory protests last year, farmers strongly lamented the lack of transparency in the sector. We have heard today about some of the focus being placed on retailers or others in terms of who is the cause. One of the witnesses suggested there was an issue pertaining to turnover being cited as opposed to profits, which might be very different. In most instances, we do not know what the profits of these companies are. This is specifically related to the structure they use.

I am told that Kildare Chilling Company operates on the following basis. The registered company, Kildare Chilling Company unlimited, is owned by a company called Casia unlimited, which is registered in the Isle of Man. Casia unlimited is, in turn, owned by Courtline Holdings, an unlimited Irish-registered company. Courtline Holdings is owned by Rathbeg Investments, an unlimited Irish-registered company, which, in turn, is owned by Kilcourt Investments. It, in turn, is owned-----

**Chairman:** Deputy Carthy knows the parliamentary practice.

**Deputy Matt Carthy:** Could Mr. Ennis or any of the witnesses indicate why any company would operate under such a structure?

**Mr. Greg Ennis:** I do not know, unless it may have something to hide. I do not know. It is a complex web throughout this industry. I would not single out any company, to be fair. It is a complex web of agency workers, sole traders, poor conditions of employment, massive turnovers with profits at the expense, in the case of Covid, of workers' health. That, in itself, is a scandal.

**Deputy Matt Carthy:** All of the companies are involved.

**Chairman:** Yes. I am glad Mr. Ennis does not want to single out any company and is saying it is a generic problem across the sector.

**Deputy Matt Carthy:** This is all publicly available information I am citing and I am open to be corrected if any of the entities in question wish to do so.

**Chairman:** I have no desire to correct the Deputy other than on the practice of naming companies.

**Deputy Matt Carthy:** For example, Carroll Cuisine is essentially owned by a Luxembourg holding company. If we are to learn anything from these cases and the situation highlighted as a result of Covid-19, we need to move to a point where there is transparency and accountability.

**Mr. Greg Ennis:** Yes.

**Deputy Matt Carthy:** This was deemed an essential service. These workers and companies were operating at a time when many other companies could not operate under law. It beggars belief that somebody who would be described as an essential worker during a global pandemic would be earning €10.10 an hour. How does that make sense? That is my final question to the witnesses.

**Mr. Greg Ennis:** I dealt with this issue in earlier commentary. It makes no sense at all. I

have stated on record for four months that this essentiality needs to be recognised in the terms and conditions. I was very concerned when our approach, which was to have this task force and get this matter sorted once and for all, was turned down. Mandatory temperature testing was turned down. Meetings with the employers' group, Meat Industry Ireland, were turned down until earlier this week. MII has gone off with our charter to talk to its members and respond on 1 September to our request for formal engagement and negotiation on proper terms and conditions for essential workers.

**Ms Patricia King:** We have gone through all the efforts we have made. The Deputy will be aware of the fundamental flaw arising from the lack of legislation to ensure that workers have a voice. There is no balance.

The Deputy's listing of the company structures and so on makes the case for a task force to run the gamut of what is happening in the industry. That should in no way interrupt the focus on fixing the matter of the health and safety and protection of the workers immediately. It should not in any way interrupt anybody's focus on the questions I hope will be asked of the HSA later and on doing what should be done to arrest and contain the spread of Covid. We could eliminate it if we do it correctly.

**Deputy Matt Carthy:** Is there time for Ms Labo to reply?

**Chairman:** Yes, she has ten seconds.

**Ms Nora Labo:** If I may make a statement on this issue, I would like to emphasise how hard it is for workers to obtain proper health and safety given the union busting techniques that many employers resort to in these meat packing plants. We have had many cases of workers who have unionised or unionised colleagues whose relatives were then denied employment in the same factories and who were blacklisted from all factories in the area if they left their employment or fought for their rights at work. While we have recent important victories with, for instance, workers managing to establish health and safety committees in their factories, to kick out the agency which exploited them and to be directly employed, it is almost heroic for these migrant workers to achieve anything because there is much harassment and intimidation. There are many conjugated efforts from agencies and direct employers to eliminate unions from the equation. Unions would need stronger powers in this country if workers are to have their rights supported.

**Chairman:** I would ask also that you would respect the Chair as we do have to get through another speaker. Deputy Browne has been sitting here patiently for some time.

**Deputy James Browne:** I thank the representatives from the trade unions for attending today. We have seen the devastating impact on employees, businesses, families and communities in the three counties that have now gone back into lockdown. It is no doubt seriously impacting their mental health as well. We are potentially going to see rolling lockdowns in different counties or areas if the Covid disease is not kept under control or there are other outbreaks. What is happening in the three counties should be a concern of everybody across the country.

Employers are not under a duty to notify the HSA, Health and Safety Authority, of a disease or infection that has been contracted in a place of employment. Accordingly, the HSA cannot carry out an investigation, advise or give instruction on prevention. This was there in the pre-2016 regulations, however. This is totally unacceptable for workers and communities at any time but especially in the current situation. It also seems to be a destructive attitude if the

employers are seeking to keep this position going.

It is a function of the HSA to promote the prevention of personal injury. As Ms Patricia King quite rightly pointed out, personal injuries under the Health and Safety Act 2005 include disease, any occupational illness or any impairment, physical or mental. Sometimes employers seem to think these regulations are gospel and they can rely on them. They are made under the Act, however. The Act is primary and every employer has a duty of care to his or her employees under common law as well.

Employers need to start wising up to that and realising that they have a duty of care to their employees. They need to ensure their employees are protected. As English is not the first language of many of these employees and they may not have been brought up with the Irish legal system, they may not be aware that when these regulations are wafted around in front of them that it is not gospel or the be-all and end-all of an employer's duties.

From reading the legislation and previous regulations, I can see how this duty could be easily put back with the HSA by bringing in regulations as opposed to the necessity for further legislation. It certainly needs to be amended to make it a duty for employers to report any disease or infections in a place of work. Is it the understanding of the trade union representatives that a simple amendment to regulations, to effectively put this duty back on the HSA, would suffice? If the authority needs additional resources, then so be it and they should be given to it.

Meat plants in this country are dominated by a small number of players. We have seen the consequences of this for farmers with the small payments they get. Most beef farmers' incomes are subsidised by almost 70% to 100% at this stage. We have seen serious issues around food scandals and know the situation around Covid. Is the Competition and Consumer Protection Commission doing enough to ensure there is proper competition in the market? It seems there are very few independent meat plants and it is difficult for them to establish themselves. Will the witnesses make a wider comment on the state of play with these dominant meat plant owners?

The HSA stated that, in the main, its inspections are unannounced. Is that the witnesses' experience of meat plants?

**Ms Patricia King:** I will deal with the Deputy's first point. Our judgment, and we have taken advice on this, is that the regulation could be used and putting forward the regulation would be a relatively swift and easy affair. Section 58 provides that the Minister could lay before the Houses of the Oireachtas any such revised regulation and it would be valid from the time of its making until the Oireachtas decided otherwise. We think that could happen quickly and would remove this serious flaw in the current procedure.

**Mr. Greg Ennis:** To deal with the regulation being put back in place, Deputy O'Reilly from Sinn Féin mentioned legislation she would try to introduce. While that legislation would be welcome, we need enforcement as well. Regulations are one thing and enforcement is another. That is why I said we needed what I called----

**Chairman:** Does Mr. Ennis agree that the inspections are, by and large, unannounced?

**Mr. Greg Ennis:** With regard to inspections, the vast majority of inspections are announced inspections.

**Chairman:** They are announced.

**Mr. Greg Ennis:** Absolutely.

**Chairman:** I have a couple of questions on which I ask for “Yes” or “No” answers. Ms Labo referred to a hostility towards trade unions and indicated that workers and their family members were blacklisted. Is she saying they were blacklisted not only in one company but across the entire sector?

**Ms Nora Labo:** Yes, in a certain area. For instance, in west Cork, all the factory managers know each other so if a person raises his or her voice in one workplace, that person will be blacklisted in other factories, not just meat factories.

**Chairman:** Ms King’s affiliate organisations in unions represent workers across a wide variety of areas. How would she compare the State resources put into inspecting meat plants with the State resources put in to inspecting the hospitality sector, including Fáilte Ireland, the Garda Síochána, etc.?

**Ms Patricia King:** There is no delineation. There was an agreement when we did the national protocol on a safe return to work that a Covid-19 mandate of inspection would be given to inspectors from the Workplace Relations Commission and the Department of Agriculture, Food and the Marine, health inspectors and the Health and Safety Authority. I understand more than 500 people are within that remit. That was a substantive increase in the number of those available to inspect and so on. Unfortunately, we ask many questions about the numbers of inspections and so on and we do not get a lot of detailed answers.

**Chairman:** Mr. Ennis mentioned the scope section in the Department. Will he explain briefly what that section is, how it is resourced and how its resourcing compares with that provided for the investigation of social welfare fraud?

**Mr. Greg Ennis:** I had one engagement with the scope section. Funnily enough, it was also on bogus self-employment in the construction industry. It was four or five years ago and I remember meeting a senior official in that area who told me they simply could not keep up with the inspections necessary to ensure bogus employment was eradicated from the construction industry. Again, that end of the Department needs to be beefed up if we are real about this, as must enforcement and policing through the HSA.

**Chairman:** I thank all the witnesses for attending and apologise for slightly exceeding the time.

*Sitting suspended at 12.10 p.m. and resumed at 12.40 p.m.*

**Chairman:** I welcome the witnesses from the Department of Agriculture and the Marine, the Health and Safety Authority, HSA, Meat Industry Ireland and Food Drink Ireland. The witnesses are participating remotely from Committee Room 2. From the Department of Agriculture and the Marine, we have Mr. Michael Sheahan, deputy chief veterinary officer, and Ms Maria Dunne, head of milk and meat policy division. From the Health and Safety Authority, we have Dr. Sharon McGuinness, CEO, who presented before us previously, and Mr. Mark Cullen, assistant CEO, who is responsible for the operational compliance and prevention division. From Meat Industry Ireland, we have Mr. Philip Carroll, chair, and Mr. Cormac Healy and Mr. Joe Ryan, who are both directors. From Food Drink Ireland, we have Mr. Paul Kelly, a director, and Ms Linda Stuart-Trainor, director of prepared consumer foods section.

I advise witnesses that by virtue of section 17(2)(l) of the Defamation Act 2009, witnesses

are protected by absolute privilege in respect of their evidence to this committee. If they are directed by the committee to cease giving evidence regarding a particular matter and they continue to do so, they are entitled thereafter only to a qualified privilege in respect of their evidence. They are directed that only evidence connected with the subject matter of these proceedings is to be given and are asked to respect the parliamentary practice to the effect that, where possible, they should not criticise or make charges against any person, persons or entity by name in such a way as to make him, her or it identifiable.

I ask Mr. Sheahan to make his opening statement and to confine it to five minutes or less.

**Mr. Michael Sheahan:** I thank the Chairman. I am the deputy director of veterinary services in the Department of Agriculture and the Marine and I am joined by my colleague, Ms Maria Dunne, who is the head of one of our policy division dealing with the meat and dairy sector. I have a very brief opening statement after which I will assist the committee in whatever way I can.

The Government, as everyone is aware, categorised farming and food production as essential services under the Covid-19 regulations. Irish food supply chains have continued to operate effectively to ensure continuity and security of supply of safe, healthy Irish food for consumers at home and abroad.

A total of 149 meat premises are approved by the Department, with specific approvals for activities, including slaughtering, deboning, cold storage, etc., in the different sectors of cattle, sheep, pigs, poultry and so on. Of these, 49 plants, the Department has a so-called permanent presence in 49 premises where slaughter of animals takes place. In the other 100 or so premises, the Department does not have a permanent presence, but carries out risk-based inspections and controls as appropriate.

The Department's statutory responsibility in the context of meat plants is to ensure that Department-approved meat plants operate in compliance with the EU food hygiene legislation, animal health legislation and with animal welfare standards. Approximately 250 veterinary and technical staff from the Department are routinely involved in supervising, regulating and controlling standards at these 149 meat premises. I should say that this presence is supplemented by contractors and private veterinary practitioners who also provide a meat inspection service within those meat plants, in addition to the Department's permanent staff.

In the context of the pandemic, as the committee will be aware, primary responsibility for public health policy and implementation rests with the Department of Health, the HSE and general statutory responsibility for health and safety in the workplace rests with the Health and Safety Authority under the auspices of the Department of Enterprise, Trade and Employment.

However, as part of the whole-of-Government response to the pandemic, in addition to our statutory role in food safety, animal welfare and animal health, the Department has and will continue to provide any support required to the HSE and the HSA at local and national levels. So far some of that support provided by our Department has included participation in and contribution to the HSE-chaired National Outbreak Control Team. This National Outbreak Control Team, NOCT, as the committee will be aware, was set up to deal with Covid-19 outbreaks in meat plants in Ireland. It is chaired by the HSE and was established in May. It issued detailed guidance to meat plants on 15 May, including about infection prevention and control measures. An updated version of this guidance document was issued on 30 June. This was the first such guidance document that was issued by any country in the EU. It is an excellent document, and

we can talk about that later if necessary. We disseminated this document to all Department-approved plants on behalf of the HSE on 15 May. We have since supported the HSE and the HSA in monitoring the effective implementation of all relevant guidance in our Department-approved plants. This includes the document I have just referred to, the national outbreak control team guidance, as well as the return to work safely protocol.

The support of the Department of Agriculture, Food and the Marine for the work of the HSA was formalised through a memorandum of understanding agreed between the Department and the authority. We commenced inspections on behalf of the HSA in the week commencing 20 July in meat plants and other food premises, including dairy plants and other plants in respect of which we have a role. To date, we have completed 91 such inspections and these inspections are ongoing. To be clear, these inspections are in plants in addition to the 49 places in which we have a permanent presence. We expect to have completed the majority of our inspections by the end of next week, Friday, 21 August. To date, our inspections have shown a high level of compliance.

Since the start of the pandemic, regular meetings have taken place with meat industry representatives, at which it has been emphasised that their priority must be safeguarding human health and following HSE guidance at all levels of operation. The first of these meetings took place on 11 March and they have continued weekly and fortnightly since then. Looking back at the period since 11 March, I would say that there has not been a day-----

**Chairman:** I have to ask Mr. Sheahan to conclude and we will move on to the next speaker. I am sorry but we are constrained in the context of the time available. I call Dr. McGuinness from the HSA. I ask her to confine her opening statement to five minutes. I will stop her in five minutes because I have to allow sufficient time for questions and answers.

**Dr. Sharon McGuinness:** I understand that the document has been read so I will paraphrase if that is okay. I thank the committee for the opportunity to come before it today to discuss the current situation in meat processing plants. The HSA operates under the provisions of the Safety, Health and Welfare at Work Act 2005 and associated regulations. It is the national body with responsibility to ensure occupational safety, health and welfare for all persons at work.

Following the publication of the Return to Work Safely Protocol in early May and the commencement of phase 1 of the roadmap, the authority has conducted 3,820 different inspections and investigations, 2,844 of which addressed Covid measures as set out in the protocol, across all different workplaces and sectors including meat processing plants. While the authority is overseeing the checks of compliance with the protocol, given the nature of Covid-19, a cross-body inspection and compliance check approach was agreed by the Government. The Department of Enterprise, Trade and Employment is co-ordinating the provision of these additional inspection and monitoring mechanisms, which involve more than 500 resources from across the range of statutory bodies. This is in addition to the authority's existing field inspectors who have been assigned on foot of the protocol. We have provided the national help file for queries and complaints through our workplace contact unit and, since March, it has dealt with more than 8,000 contacts, with 66% relating to Covid. These included 21 complaints about meat and food processing plants involving 12 specific employers and 15 requests for information.

In early May, the authority became a member of the national outbreak control team that was established to review matters relating to meat processing plants at that time. Our role there was entirely in the context of occupational health and safety. Those meat plants were identified by the national outbreak control team and each inspection by the authority involved a full

occupational health and safety inspection and a check of compliance with the interim guidance issued by the national outbreak control team as well as the protocol. The inspection took place across all parts of the plant. In the main, authority inspections were and are unannounced. In certain circumstances, however, limited advance notification may be required for operational reasons. A limited number of inspections may require the co-ordination of resources from a range of State agencies and Departments, which may lead to the employer being notified shortly before the inspection is due to take place. Inspection visits to MPPs with known outbreaks were pre-advised at short notice to ensure that relevant management and other key personnel were available to meet with us.

Further to our involvement in the NOCT, we originally undertook 33 inspections. The figure of 34 is in our submission and now we can say there have been 39 inspections. These inspections included each of those plants connected with an outbreak, along with other plants not associated with any outbreaks. The inspections involved engagement with all the on-site personnel from management right down to safety representatives and Department of Agriculture and the Marine officials. Based on the inspections the authority identified a generally high level of compliance with the recommended measures to limit the spread of Covid in a workplace context as set out by the NOCT.

The authority attended a meeting arranged by Department of the Taoiseach about the current outbreaks last week. We have also been invited to and are engaged in a number of the current local outbreak control teams, OCTs, dealing with specific outbreaks in a number of the plants involved. A national committee on cases and outbreaks of Covid-19 in high risk settings has been convened under the Health Protection Surveillance Centre, HPSC, and we have attended three meetings of that committee so far.

We recognise the unique challenges posed by Covid-19 and acknowledge the shared responsibility between workers, employers and all of us to limit the spread of Covid-19 in the workplace. It is important to note that an outbreak in a particular setting does not necessarily reflect a poor system of control on behalf of the employer. Our general experience to date indicates high levels of compliance across sectors and we have found employers, in the main, to be willing to engage and co-operate.

The Health and Safety Authority wants to see all businesses in Ireland reopening as safely and successfully as possible while keeping workers safe too. We remain committed to working with everyone to support and advise on how to be compliant with the protocol, the interim guidance from the NOCT, and all occupational health and safety measures and we will take appropriate enforcement action as and when needed.

I again express my thanks for the invitation to speak to the committee today and along with my colleague, I am willing to answer any questions or queries members may have.

**Chairman:** I thank Dr. McGuinness. I welcome Mr. Carroll back to the committee. I ask him to make his opening statement and to confine it to five minutes, please.

**Mr. Philip Carroll:** Thank you, Chairman, for inviting Meat Industry Ireland to engage with the Special Committee on the Covid-19 Response once again. I am accompanied today by Mr. Cormac Healy and Mr. Joe Ryan.

When we last engaged with the committee, there had been some 22 clusters at primary processing plants. As we have seen this week, a single primary processing site is unfortunately

experiencing its first Covid-19 outbreak. The original 22 clusters are no longer active clusters and 99% of affected staff have, thankfully, recovered and returned to work. In the two-month period until 4 August, across all our members' sites, just five additional cases had emerged. Disappointingly, that situation altered last week. However, it is important to reiterate that the majority of primary processing sites have had zero or very low numbers of positives.

In the period since early June we have seen the strong impact of stringent controls and mitigation measures that were put in place early in the pandemic and were strengthened on 15 May with the publication of HSE protocols. The rigid enforcement of these measures, verified by Government agencies through announced and unannounced audits, has served to reverse the trend of positive cases and restored the overall sector to relative stability.

The meat sector was designated by Government as an essential service because it performed services that were deemed necessary for society. As such, the sector continued to operate while most other non-essential manufacturing sectors were closed. As a labour-intensive industry, where large groups of workers congregate, the workplace environment was transformed fundamentally to meet complementary objectives: keeping people safe while maintaining business continuity. We introduced a rapid response in rolling out a comprehensive set of protocols across all sites that, over time and with the benefit of expert advice, enabled us reach the position of stability that has prevailed in recent months in all sites.

As we know, Covid-19 travels through communities into industrial settings. As occupational settings are locations where large numbers of people congregate, they provide the potential for the virus to spread, reflecting the dynamic between community and workplace. As the pandemic accelerated across society, the HSE identified that many of the positive cases that emerged in meat plants were asymptomatic and were detected as part of wider HSE screening tests. This process identified clusters where the vast majority of the positive cases were asymptomatic, a finding which reinforced the insidious and indiscriminate nature of the virus and the challenges associated with identifying potential cases.

In this latest outbreak, there has been a rush to blame and to complain that nothing has been done to mitigate and prevent the virus spread in this industrial setting. Nothing could be further from the truth. Kildare Chilling survived the high points of late April and early May, recording no virus cases when other clusters formed. No simple conclusion can therefore be drawn from what has now emerged.

As we now move toward a new approach to Covid-19 testing, we remain fully committed to public health guidelines, including the additional screening proposals that Government announced in recent days. However, these can only work to keep people safe while maintaining business continuity if the following steps are put in place: clear and unambiguous advance communication of the screening test protocols to ensure that everyone involved understands the procedures and follow up actions; a speedy and efficient sampling system, with test results returned within 24 hours of the sample being taken; and an effective track and trace system into which MII member companies will continue to record and transmit appropriate information to facilitate contact tracing by the HSE.

In conclusion, I assure the committee that our industry has worked diligently to protect employees throughout the course of this pandemic and continues to do so. It took very extensive measures early in the crisis to protect workers and to ensure business continuity. It continues to update and enhance its protocols in line with all relevant public health guidance. Vigilance remains the priority. Our members are proud of their committed workforce and we commend

them and all those in the extended supply chain on their efforts during these very difficult times.

**Mr. Paul Kelly:** I thank members for the invitation to appear before the committee today. I am the director of Food Drink Ireland and I am accompanied by my colleague, Ms Linda Stuart-Trainor, who is our director of prepared consumer foods.

Food Drink Ireland is part of IBEC and represents 150 companies across the food and drink industry, including the prepared consumer foods sector and, within that sector, a group of prepared consumer meats companies. These companies produce cooked, cured and other value-added meat products. They employ more than 2,800 people and buy over €230 million worth of goods and services domestically every year.

The food industry has been identified as an essential service by Government and so, along with other essential services, has to remain open while dealing with the risks of the pandemic. Our members have introduced stringent control and mitigation measures since mid-March in addition to fully implementing the prevention and control measures in the national Return to Work Safely Protocol and the specific HSE guidance for meat processing. The measures include engineering and organisational controls, physical distancing measures such as Perspex screens, enhanced biosecurity measures, temperature checking, training and information, and the provision of personal protective equipment. Verification of this has been overseen by the Health and Safety Authority and the Department of Agriculture and the Marine. Both announced and unannounced inspections have taken place in the sector.

Despite the nation's ongoing efforts, the Covid-19 virus remains in our community. A very unfortunate but inevitable outcome of this is the transmission of the disease within clusters. Where cases of Covid-19 have been detected, our members have responded in accordance with the specific HSE guidance for meat processing, in particular the steps to be taken when an individual case of Covid-19 is suspected or confirmed and the additional steps to be taken as soon as an outbreak is detected. Their approaches have been informed by public health expertise at all times and agreed with the HSE through frequent communication.

With no clear timeline for the development of a vaccine, it is essential that, as a country and as an economy, we operate responsibly within this uncertainty. We must take appropriate measures to ensure the continuity of essential businesses and protect our economy. This must involve Government, public health officials and businesses working together to ensure that there is a proportionate response to outbreaks within the community. The experience of the sector to date has highlighted a number of key considerations for further testing in communities and workplaces. With regard to the speed of swabbing and testing, the speed at which positive cases can be identified and isolated from the community and the workplace is vital. A full site test and turnaround of results within 24 hours is critical. Without this, there will be problems of business continuity. Public health authorities must ensure there will be sufficient capacity in the system throughout the testing programme.

On the issue of data protection, GDPR issues are hampering critical information being swiftly provided to site management. There can be no delay between the communication of results to individuals and to management. Given the public health imperative, solutions will need to be developed in this area.

In terms of business continuity and sustainability, clarity is needed on outcome scenarios, for instance what number or proportion of the workforce testing positive would trigger specific further responses by the HSE. These scenarios must be mapped out in a proportionate and co-

ordinated way, taking account of the essential nature of food processing and the critical need to keep supply chains open to customers in Ireland and in export markets. If supply to these customers is interrupted for even a short period that business will not be easily won back.

As our economy and society continues to open up, it is likely that other sectors will experience cases and clusters. In this context, it is vital that a considered and co-ordinated approach is developed for the food sector, which can be rolled out to other sectors as needed. This approach must be proportionate, take account of the essential nature of food processing and be grounded in expert advice from the health authorities. Our members will continue to focus on protecting employees through stringent prevention and control measures and to work with the public health authorities in this regard

**Chairman:** I thank Mr. Kelly for his presentation and for sticking to the time allocated.

**Deputy Jennifer Murnane O'Connor:** I thank all the witnesses for being present. I will ask the questions first and then get the answers.

What measures are being taken to address the fact that some workers are without a PPS number, which holds them back from claiming the Covid payment? How many staff have received full payment from MII members while self-isolating for Covid reasons? How many staff of MII members receive family income support from the State? Why, as stated by RTÉ, are staff reluctant to speak publicly about their work conditions and how Covid has impacted on them?

Air conditioning in meat factories is very similar to aeroplanes. Has a report been conducted on that and could it be a factor? Crowded accommodation and communal transport have been key factors in the spread of the virus in other plants around the world. What measures have been taken to deal with those issues? Given the large presence of non-national workers in this industry, what communication measures are in place for people who cannot communicate effectively? Is there a translator in every plant? Are warnings written in a number of languages? How many plants are currently undertaking mass testing on a regular basis? I believe the Government is meeting today about putting in place regular testing. That is important. I welcome the measure. I firmly believe there needs to be a lot of unexpected inspections in plants.

What communications have MII members sent to retailers to reassure continuity of supply for retail buyers and international buyers? In last Saturday's *Irish Farmers' Journal* a Carlow farmer stated that he believes product price will drop as a result of plant closures. Could MII give a guarantee that farmers will not be hit by the plant closures in order to maintain the profit margins of the meat plants?

Recently, there were restrictions - some call them closures - of the Laois and Offaly borders. From the first speakers I understand there are more than 149 plants in the country. There has been major confusion about the restrictions in Laois, Offaly and Kildare. In my area, part of Graiguecullen is in Laois and part is in Carlow and businesses had to shut down because of the restrictions. We all need to work together, first, to make sure that health and safety are a priority for everyone and, second, so that we are not in a position again where businesses are closing. At the moment some of them do not know whether they will reopen. I thank the witnesses and look forward to their responses.

**Chairman:** I doubt there will be time for all of the answers. Does the Deputy wish to nominate someone?

**Senator Jennifer Murnane O'Connor:** Yes, MII.

**Mr. Philip Carroll:** I thank Deputy Murnane O'Connor for her questions. I will answer some of them and I will ask my colleague, Mr. Cormac Healy, to answer others.

I will start with the question on whether mass testing is routine in plants.

There were approximately six plants with large clusters in April and May, when mass testing occurred. The process was to test all staff on-site, return only the staff who tested negative to the plant and continue in operation subsequently. At a later point, the individuals who had tested negative were also tested again, meaning there would have been a first round of overall testing and then a second test of people who had tested negative. This happened in approximately six sites but since that time there has been no mass testing protocol.

We welcome the Government announcement about serial testing. As I indicated in my opening statement, it is critical that there is an effective track and trace system with a very quick response time of between 12 and 24 hours for results. We need to have clear and unambiguous advance communication of how these protocols will operate. The Deputy asked about HSA inspections. As I stated at my previous appearance before the committee, we welcome and encourage unannounced inspections. We have absolutely no difficulty with that.

The Deputy asked about virus spread in plants and whether systems within plants would accelerate it. There is a hypothesis as to why large clusters of Covid-19 may have occurred in some meat plants and not in others. This is based on two assumptions, with the first being that a super-spreading event may have occurred within each of those plants in which large numbers of workers tested positive, and the second being that aerosol transmission of infection or dispersal of virus from an infected person over distances greater than 2 m could occur. We are in discussions-----

**Chairman:** The remainder of the answer will have to be provided in writing as I must move on to the next speaker. I apologise but we have a maximum of two hours and I want to get in everybody.

**Deputy David Cullinane:** I will put my questions to Dr. McGuinness. These are distinct questions so I would appreciate distinct responses. We have the context in Dr. McGuinness's briefing document so I am really just seeking specific replies. In her opening statement, she mentioned 3,820 inspections or investigations having taken place since March. How many of those were in meat plants?

**Dr. Sharon McGuinness:** If I may, I mentioned numbers of 34 and 39 in the opening statement. These were a range of meat and food processing plants.

**Deputy David Cullinane:** I am looking for the number.

**Dr. Sharon McGuinness:** It is 39.

**Deputy David Cullinane:** Okay. The witness said that in the main, authority inspections are unannounced, but there is some pre-advised. Of those 39, how many were unannounced?

**Dr. Sharon McGuinness:** In the main, a number of the cases related to the outbreaks in the 22 sites were announced because we were involved with the national outbreak control team.

**Deputy David Cullinane:** I am just looking for the number again. Of the 39, how many

were announced and unannounced?

**Dr. Sharon McGuinness:** Approximately 30 were announced. Since the end of June we have been going in unannounced to the plants. As part of the national outbreak control team, we have gone back unannounced as well.

**Deputy David Cullinane:** Of the 39 inspections, 30 were announced and only nine were unannounced.

**Dr. Sharon McGuinness:** Yes.

**Deputy David Cullinane:** I would not take any comfort from that response. Following the 39 visits or inspections, a number of actions can be taken. A report can be submitted on the back of an investigation and “improvement notices” and “prohibition notices” can also be made. Is that correct?

**Dr. Sharon McGuinness:** There is a range of different actions an inspector can take when visiting a site. I remind the Deputy-----

**Deputy David Cullinane:** Improvement notices and prohibition notices are two of those actions.

**Dr. Sharon McGuinness:** There is also a report of inspection.

**Deputy David Cullinane:** Yes, that is what I said. How many improvement notices have come on foot of inspections of meat plants? How many prohibition notices have come on foot of inspections in meat plants?

**Dr. Sharon McGuinness:** I will let my colleague answer that, if I may.

**Deputy David Cullinane:** I am only looking for the number.

**Mr. Mark Cullen:** No improvement or prohibition notices have been served to meat plants.

**Deputy David Cullinane:** None. Not one improvement notice or prohibition notice has been served. I do not know if the witnesses heard the contributions from SIPTU and other unions this morning. They spoke about close proximity working, bottlenecks in canteens and toilets, noise pollution causing workers to shout and low wages leading to car pooling and shared accommodation. In one town in Offaly, 40 migrant workers were sharing rooms and accommodation. He talked about workers hot-bedding.

There were 39 inspections, 30 of which were announced, but not one improvement or prohibition notice was issued. We now have three counties effectively in lockdown or, to use a different term, with stricter restrictions. That does not fill me with confidence. When Dr. McGuinness says that there will be more unannounced visits, will that be the case? When she was here previously all these concerns were raised. We called for unannounced visits, as did ICTU and individual unions. I ask her to give a commitment that we will have unannounced as opposed to announced visits.

**Dr. Sharon McGuinness:** The majority of our inspections will, of course, be unannounced. As I said at the time and I say again, the initial inspections were part of the work of the national outbreak control team, led by public health and of which the HSE was a member. We were going in there to check against interim guidance, etc. We have made and will continue to make

unannounced inspections in the sector.

**Deputy David Cullinane:** Dr. McGuinness cannot paint the picture that the majority are or will be unannounced. So far, the vast majority have been announced. I will not go back over the issues raised by ICTU regarding poor working conditions, workers going into work because there was no sick pay, close proximity when in work and sharing accommodation. None of that was picked up by any of the HSA inspectors. Not one prohibition notice was issued. People will find that very alarming. I hope we will see a step-change from the HSA in future. It is just not good enough when the stakes are so high and when a cluster can lead to community transmission at a time when people are doing their absolute best to ensure that we can avoid these types of additional restrictions. It is, quite frankly, that the HSA has not issued a single prohibition notice.

**Dr. Sharon McGuinness:** The challenge here is that the HSA deals with health and safety. As many of the issues raised by the Deputy do not fall within our remit, we cannot address them. This is a public health matter. Those responsible for public health determine the actions and responses required. They have been part of what has been happening and have been engaging with all parties.

**Deputy David Cullinane:** Cramped conditions in workplaces, etc., are occupational health issues.

**Dr. Sharon McGuinness:** We will deal with them as occupational health issues. However, labour, pay and conditions do not fall within our remit. Those matters are dealt with by a different agency.

**Deputy Bernard J. Durkan:** I am sharing time with Deputy Carroll MacNeill. I welcome the witnesses. I will bring the conversation forward and dwell less on history and more on the issues relating to the immediate outbreak in the counties concerned, particularly my county. Have the protocols been observed strictly and in accordance with the rules in the past fortnight or three weeks in respect of County Kildare and the meat processing plants there? Did the HSA carry out unannounced inspections at the plants in question? I am conscious of the need not to identify or get involved in a blame game; I am not doing that. There are a number of cases. Did the HSA carry out announced or unannounced inspections of the plants concerned in the past three or four weeks which would have bearing on it?

Having regard to the submissions made during the earlier session, when considerable criticism was levelled at a number of the bodies represented here, are our guests acutely aware of the urgent necessity to respond in the strictest possible terms to the possibility of another outbreak. In other words, to what extent is action being taken at the first sign or suspicion of an outbreak? With regard to notification, the HSA has been accused of obstructing progress in the identification of the need for inspection and in the inspection rate. On the issue of languages and foreign workers, will the HSA at whatever level, indicate the extent to which foreign-based workers were involved at the locations concerned at this time? I understand they are all naturalised citizens or living in the immediate area, and they have their own homes to go to. If there are exceptions to those rules we need to know to what extent this has been identified and what action has been taken to prevent a potential outbreak in future.

**Mr. Michael Sheahan:** I will come in to answer at least part of the Deputy's question on the protocols and are they being followed. As I mentioned earlier, the Department of Agriculture, Food and the Marine has a permanent presence in 49 plants and an occasional presence in other

plants. The feedback from our staff-----

**Deputy Bernard J. Durkan:** Chairman, I am referring to the Kildare, Laois and Offaly region.

**Mr. Michael Sheahan:** I will talk in general terms, and the same applies to Kildare, Laois and Offaly too. In general, and based on the feedback from our staff who are in the slaughter plants every single day, there is no issue with lack of compliance with protocols. That is not the problem. We have had no feedback from our staff to say-----

**Deputy Bernard J. Durkan:** What of Kildare, Laois and Offaly?

**Mr. Michael Sheahan:** No issues have been fed back to us regarding lack of compliance with protocols, which is not the problem with this virus in my opinion and in what we have seen so far with feedback. The protocol for meat plants, produced by the national outbreak control team, is an excellent protocol but it is a series of risk mitigation measures. It is not a risk elimination measure. There is no such thing as a set of protocols that will completely eliminate the risk of a virus that is in the community getting into schools, call centres, fast food restaurants or whatever the setting is. The best one can do is to have a good set of protocols that will mitigate that risk. We have such a protocol. No protocol, however, will prevent-----

**Deputy Bernard J. Durkan:** The question is also for the HSA.

**Dr. Sharon McGuinness:** In the same regard we have found through our inspections that the level of compliance with all the different protocols has been in line, as was mentioned. I agree that the protocols are risk mitigation and this is the important thing. This virus is equally prevalent outside of work and inside work. We need to recognise that. Obviously, within the work-----

**Deputy Bernard J. Durkan:** Have inspections taken place in the areas of concern?

**Dr. Sharon McGuinness:** Inspections have taken place in those particular areas. We are continuing to do those inspections with work-----

**Deputy Bernard J. Durkan:** Is that in the past fortnight?

**Dr. Sharon McGuinness:** Many of the plants actively involved in the outbreak are closed so there is no ability to inspect. Obviously, as they reopen we will undertake further unannounced inspections. The HSA is working very closely with the local outbreak control teams. The reality is that this is a public health led matter. Questions around some of the recommendations, and what we are trying to ensure is online and in place in these workplaces, may be best coming to the HSE and public health in that regard. We work very closely with them and we will continue to do so.

**Chairman:** Unless someone is giving Deputy Durkan time I am afraid that I must move on to the next speaker.

**Mr. Cormac Healy:** May I respond to Deputy Durkan's comments?

**Chairman:** If the witness wishes to respond perhaps he can do so at a later slot. I am very sorry but I must try to bring in everyone. I know it is not a perfect way to do things but I need to limit the sessions to two hours. I am sorry.

Is the next speaker from Fianna Fáil?

**Deputy Jennifer Carroll MacNeill:** It is me. Deputy Durkan and I were to share time. We were to share ten minutes.

**Deputy Bernard J. Durkan:** Yes.

**Chairman:** Are the Deputies taking five minutes each?

**Deputy Jennifer Carroll MacNeill:** Yes.

**Chairman:** With everyone taking the five minutes I will go back to Fianna Fáil and then go around again with five minutes each.

**Deputy James Lawless:** I will go straight to questions as we are under some time pressure. I will start with the representatives from the HSA. I thank them for their contributions. Other witnesses spoke at our earlier session about various regulations that could have been put in place but that are not in place. I refer specifically to the categories of notifiable illnesses in this regard. If a worker at a meat plant or any other workplace contracts an infectious disease, whether contracted in work or brought in, there is no obligation to report that to the HSA. However, if a worker were to trip on loose machinery or injure himself or herself on a floorboard, that would have to be reported. There seems to be a lacuna. I am aware that this requirement was included in the primary legislation, the Safety, Health and Welfare at Work Act 2005, and was then taken out on foot of a ministerial order in 2016. We have heard testimony from the unions that it would be very helpful to reintroduce that requirement. What are the HSA's views on the matter? It is my understanding, and perhaps the witnesses can elaborate on this, that were Covid a notifiable illness, the HSA would have a range of sanctions, powers and inspections available to it and its teams. I ask the witnesses to comment on that first.

**Dr. Sharon McGuinness:** I will go back to the point I made already. This is a public health-led initiative. There is a pandemic going on and, therefore, the infectious disease regulations under public health are the primary legislation whereby a doctor or someone in a laboratory has to report this illness. It is very important that those regulations are in place because this is not a once-off. It does not just affect one worker and then stops. It can affect that one worker, his or her co-workers, family and colleagues when he or she goes out socialising. It is important that public health takes the lead on this. If we do not lead this as a public health matter, the impact will go from the workplace out to society and back in again.

As regards notifiable diseases, we are working with the outbreak control teams. We are aware of where the outbreaks are occurring and are engaging with them as they happen. The primary driver in all this effort must be getting the outbreak under control. It is in everybody's interest to do that. That is why it has to be led in this way.

The Deputy asked about the legislative basis for reporting. There is a lot of different legislation. Under the current 2005 legislation and our general application regulations, fatalities and accidents are reported by the employer. The employers know what is happening on the ground and they can report that. That is the case in many of these meat plants. I know of one where an injury was reported just recently. Employers will often not know the result of a test as the worker may not have told them, which is why public health and infectious disease regulations are primary here. We are looking at that-----

**Deputy James Lawless:** I am sorry to interrupt but I am conscious that we are short on

time. I agree with Dr. McGuinness that the primary legislation, which in this case is the Safety, Health and Welfare at Work Act 2005, is paramount. All other regulations, secondary legislation and ministerial orders are delegated legislation. The constitutional power of the Oireachtas is in passing primary legislation and that is what we are dealing with here. I take Dr. McGuinness' view that it may not be appropriate to include this requirement in that legislation but that was not the view held by the Oireachtas when it passed it in 2005, or while it was enforced for 11 years subsequently. A Minister then took it on himself to change those regulations. Perhaps there was lobbying; perhaps not. However, that was a secondary measure and the primary legislation is the Safety, Health and Welfare at Work Act 2005. I wonder whether it was *ultra vires* to take that requirement out afterwards by ministerial order, as it was a primary Act being changed?

Are the inspectors in workplaces all HSA staff? Do they all have delegated powers? Is the HSA using subcontractors or delegated agents, and if so, do they have full powers to enter workplaces and conduct inspections as they would if they were HSA staff?

**Dr. Sharon McGuinness:** They are all health and safety warranted inspectors.

**Deputy James Lawless:** Do they have any difficulties gaining access to workplaces, or is there any protocol or memorandum of understanding that would compromise the performance of their obligations?

**Dr. Sharon McGuinness:** No. We have the right to enter any premises. I heard the earlier comment about this matter. That is news to us because we are certainly not finding that it is the case on the ground.

**Deputy James Lawless:** I missed the earlier comment to which Dr. McGuinness referred but I imagine it is along the lines of what has been put to me. It has been put to me is that there are a number of agencies, such as subcontractors or delegated agencies, which are conducting inspections on behalf of the HSA and that those agencies or agents do not enjoy the same powers as the HSA and can be turned away. There is a sort of etiquette in place but there is no binding authority. Ms McGuinness is saying that is incorrect. Is that right?

**Dr. Sharon McGuinness:** As I said, this is a cross-Government response. All inspection bodies have been mobilised to support this effort to suppress the virus, which I believe all of us should be doing. If there is an issue for any other inspector who is going out and checking this as part of normal inspection activity and checking compliance against the protocol and the Covid-19 measures therein, he or she can refer that to the authority and we will follow that up, as appropriate.

**Deputy Matt Carthy:** I ask our guests to be as succinct as possible in their responses. During a Dáil debate on 21 May, which I believe was the fourth occasion on which Ministers dismissed any suggestion of potential difficulties in this sector, in response to questions, both the then Minister for Business, Enterprise and Innovation, Deputy Humphreys, and the then Minister for Agriculture, Food and the Marine, Deputy Creed, said they could not provide the Dáil with the number of inspections that had been carried out in meat plants because it was confidential information. My question is to the Health and Safety Authority. What was the legal basis for determining that information was confidential and could not be shared with Ministers? When did that confidentiality change, considering that within a week it was provided in media outlets and the HSE is in a position to provide us with that information today?

**Dr. Sharon McGuinness:** The detail on the individual companies or sectors is not possible-----

**Deputy Matt Carthy:** No. The question put to the Ministers was how many meat plants had been inspected by the HSA. We got that information from Dr. McGuinness today. On 21 May, two Ministers told us they could not provide it, and the HSA could not provide it to them, because it was confidential. Why was that and how did that change?

**Dr. Sharon McGuinness:** I am afraid I do not have a record of that particular conversation.

**Deputy Matt Carthy:** Is Dr. McGuinness aware of any situation where a Minister, prior to 21 May, had asked the HSA for that information?

**Dr. Sharon McGuinness:** Prior to that, we were only commencing the inspections at that stage because we were part of the national outbreak control team, NOCT, and perhaps the detail on individual inspections and plants was not available at that point in time.

**Deputy Matt Carthy:** We will come back to that issue. It is pertinent because information was given to the Dáil that appears to be suggestible, at least.

Who does Meat Industry Ireland expect to pay for testing its members' workers?

**Mr. Cormac Healy:** I understand what is being rolled out and proposed now by the national standing oversight committee is what it describes as serial testing, which will be repeat testing in food processing facilities and it will be carried out by the public authorities. That is what I understand is being proposed.

**Deputy Matt Carthy:** Did Meat Industry Ireland make any submission, either verbally or in writing, to any Government agency suggesting that the State should bear the cost of this testing?

**Mr. Cormac Healy:** We did not raise any issue with regard to the cost of this testing. What we have focused on is-----

**Deputy Matt Carthy:** Mr. Healy is reported in media outlets last Monday stating that the issue of cost was one that still had to be resolved.

**Mr. Cormac Healy:** I was asked about the issue of cost. Over the weekend, there was talk of private and public testing. What has been said now is that a public testing screening programme will be carried out. What we have focused on, since the Government announced that during the week, is ensuring that we have protocols to understand how it will be done, that it is efficient and, as discussed in the earlier session, that we have turnaround times for test results of between 12 and 24 hours so that the results are known-----

**Deputy Matt Carthy:** Mr. Healy is answering a different question from the one I asked.

**Mr. Cormac Healy:** I am answering the question the Deputy asked me.

**Deputy Matt Carthy:** In terms of the locations, is the workforce and the employers in that instance expected to pay for that testing?

**Mr. Cormac Healy:** Could the Deputy repeat that question?

**Deputy Matt Carthy:** I will ask a different question because I am running out of time. This

morning, lack of transparency in the meat sector was cited as an issue with regard to addressing Covid-19 concerns. I raised one particular case. Mr. Healy might know why his members establish unlimited companies, as opposed to limited companies, and operate via companies registered in other jurisdictions? What would be the reason to do that?

**Mr. Cormac Healy:** That is just part of company law in Ireland. How it is relevant to Covid-19 I am not sure, but it is part of company law in Ireland. Many things were said this morning but-----

**Deputy Matt Carthy:** It is relevant to Covid cases arising in the sector. Is it not true that many companies use unlimited structures and operate through funnels in other jurisdictions largely in order to avoid public scrutiny and, in some instances, avoid paying taxes? Does Mr. Healy accept that?

**Mr. Cormac Healy:** No, and I do not know where we are going with this in terms of the response to Covid.

**Deputy Matt Carthy:** Let me ask a question of the wider panel of witnesses.

**Chairman:** The Deputy can, but they will not have time to answer it.

**Deputy Matt Carthy:** Reference is made in Meat Industry Ireland's submission to a research paper. It reads: "I would like you to know that, in association with the Department of Agriculture, Food and the Marine and public health authorities, we have commenced a pilot research project that will examine [factors relating to Covid]". Does any of our panellists see that herein lies the problem, namely, the cosy relationship between the meat industry and the Government Departments and agencies that are charged with its oversight?

**Chairman:** I thank the Deputy, but he could have made that charge a little earlier.

**Deputy Matt Carthy:** There should be an examination, but no other industry examines itself-----

**Chairman:** The Deputy's time is up.

**Deputy Matt Carthy:** -----in the way that Meat Industry Ireland suggests in this submission.

**Chairman:** If Mr. Healy wishes to reply to that, he can respond to Deputy Carthy's colleague.

**Mr. Cormac Healy:** The opening statement mentioned research that was initiated by the Department of Agriculture and the Marine in conjunction with the NOCT. Obviously, some plants will participate in that, given that they are the facilities to be examined.

**Deputy Matt Carthy:** That is not what the submission stated.

**Mr. Cormac Healy:** It is not, as Deputy Carthy proposed, led by the meat industry.

**Chairman:** I call Deputy Carroll MacNeill, who has five minutes.

**Deputy Jennifer Carroll MacNeill:** Many serious and heated comments are being made today, which I am sure is good for social media, but I might ask some follow-up questions to get more detail about what some of the witnesses have said.

Mr. Sheahan stated that he did not believe that the protocol was the problem as such, but he did not get the opportunity to say what he thought the problem was in terms of managing the pandemic.

**Mr. Michael Sheahan:** If the Chairman will facilitate me for a minute or two, what happened in Hong Kong is an apt explanation of what I mean when I say the protocol is not the problem. Hong Kong, which has a population of 7.5 million, of whom 20% are over 65 years of age, has been proposed as a model of what to do in respect of nursing homes. Up until 16 July, Hong Kong saw zero Covid deaths in nursing homes. The reason put forward for this internationally was that Hong Kong had an excellent protocol. The Deputy could find many articles on what a great protocol Hong Kong had and asserting that this was the way to do things. Since 16 July, Hong Kong has seen 50 deaths in nursing homes, but its protocols have not changed. What has changed in Hong Kong? The rate of infection in the community has increased considerably. On 2 July, the rate in the community was 1.5 per 100,000 population. On 16 July, it was 5.6 per 100,000. On 30 July, it was 19 per 100,000.

**Deputy Jennifer Carroll MacNeill:** May I surmise that Mr. Sheahan is saying that, while the protocol is important, it is the interaction between what is happening inside and outside those areas where the protocol is applicable - nursing homes, factories and so on - that is important?

**Mr. Michael Sheahan:** I could not have put it better. From the start of the pandemic, everything that we have heard from NPHE and so on has been aimed at suppressing the levels-----

**Deputy Jennifer Carroll MacNeill:** Excuse me, but I am stuck for time. I appreciate Mr. Sheahan answering my question.

Dr. McGuinness was asked about hot bedding and shared transport. These are important concerns, but I wish to clarify the extent of the HSA's remit. What is and is not within its remit? We are all properly concerned about what is happening in the factories, but we must be just as concerned about what is going on outside and the interaction between the two.

**Dr. Sharon McGuinness:** Our remit is occupational health and safety within the confines of the workplace. It is work activity and the worker and persons affected by that work activity.

**Deputy Jennifer Carroll MacNeill:** Is where the worker lives part of the HSA's remit?

**Dr. Sharon McGuinness:** No.

**Deputy Jennifer Carroll MacNeill:** Has the HSA any relationship with, control over or conversation with the employer about the circumstances in which employees live? It is an important issue, but I am unsure as to whether the HSA is responsible for it. I just want to make that clear today.

**Dr. Sharon McGuinness:** No, we are not responsible for where employees live. Public health authorities would find out that information in the context of outbreaks and other matters.

**Deputy Jennifer Carroll MacNeill:** The HSA cannot be responsible for where people live, what they do or anything else in the circumstances of community transmission. We have heard time and again from medical professionals that there is no fault in someone contracting the virus. If I contracted it, it would not necessarily be my fault. We are discussing a highly contagious virus that is in the community.

**Dr. Sharon McGuinness:** Absolutely. Transport to and from work is not our responsibility either. If it is transport for work, that is a different matter. Many of the factors that are causing the issues are often outside of work and it is about that shared responsibility between public health, occupational health and all the relevant players.

**Deputy Jennifer Carroll MacNeill:** Earlier Dr. McGuinness talked about the 39 inspections. I think she said 30 of them had been unannounced. Dr. McGuinness also said, but did not have the opportunity to follow up on this, that she had provided short notice in respect of announced inspections. I want to ask Dr. McGuinness about announced inspections as well as the unannounced ones. Of course, we want to see unannounced inspections. I believe the meat industry has stated it does too. It is a good way of doing things. I understand the reasons for the announced inspections in the first instance. What does Dr. McGuinness mean by short notice? Is that three weeks or three hours?

**Dr. Sharon McGuinness:** The night before - late evening for an inspection first thing in the morning. That is the longest it would be. It could also be prior to lunch, telling them-----

**Deputy Jennifer Carroll MacNeill:** That is really important. In respect of the announced inspections, the HSA might contact the employer or the business the night before and turn up the following morning. That is the longest period of announcement. It is not announced three weeks before the inspection, where one can come in and do this, that and the other. The HSA is announcing it the night before for the following morning. At what time does the HSA come in? What time does it announce?

**Dr. Sharon McGuinness:** If it is an 8 a.m. start, we would announce it between 4.30 p.m. and 5 p.m. If we were going between two plants on the same day, we would often telephone the next plant just before lunch to say we are on our way. There is good reason for that. It is efficient as well. It allows us to hit the ground running because the people we need are right there for us when we arrive.

**Deputy Jennifer Carroll MacNeill:** I appreciate that.

**Chairman:** I thank Deputy Carroll MacNeill.

**Deputy Jennifer Carroll MacNeill:** I am sorry, Chairman, but let me say this one thing. What has been created is an impression of announced inspections being something where everybody has the opportunity to react substantially differently, get their ducks in line and whatever else. Dr. McGuinness is saying that announced is announced within a matter of hours in a way that could not possibly allow that. It is an important factual clarification in an era where that will be portrayed as perhaps not quite what it is.

**Chairman:** I thank Deputy Carroll MacNeill and Dr. McGuinness. Dr. McGuinness can come back to this later, if she wishes to do so. The next speaker, Deputy Matthews, is from the Green Party.

**Deputy Steven Matthews:** I thank the witnesses for their participation and submissions today. I have two questions on testing in meat processing plants. First, I understand that the meat processing plants will be ramping up the testing in an attempt to curb the spread of the virus in these settings. We are looking at 6,000 plus workers tested weekly at approximately €150 a test. Who will be responsible for the cost of these tests? Will it be the meat industry? Mr. Healy might clarify an answer he gave earlier. That question is also for Mr. Carroll.

**Mr. Cormac Healy:** As I said, the testing that is now proposed to be rolled out is public health authority-led testing and screening of facilities, initially in the three restricted counties and then rolled out in the wider industry. It is public health-led testing.

**Deputy Steven Matthews:** Is it correct that the cost of that would fall on the taxpayer?

**Mr. Cormac Healy:** Correct, as with testing that has by and large taken place in this country to date.

**Deputy Steven Matthews:** Will the meat industry be contributing to the cost of that testing, Mr. Carroll?

**Mr. Cormac Healy:** In terms of the four sites that are involved in a lockdown situation at present - we are just talking about one of them - they have not had private testing. Some other companies have had private testing. In relation to the screening that has been decided on by effectively the National Public Health Emergency Team, NPHE, that will be run by the public health authorities.

**Deputy Steven Matthews:** My second question is on the use of rapid diagnostic testing or rapid antigen test. That would reduce both the response time and the cost of testing workers. If these tests were used, workers could be tested on a more frequent, almost daily, basis. Has that method of testing been explored as an option, and if not, why has it not been looked at?

**Mr. Cormac Healy:** Companies have looked at that. As far as I am aware, although I cannot say definitively, there has not been private testing among our members. In some of the secondary processing plants, there has been some private testing. It is also a case that the testing here is also feeding into the full rigours of the HSE track-and-trace system.

**Deputy Steven Matthews:** Okay, but no rapid testing has been considered.

**Mr. Cormac Healy:** As I said, there are colleagues here who may be able to talk to the private testing.

**Mr. Paul Kelly:** The point on testing is that testing is part of health surveillance. It certainly has a part to play in the overall management of this but the primary focus has to be on prevention and control, both in the workplace and in the wider community.

**Deputy Steven Matthews:** Yes. However, is it the case that rapid testing and a quick turnaround with results would find clusters faster?

**Mr. Paul Kelly:** Again, we defer to the public health expertise on this. The national standing oversight committee, providing its advice to NPHE, is going down the route of serial testing as has been outlined already.

**Deputy Steven Matthews:** Normally, there is a hazard reporting process for employees in the workplace. Can these hazard reports be submitted anonymously? Is there a formal process for following up and investigating hazard reports in the meat processing plants which the HSA has inspected?

**Dr. Sharon McGuinness:** If there has been an injury or an accident in a workplace, it has to be reported by the employer. Accordingly, the employer is identified in that case, meaning it is not anonymised.

When somebody makes a complaint, obviously we would prefer if they identified themselves and the individual employer. Sometimes people do not choose to do that. We will respond appropriately. If we do not have the name of an employer or the name of an individual to follow up with, then that is more difficult for us.

**Deputy Steven Matthews:** Notifiable incidents have to be reported to the HSA. In the 39 meat processing plants which were inspected by the HSA, is there a process for employees to submit a hazard report anonymously if they have concerns, specifically about workplace practices relating to Covid restrictions?

**Dr. Sharon McGuinness:** In terms of individual workplaces and under the protocol, there are a number of mechanisms. There is a safety rep under the occupational health and safety legislation. There is also a lead work rep. Both can work with the worker to bring those matters to attention. Anybody can make a complaint to the workplace contact unit which the authority runs. We will take it from there.

**Deputy Steven Matthews:** I appreciate that. Is Dr. McGuinness aware if there was an opportunity for employees to submit a hazard report anonymously relating to Covid in those 39 inspections?

**Dr. Sharon McGuinness:** In those inspections, the inspector not only met with the management but met with the safety officer and the safety rep. Two inspectors went into these plants. The inspections were up to four hours long. They were very thorough and would also have taken the opportunity to speak directly to the worker in the absence of management as well.

**Deputy Steven Matthews:** I will follow up with a written question to the HSA.

**Deputy Duncan Smith:** There are 250 veterinary and technical staff in the Department who have a regular workplace presence in meat plants, including 49 premises where there is a permanent presence. At any stage over the course of this pandemic, particularly over the past couple of months, have any of Mr. Sheahan's staff chosen not to turn up to work at a meat plant due to fears for their own safety?

**Mr. Michael Sheahan:** In short, no. There has been no case that I am aware of where somebody has not turned up for work.

That is not to say that there has not been significant concern. We have 250 staff who have been on the front line since the start. I have worked in the Department for nearly 30 years. We have dealt with many crises in our time such as foot and mouth, dioxins in pork products, BSE and so forth. However, this is the single biggest challenge we have ever faced in my opinion.

**Deputy Duncan Smith:** Have any the staff reported concerns to Mr. Sheahan?

**Mr. Michael Sheahan:** Absolutely, yes.

**Deputy Duncan Smith:** Can he quantify that in any way? Are there emails?

**Mr. Michael Sheahan:** From the very start, there has hardly ever been a crisis that we have faced that has caused more concern for every individual, not just our 250 staff at the meat plants. From the very start, all of us were concerned because we were dealing with something with which we did not know what to expect. Naturally, in the early stages, we were all scrambling in the dark dealing with an enemy about which we did not know much. People were concerned about what might happen next, what PPE should they wear, what guidance should they follow

in the office and should they stay away from everybody else. Thankfully, at a very early stage with this issue we issued detailed guidance to all our staff in meat plants. I cannot remember the exact date but it was on or around 16 March. That provided the best guidance we knew at that stage regarding the sort of precautions people would take. Obviously, as time has passed, those guidance documents have been augmented. The work of the national outbreak control team was fantastic. It produced a comprehensive set of documents we could all work with that explained, based on the best public health advice, what measures we should take for our staff as well as the staff in the meat factories. That provided considerable comfort.

**Deputy Duncan Smith:** Is Mr Sheahan confident the advice he gave his staff complemented the advice given to other staff working directly for the employer or through an agency in those meat plants? I ask this because even in the Leinster House complex where people have different employers or work at different grades, everyone adheres to similar public health measures because we all share the same space. We are interdependent in terms of our health. What kind of communication took place between Mr. Sheahan, as the employer of his staff, and the meat plant management regarding its staff to make sure they were all looking after each other?

**Mr. Michael Sheahan:** We tried as best we could to collaborate. One of the positives I take from this whole crisis has been the fantastic collaboration and co-operation between the Department, the Health and Safety Authority and the HSE, agencies with which, if we are honest, we normally do not have an awful lot of interaction. Similarly, we roped in some of our laboratory experts in the early stages. In the absence of other guidance, we got their help on producing guidance for our staff. We shared those documents with the meat factory management because it was in everyone's interest to try to collaborate and align our measures. In my experience, everybody has worked together on this, more so than in any other crisis we have had to deal with.

**Deputy Duncan Smith:** In that case, Mr. Sheahan is satisfied that every measure has been taken by the owners of the meat plants. Given that the Department of Agriculture, Food and the Marine has a permanent presence in 49 plants, it has a greater presence in these workplaces than the HSA has. It is, therefore, the voice and presence of the State in these plants and when it says everything is okay and it is happy that these plants are compliant, that carries an awful lot of weight in this whole debate.

**Mr. Michael Sheahan:** Our 250 staff members are quick and if they are not happy about something, they are not shy about passing on that information. From the start, when everybody was in the dark as regards the best measures to take, our staff tried their best to work with management. In general, we have no difficulty in saying that as matters stand, compliance with protocols is not the problem. Obviously, there is always a bit of slippage. I was washing my hands 20 times a day six weeks ago. I am probably not washing them as often as I should now. There is a bit of fatigue and slippage. However, in general, as I said, compliance with protocols is not particularly the problem here. There will always be individual plants where things could be done a bit better than in others but in general compliance with protocols is not the problem. NPHEP has said from the start that the difficulty with any congregated setting, for example, schools as we will see in September, is that if the levels in the community are not suppressed, no matter what protocols one has in place, this resourceful virus will cause problems sooner or later. That is why all efforts from the start have been to suppress the virus in community. NPHEP has been consistent. That is the best chance we have of preventing incursions into schools or other settings.

**Chairman:** I ask witnesses as well as Deputies to respect the Chair on timing. I cannot make time.

**Mr. Michael Sheahan:** I am sorry, Chairman.

**Deputy Holly Cairns:** The beef tribunal in the 1990s examined allegations of political influence in relation to alleged abuses of the system and failure of regulatory authorities. Its conclusion highlighted widespread improper relationships between the beef industry and Government. A shocking set of scandals was uncovered and virtually nothing happened. No one was held to account and public trust was totally eroded. If we fast-forward to today, for months journalists have reported that workers are frightened to speak out about their horrendous working conditions without anonymity for fear of retribution. We have known since before May that this situation was likely to occur due to national and global trends and the unique setting in these workplaces that put them at greater risk of clusters of Covid-19. It is physically impossible for staff to be 2 m apart in many plants. Not one improvement or prohibition notice has been issued in the light of inspections. The meat industry is still worth billions of euros and yet the budget set aside for inspections in comparison to this is a pittance. Of the 15,338 meat plant workers, 8,896 are migrant workers. The non-EU workers are bound to their employers by their work permits. Some 90% of workers get no sick pay so they are of course more likely to turn up for work if they have symptoms of Covid-19. There has not been a ban on subcontracting in this sector.

The Minister for Health has said that he personally thinks that factories with clusters should close. The Tánaiste has said that the power exists under the public health legislation for the HSE to order businesses to close and yet this did not happen.

Our Government has closed down entire counties and hundreds of businesses but somehow lacks the power to close plants with confirmed clusters. That these plants have since voluntarily closed is irrelevant at this point.

History has shown us that this industry has very considerable political clout and that the Government has turned a blind eye to the industry's scandalous failings in the past. Objectively, it is completely unreasonable to ask other businesses where there have been no outbreaks to close while allowing the main source of these clusters to remain open. It speaks volumes about the powerful interests that control the sector and raises questions about some of their political connections today. Does Mr. Carroll believe that the industry should be given the special treatment it has been afforded so far and does the industry still have close relationships with members of the Government and strong political influence?

**Mr. Philip Carroll:** I thank the Deputy for those questions. I do not see the relevance of referring back to something that happened 30 years ago in a completely different environment to today, where we are dealing with a pandemic.

**Deputy Holly Cairns:** I have explained the relevance.

**Mr. Philip Carroll:** On the last point the Deputy made, the Minister for Health talked last weekend about the closing of plants that had large clusters, which had an influence. The Minister and his Government colleagues have decided on a testing regime that will be very comprehensive and will run over-----

**Deputy Holly Cairns:** That is not-----

**Mr. Philip Carroll:** -----a four-week period and every single site will have a test protocol in place. The control of clusters will be dealt with in the context of that four-week testing protocol where after each round of tests any positive cases are taken-----

**Deputy Holly Cairns:** I will move on if Mr. Carroll is not prepared to answer the question.

**Mr. Philip Carroll:** On the question of closures generally, is that where we want to be in our economy? Do we want to decide in a particular case that if one has three, five, six or seven or so positive cases-----

**Deputy Holly Cairns:** I will move on-----

**Mr. Philip Carroll:** -----that one closes the entire company that employs 600 people?

**Deputy Holly Cairns:** -----to Mr. Healy who stated at an earlier sitting of this Oireachtas committee that hiring through agencies may have been an aspect of the past but it is certainly not the situation in the industry now. Are the authorities investigating the issue of agencies used by meat factories? Is the Revenue satisfied that all legally necessary supports are being paid by the factories to the workers? We know that the German Government has decided to ban the use of subcontractors in large meat plants. All meat workers should be employed by the factory and, therefore, have full protection under employment law. Can Mr. Healy state if this will be happening here? In the future, if there are outbreaks in food processing plants like these plants, will they be closed down like these plants have been?

**Mr. Cormac Healy:** On the meat industry and the primary processing industry represented by Meat Industry Ireland, MII, I repeat that direct employment of workers by the company is what happens and is the mainstay of this industry. On the agency workers' question, as she stated, at a previous sitting of the committee I said that we have looked at this further and have surveyed members. We believe the situation as far as MII members are concerned is that less than 2% of the workforce is provided by agencies. What is being claimed is not the case and it is important to clarify that.

On go-forward situations, this is an essential service. The powers are there to close facilities. On an outbreak or a situation, that will be determined by the local health authorities.

**Deputy Holly Cairns:** In the case of-----

**Mr. Cormac Healy:** We want to find a way that we can continue to maintain the food supply chain but also deal with worker safety. It has been said by SIPTU, which we met earlier this week, that the testing regime we are about to head into has twin objectives.

**Deputy Holly Cairns:** Will individual plants with new clusters be closed down?

**Mr. Cormac Healy:** Every case will be individual. We agreed with SIPTU earlier this week that the testing and protocols around closures have twin objectives. Those are worker safety and continuity of production. We have to find a way through and the best way through is more testing and rapid results. If there is an extreme situation, such as in the one plant that we represent of the four that are affected at the moment, which has been closed down for a considerable time now, closing it down causes problems for everyone in the supply chain so we have to find a way where businesses can continue and workers are safe. That is a testing regime with rapid results.

**Deputy Matt Shanahan:** I thank the witnesses. I have a question for the HSA. There was a comment in a report from Meat Industry Ireland about the high level of asymptomatic cases that were turning up in the meat industry compared with the community. Is that trend ongoing or has it changed?

**Dr. Sharon McGuinness:** Asymptomatic cases and testing are public health matters. The HSE would be able to answer that. As I understand it, there is a high level of asymptomatic cases in a number of these situations but I think the answer really has to come from public health officials.

**Deputy Matt Shanahan:** As someone in the community looking at this, the question needs to be answered. If it is an ongoing trend, it suggests that a possibly large number of people in the meat trade are not susceptible to the symptoms of Covid but are carrying the disease. We should note that. If it has been resolved, we can put it down to perhaps a testing blip that happened early on. We should arrive at an understanding. It seems bizarre that a particularly industry or sector could be a complete outlier when it comes to community testing. The committee should look into that.

With respect to Meat Industry Ireland, could I ask about the proposed 24-hour turnaround time for tests? Has Meat Industry Ireland been told that this is achievable in the numbers that will be required? Have the issues relating to GDPR that have arisen at this committee before been resolved? We heard about the pre-eminence of people's right to their data. Will this preclude factories from being contacted about positive cases?

**Mr. Cormac Healy:** We have not been given a clear indication that results will be achievable in 24 hours, let alone 12 hours. I know that there has been public comment that there is capacity to do that. Unfortunately, some of the examples in recent times would not suggest that. It is a priority, especially when we are going into a lot more testing and this will put pressure on the overall system. We await that confirmation. I know the detail is being worked out by the national standing oversight committee. It is something that we have highlighted. Equally, there is the situation of making companies aware of the results at the appropriate point. The individuals will obviously need to be informed but a mechanism needs to be found so that the company knows at some point, particularly if there are positive test results and it needs to take action.

I am not a public health representative or authority. The Deputy asked about asymptomatic cases. I heard a discussion about it earlier. One point that might be made is that where this shows up is where mass testing is done. Perhaps lots of other testing is done in the context of symptoms, but where mass testing is done, one then finds many positives that are asymptomatic. Maybe mass testing is not done elsewhere or is not done at the same level as elsewhere. That is just my view, and it is absolutely not an expert view.

**Deputy Matt Shanahan:** I have a question for the HSA and the Department. Following the previous meeting we had about this issue, and after listening to the unions this morning, I think even Meat Industry Ireland might agree that accommodation and congregated settings, especially as they relate to migrant workers, without doubt constitute vectors of disease transmission in the factories. Looking to the future, do public bodies have any oversight as regards how people who are being brought into the country on work visas should be housed, segregated and treated?

I congratulate MII on fulfilling the commitment to meet the unions it gave when its representatives last appeared. I hope that that will bear some fruit. Perhaps the HSA will comment on the accommodation for migrant workers?

**Dr. Sharon McGuinness:** As I mentioned, that is not a role we have. We recognise that this is one of the issues and that is why public health would certainly be looking at these factors both in and out of the workplace, as I said. Issues around permits, etc., are a matter for the Depart-

ment of Business, Enterprise and Innovation.

**Deputy Matt Shanahan:** I understand what Dr. McGuinness is saying but I would have thought the HSA would have some oversight of this issue. While it is a matter of public health, it is also very much a safety aspect of employment. I hope it is an area the HSA will raise strongly with the HSE and anybody else with oversight of public health.

**Dr. Sharon McGuinness:** It is certainly discussed at our different national committees, etc. It is also part of the recommendations that they give both directly to the worker when they are in discussions with them but also to the sector and the other stakeholders involved.

**Chairman:** I thank Dr. McGuinness. The next speaker is Deputy Nolan for the Rural Independent group.

**Deputy Carol Nolan:** I am delighted to be here today in place of Deputy Michael Collins who kindly facilitated me.

I represent the Laois-Offaly constituency, which has been very badly affected by this issue. We are very frustrated. We believe the lockdown was completely unjustified and that the constituency is being punished for the inaction of the national outbreak control team and the Government in getting to grips with the problem in meat factories. That is the outline of this.

I have two questions. My first is for Mr. Healy. There is huge concern among farmers. Farmers and workers have been treated very badly by the meat factories. I have been very consistent in saying that and I say it again today. They have been very badly treated. The price of beef has slightly improved and not before time. I want assurances that this crisis will not be used as an excuse to cut the price of beef for beef and suckler farmers. They cannot take any more hits and I want assurances on that from Mr. Healy. What is Meat Industry Ireland doing to ensure that this does not happen because we need to protect our producers and workers?

My second question is on the 24 hour testing time, which I welcome. Does MII agree with the Government's approach that the duration of the testing should be four weeks? I suspect it should be much longer than four weeks because we saw 828 cases of Covid in meat factories in May and we now have well over 1,400. I want to know what MII's views are on the duration of testing. I also want a response to my query on farmers.

Is the fact that an employer cannot contact the HSA directly if there is a Covid case in a plant a barrier and an obstacle? It is very clear that we have not got to grips with this problem and other people, constituents and regions are suffering as a result.

**Mr. Cormac Healy:** Our work and focus continues to be around protocols and dealing with the new testing regime. That remains our prime focus.

The Deputy mentioned price. The price is higher than it was at this time last year. The Irish price is above the EU average or EU benchmark price for the markets to which we export. It is about markets and what happens in markets. Across the European economy, there has been some reopening of economies and some recovery in food service which has helped. Where it goes from here I do not know, but every effort is made to find the best markets delivering the best return. The price is stronger than it was at this time last year.

On the specific question about the four weeks' duration of testing, I understand from the Government's announcements thus far that it is proposing serial testing similar to what has been

done in other areas. It is proposed that testing be carried out weekly for four weeks in order to root out the problem, if there is one. I cannot offer advice on that. I would like to think that, across the wide range of plants out there, this testing will not find much. Many plants have had few or no cases. As our chairman said in his opening statement, during the two months up to early August there were only five individual cases among our primary meat-processing members. There has now been a major outbreak in one plant. We should now run through this four-week programme and see what the full extent and nature of the incidence of the disease is. I cannot offer a view beyond that.

**Deputy Carol Nolan:** Will MII outline the efforts it is making to ensure farmers will not return to the position in which they were last year? I would like to know about those efforts. I asked Mr. Healy for his own view. Does he agree that the programme's duration should be greater than four weeks? I know what Government is proposing and what the unions are saying; I am asking Mr. Healy for his view.

**Mr. Cormac Healy:** I will go back to the fact that there does not seem to be recognition that, when we came before this committee on 10 July, the situation had been very challenging in the primary meat-processing sector. There had been 22 clusters, six of them large. During the following two months, there were almost no cases in the sector. All of those existing clusters were closed as active clusters. We have now found ourselves with one again.

My view is that we will work with this programme fully. The public health guidance that has been given to us is that we should do this four-week stint to establish a picture of what is happening and to show the level of incidence. We will work with that programme just as companies have worked with local control teams. We do, however, want to see it underpinned with quick results. If the Deputy wants to link the issue with price, if there is a delay in getting results during this four-week period which leads to obstruction or disruption of production in facilities and an inability to supply markets, that could have an impact. Our aim, however, is to make sure this testing is done and that production can be maintained.

**Deputy James Browne:** My first questions are for the Health and Safety Authority. Following on from the comments of my colleague from Kildare, Deputy Lawless, the Safety, Health and Welfare at Work Act 2005 includes disease in its definition of "personal injury". The first or primary function of the Health and Safety Authority under the Act is the prevention of personal injury which, as I have said, includes disease.

As the authority's representatives have said, and as we now understand, the regulations do not impose a duty on employers to notify anyone of an outbreak of disease or infection within the place of employment. There is such a duty in respect of any other type of personal injury. I believe I am correct in saying that, at the moment, if an employee tells management that he or she has tested positive for Covid, that it appears he or she has had it for a number of days or even a week, and that he or she has been interacting with other staff within the place of work, the employer has no duty to notify the Health and Safety Authority of that.

I have three questions. Is the Health and Safety Authority satisfied that the regulations as set out and the factual situation are in harmony with the Act and the HSA's duties thereunder? Are the witnesses aware of any duty employers have to report instances of the virus to anybody? Can an employee make a protected disclosure to the Health and Safety Authority in respect of an outbreak of disease or infection within a place of employment?

**Dr. Sharon McGuinness:** With regard to the issue to which I alluded earlier, if a worker

tests positive, that positive test has obviously already been notified to the Health Service Executive and the department of public health therein. Clearly, if there are issues in a workplace with outbreaks or with a number of cases, we will be asked to get involved with the local outbreak control team in regard to that particular issue.

There is not a defined list of occupational illnesses *per se* in the country at this moment, but we do have legislation coming through Europe which will put SARS-CoV-2 into biological agents. Those regulations are being transposed through the Department, but we are also updating the code of practice which looks at the exposure of particular workers to SARS-CoV-2. The next step is looking at Covid as an illness, in and of its own right, in an occupational setting. We are reviewing the matter as we speak within the authority and we will bring forward a discussion paper in due course for the Department and our board.

I feel we have the required level of connection with public health. I go back to the point, which is really important, that an individual might have Covid and tell his employer, but it is not necessarily the case that he got it in the workplace. He could have got it out playing sport or out socialising. He could have been on leave or whatever else. It is a difficult one because, in effect, the reporting relates to the work activity and that is the challenge we have. That is why I am of the view that public health should lead on this in the first instance because it is about suppressing the virus and getting a case or an outbreak under control.

Anyone can make a protected disclosure to the authority on any matter. We also have a workplace contact unit. Anyone can contact us on any matter and we will address it. If it is not something we can address, we will certainly redirect it and help the person find the right source.

**Deputy James Browne:** I thank Dr. McGuinness. My next couple of questions are for Meat Industry Ireland. The primary producers, farmers, feel they are getting a very unfair deal from meat plants in the country and that they are completely squeezed. We had issues around meat scandals and worker welfare issues being raised and now we have Covid outbreaks with three counties, effectively gone into lockdown as a result of outbreaks in meat factories. Meat plants are dominated by a small number of big players. I would argue that the reputation of meat plants is pretty much in tatters. Are meat plants on a self-destructive pathway? When one looks at the different issues concerning meat plants, it seems that everything is about short-term profit or gain as opposed to the people - farmers, producers and workers - or, given the current situation with Covid, the communities in which the plants are located.

**Mr. Cormac Healy:** I do not accept that. Many people want to play a blame game or condemn what has happened. I reiterate that a huge amount of work has gone into this on the part of Meat Industry Ireland and the members it represents, which are the primary processing companies. Back in April and May there were some 22 clusters, six of them large, and following continued work on stringent protocols and controls it resulted in a situation in June and July whereby there were only five cases reported. Unfortunately, we now have one plant that has had an outbreak. Not all the information is known about that, but the plant had gone through the entire period of the pandemic, since the middle of March, without a single case. We continue to work on that. I do not accept what many might say because a huge amount of work is going on and will continue to go on. In that situation, of the four plants that were mentioned that are affected by the current lockdown in the three counties, one relates to Meat Industry Ireland.

I do not accept what has been said. We continue to work on the situation. It does not start in the meat plant; it comes into it. There is a whole interplay between the workplace and the community. We have to keep fighting. As I said before the committee previously, the best way

for any plant to mitigate is to try to keep it out. Systems are in place such as screening and temperature checking, among others, and now we are about to enter into a serialised testing regime that the public health authorities feel is the way to go. We will comply fully with that and see what it shows. There is no question but that a major effort has been made, as well as investment, and we will continue with it. Covid-19 is not all about meat plants or the meat industry.

**Deputy James Browne:** I have a question for the Department of Agriculture, Food and the Marine. Its opening statement indicates the Department commenced inspections on behalf of the Health and Safety Authority, HSA, in the week commencing 20 July in meat plants and other food premises. I thank the staff of the HSA and the Department, as they have been front-line workers in the fight against Covid-19, which should not be forgotten. The people continuing to work in meat plants throughout the Covid-19 pandemic are also front-line workers. Do the inspectors carrying out these inspections have the necessary qualifications to carry out an inspection on behalf of the HSA?

**Mr. Michael Sheahan:** I thank the Deputy for his words of appreciation for our staff. As I indicated, our 250 staff have been on the front line since the start of this.

Many of our veterinary staff have considerable skills and although they are not trained health and safety inspectors, as such, they have skills that are transferable in assessing whether a plant is doing all it should with respect to protocols. Their “day job” is the assessment of whether a plant is meeting criteria in other types of protocol, so they have a reasonably transferable set of skills. We undertook some training in what was required relating to health and safety. If we have concerns as a result of inspections and we are not satisfied about something, we refer those to the Health and Safety Authority, which ultimately has the statutory power to follow up.

**Chairman:** To follow up Deputy James Browne’s question, how many meat plants in the country are owned or run by the organisations represented by Mr. Healy?

**Mr. Cormac Healy:** There are approximately 40 such plants.

**Deputy Réada Cronin:** I am a new Deputy from north Kildare, which is one of the lockdown counties. Upset has been expressed to me by small business owners across north Kildare who followed the rules and are just getting off their knees to open again. In stark contrast to the treatment of some employees in the meat industry, every business owner I met mentioned the fact that their employees have mortgages and bills to pay, food to buy and back-to-school expenses for their kids. I would not be doing my job as a Teachta Dála if I did not give voice today to how this compares with some of the sharp practices reported in the media.

My first question is to the HSA. The witnesses mentioned how many investigations the HSA had completed. In any of the announced or unannounced inspections, did the authority come across the bolting open of toilet doors, which I saw detailed in the submissions from our first session today, in which we met union representatives? They described how toilet doors were locked open, which meant that women and particularly young women who may be menstruating were forced to use toilets with open doors. They would have been forced to tend to their intimate hygiene practically in the open. Did the authority come across such cases?

**Dr. Sharon McGuinness:** No, not that I am aware of.

**Deputy Réada Cronin:** Is Meat Industry Ireland aware of any of its employers doing this?

**Mr. Cormac Healy:** No.

**Deputy Réada Cronin:** Will the witnesses investigate and find out if that happened? It would demonstrate an imbalance of power if a factory owner felt he or she could do that. It happened since the onset of Covid-19 as the reason given was that women would not have to touch the doors of a toilet when using the bathroom. The fact that women would have to undress and attend to their intimate or personal needs in this way is repulsive. To borrow a phrase from an earlier committee, I think it is quite disgusting.

I have another question for Meat Industry Ireland. Mr. Healy said that Covid-19 travels through communities into the industrial settings rather than *vice versa*, which to a degree is true. However, we have heard of workers who are living within their own community. They frequently live in overcrowded conditions and lack the necessary space and privacy we all deserve as human beings. There has been talk of hotbeds where one staff member gets up and another person gets into their bed. I was talking about the balance of power there. These workers are further disadvantaged because they are here in Ireland under the work permit regime. Some 80% of the workers are not born in Ireland; they are foreign workers who have been brought in. They are tied to their employers and their employment. Wage deductions are made for accommodation. It reminds me of the indentured servitude we hear about in the Middle East where migrant workers are abused like this. Mr. Healy said he does not believe agency work is that big a factor. It is called precarious employment. I think it is bogus self-employment.

**Chairman:** The Deputy might want to conclude to allow the witness to respond.

**Deputy Réada Cronin:** I ask Mr. Healy to respond to that.

**Mr. Cormac Healy:** I wish to clarify that 20% of the workforce rather than 80% of the workforce are on work permits. A specific quota of them have been issued. In general there is not a requirement to provide accommodation to those workers. It is not something that has been custom and practice. There is a requirement that the employer would work with a permit holder to source accommodation. The workers are not committed to using that, but many of them will use it in the first instance. I believe that accommodation is also checked to verify that piece of the permit legislation is being done and that the employer is helping them sourcing accommodation.

I agree with the Deputy that the hot-bedding, as was referred to, should not be tolerated. Despite the perception that is out there, the industry is not involved in mass provision of accommodation. It has to do specific things for the work permit colleagues who come in, but beyond that I do not think it is or has been a feature of the terms of employment.

**Deputy Réada Cronin:** Have any of the factories in Kildare-----

**Chairman:** The Deputy's time is up.

**Deputy Réada Cronin:** If there is any time to spare at the end-----

**Chairman:** If there is any time to spare at the end, the Deputy can come in. However, Deputy Lawless is also here and I think Deputy Browne has one minute of his time left.

**Deputy Colm Burke:** I thank all the people who have presented to the committee today for the work they are doing. This morning I asked the unions when a person is identified with Covid, if all the other employees who work in that area are asked to self-isolate. The unions more or less indicated that did not always happen. They filed complaints on that matter on a number of occasions. I ask Mr. Carroll or Mr. Healy to comment on that. The protocols were

not being followed all the time, leading to the situation becoming more serious.

**Mr. Philip Carroll:** I thank the Deputy for his question. I completely disagree that that happened. It was clear from the beginning that contact tracing was a fundamental part of identifying those who were close associates with positively identified cases in meat plants. In all of those circumstances, the people who were contact traced as associates within any plant environment were excluded from the workforce for the period until they tested positive-----

**Deputy Colm Burke:** I do not know if Mr. Carroll heard the presentation this morning from the unions-----

**Mr. Philip Carroll:** I did, but I do not agree with it.

**Deputy Colm Burke:** -----on the complaints relating to instances where protocols were not followed.

**Mr. Philip Carroll:** We have heard today on a couple of occasions from the Department of Agriculture, Food and the Marine and the HSA, both of which inspect these protocols, that there has been full compliance and that compliance is not the issue. Inspections of workplaces are not the issue.

**Deputy Colm Burke:** The unions gave a different view this morning. The representatives said there were situations when they filed complaints as a result of proper procedures not being followed.

I shall move on to the issue referred to earlier whereby 22 clusters were identified at a very early stage. In fairness, Kildare Chilling Company and its employees were not identified in that cluster back in April and May. Was any analysis done by the meat industry to know if there is a common connection anywhere with regard to the virus coming into the factories. We now have a once-off situation of many people being infected in one facility. Is any investigation being done by the meat industry? It would suit the industry to make sure that there are no positive cases, and therefore every effort is, I am sure, being done by the industry to ensure that there are no positive cases. Has any analysis been done on the 22 clusters and on the most recent outbreak that has been identified in one factory?

**Mr. Philip Carroll:** Again, as we referred to earlier, there were six significant clusters in April and May. Of 40 plants in total, 34 had few if any cases at all. The circumstances in most of these operations are quite similar. The difficulty in establishing the difference between those plants with large-scale clusters and those that had none has not yet been fully analysed by public health authorities.

**Deputy Colm Burke:** Does Mr. Carroll not think that it would be in the meat industry's interest to try to analyse this issue and to ask if it is, for example, related to housing or transport issues, and the inadequate support for workers that contributes to people contracting Covid-19, such as we heard this morning? It would be in the meat industry's interest to make sure there is no person working in the industry with Covid-19.

**Mr. Philip Carroll:** It is in the meat industry's interest. This is why we have pretty robust controls in place. Clearly, there are societal implications. As has already been said, clusters do not start in meat plants: Covid-19 is introduced into meat plants. Due to the fact that there are locations where a large number of people work, there is probably a degree of inevitability that clusters would be formed. It is critically important, as we go forward and learn from the past,

that we have swift contract tracing and rapid results from tests so that in no circumstance does a cluster form to the extent that it becomes serious.

**Senator Colm Burke:** Dr. McGuinness refers in her report to 21 complaints relating to meat or food processing plants. Was it established there was a breach of protocol or procedures with regard to those complaints? Were those complaints made by individuals or by unions?

**Dr. Sharon McGuinness:** The 21 complaints, which related to approximately 12 plants, were across a range of issues. In the early days, there was a discussion around social distancing in advance of the interim guidance from NOCT. All of those issues would have been addressed and followed up as part of the protocol and the interim guidance developed by NOCT. Reports of inspection, where relevant, would have been given. As regards the more recent complaints, there is a mixture of general occupational health and safety issues. For example, people who have been advised to wear visors and goggles in boning halls and who use many sharp knives are concerned about fogging. While trying to protect them from Covid, we might cause another occupational health and safety issue, so we have to recognise that. Some of the complaints are general concerns about colleagues who may have had a test or were travelling and did not inform the employer. There is a mix. My understanding is that the majority have come from individual workers.

On the union point and engagement under the protocol, there is a consultative forum through the Labour Employer Economic Forum, LEEF. The HSA, the HSE, the Departments of Health and Business, Enterprise and Innovation, and the various employment bodies and union bodies meet regularly. They have an opportunity to raise many of these issues when and as needed. There are many good connections with the workers and there are many opportunities for the unions to raise these concerns directly with the relevant parties.

**Deputy Colm Burke:** Over the last 12 months, have warnings been issued at any stage to any meat processing facilities due to not following the correct procedures, regulations or legislation, either when dealing with Covid or outside of it? How many warnings has the HSA had to issue?

**Dr. Sharon McGuinness:** I do not have numbers for the warnings at this stage. Work is ongoing and we are carrying out a number of investigations. There have been a number of incidents and fatalities in this sector so we address those, resulting in both enforcement actions and ultimately, if necessary, prosecution.

**Deputy Colm Burke:** Could we get those figures, even from before the Covid pandemic, just to get a feel for how the facilities were complying with regulations? I would like to know how many investigations had to be carried out over the last two years, by the HSA, both in respect of Covid and outside of Covid.

**Dr. Sharon McGuinness:** We will do our best to get those figures and details on the sector for the Deputy.

**Chairman:** I thank Deputy Colm Burke. I call Deputy Patricia Ryan.

**Deputy Patricia Ryan:** I have two questions for Dr. McGuinness and one for Mr. Sheahan. My colleague, the Sinn Féin councillor Noel Connolly, made a disclosure to the HSA and the office of the Minister for Health on Tuesday evening about a report that was made to him regarding an employer who is forcing an employee to work despite the worker being symptomatic and a family member of a confirmed case. He has not heard back from the HSA. How long

does it take to address issues like this? Is it a matter of policy not to communicate with the complainant?

Second, what efforts are being made to educate meat factory workers whose first language is not English about this disease? What efforts are being made to ensure infected employees are self-isolating?

**Dr. Sharon McGuinness:** I cannot discuss the details of any protected disclosure, but I am not aware of the one to which the Deputy referred. If it was reported to the Minister for Health, it may have gone to the HSE rather than the HSA. All protected disclosures ultimately come to my attention. I will certainly look into the matter because I am not currently aware of it. We always respond and do our best to talk to the complainant if there are particular queries. There is a different mechanism for addressing protected disclosures within the HSA, as opposed to a complaint or request for information through our workplace contact unit, for example.

We referred to education in our submission. We provide it as part of the protocol. The HSA is very focused on fostering, promoting and ensuring improvements in health and safety and on prevention. That also applies to Covid. We put huge effort into producing checklists, templates and posters for lead worker representatives. We produce them in plain English and we work with the National Adult Literacy Agency, NALA, to produce them in other languages as well. We have produced training courses for the lead worker representative and Covid-19 induction. They are all freely accessible and available, and about 280,000 of those have-----

**Deputy Patricia Ryan:** Are they given out in direct provision centres also? Are people in those centres aware of all of that? I am aware of people in direct provision centres not having an understanding of the language and not being able to communicate with people.

**Dr. Sharon McGuinness:** I know from the direct provision aspect and obviously the public health side that they are equally aware of the language barriers and are working on the communications across the board. I know that a topic raised at the national committee recently was how we communicate and broadly-----

**Deputy Patricia Ryan:** With all due respect, I am sure Dr. McGuinness is also aware that many of these workers live in direct provision centres. Some of them are going without food because they cannot get back out to cook it if they become symptomatic. We want the HSA to make sure that they are aware of everything and that those who run these centres are aware that these people do not have an understanding of the language, if that is possible.

My next question is to Mr. Sheahan. An employee of a meat factory in Kildare raised an important issue with me. The Department of Agriculture, Food and the Marine recently started to allow veterinary inspectors over the age of 70 back into shifts in the meat plants. As the Sinn Féin spokesperson for the elderly, that issue alone concerns me but in addition, those over 70s are in a vulnerable group and have underlying health issues. It has been reported to me that the Department or the meat factory has asked that these veterinary inspectors, who I have been told number between 50 and 60, have to sign a waiver to the effect that they cannot sue anyone if they fall ill. Can Mr. Sheahan confirm if that report is true, the reason for the waiver and if the practice will continue? If that is the case, can we get a copy of that waiver?

**Mr. Michael Sheahan:** I thank the Deputy. The question she is asking is about so-called TVIs, temporary veterinary inspectors. They are vets who are in practice but who do shift work for a couple of hours doing meat inspection in meat factories. The situation is that in the

early stages of the so-called lockdown we took the decision that anybody over 70 should not be rostered to do work in our meat plants but as time went on that decision was challenged both legally and by the representative organisation for veterinary inspectors, Veterinary Ireland, on the basis that it was unfair and potentially not legal. About a month or six weeks ago, we had a number of discussions with Veterinary Ireland, our own legal services and other bodies also and the legal advice was that it was not correct for us to continue to exclude those aged over 70-----

**Deputy Patricia Ryan:** In that case, there are people working in meat factories who are over 70. That is basically the answer to that question.

**Mr. Michael Sheahan:** Yes. That is absolutely the case. Legally, the advice was that we could not exclude them.

**Deputy Patricia Ryan:** Are they asked to sign a waiver?

**Mr. Michael Sheahan:** They are asked to sign a waiver. I can send the Deputy a copy of the waiver drawn up by our legal services in consultation with others.

**Deputy Patricia Ryan:** I thank Mr. Sheahan.

**Chairman:** I wish to ask a couple of questions before allowing Deputies Lawless and Durkan to come back in because their colleagues left them a minute each. My first question is for Dr. McGuinness. Given the preponderance of outbreaks in meat plants internationally as well as in Ireland, why has the HSA not inspected every meat plant in the country?

**Dr. Sharon McGuinness:** The HSA has a responsibility in all workplaces. That includes public sector and private companies and enterprises also. The ability to inspect all of them at any one time would be challenging, which is why there has been a cross-Government approach to checking Covid-19 using these other inspection bodies. We are working very closely with public health colleagues, as I said, through the national outbreak control team, this national committee and local outbreak control teams to focus and address them. We will continue to have a programme of unannounced inspections in the sector.

**Chairman:** The HSA has not inspected every meat plant. It has issued no improvement notices and no prohibition notices. Notwithstanding that, it has refused to provide the inspection reports to journalists by way of freedom of information. Why?

**Dr. Sharon McGuinness:** There is a range of responses an inspector can make on a site and these include issuing verbal and written advice. A report of inspection is actually a bona fide request. Failure to comply with that is an offence and we can, and do, follow up on that when we ask for particular requirements. There is then enforcement improvement and prohibition notices. The Safety, Health and Welfare at Work Act, which is what we operate under, is criminal legislation and evidence needs to be gathered. If the evidence is not sufficient to bring forward an improvement or prohibition notice, then it is not possible to issue one. There are a range of measures and it is important that we consider the matter in the round and give the right advice.

**Chairman:** If there is no improvement notice or prohibition notice, is Dr. McGuinness stating that a case will not go to a criminal enforcement stage?

**Dr. Sharon McGuinness:** If a plant does not respond to us following a report of inspection in the manner in which we requested, we can take an action.

**Chairman:** The HSA has not given out any improvement or prohibition notices.

**Dr. Sharon McGuinness:** We have given reports of inspection, which set out requirements for the plants or any other sector with which we are engaged, to tell them what they need to do to bring their standards up or to address particular matters.

**Chairman:** Similar reports in respect of inspections of nursing homes are made public, but Dr. McGuinness does not believe the HSA should have to do the same in respect of meat plants.

**Dr. Sharon McGuinness:** A different field of legislation is involved. We are involved in criminal legislation and are still engaging on a number of issues. While a matter is under investigation or inspection, the ability to release some information is not possible.

**Chairman:** What percentage of the Department's TVIs are over 65 or 70 years of age?

**Mr. Michael Sheahan:** I do not know off the top of my head, but I would guess that approximately 20% are over 65 years of age. I can get the exact figures for the committee. We have them, but I do not know them right now.

**Chairman:** What percentage of them are former employees of the Department?

**Mr. Michael Sheahan:** I would guess 2% or 3%. It is a small number. I can get the committee the exact figure.

**Chairman:** Does the cut in funding for local authority veterinary services make it more difficult to operate small abattoirs and essentially drive all business through the larger meat plants, such as are represented by Meat Industry Ireland?

**Mr. Michael Sheahan:** Could the Chairman repeat that, please?

**Chairman:** Does cutting funding for local authority veterinary services and positions not inevitably drive all animal slaughtering through the larger abattoirs?

**Mr. Michael Sheahan:** I am probably not the best person to comment on this matter. The local authority veterinary service is under the auspices of the Food Safety Authority. I understand there have been some funding issues and that there was a threat of a funding cut, but that a reprieve had been given for some few months. However, I am unfamiliar with the details of what discussions have been under way between local authorities, the local authority veterinary service and the Food Safety Authority.

**Chairman:** I thank Mr. Sheahan. When did Meat Industry Ireland meet SIPTU?

**Mr. Cormac Healy:** On Monday of this week.

**Chairman:** Meat Industry Ireland appeared before the committee on 10 July and agreed to meet SIPTU. It was only after the outbreak and three counties were locked down that it met SIPTU. Is that correct?

**Mr. Cormac Healy:** We met SIPTU on Monday. We met the committee on 10 July and received a letter from SIPTU around 16 July, as it mentioned to the committee today. We responded within a day or two to try to find a date. I proposed some dates, but SIPTU was not available, so the meeting took place on Monday.

**Chairman:** I thank Mr. Healy.

**Mr. Cormac Healy:** It was not due to our unavailability.

**Chairman:** At our previous meeting, I asked what percentage of Meat Industry Ireland's members paid sick pay, but it was not able to provide that information then. Are the witnesses able to provide it now?

**Mr. Cormac Healy:** Yes. A survey of members was done to try to establish the information. We believe that approximately 20% of the workforce is covered by sick pay.

**Chairman:** I thank Mr. Healy. In response to Deputy Cairns's comments on shutting down meet plants, Mr. Carroll asked "is that where we want to be in our economy" and whether we should shut down after "five, six, or seven or so positive cases". I must put it to him that, the day after it was announced that we would not move to phase 4, the acting Chief Medical Officer cited 12 cases of infection in the hospitality sector over the previous week, which were partly used to justify not moving to phase 4 and opening up many rural pubs. The difference strikes me. We have heard about 30 announced inspections and how many meat plants have not even been inspected. There is a major contrast between how the hospitality sector has been treated and how the meat industry has been treated in terms of inspections and the manpower allocated to said inspections. Can Mr. Carroll tell me what magic touch the meat industry has in Ireland in that it is treated so differently from any other sector? It is treated with kid gloves whereas every other one, in particular, the hospitality sector, is treated with a jackboot by the State.

**Mr. Philip Carroll:** I will not comment on how it is treated. We have no magic wand around any of this. At the beginning, the meat industry was one of those sectors designated by Government to continue to operate and that is what it has done over that period of time. Where we have had problems, we have dealt with those problems with great alacrity. We had no cases for a period of two months, and in the recent case, it had no cases for five months.

We have heard here repeatedly that the problem of compliance does not exist - in other words, everybody is completely compliant with the terms of the engagement with the HSE as regards the protocols. We have particularly heard of the difficulty around the elimination of the virus. All the protocols can do is mitigate the virus but they will not completely clear or eliminate it from any part of society.

**Chairman:** I thank Mr. Carroll. I ask Deputy Lawless to confine himself to a minute. Deputy Durkan, if he is coming back in, will get 30 seconds but no more.

**Deputy James Lawless:** I thank the Chairman. I will be as brief as I can.

It will not come as a surprise to the representatives of the meat industry who are here today that the three counties lay the blame at its door. The three counties have been locked down for what is seen as lax regulation and practices in the meat plant sector. A number of damning stories have been put out in recent days and weeks and I ask them to briefly respond to those. I refer to conditions for workers, perhaps outside the workplace, such as accommodation and transport to work. Were and are they aware of different arrangements? How did workers travel to work? Did they travel in private cars? Were they bused into work? Was that arranged by the employer? How did they get there?

As a final question, are the witnesses aware of workers in the infected plants in the lockdown areas getting accommodation outside of the lockdown areas? That would be very interesting. I refer to workers travelling from a plant a locked down county, where there have been outbreaks, to accommodation outside of that locked down area? Mr. Healy might confirm, "Yes" or "No" as to whether that is happening.

**Mr. Cormac Healy:** On the Deputy's second question, I am not aware. On the first question, all I can say is that, as the Deputy rightly states, much has been said but it does not mean that it is all accurate. What we are here to say, on behalf of the members we represent in Meat Industry Ireland, is that there has been a huge effort. Whether people realise it or not, we have gone through a situation since we met here on 10 July where there were no cases and we now have one outbreak that is a substantial outbreak. Work continues to be done. Therefore, it is unfair to say that we are at the core of all of this. We continue to work on this.

The reality is we worked throughout this pandemic as an essential service. There have been outbreaks and the stringent measures and controls have been reinforced. We have some of the best recommendations and protocols from around Europe in relation to that. They are being stringently enforced. We have got ourselves to a situation throughout those two months where we had approximately five cases up to 4 August. We have had this outbreak. We have to drive even harder now. Not all the answers are there for us in relation to that but it is unfair to say that it is all at our door.

**Deputy Bernard J. Durkan:** I will go back to my previous question in relation to the current outbreaks. I asked the question as to the number of inspections conducted by the HSA in the past fortnight and I extend that to the past month in respect of the locations of the specific outbreaks.

**Dr. Sharon McGuinness:** I do not have the breakdown in individual counties of all inspections but I certainly know that in a number of outbreaks we would have already been in two of those particular sites in the past number of weeks.

**Chairman:** Will Dr. McGuinness provide specifics in writing to Deputy Durkan?

**Deputy Bernard J. Durkan:** I would like that in writing as well as the actions, if any actions were required. Lastly, is Dr. McGuinness satisfied that every possible action was taken immediately if it was determined that there was a potential outbreak in the locations?

**Dr. Sharon McGuinness:** As I stated previously, an outbreak is managed, first and foremost, by public health officials. They are directing not only the employer what to do but they are working with us to ensure the sites are compliant. They take the decision when to close the plant and when to reopen it. We then go there subsequently and unannounced to check if measures are in place.

**Deputy Réada Cronin:** Dr. McGuinness said that the authority was invited to the national outbreak control team in May. That is a long time ago and it is August now. Has the HSA met with the team since?

**Dr. Sharon McGuinness:** We were invited to participate in May, meaning we have been part of the national outbreak control team, which has looked specifically at the meat sector. On an ongoing basis, we have become involved with the local outbreak control teams, as that is the hierarchy. Now there is a new national committee looking at high-risk sectors which includes not just meat and food processing but also the construction sector.

**Deputy Réada Cronin:** I take it the HSA has met since.

**Chairman:** Thank you, Deputy Cronin, but we are out of time.

I thank the witnesses from the Health and Safety Authority, Meat Industry Ireland, Food

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Drink Ireland and the Department of Agriculture and the Marine.

*Sitting suspended at 2.52 p.m. and resumed at 3.20 p.m.*

### **Covid 19: Implications of a Zero-Covid Island Policy**

**Chairman:** We are back in public session. I welcome our witnesses who are physically present in Leinster House, albeit in committee room 2. They are: Professor Anthony Staines from the school of nursing, psychotherapy and community health at Dublin City University, DCU; and Professor Patricia Kearney, professor of epidemiology at the school of public health in University College Cork, UCC. Joining us from London on a link is Professor Susan Michie, professor of health psychology and director of the centre for behavioural change, University College London. Is the link up and running? We live in hope. Also present in committee room 2 is Mr. Dan O'Brien, chief economist at the Institute of International and European Affairs. I welcome Mr. O'Brien and thank him very much for joining us. We also hope to be joined presently on a Microsoft Teams link by Professor Carl Heneghan, to whom I spoke to a moment ago. Professor Heneghan is director of the centre for evidence-based medicine at the University of Oxford.

I apologise to all for this session starting slightly later than anticipated. We went over with previous sessions and we have to take time to clean the room and take a breath.

I advise the witnesses that by virtue of section 17(2)(l) of the Defamation Act 2009, they are protected by absolute privilege in respect of their evidence to this committee. If they are directed by the committee to cease giving evidence in relation to a particular matter and they continue to do so, they are entitled thereafter only to a qualified privilege in respect of your evidence. They are directed that only evidence connected with the subject matter of these proceedings is to be given and they are asked to respect the parliamentary practice to the effect that, where possible, they should not criticise nor make charges against any person(s) or entity, by name or in such a way as to make him, her or it identifiable. For the benefit of Professor Heneghan, if he can join us, and Professor Michie, I have to add that the constitutional protections afforded to witnesses attending to give evidence before the committee may not extend to those giving evidence from locations outside of Leinster House.

Without further ado, I ask Professor Staines to make his opening statement and to confine it to five minutes or less.

**Professor Patricia Kearney:** I will speak first if that is okay.

**Chairman:** Is Professor Kearney making the opening statement?

**Professor Patricia Kearney:** Yes.

**Chairman:** I was misinformed, my apologies. Professor Kearney is welcome. I ask her to make her opening statement and to confine it to five minutes.

**Professor Patricia Kearney:** I thank the committee for the opportunity to speak today and good afternoon to everybody.

I will start by outlining the three reasons we are advocating for a zero-Covid island strategy. The first, of which the committee will be aware but it is important to reiterate what we know

and what we do not know, is that Covid-19 is a serious and scary disease. We heard this morning that workers in meat packing factories are petrified about going to work and that Covid-19 causes death and disability. There is increasing emerging evidence of the long-term consequences, the so-called “long Covid”.

Second, we know that we can stop the virus. There is evidence from different parts of the world where suppression strategies and going on to elimination have been successful. We also know that closer to home, Ireland’s response to Covid-19 early on was very effective. We saw that due to our efforts as a people, we avoided swamping our health service with the so-called surge and worked together to suppress the curve. The problem and challenge that we are facing now is that, more recently, the policy has become one of suppression of the virus to a so-called tolerable level. This is the idea of living with the virus. The challenge with that is that we are always seven to ten days behind the virus in our response. While we saw the success of the efforts that we made together and the declining number of cases, we have seen more recently how quickly that can change. The rising number of cases over the past few weeks has focused minds on where we go next.

The third reason we are here advocating for a zero-Covid island strategy is that we need clear and decisive action. We need our population to understand the goal that we are all working towards together and what we need to do to get there. We have seen that the Irish population can work to flatten the curve and we now need to work together to stop the curve.

I will explain what we mean by our zero-Covid island strategy. We are defining this as the absence for a suitable period of time of community transmission of SARS-CoV-2. How do we get there? We need leadership and we need our Government to be clear that will take a policy of elimination. The types of measures that we will need to take as a population are those that we are becoming increasingly familiar with. These are strong adherence to hand hygiene and cough etiquette with regular hand washing, being really consistent with our physical distancing, the widespread use of masks, especially indoors, and we need to have more active case finding, testing, tracing, and better support for isolation. We are also advocating that there will be no non-essential travel into what we are calling green zones. This is an approach which we will take within the island which my colleague, Professor Anthony Staines, will describe in more detail. We are also advocating for no non-essential foreign travel with testing, isolation and tracking the movements of incoming people at ports and airports. The reason for this is that we will have a shared goal and work together to support the recovery of our economy and society. Professor Staines will now give some more detail on the green zone.

**Professor Anthony Staines:** There are two other pieces in this. There are a number of objections posed to this is a policy, the most fundamental being that all of the pieces that are used to make it happen are imperfect. One of the central messages of public health is that if one does things which are in themselves imperfect but one does several of them, one can get really good results. There is also a great concern about further damage to the economy, which I believe Mr. O’Brien will address in a little while. We simply make the point that the limited evidence that is available, which is from the United States where every conceivable variety of lockdown has been tried and from South Korea where no lockdown was tried, is that the economic damage in a region of those countries was much more strongly related to the amount of infection. It really is the virus that drives the economic damage. This is the same as the message that comes from analysis of the 1918-19 flu.

The logic of the green zones is that there are many areas of the country where there are very few cases and these are mostly rural counties. Roscommon is a good example. In those areas, it

is relatively straightforward to stop the disease completely. As one gets areas to green, one can merge those areas and produce a larger and larger green area which covers the country. That is the position we were in in early June and we can absolutely get back to that position again because we have already done it. One goes from managing one outbreak which is spreading across the country, affecting many different counties, to 26 smaller outbreaks, many of which are tiny and involve single families or individuals and can be dealt with effectively and stopped from spreading effectively. In the areas in which infection is driven to zero, in green zones, which would initially be county-level areas, life can return substantially to normal. The price of that is no non-essential travel into those areas from other parts of the country. The plan is to expand those areas as quickly as possible to cover the entire country, hopefully in collaboration with the Northern Ireland Government, where there is a long history of co-operation, to extend it to cover the entire island.

It is the view of colleagues of ours who have dealt with epidemics of things like Ebola, malaria and cholera in the most difficult circumstances imaginable that this is entirely feasible. It is also a view supported by the evidence from other countries. One gets to the situation in New Zealand. In New Zealand, there has been an outbreak in the past two days which appears to have been caused by failure in the quarantine in one city. In that city, life is severely disrupted but the outbreak will be brought under control and life and business continue on the rest of the island. We are bringing our children back to school in September and it is crucially important that we do so. All the international evidence says that the lower the amount of this virus circulating in our communities, the safer it is for our children to return to school.

The alternative of living with the virus is difficult, as the people of Kildare, Laois and Offaly have discovered in the past week or so. Our expectation is that if we continue to live with the virus, such outbreaks, with rolling closures, will be a feature of life until a vaccine is available. It will be the middle of next year, June 2021 at the earliest if everything goes well, before large supplies of a vaccine are available for our population. If things do not go well, it could be a lot longer and we could be waiting for quite some time for a vaccine.

**Mr. Dan O'Brien:** Every country now faces extreme and unprecedented uncertainty. Never in my lifetime has it been more difficult to predict how the economy and indeed the world will look in a year's time. The scale of the human cost of Covid-19 is well known and well articulated by those with medical expertise. The scale of the impact on livelihoods is less clear at this juncture even if it is visible in plain sight almost everywhere one looks.

I have two opening observations. Economies are like living organisms. A view commonly espoused since the pandemic struck is that they can be placed in deep freeze, but they cannot. Just as human cells quickly start to die off when starved of oxygen, the businesses which form the economy die off if deprived of trade.

My second observation is that the greatest economic cost of Covid is not the deficits governments almost everywhere are running in order to increase healthcare provision, support household incomes and save businesses, however huge those deficits are. It is instead the economic activity that has not happened as a result of the pandemic. The wealth that is not being created or the wealth that has been lost has been lost forever and this will have consequences down the line.

The scale of the slowdown in economic activity is becoming clear slowly as economic indicators for recent months become available around the world. Only yesterday our nearest neighbour, the United Kingdom, reported its figures for gross domestic product - the widest measure

of economic activity - for the second quarter of this year, which was the worst period of the pandemic. In April, May and June, wealth creation in the UK collapsed by almost a quarter compared with the final quarter of 2019. That is a contraction utterly without precedent. The eurozone and the United States, which are, along with the UK, Ireland's most important trade and investment partners, have recorded slightly smaller contractions, albeit ones of historically large magnitude. Irish GDP data have yet to be published for that period and there is reason to believe that the headline contraction in activity here will be slightly less than in peer countries. However, there is also no doubt about the scale of the shock to the Irish economy from a range of available indicators, most notably those from the labour market. The latest data from the Central Statistics Office show that 500 million people were in receipt of jobless benefits of some kind in July. That figure is higher than at the worst point of the previous recession, which was itself a historically deep recession. Almost as many people again are having their wages and salaries subsidised. If one includes public sector workers, approximately half of the entire workforce is being supported by the State.

The single most important factor in ensuring the State can borrow to pick up the cost of these emergency measures is the willingness of the European Central Bank, ECB, to effectively print money. The ECB is committed to maintaining its pandemic purchase programme into next year. When and how it unwinds this programme is yet another source of great uncertainty.

As recently as 70 years ago, seven people died every day on average in the Republic from tuberculosis out of a much smaller population. The emergence of Covid-19 is in some ways returned to past times when fear of contracting a deadly disease was so prevalent. Our parents, grandparents and the generation before them lived with that disease. We will have to find ways of living with Covid as they did with tuberculosis.

**Chairman:** I thank Mr. O'Brien. We will try the link with Professor Heneghan again. There seems to be a problem. We can see Professor Heneghan perfectly but unfortunately we cannot hear him, although the IT unit can hear him. I think the problem is at our end. Perhaps we will suspend for five minutes. Professor Staines wishes to make a suggestion.

**Professor Anthony Staines:** Perhaps we could hear from Professor Michie while we wait for the technology to be dealt with.

**Chairman:** Professor Staines may have to take off his mask to be heard better, I am advised.

**Professor Anthony Staines:** I apologise. It might expedite matters if we hear from Professor Michie while we are waiting for the technology to be sorted out.

**Chairman:** I did not realise Professor Michie was to give an opening statement. Shall we hear from her?

**Deputy Bernard J. Durkan:** Yes.

**Chairman:** Professor Michie may go ahead. It seems we have the same problem. Can Professor Michie speak to us? We cannot hear her, I am afraid. We will have to suspend for five minutes while we get this problem sorted. I thank the witnesses for bearing with us.

*Sitting suspended at 3.40 p.m. and resumed at 3.45 p.m.*

**Chairman:** I will go to Professor Heneghan. I am told that both links are working so let us hope that is the case. There was a time when every session here began with a prayer. Those of

us who believe in the power of prayer can pray. Can Professor Heneghan hear us now?

**Professor Carl Heneghan:** Yes, I can hear you fine, Chairman.

**Chairman:** That is great. I invite you to make your opening statement, which is limited to five minutes. I am very sorry for the inconvenience with the video link. I thank you very much for bearing with us.

**Professor Carl Heneghan:** That is not a problem.

I have heard the opening arguments. There are two schools of thought between endemic disease versus this strategy of elimination and I think it is incredibly important that the first thing one does is be very clear about what that actually means. Words like “suitable period of time” are unhelpful given the uncertainties, so one needs to be very clear about that definition. If one thinks about endemic, then it is a disease or condition that is regularly found among people in a certain area.

What we know is that this pathogen is now endemic in every part of the world. I will come back to New Zealand, but it is out there. The idea that we are going to eliminate it globally is a misnomer now. It is a problem if one is pursuing that path. When one refers to an elimination of a disease, then that is a deliberate effort that leads to a reduction to zero of the incidence of an infection caused by SARS in a defined geographic area. It is also important whether one is talking about Ireland or about southern Ireland. One can class elimination from a specific region without it being eradicated globally. There are examples of that like polio and measles, but it is important to understand that there are only two pathogens that can come under the list of where we have had complete global elimination of diseases: we have got smallpox and rinderpest. They have three things in their favour when one goes for elimination. They have an effective vaccine in place. They have no animal host as humans are the only vectors. Third, they have a political will globally to succeed in elimination. When I hear that school of thought around elimination I ask how are we informing this on what we have done previously. How are we considering that this is a zoonotic pathogen that communicates to animals and back, and has multiple routes of transmission?

The fact has been alluded to that lots of people use New Zealand as an example, and there are some helpful examples between it and Ireland. The countries have a very similar population of about 4.9 million, but in terms of density, we are talking about 15 per sq. km in New Zealand, whereas there is about a fourfold increase in Ireland. Ireland is much more densely populated than New Zealand. In addition, when one talks about New Zealand, one has to consider that its nearest neighbour is more than 1,000 km away, that is Australia, which is also one of the least densely populated countries in the world. I think that any comparison with New Zealand is unhelpful because not only is it locking down, it has to lock out. One cannot have a sort of all-or-nothing strategy. There must be a strategy. Where countries have done this, such as in Hong Kong or New Zealand, we are talking about quarantine in hotels for two weeks and testing. Once people are let out, problems emerge. That is important.

With evidence gathering there is much uncertainty about what will happen next. We can look at the age structure of Ireland, for example, with a median age of 36.5 compared with 40.5 in the United Kingdom. We modelled this and examined deaths and there would be 10,000 fewer deaths because of that age structure. When people are doing comparisons, they must really bring in nuanced evidence to understand it.

We are talking about an elimination strategy and I have read the emails, and there is much emotion about such matters. We try to focus on the evidence. Whatever the strategy, and whether one is in the Sweden camp or the Spain camp, where they locked down very hard instead of keeping society going, there is the same problem that we have and that Ireland has. In Ireland, 62% of deaths were associated with care homes. It is still not clear to me why governments and their policy have not understood that this is where the problem is.

Looking at the age structure of who is affected by the disease, I have never seen a disease like it where age has such a major impact. We should remember that with influenza we saw many deaths in people under five but we are not getting that problem now. Fewer than 400 people aged under 50 with no comorbidities have died of Covid-19 in the United Kingdom. That is an incredibly small number. We can assume that the biggest problem in the middle age group is dealing with comorbidities and this is most important. The decision today if we go down the elimination strategy is to make it exactly clear what is being done, what evidence this is based on and, in doing that, what may potentially be ignored where the strategy is more important. I still do not see the urgency around protecting care homes and thinking through the issue.

**Chairman:** I thank Professor Heneghan. I invite Professor Michie to make her contribution. I hope I am pronouncing her name correctly.

**Professor Susan Michie:** It was originally a Scottish name. I am a part of the United Kingdom Government's Scientific Advisory Group in Emergencies, SAGE, specifically the behavioural science advisory group. I am also a member of Independent SAGE, which works in parallel with the Government's SAGE committee.

Independent SAGE has really considered the evidence for many of the issues that have arisen. The three overarching concerns we have been addressing is how to minimise death and disability, how to promote and help to maintain as many jobs and get the economy going as efficiently and as soon as possible and also how to open schools safely. When it comes to jobs and workplaces, we are also talking about safety.

Our view is we have approximately three to four weeks before the autumn, cold weather and a decrease in the level of ultraviolet radiation sets in that will pose new challenges for us in driving down Covid-19. The influenza season will also set in. We speak about elimination but I will clarify the terminology, as I believe Professor Heneghan was referring to eradication. That is not what we are talking about; we are talking about elimination.

I could use the analogy of fires. In Ireland, like the United Kingdom, there is a zero fire policy, which means we want no fires and we take every measure we can to ensure, as much as we can, that there are no fires. However, we know fires will occasionally break out and we have systems in place to jump on those fires quickly so they do not spread into the awful examples we saw in Australia last year arising from large forest fires. That is what elimination and zero-Covid means.

I will try to add to what has already been said. We feel very strongly that health and wealth should not be pitted against each other. We want to increase business and consumer confidence. To achieve both of those things we need transmission rates in the community to be at an absolute minimum alongside effective test, trace and isolate systems and, as has been previously said, border controls. As a behavioural scientist, I am especially interested in the behavioural aspects of the test, trace and isolate system, which needs to be addressed to make it effective. I am sorry to say we have not yet achieved that in the UK for various reasons which we may get

on to.

Would the population really go with what is needed to eliminate coronavirus and reach a Covid-zero situation? It would mean over the next three or four weeks taking every measure, which includes restrictions and probably more restrictions than Ireland has at the moment on the basis that it would then allow the certainty and confidence which the business community and the population in general so want to be able to get on with their lives and their jobs.

The experience in Ireland, as in the UK and many other countries, is that when it is explained to the population why measures are needed, even though those measures require sacrifice on their behalf, they will adhere to them as we saw with the original lockdown. A couple of things are really important here. It is not only telling people what to do, but explaining the rationale so that people understand it. I believe that people would understand a zero-Covid policy if it was put to them. Also required is trusted leadership to communicate that in appropriate ways to the population and to do so with an understanding of which parts of the population find adherence most challenging. In the UK, as I suspect is the case in Ireland, it is young people and especially young men. It is very important to tailor strategies to those groups, using role models of various kinds like sportspeople, musicians and other celebrities.

This needs to be done in partnership and in consultation with the community so that as much as possible the policies are thought through together and the strategies to achieve the aims of the policies are co-produced with the community and not imposed from the top down on the community. I am happy to expand more on these points and other points during discussion.

**Deputy David Cullinane:** I thank the many witnesses who are taking part. I may not be able to get to everybody. They are very welcome and I thank them for their contributions.

I address my first comments to Professor Kearney. The first question people will ask is what the difference is between a zero-Covid strategy and the strategy currently in place in the State, especially on the back of the new colour-coded system announced yesterday. What would be the red line issues or key differences between what is in place in the State and what is being advocated? That is a general question but I have a number of specific questions on the opening statements and some of the material provided to us in preparation for the meeting and I want to tease some of it out.

On non-essential foreign travel, I agree with testing, isolating and tracing the movements of incoming people at ports and airports. I know there was some discussion and movement by the Government on this in recent times. We have been told that NPHET and other advisers have argued against testing at airports because they believe it to be ineffective. Why would Professor Kearney think that is the advice and what is her view on what type of testing and tracing needs to be done in respect of travel?

**Professor Patricia Kearney:** I will take the Deputy's question on what is different about the zero-Covid strategy first. I suppose it comes back to the distinction made by Professor Michie between eradication versus elimination versus suppression. To be clear, eradication, which Professor Heneghan spoke about, is when the virus is gone completely from the world. That is not what we are proposing. Elimination, which we are talking about, involves eliminating community transmission. We understand that there is still the possibility that people will cross our borders and come in but we would have appropriate measures in place so that if a person who is Covid-positive comes in, we can detect that, he or she can be isolated and we can avoid any further transmission of the virus. That, essentially, is an elimination strategy.

We eliminate community transmission. What we have in Ireland at the moment is suppression. That made sense early on when we were still learning about this disease and when the focus was very much on not overwhelming our health system. It was also informed by responses, for example, to flu outbreaks. It was very much about trying to flatten the curve. What we have learned, and what is very clear in our experience in Ireland in the past few weeks, is that this virus will bounce back if given the opportunity to do so. We need to go that bit further beyond suppression to elimination.

**Deputy David Cullinane:** What about in the context of travel?

**Professor Patricia Kearney:** I am not privy to the advice NPHET has been providing on non-essential travel or what the decision-making is there. I can say-----

**Deputy David Cullinane:** Maybe I was not clear, and perhaps another witness can also take that question on whether part of the strategy should be testing as part of travel. I believe that the advice given so far has been that testing at airports is not really that effective. I am of the view that testing should be in place, but we are being told that that was partly the advice that was given up to now. What is the international evidence? Can the witnesses define for us the importance of testing at airports and why it would be helpful and necessary?

**Professor Patricia Kearney:** Testing is certainly part of the response but, and my colleague, Professor Staines alluded to this earlier, none of these measures, in and of itself, is perfect. There are problems with testing with potential false negatives, for example, and around timing whereby testing gives a result at a point in time. It is, however, part of the response. Around the world, we see the different measures and approaches being developed with regard to whether people have to test before they travel and whether they are tested again on arrival and during their isolation period. We put forward, and we agree, that in the first instance we take the elimination strategy and then work to figure out what is the best way to incorporate testing in the overall approach.

**Deputy David Cullinane:** I want to follow through on the briefing document we received on a zero-Covid island policy, and some of the material setting out how we get there. One of the things was making sure that essential travel is important, and that if people are coming here it is only for essential travel. The document says that the responsibility for deciding what is essential travel lies with the individual. Some would argue that this is part of the problem and that it would be better if we had definitions of what is deemed to be essential or non-essential. Why is it the case that the group has opted to leave it to the individual to decide that as opposed to perhaps more clear definitions?

**Professor Anthony Staines:** The question on what is essential travel is very difficult to answer. There are lots of edge cases and there are many people who have a good reason in their own minds for travelling. Others, however, might not feel that it is a good reason. From a practical perspective, the person will make the decision anyway because he or she is the person who decides to travel or not. By placing the responsibility squarely on the person and saying "If you feel you need to travel then that is your choice but you must be willing to justify it", we are pushing back responsibility to the community. We are saying to people that we trust them to make reasonable decisions. Not everyone makes reasonable decisions. Again, this is imperfect, but the alternative is having a kind of "Is your voyage necessary?" checklist and some kind of travel-monitoring police at the airports and county boundaries. That is not very practical either. It is about getting people to think about why they want or need to travel. Sometimes they will make the decision that they do need to travel, and sometimes they will not. There are peculiar

issues, such as the town of Blessington, for example. It is in Wicklow but part of it is in Kildare. Does that mean that the people who live in the few streets in Blessington that are in Kildare have to go to Newbridge to shop, or can they go 100 yd down the road and shop in Blessington? Clearly, they will do the latter. We are telling them to think about it before they go.

**Deputy David Cullinane:** I agree with Professor Staines that it would be almost impossible, never mind practical, to have definitions that would have to be enforced by police or port authorities. My question was more about having an advisory mechanism, because with clearer definitions, people might better understand what was deemed to be essential and non-essential, as opposed to making judgments that in the end may be wrong.

**Professor Anthony Staines:** It would make sense to expand the advice with a list of practical examples. We have not done so in this short document, but we have considered what might be necessary travel and what might not. For example, if someone is travelling for work and has to work in person at his or her place of work, that is essential travel. However, if that person could work from home, and it is feasible for him or her to do so, he or she should not travel. Working from home may not be feasible for everyone doing the same job. One person may be able to work from home while another may not.

**Deputy David Cullinane:** I just have one more question for Professor Staines, and one for Mr. O'Brien, in the few minutes I have left. In the section of his statement discussing the goal of the policy, Professor Staines stated that "no large events will be allowed". How does that differ from the restrictions on numbers for outdoor events that are currently in place? What is the difference? He also referred to "[s]trict control over unsafe high density housing". What would that look like?

**Professor Anthony Staines:** The restrictions on large events would look pretty much as they are now. If the case numbers were rising, NPHE might wish to reduce that number. I think the limit is currently 100 people indoors and 200 outdoors, or 50 indoors and 200 outdoors. I do not remember the exact numbers. That would not be substantially different from what we have now.

One of the things we know about this virus, both from the experience in our country and other countries, is that it seeks out the weak points in a society. In our case, it was nursing homes. As Professor Heneghan has pointed out, many of the deaths in Ireland occurred in nursing homes and in many cases the virus was brought into the home by staff members. It is very important that people have access to living conditions that allow them-----

**Deputy David Cullinane:** I have to stop Professor Staines as we are tight on time and I wish to put a question to Mr. O'Brien. What elements of the plan that has been presented to us would Mr. O'Brien find objectionable? That might be too strong a word, but perhaps he finds them impractical or problematic. Some of the measures seem to amount to better enforcement of what is already in place or getting a bit stricter on some of the recommendations for individuals, as opposed to anything that would be overly problematic from my perspective. From Mr. O'Brien's perspective, what are the more problematic or less practical measures that have been advocated here?

**Mr. Dan O'Brien:** Is the Deputy referring to the lighting system proposal?

**Deputy David Cullinane:** I am referring to the zero-Covid Ireland plan.

**Mr. Dan O'Brien:** The question is what is success in the zero-Covid plan. Let us consider

New Zealand. What happens to New Zealand if, a year from now, it is successful and there has not been a single case but the rest of the world has opened up? It will have to continue this policy of effectively sealing itself off from the world. If there is no vaccine, how long will it go on with that? Will it go on for one year, two or three years? It may eventually decide that this is not a sustainable policy and while it has been successful, it is going to have to open up. It will then have to go through what the rest of the world has gone through. I think the chances of success for that sort of policy are very low and that is before taking into account the issue of having two jurisdictions on one island, of which the Deputy is well aware. To make an observation on the politics in the Northern jurisdiction, there seems to be very little probability of the devolved Government there agreeing to sealing off travel with Britain. It does not seem to me to be achievable politically or otherwise.

**Deputy David Cullinane:** Is Mr. O'Brien saying that while, in the short term, it might deliver benefits he does not see it as a long-term solution?

**Mr. Dan O'Brien:** It is possible. We all have to admit that we just do not know and that the professors here could end up being correct on this. Perhaps New Zealand's approach is the correct one. We have to accept that we just do not know. New Zealand might come to the point where they decide they have been successful on this but there is no vaccine globally and they will have to try something else. It just does not seem to me to be a feasible option.

**Chairman:** Could I ask a brief follow-up question for clarity? It is for Professor Staines and Professor Kearney. Do I understand correctly that the zero-Covid approach requires the Republic of Ireland either to seal its borders with the rest of the world, including Northern Ireland, indefinitely until the rest of the world sorts out the Covid problem or the island of Ireland together seals its border with the United Kingdom? I am not an expert on Northern Ireland politics but I think that would be distinctly unpalatable to at least one political tradition in Northern Ireland. Whatever about sealing its borders with the rest of the world, sealing its border with the United Kingdom might be difficult, at the very least.

**Professor Patricia Kearney:** To be clear, we are not suggesting that we seal our Border. It is important to mention that Scotland, which shares a land border with England, is clearly advocating an elimination strategy and is going about trying to implement that. The Independent Scientific Advisory Group for Emergencies, SAGE, is clearly advocating for a zero approach across the islands of-----

**Chairman:** One can drive from London to Edinburgh to Stranraer to Banbridge without any checks whatsoever. One can drive from Banbridge to west Cork without any customs checks.

**Professor Patricia Kearney:** The reason our group is called Zero-Covid Island is because we are an island and it makes sense for us to work together. Separate from the political challenges, there is a history of us working together across health. There has been clear interest in Northern Ireland in taking a zero-Covid approach. We know that the route between Dublin and London is one of the most popular in Europe. In terms of some of the concerns expressed about the consequences if we were to succeed with this approach, the reality economically would be that we could get our economy up and running in Ireland and in the UK and then work together. As other places successfully eliminate the virus, we would continue with that travel. To be clear, we are advocating that people will still be able to come to Ireland. For example, people come here to study to be future doctors and nurses who will be needed to fight this infection internationally. Appropriate processes need to be put in place to make sure that people who need to travel do not transmit the virus, going back to the idea that our goal is zero community

transmission.

**Chairman:** I thank Professor Kearney.

**Deputy Colm Burke:** I thank the witnesses for their presentations. I ask Mr. O'Brien about the Irish economy contracting. What stage are we at now? For instance, if we are in the same position with regard to trying to control the spread of the Covid-19 virus this time next year, what can the Irish economy handle in that difficult scenario? Many businesses are seriously affected by the pandemic, although some are not affected. What is the highest risk business if the challenge facing us continues as is?

**Mr. Dan O'Brien:** The recession that the Irish economy and most peer economies have plunged into is the most dramatic and frightening I have ever seen or can be found in available data. That is the negative part. The slightly positive part is that most economies have bounced back a bit. They are well below what they were and how they functioned. Much of the bounce is being caused by governments rightly stepping in and giving significant support to households and businesses, but how sustainable that is over a longer period is questionable.

It is clear that any industry which involves people mixing together is facing very difficult times regardless of what policy choices are made - anything to do with travel and hospitality and, in second place, retail. That is because people are concerned about going indoors and some have lower incomes and feel they must save for precautionary reasons, which has a demand impact for retail. The retail sector is in second place in terms of vulnerability.

**Deputy Colm Burke:** We must also take into account Brexit, which is only six months down the road in real terms. If an arrangement is reached between the EU and the UK, we should come out of it on the right side. However, if an arrangement is not reached, what will be the consequences and how will they add to our problems?

**Mr. Dan O'Brien:** The risk of import disruption may have been underestimated. We import a considerable amount from Britain. The risk of disruption, particularly in the case of a no-deal outcome, is something of great concern for all businesses and for the economy more generally. Agriculture, particularly the meat industry, is facing a difficult situation regardless of whether a deal is reached. It looks likely that even if a deal is reached, there will be implications for agricultural produce going to the UK, if not immediately, then over a longer period. This issue is coming down the line within a short time. On the export side, it will be most serious for the agriculture sector.

**Deputy Colm Burke:** I wish to ask Professor Staines a question. Is he satisfied that Covid-19 has been handled in the best possible way to date? Are there particular pitfalls that we need to watch for over the next six months that are not currently being monitored or planned for properly? Will he go through his concerns in that regard?

**Professor Anthony Staines:** Covid caught every country on Earth on the hop. The virus is different from influenza and all of our pandemic planning had been focused on a recurrence of the influenza virus. We managed to avoid our health service being overwhelmed, which was not guaranteed when we started. That was an achievement. We managed to bring the rates of viral infection down to very low levels by the beginning of June. Again, that was not guaranteed, but it was done. The area in which we probably made the greatest mistakes was that of nursing homes. I am the chairman of the board of St. Michael's House, which is a large service for people with intellectual disabilities. Within hours of hearing about Covid, we were making

plans to keep our residents safe. I am ashamed to say that it never occurred to me to think about nursing homes until many deaths had occurred in the homes. I do not think anyone anticipated, as Professor Heneghan indicated, that this virus would prove so lethal to older people.

In terms of what we need to do now, our biggest weakness still is the test, track, trace and isolate function of the HSE. This has improved beyond all recognition but it has been scaled back over the past few weeks as the number of cases fell. As cases are bouncing up again, it is clear that we will need a permanent solution to testing, tracking, tracing and isolating. We are not doing enough tests yet but we have the capacity to do that. I am aware that there is work going on in the HSE as I speak to increase the capacity for case tracing Covid. I find that very reassuring.

**Deputy Paul McAuliffe:** It is incredibly interesting listening to experts at different points in the debate discuss matters with each other. In many ways, perhaps us listening to that more would be useful but I suppose where we, as public representatives, can contribute to the debate is in our experience of dealing with the general public. There was much talk at the beginning of this pandemic about flattening the curve - a well-understood and well-communicated concept - but when we got to the end of the process in that regard, we did not have a conversation with the people about the point at which we wanted to plateau. Looking at the United States, it is clear that it is plateauing at a very high, and perhaps unacceptable, rate. Then one looks at Ireland and Scotland, which have a much more conservative approach, and New Zealand. We must yet have that debate with the public because, even at the height of the pandemic and the debate on flattening the curve, there were people who clung to the rules and who wanted more rules and there were those who were willing to ignore them. In the past week or two, I have noticed increasingly different shades of opinion, with some even saying they do not believe this pandemic is real. It is clear that the pandemic is real and that is having a real impact on people's health and lives, but what is being said by some demonstrates how we need to bring the public with us in whatever debate we have.

On Professor Staines six recommendations regarding how we get to a zero-Covid island, a previous speaker indicated that it is really about a stricter implementation of what we currently have. I refer, for example, to the communications strategy in respect of hand hygiene and social distancing, the increased use of masks indoors, the commitment given by the Minister yesterday that we will sustain the level of track and tracing, the closure of some counties - and the consequent prevention of travel - and the instruction by Government on non-essential foreign travel. At the same time, we are leaving the latter to the discretion of individuals. In many ways, Ireland is pursuing the strategy which Professor Staines has outlined. Am I correct in saying that he would like to see the prevalence of the disease plateau at a lower level? In many ways, we have made the decision to try to be as conservative as possible.

**Professor Anthony Staines:** I thank Deputy McAuliffe. From my perspective, we are trying to do something very difficult. We are trying to live with this virus. The Government has articulated that policy clearly. However, it is very difficult to keep the number of cases at 20 or 30 a day. The likely outcome is that we will have periodic flares similar to those in Kildare, Laois and Offaly in other parts of the country. The endgame is that this will continue until such time as a vaccine becomes available. Hopefully, a vaccine will be available by the middle of next year but, as Mr. O'Brien articulated, if one never becomes available, we have to think about this differently. I am optimistic that there will be a vaccine in the not-too-distant future. The problem, from a businessman's perspective, is that one never quite knows. A hotelier was interviewed in Kildare - it was a small family-owned hotel - who bought in €8,000 worth of

food for an event at the weekend. All of that money is now gone. That is a substantial hit for that person and that business. It becomes difficult for businesses to make plans, particularly small, family-run businesses, which make up a large part of employment both in urban and rural Ireland. Businesses crave some level of certainty.

The other side is that of opening schools. What does one do if, for example, we open schools in Clare, as we fully intend to do at the beginning of September, and then a week later there is a lockdown in the county? The lower the circulation of the virus in the community, the safer the schools are. The basic point is that low-level circulation of this virus is like a fire in the wall of one's house. It is hard to confine it to one small area of the wall. It is likely to spread unpredictably. Bringing the virus down to zero, as the Deputy described, is an intensification of the measures we are currently taking. We would advocate for, at least, discussion of the idea of green zones.

**Deputy Paul McAuliffe:** On county travel, for example, given the incidence of Covid in Dublin, would Professor Staines close travel for people living in Dublin?

**Professor Anthony Staines:** Probably not. It does not make sense particularly to do this in a haphazard way. It makes sense to do this as part of a clear national strategy. The Deputy put his finger on it. The Government is elected. I am not elected. Nobody elects me to be here talking to the committee. The committee members are elected and they have to have the conversation with the Irish people to see if they feel persuaded by the argument that we have put forward and then to implement it. The big difference between what we are doing right now and what we are suggesting is the addition of restrictions on travel across county boundaries for non-essential travel.

**Deputy Paul McAuliffe:** Given the current numbers, which counties, other than the three which have been locked down, would Professor Staines lock down?

**Professor Anthony Staines:** I would not lock down any counties. Locking down is the wrong way to think about this. What one is trying to do is turn this from a national epidemic, which is what we have at the moment, into a series of local epidemics that one can kill off one at a time. As one kills them off, life opens up in those areas in which the virus has been killed off but people cannot freely come into those areas from other parts of the country.

**Deputy Paul McAuliffe:** For example, today we had representatives from the constituencies impacted by lockdown. Would Professor Staines consider it okay for them to travel outside of their affected counties? Yesterday, I met a woman from Portlaoise who travels to work in Dublin each day. Would she be permitted to travel? Would someone returning to a sick relative in another county be permitted to travel?

**Professor Anthony Staines:** This comes back again to the idea of non-essential travel. If one needs to travel for work, then one needs to travel for work. That is essential travel. If one can work at home, one does not need to travel for work. Then it becomes non-essential travel. If one needs to care for somebody, I would argue that it is essential travel.

This is not about having gardaí standing back to back, linked arm to arm around the borders of the counties. Even if we wanted to do that, we could not do so. This is about asking people in the counties if they need to travel. If they need to travel, then off they can go with the blessings of God on them. If people do not need to travel, then they should not travel and should stay in their county. That lets us pick off the epidemic in pieces.

**Deputy Paul McAuliffe:** I am straining to see how that differs from the current strategy which talks about holding firm, as well as caution among the general population, and then quite severe local restrictions in each county.

**Professor Anthony Staines:** I think we would get less severe restrictions across all counties. It has never made great sense to me that pubs that serve food are open or were allowed to open while pubs that did not serve food were not allowed to open.

We have risk-based assessments. If, in a particular county, cases start spreading wildly, then we take more drastic action. However, we are doing it at county level and we are doing it with a purpose in mind. We are not saying that this week we are closing Kildare, next week we are closing Donegal and the week following that we are closing Galway. We are not playing whack-a-mole with outbreaks of the virus throughout the country. We are trying to get ahead of the virus.

**Deputy Paul McAuliffe:** The Chairman has indicated I have only 30 seconds left.

**Chairman:** Professor Heneghan, do you wish to come in?

*(Interruptions).*

**Chairman:** I am afraid we are back to our sound problems. Can we try one more time to get Professor Heneghan?

*(Interruptions).*

**Chairman:** We can ask whoever is working on our information technology to see what can be done. We can go on to the next speaker and then bring in Professor Heneghan. We will know when the link is up-and-running again properly. I apologise again.

**Deputy Paul McAuliffe:** I apologise for cutting across Professor Staines.

**Chairman:** I had indicated that Professor Heneghan was indicating that he wanted to come in. The next speaker is Deputy Jennifer Carroll MacNeill.

**Deputy Jennifer Carroll MacNeill:** Can we hear from Professor Michie? Do we have the same issue? I want to check in advance - perhaps we do not.

**Chairman:** Both links are down. There seems to be a problem with the sound.

**Deputy Jennifer Carroll MacNeill:** We will go on anyway and perhaps come back if the opportunity arises. This is why I wanted to bring in Professor Michie. It is around the behavioural aspect of what Professor Staines said about pubs and the difference between having a meal and not having a meal. As I understood it, one of the big issues was impacting the behaviour of people while they were there. Having a meal tends to keep people seated rather than moving around the pub. Is this what Professor Staines is saying? Is it the case that so long as behaviour is changed and so long as people are seated and distant, then the meal is irrelevant? It is the behaviour that is important. Is that it?

**Professor Anthony Staines:** Largely, pubs have regulated themselves. There have been exceptions. There is an issue with several pubs in Ireland. We could adopt a model they have in Belgium. If there is misbehaviour in a pub there in respect of Covid-19, the pub is closed for 14 days and the owner of the pub is fined. Here, it depends on waiting for the next licensing

sessions, which could easily be a year or two years away.

**Deputy Jennifer Carroll MacNeill:** In fairness to some of the publicans, it is not always within their control how every person moves or behaves at a given time. Part of the effort is to try to keep people seated and stop them moving around, as they would have been used to doing behaviourally beforehand.

I wish to follow up on Deputy McAuliffe's questions. What is Professor Staines suggesting? Is the idea that if I live in Dublin, then I stay in Dublin unless I have an essential work or a care reason to go elsewhere? The idea is that I do not choose to go on holidays in Louth, Galway or anywhere. I make a choice to stay within my county or I am asked to stay within my county. Is that it? Are we essentially going back a stage to where we had been earlier, where people stayed within their area for reasons of managing localised restrictions? Is that it?

**Professor Anthony Staines:** Yes, essentially. The restriction would be at county level because that is easy to communicate. Obviously, some sense has to be applied for people who live close to the borders of counties and those who live close to the Border with Northern Ireland. Many people in the northern counties cross the Border both ways for work and family reasons. That is one of the things we have done in the past that we might need to go back to.

**Deputy Jennifer Carroll MacNeill:** I understand. To follow up on the Chairman's question, I still was not clear on what is being suggested by Professor Staines and his colleagues for the management of the Northern Ireland and Border issues. What do the witnesses specifically propose we do in monitoring that?

**Professor Anthony Staines:** What we do is work with Northern Ireland. When one looks at the figures, the large majority of visitors to the island of Ireland come through Dublin Airport. Even two thirds of the visitors from the United Kingdom come through-----

**Deputy Jennifer Carroll MacNeill:** I am sorry to interrupt but time is short. I saw that detail in Professor Staines's opening statement but I am asking what he specifically proposes that we do in management terms about the fact that people cross the Border.

**Professor Anthony Staines:** We cannot close the Border. It is not possible so we will have to live with the system we find ourselves in. If we have clear messaging and responsible behaviour on the part of the people involved, we can deal with problems as they arise but there is no way to close the Border between the North and the South and it is most unlikely that it would be possible to close the border between the rest of the United Kingdom and Northern Ireland. I do not see that happening under any circumstance.

**Deputy Jennifer Carroll MacNeill:** I totally agree and that is one of the practical problems with trying to implement something like this. It is a genuine practical issue that has always been the case. I want to ask about the section in Professor Staines's opening statement that refers to a vaccine. While there has been extremely interesting progress on finding a vaccine, we cannot rely on that or hope too much. Will Professor Staines talk to us about the advances we have seen in the treatment of Covid-19 and the effectiveness of same? Might that provide a countervailing balance of some kind to the development of a vaccine or to delays in the development of a vaccine?

**Professor Anthony Staines:** Treatment is not my specialist area but my understanding is that the treatment of people who are severely ill with Covid-19 has been substantially improved by the use of dexamethasone and proning, which essentially is the act of nursing someone face

down. That improves the patient's ability to ventilate for reasons I do not understand.

**Deputy Jennifer Carroll MacNeill:** I know Professor Staines said that is not his specialty but there have been some interesting studies carried out by Professor Paddy Mallon and others.

**Professor Anthony Staines:** Yes. They are fascinating but that does not address the question of long-term side effects. One of our real concerns about this virus is the increasing evidence of long-term side effects in people who have often not been seriously ill but who were left quite disabled afterwards.

**Deputy Jennifer Carroll MacNeill:** That is something the committee has discussed in some detail with Dr. David Nabarro. Do I have much time left?

**Chairman:** No, but the Deputy is free to come back in at the end. Our link is working and Professor Heneghan indicated he wanted to come in so we might go to him.

**Professor Carl Heneghan:** Can members hear me?

**Chairman:** Yes, we can. Hallelujah.

**Professor Carl Heneghan:** There were some questions about different issues. We are talking about many more clear policies to get down to zero and then when there is a period of zero it is time to open up and that is what New Zealand's policy is. There are 30 or 40 other circulated pathogens at any one time. Respiratory pathogens are a complex issue. People are coming forward with simple proposals to say we will have a zero-Covid policy and that we can have non-essential travel, etc. If we go down that line, we have to be clear and the policies have to say we will follow a path to zero Covid. That is what people are talking about but the message cannot be fudged thereafter. Once anything else is allowed, it will be a question of mitigation.

The second issue relates to some of the evidence that has just been mentioned. For instance, admissions into intensive care units have gone down from 12% to 4%. The rate for people going on ventilators has gone down from 90% to 20% in England and survival has gone up from 50% to 80% so there has been a radical change in outcomes in the three-month period. It is about being clear, and if one is clear that one wants elimination, one must have a clear hard-hitting policy to get to zero. If not, it is not elimination.

**Professor Susan Michie:** Could I come in to reply to the behavioural questions?

**Chairman:** Yes, please.

**Professor Susan Michie:** The question was raised about meals versus no meals as well as other questions about behaviour in terms of non-essential travel and how people would respond to borders and test, trace and isolate. In all these situations three things need to be in place. People need to have the knowledge of what they are and are not allowed to do, and for that clear and consistent information must be provided. Secondly, they need to be motivated; I will come back to that. Thirdly, they need to have the opportunity, and use of environment is extremely helpful in terms of supporting behaviour change.

In terms of pubs, I mention meals versus no meals, absolutely, as was suggested. If people are sitting down and those seats are spaced then one is much more likely to have social distancing than if people are moving around. We know that alcohol disinhibits behaviour. We have seen with alcohol that even when people have good intentions or are motivated, after a couple of drinks they forget and hug each other, are near to each other and are face to face, etc. Eating

food tends to reduce the amount of alcohol consumed and the impact of the alcohol on people's behaviour.

I agree with Professor Heneghan that in order to get to zero Covid there needs to be clear, specific, precise policies. The statement being presented today is about an idea and it needs to be followed up with a statement about what those policies will look like. However, in all the cases it is important to motivate people and to take the population with the Government, as I have said before.

One thing that has been shown to be effective in that regard is getting people to think not just about themselves but about their families, their communities and societies. We need to get people to think about the "we" and about other people. It is about using a moral leadership to motivate people to comply with adhering to the spirit as well as, if relevant, the law of what is essential travel. It is about getting tested when one suspects one is ill, giving contacts, which is often a tricky thing to do, and about isolating. These are difficult things to achieve and one needs public health expertise to achieve them.

Importantly, I said one needs to have knowledge and motivation but also, the opportunity. Isolation is key to this strategy, and test, trace and isolate is key to achieving zero Covid. We need to make sure that people are not disincentivised, that is, if a person is going to lose money because he or she cannot work then he or she should have financial compensation. If a person is unable to isolate at home, he or she should be offered alternative accommodation. This is being done in those countries that have successfully kept community transmission low, even quite poor countries like Vietnam and places like Kerala that have been outstanding in their achievements. They have made sure it is not just about people knowing and being motivated but about enabling and supporting them to do that. That is an important message to take into all the areas being considered.

**Deputy Marc Ó Cathasaigh:** I thank the witnesses for coming in. It has been extremely informative. I want to put a couple of questions to the experts about how we could leverage different types of testing to establish the green zones we are talking about which is more about finding out where the virus is not as opposed to where the virus is. The first of those questions will go to Professors Kearney and Staines. Has there been any consideration of the use of pool testing whereby we test large numbers of samples, perhaps 100 plus at any one time? That would exponentially increase the capacity for testing but it would also be relevant for something like international air travel where one might be able to test a full planeload at a time. If one got an all-clear for that planeload, one would know that everyone on board was in the clear. It would also be useful for the meat industry to be able to test on a factory by factory basis. Has that been given any consideration as part of the zero-Covid plan?

A related matter, on which Professor Michie might be able to respond, is sewage epidemiology or wastewater testing on which a good deal of research has been done in universities, including in Newcastle, Bangor and Edinburgh. I am given to understand that it is possible to test for Covid-19 in wastewater systems and this may be able to give us an indication of prevalence. For example, in my home town of Tramore one could test and find there is no Covid with the sewage and wastewater system, which would allow the establishment of a green zone. One of the objectives Professor Staines is driving towards is establishing green zones and merging them as one finds and eradicates the virus from different settings. Would any of the experts like to give an opinion or view on those testing techniques and whether they have been used or might be relevant in an Irish context?

**Professor Patricia Kearney:** The testing needs to be part of the overall approach. This goes back a little bit to the specifics, which we will need to figure out. Once we agree that we are happy to adopt this strategy, we would then work with our population to figure out the various parts of this and the specific details of the different testing strategies. Professor Staines can speak to the question on sewage.

**Professor Anthony Staines:** There is a project on sewage epidemiology which is seeking funding at the moment. We believe it is technically feasible and we are waiting to hear if the reviewers think we are capable of doing it.

On pooled testing, there are technical issues about this which I only dimly understand. I gather that in many circumstances it is very useful. It does not always work and one would need to ask one of the testing experts further about that.

**Deputy Marc Ó Cathasaigh:** Can Professor Michie comment on the wastewater epidemiology given that it has been used in the UK?

**Professor Susan Michie:** I am sorry but as a behavioural scientist, this is not my area of expertise.

**Deputy Marc Ó Cathasaigh:** We will accept that answer.

In the time remaining, will Professor Staines outline how he would establish the green zones, in which the virus will have essentially been eliminated, when there is so much asymptomatic transmission? Are we talking about mass testing or is there a less invasive way of establishing green zones?

**Professor Anthony Staines:** Mass testing is not feasible. We do not have the resources to do it and it is an impractical step. We are stuck with identifying people who have symptoms. This will be very important because the tests we use are about 70% accurate. If someone has symptoms, even if the tests are negative, particularly now when influenza is rather low, we should be aggressive about saying that this person probably has Covid-19. My clinical colleagues tell me that the clinical picture is quite distinct. It is the speed of chasing the contacts of that person, identifying them, getting them to isolate and testing them that brings the rate to zero. We are doing this much faster than we were doing it but it is not yet fast enough. There are too many people where it is taking too long to trace the contacts. We are also having a problem where some contacts decline to engage with testing. That is partly about messaging and changing people's behaviour. It is also partly about reassuring people, as Professor Michie articulated, that they will not lose money if they are tested and have to isolate. This is a real and very legitimate concern for many people.

**Chairman:** I thank Deputy Ó Cathasaigh and Professor Staines. I call Deputy Duncan Smith.

**Deputy Duncan Smith:** I thank all the witnesses. I find this fascinating. I am instinctively positively predisposed towards this as a concept so any questions I have will come from that.

On the green zones, I know it is not mentioned but I think it is implicit that if we had a number of green zones merged together, illustrated in a newspaper or media article, that the other spaces would probably be shaded in red and would become red zones at some point. Would the witnesses have any concerns about the psychological impact on people who are living in areas that are not green zones? I was speaking with my colleague, Senator Wall, who lives in Kildare,

about the experience of people who have gone back into lockdown in Kildare, Laois and Offaly. He was telling me that he had to get in touch with local services to reach out to older people and vulnerable people who found this quite a bracing and worrying experience. What impact do the witnesses think the green zones will have?

**Professor Patricia Kearney:** The disease has significant mental health implications. Part of the strategy we are proposing involves the idea of giving people a goal that they can work towards. While we recognise that there would be negative implications of being in a red zone, the idea is that we would all have a shared goal of getting to green. The other thing that we had not clarified is the idea that while these zones would be at county level, once one is in a green zone, one can then move to other green zones. Over time, Ireland as a whole will go from red to green. People who currently face the hardship of being in a red zone will at least see the steps that need to be put in place, which will be made clear, as something to work towards.

**Deputy Duncan Smith:** As well as green zones being divided county by county, would a city be classed as an entire county? If there is a cluster in Swords in north County Dublin, would that mean that Dundrum and Dún Laoghaire would be shut down too or how would it work?

**Professor Patricia Kearney:** At present, we are proposing that it would be at county level and that we would not get more granular than that. However, that might be something we would need to consider over time.

**Deputy Duncan Smith:** Is Dublin a county or is Fingal a county? A third of the population, more or less, lives in greater Dublin. Is County Dublin a county, or is it Fingal, Dún Laoghaire-Rathdown and Dublin city?

**Professor Anthony Staines:** From my perspective, it is Fingal, Rathdown, Dublin city and south Dublin. That is where we would start. We might well go quickly to north Dublin city and south Dublin city.

**Deputy Duncan Smith:** Are there any examples of how testing at airports is done well that could be applied here? How would the testing, tracking and tracing regime be put on a more permanent footing? Can Professor Staines give us a view on what that would look like? Would it involve call centres, officers and people going around in cars?

**Professor Anthony Staines:** If I may, I will answer the first question and pass the second to my colleague, Professor Kearney, who has done work in the tracing centres and is familiar with them. There are different regimes of testing at airports in different countries and I do not know which ones work best. A number of people in Ireland are real testing experts and I would look to them for further guidance on that.

**Professor Patricia Kearney:** On contact tracing, I ordinarily work full-time as an academic in UCC but I was seconded to the health service early in March to assist with the efforts. Some of my work in that regard was about contact tracing. It was literally a case of speaking to individuals as they tested positive and going through their movements over the previous two weeks to assess who they had been in contact with and who those contacts were.

**Deputy Duncan Smith:** To be clear, I understand how it has worked so far. Is it the intention that it would continue in that same style and structure or would it be a different style and structure going forward? That was my question. I was probably not clear enough in how I asked it.

**Professor Patricia Kearney:** I apologise. One of the things that has happened here is we have had to scale up the approach very rapidly and institute a national system. That has been implemented differently or at least it has been implemented locally. As such, we would need to think very carefully about what processes would be put in place to make sure we use all the expertise that exists within the individual departments of public health around the country and build on that expertise. The national system is excellent for the straightforward cases but a lot of the work with the more complex settings such as nursing homes is undertaken by the departments where the expertise exists. We need to build on that existing system.

**Deputy Duncan Smith:** I thank Professor Kearney and all the other witnesses.

**Chairman:** Mr. O'Brien wanted to respond to that question.

**Mr. Dan O'Brien:** Professor Staines mentioned resources for testing. I will comment on the bang for buck, so to speak, of investing in testing. It seems from the medical experts here and elsewhere that testing and tracing is absolutely vital to defeating this. If that is the case and the cost of that is millions or even tens of millions, that needs to be put in the context of billions of euro for income support, tens of billions of euro in lost output and wealth creation and a public debt that is heading towards a €250 billion by the end of next year. There seems to be consensus among medical experts that testing and tracing is successful and vital. If that is the case, it is a very good investment and everything including the kitchen sink should be thrown at it.

**Deputy Holly Cairns:** How might this policy play out in ports and airports? I understand that the specifics have not been worked out but to date we have been issued with a green list and from what I can gather, at the moment 7% of people who fly into the country are contacted after that to see if they have isolated and only half of those answer the phone when contacted. Would a big part of this policy involve enhancing the test, trace and isolate capacity in airports? In the week after the green list was published, many of the countries on the list were quickly removed. Is it also important to have a red list and to ensure that people coming in from red list countries are tested, traced and isolated more than those from green list countries? Perhaps those are questions for Professor Kearney.

**Professor Patricia Kearney:** What we are proposing is that there would be no non-essential foreign travel in the first instance. Over time, the idea is that there would be travel from other zero-Covid countries. As to how this might be implemented, much work needs to be done to ensure that systems are put in place for people who will be arriving here on essential travel. Anecdotally, I understand that contact levels are pretty low but I do not think the appropriate structures or systems have been put in place yet. That would be a very important part of this approach.

**Deputy Holly Cairns:** Would the establishment of a red list help by allowing greater testing of those arriving on flights from red list countries than those arriving from green list countries?

**Professor Patricia Kearney:** That is really problematic. As we have seen with the green list, it is a bit of a moveable feast. Consequently, the strategy for us, as we have said, is the idea of zero transmission. As there is a risk of importation of positive cases from other places, what we need to focus on is having the appropriate structures in place to identify anyone who is positive coming in and to ensure there is no forward transmission from that person.

**Deputy Holly Cairns:** For anyone on the panel who wants to answer, what is the biggest barrier to achieving this zero-Covid island policy?

**Professor Anthony Staines:** I think Professor Michie has an answer for the Deputy.

**Professor Susan Michie:** My response will partly address the Deputy's last question and partly address the previous issue she raised. I want to speak to the issue of trust because there is a lot of evidence that trust is really important in getting people to adhere to any policy. Test, trace and isolate requires trust. This is because the trace part of it, the tracing and revealing of contacts, means giving information about contacts. In the UK we have two parallel systems at the moment. One system is run by a national commercial organisation that has call centres, so people get phone calls from people they do not know. Under the other system, local public health officials contact people. The latter has shown to be much more effective and much of the reason for this is trust. People need to be able to trust where their data are going and that, if they provide information about contacts, that data will be respected and there will not be a punitive policy under which these contacts will be asked to quarantine without the necessary support. Achieving this requires an understanding of the communities. This is where local knowledge comes in. At airports, which do not have that local community feel, some kind of follow-up is important to ensure that people are quarantining. That is, in fact, important in all of this.

This should not be done in a punitive way but in a way that indicates how very important society thinks these measures are and which shows that society is prepared to put resources into follow-up. In countries in which this has been successful, the process has been based on shoe leather - going from door to door and knocking to see whether people are in and if they need any help to carry on isolating. That is the sort of approach that has been successful. This whole area requires a lot of consideration, thought and behavioural advice if one is to get it right.

**Chairman:** May I ask a follow-up question on the issue of trust? We initially approached this with a view to flattening the curve. We accepted that it was going to spread through society but we hoped it would do so at a level that would not overwhelm our health service, which is more prone to being overwhelmed than those of other European states. We aimed to avoid scenes such as had been seen in the north of Italy and Madrid. We then moved towards a view that not everyone would get the virus and that we could protect everyone from it. We became more ambitious in our aims. In the view of the panel, does that shifting of the objective undermine trust? We had believed that everybody would come into contact with it. We did not aim for herd immunity but we believed that, sooner or later, everybody in the herd would come into contact with the disease, as they do with influenza or the common cold which, although I am not a scientist, I understand is a coronavirus.

**Professor Susan Michie:** I can certainly talk about the pattern of what happened in the UK. There were a couple of things that led to a real decrease in trust and an associated drop in adherence. One of these was the very mixed messaging with regard to opening up the economy, which focused on very vague ideas such as staying alert and controlling the virus. People got confused and a bit alienated as a result. In the UK, there were two or three days when people close to the scientists and politicians were mentioning the concept of herd immunity. That resulted in a real outcry because such a small percentage of the population would have had any kind of build-up of antibodies. We already know that it is about 6% which means that 94% do not have such antibodies. We do not know whether antibodies translate into immunity and, if they do, how much immunity and for how long. This is really not a viable strategy without tens of thousands of unnecessary deaths. This is why Independent SAGE, the Scottish Government and others are considering a zero-Covid strategy. I have heard the British Medical Association is also going to endorse it. In the UK, the lack of a strategy and the chopping and changing of advice to people is one of the reasons trust continues to be very low. Having an overarch-

ing strategy and measures therein which the population understand will engender trust. The population can be brought along with that, with clear leadership. In the absence of a strategy, we have confusion and the conspiracy theories which were alluded to at the beginning of the session. I need to go shortly, but, from the perspective of Independent SAGE UK, I really commend this strategy to the committee, even though I understand that a lot of the details and nuts and bolts need to be worked out to implement it.

**Deputy Matt Shanahan:** I thank the witnesses. I will direct the following question to Professors Kearney and Staines. We had representatives from the aviation sector in here two weeks ago to discuss the effect of Covid on the entire sector. Our two airlines are both haemorrhaging money and the one that used to be the national airline is in severe difficulty. The aviation sector represents approximately 9% of the economy. Would the witnesses be prepared to modify their plan to allow for random testing of airline passengers coming into the country? If a flight has 200 passengers, we could pick out ten or 20 to be tested and try to see what is the rate of infection in those, regardless of whether they are coming from green zones.

**Professor Anthony Staines:** I understand the point the Deputy makes and I thank him for the question. The problem with modern airline traffic is that one might have people on an aeroplane who are coming from 40 different places. They may all have got on an aeroplane in Birmingham but they could have come to Birmingham from literally the four corners of the world. There is a real challenge with bringing airline traffic up to its previous levels. Airline freight is a different story. Air crews are a manageable number but I do not see that there will be a return to the scale of passenger air traffic that we have been accustomed to for some time to come. Mr. O'Brien might have a better idea about that than I would.

It is possible to do random testing. The problem with it is that the test itself is about 70% reliable. Once one tests a sample of passengers on an aeroplane, for example, with an unreliable test, the reliability goes down another few notches in terms of answering the question of whether there is someone on the aeroplane who can transmit Covid. There is enormous work being done on Covid testing, which I only dimly understand, so I would expect that the quality of testing will go up and the price and speed of testing will go down. At the moment, with the tests we are currently using, I think most of us in public health would advocate testing everyone on the aeroplane. I appreciate the challenges that throws up for the industry.

**Deputy Matt Shanahan:** I thank Professor Staines. He probably saw this morning that China has imposed an embargo on certain Brazilian products coming because Covid was found on frozen Brazilian chicken. Is the importation of frozen products something that we should be looking as well? Is there any chance of contamination of people in the sector who are handling it or the logistics people who are distributing it?

**Professor Anthony Staines:** I would have to defer that to someone who is an expert on the virus. It is possible to detect the virus long after it is dead. One can find a positive test for a virus with no living virus, and the place one is most likely to find that is somewhere cold. I really would have to ask somebody who is an expert in the areas of viral spread and viral survival what their thoughts are. I would not have thought it is a major contributor to our risks. It was suggested in the New Zealand outbreak of two days ago but the direction of the investigation there has now gone towards someone who broke the quarantine regulations and may have triggered the outbreak in Auckland by doing that.

**Deputy Matt Shanahan:** I thank Professor Staines. I will ask Mr. O'Brien a question. He highlighted a pretty grim economic picture. Assuming that we continue on the path we are on -

and that most European countries will probably do likewise - whereby we are trying to mitigate the disease, trace and put temporary lockdowns in place, what does he think is the path to the ECB unwinding support to European countries and in what timeframe? Where would Ireland be in the pecking order in terms of that support being removed?

**Professor Anthony Staines:** I suggest I take the first part of the question and pass the second part to Mr. O'Brien. The economic damage is driven by the virus and it is instructive to compare Sweden with Denmark. Both have had significant economic damage but Sweden has had more than Denmark. Sweden had no lockdown and very high death rates. Denmark had a lockdown, with much lower death rates. Studies within the United States and South Korea both suggest the same idea, that the regional economic damage was not driven by government and state response to infection but was driven very directly by the rate of infection itself. That needs to be the focus. As Professor Michie said, it is not the case that health and wealth are in opposition but instead they are really pushing in the same direction. Mr. O'Brien would know vastly more about this than I do.

**Mr. Dan O'Brien:** There is extreme uncertainty about the relationship between the measures that were taken and the economic impact. There is still much uncertainty around that.

In the general terms of the conversation, it is not clear to me there is quite the sense of how serious this is from an economic perspective. Recessions are extremely bad for countries. We know that in this country and we had a very bad one between 2008 and 2012. Recessions cause social, political, economic and health damage. This one also risks intergenerational conflict, as we should be absolutely clear that younger people are at a very low risk of death from this disease. It risks bringing out intergenerational conflict if younger people, who are always most severely damaged by recessions, end up in long-term mass unemployment because of what is happening.

There was a specific question about the European Central Bank. The existing pandemic purchase programme, which is effectively money printing for governments, is due to last into the spring of next year. It is very unlikely anything will happen to disrupt that so governments should be free to borrow and spend until that point. Thereafter, some divisions among member states may emerge in terms of the risk associated with money printing. We should be clear that if money printing was a way of making everybody rich, poverty would have disappeared 500 years ago with the invention of printing presses. It is an emergency measure that will not go on forever. We certainly would not want to bank on it for a long time past next spring. Unfortunately, Ireland is not in a fantastic position, given that we go into this with quite a high level of public debt already. There is big uncertainty around how long that central banking support will last.

**Deputy Carol Nolan:** I thank the witnesses for their presentation. I am from Offaly, one of the lockdown counties, and I represent Laois and Offaly. I completely disagree with the decision, and it was completely over the top to lock down three entire counties when there were clusters. We have all been told we must live with the virus but common sense must kick in very fast.

I want to take up a point raised about economic damage being done by the virus. It is not all done by the virus and in some cases it is done by very poor decision-making. In this case, economic damage is being done in my county of Offaly and Laois as well because of the very poor decision-making and the knee-jerk reaction to clusters in meat factories, which should have been handled much better. I said this earlier to representatives of organisations who at-

tended the committee today.

This lockdown was presented to us in Laois, Offaly and Kildare as being done in the name of health. Many business people are very stressed at this time, and we all know stress affects health and causes different health problems. I would like the witnesses to take more consideration of that. Was the possibility of targeted lockdown in the specific areas affected by clusters not considered?

It has come to my attention that Tullamore and Portlaoise hospitals have remained clear of cases since the large-scale regional lockdown was announced. I again say that it was unnecessary and I call for it to be reversed before more harm is done. I mean social and economic harm in that regard. What is happening here is totally unfair. Dr. Ronan Glynn stated earlier in the week that areas like Birr, Ferbane, Clara, Tullamore, Edenderry had cases of Covid but he did not specify the number. On one day this week, the number of cases for Laois and Offaly were not released. If there had been more than ten cases, we would know about it.

I want to know what is going on. People are becoming very frustrated. We need to exercise common sense. Was an impact study carried out before the decision was taken to lock down three counties? It was absurd nonsense and over the top. I have spoken to businesspeople who are very hurt by this. There was no consultation with any businessperson. There is much talk about us being in this together. We are not in this together. No consultation was held with businesspeople in my county. The Bridge House Hotel has 230 staff facing great uncertainty. It is unacceptable and we need to get our act together, but we need to do it in a way that protects public health and exercises common sense and consideration for people. I have consistently called for financial packages to be made available because people were wrongly punished by this decision. I hope financial packages will be made available.

Professor Staines mentioned the situation in nursing homes. I agree that not enough was done and I have raised that matter previously. What was done was reactionary. We need to be proactive in respect of nursing homes. Is Professor Staines confident that enough is being done now? What planning is being done? What policies are in place to ensure we can prevent deaths among the most vulnerable in our nursing homes?

Common sense needs to be exercised in the context of all decision-making. We have hundreds of cases rather than what is being incorrectly reported. It has done untold damage to three entire counties which was totally unnecessary.

**Chairman:** Does anybody wish to comment on that? I assume Professor Kearney and Professor Staines agree with the approach adopted by New Zealand and the lockdown in Auckland in response to the cases there. Do they also agree with the approach of the lockdown in Kildare, Laois and Offaly?

**Professor Patricia Kearney:** I hear Deputy Nolan's frustration and understand the severely negative impacts of the lockdowns. Part of the Covid-zero approach and our call for a very clear elimination strategy is based on our clear will to try to avoid lockdowns. I absolutely agree that we need to be very proactive here. With making a decision to just live with the virus, as seems to be the case at present, the problem is that we are then exposing ourselves to these events where we will see these increases in cases and will take a reactionary approach to those. We are saying that we need to consider the implications this Covid-zero strategy.

As has been discussed, we need to build the trust with the population and think about the

hard decisions that will need to be made and implemented. By implementing those and working together we can get to a point of these green zones where we can start to live normal lives. I absolutely agree that it makes no sense to think of health and wealth as being in opposition. We know that the economy is just a reflection of society and health. All those things go together.

**Chairman:** Professor Kearney said that these types of lockdowns are an inevitable consequence of the strategies the Government has followed, but she also advocates a strategy similar to that in New Zealand, where there is a lockdown in place in Auckland in response to four cases.

**Professor Patricia Kearney:** To be clear, we are advocating an elimination strategy as was adopted in New Zealand. The outbreak of cases that occurred was due to problems with implementation of the strategy. They have certainly introduced a lockdown very quickly and they had a very agile response. The likelihood is they are doing an outbreak investigation and in Auckland they will be able to return to normality as soon as possible. The rest of New Zealand has largely been able to continue with the normal lives they had been able to attain. To me, it is a very different lockdown than is happening here at present.

**Chairman:** I thought the outbreak in Kildare, Laois and Offaly was equally a result of a failure to eliminate the virus. What is the difference?

**Professor Patricia Kearney:** The difference is that Ireland has said that it is going to live with this virus and continue to live with it until, hopefully, a vaccine is developed sometime next year. What we are saying is that we want to eliminate the virus. That is what is being done in New Zealand. As a result, there were 104 days when people in New Zealand were essentially able to return to normal, society was functioning and businesses were functioning. The difference in Ireland is that we have this lockdown in three counties, it is unclear how long that lockdown will last and it is unclear what the target is in terms of making the decisions. It was interesting that Deputy Nolan spoke to how the decision was made to implement the lockdown. With any of these lockdowns, the hard decision is implementing them but an even harder decision is when to lift those restrictions. What we are trying to convey with this elimination strategy is coming up with very clear targets about what we are trying to aim for and thinking about how we will respond in an agile way if some cases do emerge.

**Deputy Darren O'Rourke:** I thank each of the expert witnesses. It is great to have them here and to have their insights. I will start with a question for Professors Kearney and Staines. In presenting this zero-Covid strategy the witnesses have said it is backed by science, experience and extensive analysis. With regard to experience, are there examples of where this has been done? Is New Zealand an example or are there other places where it has been done successfully? In practical terms, what would be the implications for people in Ireland if we were to pursue this strategy? One of the aspects that received a lot of coverage was the nature of life in New Zealand, for example, where there are large gatherings of people. Would that be the case in Ireland if we pursued this successfully? For example, would pubs be allowed to reopen? Would we have large music events and that type of thing? How would life of on a practical basis be different for people in Ireland if we pursued this strategy successfully?

**Professor Anthony Staines:** If we succeed, life would return to normal except that if one travelled abroad and came back one would almost certainly have to be tested and isolate for a period of time. How long that would be would depend on the final decisions around how, when and how often a person gets tested. That would be the main thing that members of the public would notice. Pubs and restaurants would open, Croke Park would open, the GAA would come

back, we could hold weddings and I could have my birthday party. All of this would come back to normal. That is the plan and that is the desire. Businesses would be able to function as normal. Businesses would not have the awful uncertainty of wondering if they would be locked down next week or the week after next. All of that would be gone away. Life would be substantially returned to normal but foreign travel would still not be normal for at least some significant period of time and probably until there is a vaccine. I suspect that will be the middle of next year or even towards the end of next year.

**Deputy Darren O'Rourke:** A point was raised by Mr. O'Brien earlier in argument to the approach. It is the argument we hear regularly in opposition to this approach, including from the former Taoiseach and now Tánaiste and Minister for Business, Enterprise and Innovation, Deputy Varadkar, which is that Ireland is not like New Zealand. We are much closer physically, geographically and economically to our nearest neighbours, Europe and the United States. Our economy is a very different one from New Zealand's. How would the witnesses address the interconnected nature of Irish society and our economy compared with other places? Where does a zero-Covid policy end? Is it like everything else and must go on until a vaccine is found? I ask Professors Kearney and Staines to discuss the interconnected nature of the Irish economy.

**Professor Anthony Staines:** New Zealand's economy is quite different from ours. It is largely a primary producing country with a lot of agriculture. The Deputy is correct that it has some advantages, as Professor Heneghan has also pointed out. However, other countries, such as Vietnam, which has a long land border with China, have successfully brought Covid down to zero. Most parts of Australia have brought Covid down to zero. There is Covid in Victoria and New South Wales but it is pretty much at zero everywhere else in Australia. South Korea has largely brought Covid down to zero, though it has had a number of outbreaks which it has dealt with. China, which may not be a good example as it is a very different society, has brought Covid down to zero. It has had two large outbreaks, one in Beijing and one in a town whose name I cannot pronounce near the Russian border. This can be done. Our society is closely connected with Europe but that does not have to mean closely connected physically. The technologies for interaction at a distance have greatly improved over the past year. We are all becoming used to working-----

**Deputy Darren O'Rourke:** I thank Professor Staines. I will move on to my next question. I take it from Professor Heneghan's contributions that he has a different opinion on the zero-Covid approach. Given that he works in the Centre for Evidence-Based Medicine and has done a lot of work on evidence synthesis, does he advocate an alternative approach and what would that approach be?

**Professor Carl Heneghan:** Often, people try to make points and look for evidence. For instance, the committee just heard about Vietnam. It is a classic fallacy. The median age in Vietnam is 30.5 years. The temperature and humidity are radically different from here. We do not even know whether people in Vietnam have pre-existing infections, cross-reactively, from SARS-CoV-1, of which it had outbreaks. With these issues, people say "here is the evidence and because they did that, we are going to do this". I find that very difficult to understand from an evidence-based perspective.

Second, we have heard much about pubs. Pubs are interesting. People talk emotively about what we should do and say we should close the pubs. Ireland has 7,200 pubs while the UK has 47,600. In the UK, we have had fewer than ten outbreaks. Every pub is an outlier and it is an opportunity to study what is going on. When people break the rules there might be quarantine for two weeks. If they break the rules they should have to stop. However, we should have an

evidence-based approach for some of them and sample what is going on. There has been a knee-jerk reaction of closing all pubs.

I reiterate that to go for a zero-Covid strategy, we need an effective vaccine in place now. Otherwise, we would need to follow the New Zealand approach to the letter of the law, which means locking down, having 14 days' quarantine, driving it out and not letting any people in. There are no fudge factors. The alternative is to look to countries like Sweden and Denmark, which are taking a much more sensible approach right now. Denmark is not mandating masks but is doing randomised controlled trials of masks, which are due to be published soon. Following this approach results in a very intelligent mitigation strategy.

I would look to the evidence of where we think significant transmission will happen before we have a vaccine. There is some preliminary evidence about that. I cannot go in to all of it now but I refer to things like mass events beyond the 1,500 people allowed, particularly indoors. We look for the areas where we can make a difference versus the knee-jerk reaction, which is what we have seen in the UK. A very good example of that would be, for instance, the recent lockdown in Leicester. I believe one of the Deputy's colleagues alluded to that. To be clear about what is happening, at the height of the pandemic, Leicester, which has a population of approximately 340,000, had 45 admissions. Since the city locked down in July, there have been seven admissions. While the number of detected cases was going up, and we must remember that is not the same as cases, the city had seven admissions in the whole of July, and we are working on this. What is happening with the disease, therefore, is not the same as what is happening when we detect cases. That strategy is to have a test and trace system and manage the cases.

When we think about lockdown, it is important that we think about the impact of Covid-19 on morbidity and mortality and not its impact on cases. At the moment, the number of detected cases is going up. That is not the same as cases but in terms of the impact of the disease, admissions, critical care units and deaths are at a historic low level. I would watch that information to drive the policy of the Deputy's country as opposed to detected cases, which are increasing.

I will tell the Deputy the reason the number of detected cases is going up, and this is my last point. The UK is picking up about 100 cases per 1,000 people. On a daily basis, therefore, we are getting about 1,000 people a day but the Office for National Statistics, ONS, survey data tell us that in terms of the background rates in the UK, between 2,000 and 8,000 people actually have the disease right now. Wherever more testing is done, one will pick out what is in the background. What one should not do is use that to get stressed and anxious and come up with a knee-jerk policy. It should be done to reflect on what is working and what is not working.

**Deputy Darren O'Rourke:** I thank Professor Heneghan for that response. I have a final question for Professor Kearney. There is a lot of agreement on the need for testing capacity to be improved and to have rapid and flexible testing. We currently have unused testing capacity. I am inclined to think that is an inappropriate position to be in but does Professor Kearney have a sense of the type of testing capacity that would be required and how frequently specific cohorts would require to be tested and retested?

**Professor Patricia Kearney:** One of the things it is important to consider when we are talking about testing capacity is the type of capacity because there are many different steps in the process of testing. We saw testing being rolled out in Croke Park, for example, in terms of actually taking the swabs but then it is a question of getting those swabs to the laboratories, the laboratories analysing them, the process of getting the results and acting appropriately on those.

The important point for me, when we are thinking about ensuring that our testing capacity is appropriate, is making sure that we are paying attention across all of that.

**Deputy Darren O'Rourke:** That is not the case with the cases in a crèche in County Meath. I know people involved who had to wait more than a week to have the test and contract tracing done and to get results back. That is completely unsatisfactory in a relatively quiet time in terms of demand on the system. It is something we can all agree we need to improve. I thank the witnesses for their responses and contributions.

**Chairman:** The last speaker before I put a couple of questions is Deputy Durkan.

**Deputy Bernard J. Durkan:** It is appropriate that the last speaker should come from one of the affected counties. Where do we go from here? I am not being funny but I am reminded of the gentleman walking on a lonely country road in a town in the province of Munster who asked for directions to the next nearest town only to be told, "If I were going there, I wouldn't start from here". The problem is that the individualisation of the close-downs in particular counties is not as effective as they could or should be. They generate anger and distrust and identify a blame path. That is what is happening, and it is generating anger. Anger has never solved a problem. We must consider more carefully the points raised by Professor Heneghan. For instance, he suggested that pubs could be opened. If they cannot comply, so be it, but those that can and are willing to open should be allowed to in opposition to the holding of house parties, an issue that is not controlled and has posed issues previously.

Where do we go from here? Do we continue with hand sanitisation, distancing, masks and all of the other things we are supposed to do or do we intensify those measures? Where would that leave Kildare, Laois and Offaly in two weeks' time, for example? The Chairman knows the extent of the concern and anger among the business community. We recognise the need for business to survive as well as people's health to be maintained. Will the experts give us some indication of where we need to go from this point? Should we intensify our methodology, which has been successful nationally, or should we continue isolating pockets as they arise, which would be against my own advice and would create further dissension and debate of a divisive nature within our society?

**Chairman:** I wish to bring in Mr. O'Brien and then the experts. Mr. O'Brien wished to contribute in response to Deputy O'Rourke's questions.

**Mr. Dan O'Brien:** Regarding New Zealand, the International Monetary Fund, IMF, believes that New Zealand's economy will contract by more than Ireland's in 2020. That may prove to be incorrect, but it is the IMF's current forecast. Therefore, the painting of New Zealand as returning to complete normality may not be correct. For example, indicators right up to July pointed to further declines in consumer confidence in New Zealand. Although New Zealand's approach may turn out to be correct, we cannot be certain in any way that that will be the case. My hunch is that it will not.

On the Deputy's specific comments and questions, my hunch is that we need to follow a risk-based approach. People need to be advised by medics on how risky something is for them. Any of the medics present can correct me if I am wrong, but the risk of younger people of dying from this virus is tiny. In Ireland, not a single child or baby has died. No one under 15 years of age has died. I checked this with the CSO on Monday - eight people under 65 years of age and with no health issues have died. The majority of the population is under 65 years of age and has no health issues. We need to assess individually how great a risk we face from this virus and

adapt our personal behaviours on the basis of that risk.

If we look back over the past 100 years, what had the greatest impact on human welfare holistically? Was it the Spanish flu, from which tens of millions of people died, or was it the Great Depression, which led to social and political upheaval and eventually war? I can say, as an economist, that we are on track for a Great Depression-type event. I have no idea how things will turn out, but we know what happened in the 20th century. Look at the history books. What event had a greater impact on human welfare, the Spanish flu or, ten years later, the Great Depression?

**Chairman:** I thank Mr. O'Brien. Professor Heneghan is still on the line. I thank him for staying with us, notwithstanding the technical difficulties. Does he wish to comment on the last contributions?

**Professor Carl Heneghan:** It was a clear and fair point. It is important that everyone understand what the risks are by age and certain conditions. Unlike the flu, there is a stark difference in the risk for young people. For example, the risk for under 50s in England is minimal. It is slightly higher for over 50s because there seem to be some issues about ethnicity, but there are also higher rates of diabetes, cardiovascular disease and, in particular, obesity. That is one strategy which should be pursued. The main threat now of Covid is the emerging threat of focusing unified on this single problem of Covid. There are many people who do not have experience in healthcare who have overnight become experts in respiratory pathogens in this outbreak. It has been astounding where they have all come from. They tend not to use an evidence-based approach but cherry-pick evidence to suit the argument. In the UK right now, we are looking at 200 excess non-Covid deaths. The current messaging means that 50% of people with a worsening health condition are not coming forward for healthcare and presenting as an emergency and that is leading to substantial problems with strokes and cardiovascular disease. For the past seven weeks in a row, we have had approaching 700 excess deaths in private homes that are not related to Covid whereas we have drastically reduced the excess deaths in care homes and hospitals. Overall, we are tending under, but we have got this huge burgeon now appearing that the public does not get where its risk is. If one examines the risk and looks at one's strategy and one takes an evidence-based approach to when one does things and what the evidence allows one to understand, one might get a more measured approach going forward.

**Chairman:** I appreciate Professor Heneghan has to leave us in five minutes but I will go to Professors Kearney and Staines. I wish to ask a question at the very end. Do Professors Kearney and Staines wish to comment?

**Professor Patricia Kearney:** We started with the question: where do we go from here? We need a clear strategy now. I agree that it needs to be evidence based. I agree that we need to engage and debate this in public and come up with something that the Irish people trust, and that we can work together. I hear absolutely that there is a risk that people become angry and frustrated and that is not helpful. I agree that it is really important that our health service and our economy continue to function and they cannot only be about Covid. The reality is that if we move towards an elimination strategy, that will allow us, for example, to get back on board with matters such as our screening services.

I started today by talking about Covid being a serious and scary disease. I chose those words very carefully because part of the problem and the challenge we face with Covid is that scariness of it and the other impacts that it is having in what we have just heard from Professor Heneghan in terms of people not engaging with our health services. That is why it is important

that we have clarity and leadership about how we approach this. That is, I suppose, back to the point of elimination.

**Chairman:** Does Professor Staines want to add to that?

**Professor Anthony Staines:** Briefly, in terms of outcomes, there is increasing and increasingly-worrying evidence that this is not a benign disease in young people. It is absolutely true they seldom die, but death is not the only adverse outcome from an infection. We do not yet know, because this virus was really only identified in January of this year, how common these long-term effects are. We do not know how severe they are. We know from many other conditions - if this is the case for Covid the same will hold true - that the long-term effects of illness cost far more than the short-term effects. Somebody dying is a tragedy, but it is a cheap tragedy. It is a low-cost tragedy. Quite a number of people are left relatively disabled for a long period of time. We do not yet know how many. We do not yet have reliable figures.

Quite a number of people are left relatively disabled for a long periods of time after this illness and the cost of those people is enormously higher than the cost of either acute healthcare or the mortality which, as Professor Heneghan and Mr. O'Brien correctly observe, is heavily concentrated in the oldest segment in the population.

**Chairman:** I thank Professor Staines. There is only one issue remaining. As we evolved through this, I remember sitting on the committee and hearing from a few members of National Public Health Emergency Team, NPHE. NPHE is our equivalent of the Scientific Advisory Group for Emergencies, SAGE. It was asked about face masks and the committee was told there was no evidence that face masks were beneficial. At that time, the World Health Organization, WHO, had not recommended wearing face masks. Now there seems to be near universal acceptance that face masks are an essential component in the fight against Covid-19 in Ireland. They have been made compulsory in all indoor retail outlets.

The WHO has still not changed its guidance, which is to recommend the use of face masks by medics and in enclosed settings where 2 m cannot be achieved, but it does not recommend the use of face masks among the general population.

I will do a quick *tour de table*, starting with Professor Heneghan because I know he has to leave. Does he think the case for face masks has been proved and that there are benefits to the general population in wearing them?

**Professor Carl Heneghan:** Again, this is about the evidence. In 2010, at the height of the last pandemic, there were six published trials of about 4,000 people. Since then, we have not addressed the lack of evidence and closed that graph. In the intervening ten years, there have been about another six trials. If one looks at the 12 trials together, what they show in healthcare professionals is that masks, gloves and a combination of PPE reduces the risk of infection.

When one goes into the wider population, there is a small bit of evidence that shows that if one has influenza in one's household - a child, for example - and if one wears a mask for one week in the house, one can reduce one's risk of influenza or likely illness by about 10%. However, one has to completely adhere to mask wearing for the whole week. If one stops adhering to it, as 50% of people did, one loses all the effect. That is one of the problems.

The second issue is that the evidence comparing cloth masks to surgical masks or the N95s shows clearly that cloth masks are worse and may actually increase the risk of infection. Therefore, that is why they are not recommended in hospitals or in health professional settings.

What happens in these situations of uncertainty is that the opinion divides. Someone thinks mask are a good idea while someone else does not think they are and that people should not wear them. That is why we end up with people proposing them more and more. They say people should put them on in schools, pubs and shops. However, there is no clear evidence. They use observational data to inform their decision. If one looks at what has happened in the UK, for instance, it put masks in on 24 July. They were supposed to reduce the risk of infection by 40% over the next two weeks. In fact, infections detected have gone up. In effect, people are not looking at the evidence.

When Norway looked at this, it said that at low circulation, the public health consequences were so minimal that it was not clear they worked and, even if they did work, it reckoned about 200,000 people would have to wear a mask fully for a week to prevent one infection. That is how one has to think about the uncertainty. If one is going to put a policy in place, that is fine. What one cannot do, however, is say it is evidence-based because when people talk about the evidence, they have again cherry-picked low-quality, observational evidence to suit the argument. However, they have not picked further observational evidence. For instance, if one puts masks in, what is one expecting to happen to the case definitions and the reductions in the next two to four weeks to show it was a worthwhile policy to enact?

**Professor Anthony Staines:** One of Professor Heneghan's colleagues, Professor Trisha Greenhalgh, has conducted a systematic review of the evidence for masks. Unlike Professor Heneghan, I make my living analysing and interpreting observational data. I am extremely familiar with what one can and cannot usefully do with it in public health. I am moderately convinced by the evidence.

The evidence that masks protect a person from infection, particularly this type of mask or the cloth masks some members are wearing, is very low but the evidence that they reduce spread from an infected person is much better. In terms of evidence, as far as I know there are no clinical trials, although I am aware there is one in Denmark - Professor Heneghan mentioned it - that is proceeding. We may have more evidence later in the year. Anyway, it is noteworthy that in many of the countries where this virus has been most effectively controlled people wear masks for other reasons. The view in most of the public health community - the evidence as reviewed by Professor Heneghan's colleague supports the view - is that this is a worthwhile effort. It has a modest effect on the risk of a person spreading the virus to other people. That is desirable. Again, it is part of a spectrum of imperfect measures. It is by putting many imperfect measures together that we achieve positive results. That is my 2 cent.

**Professor Patricia Kearney:** I do not really have anything to add to that other than to say that "evidence" is one of those words that we throw around. Anyone can be selective in the evidence they choose to use. The reality is that this is a new disease. It has been with us for a fairly short period. We are learning all the time. We need to be able to adapt and change our responses as the evidence emerges.

To a certain extent, some of the suppression strategies were based on our knowledge of flu pandemics and the planning for them. As the evidence emerges, it is clear that we need to move more now towards elimination. I was a mask-sceptic at the outset of this based on the evidence that I was familiar with. However, like Professor Staines, I have looked at where they have been used at a population level. I have been convinced that it is part of the suites of things we need to do to address the virus.

**Chairman:** Professor Heneghan wishes to come back in briefly.

**Professor Carl Heneghan:** I would like to correct the record. There was some inference that I do not have experience or expertise in observational evidence. I am a worldwide expert in the area. I have previously done systematic reviews for The Independent Medicines and Medical Devices Safety Review and people can look it up. I would not like it known on the record that somehow there was a deficiency in my understanding or experience.

**Chairman:** Do you accept, Professor Heneghan, that there is no evidence that it protects the wearer but that it stops the wearer spreading it, if the wearer has Covid-19? The point is it diminishes the risk of the wearer spreading the disease to others.

**Professor Carl Heneghan:** Within our World Health Organization advisory role we are specifically looking at transmission dynamics, including aerosol, fomite, oral-faecal and vector transmission. The Chairman is talking about laboratory-based evidence to show that if a person puts a mask on perfectly and wears it, then it reduces the aerosol spread in a laboratory situation. Is there any real-world evidence of that? No, there is not. People should look at the evidence in a critical way. If we consider the way people wear masks and the type of masks they wear - there is emerging evidence that some are better than others - there is no real-world evidence, but there is laboratory-based evidence.

**Chairman:** Thank you very much for taking the time to be with us and for staying with us notwithstanding the technological difficulties. I also thank Mr. O'Brien and Professor Staines for coming in and Professor Kearney for travelling from Cork to be with us.

With that, I will draw the session to a close. I wish to inform members before we formally adjourn that we will meet the Minister not next week but the week after. I think it suits some members of the committee and it also suits the Minister. We do not have a definite date yet but the secretariat will be in touch. My thanks to the secretariat for organising today and especially to our witnesses for taking the time to be with us and for staying with us for such a protracted period to answer our questions.

The committee adjourned at 5.55 p.m. *sine die*.