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⊕ (1535)

[*English*]

The Chair (Ms. Bonnie Brown (Oakville, Lib.)):

Good afternoon, ladies and gentlemen.

It's my pleasure to welcome all of you to the 31st meeting of the Standing Committee on Health, when we will be examining Bill C-28, an Act to amend the Food and Drugs Act.

The meeting will be divided into two separate sessions. The first session we will hear from Health Canada officials, Mr. Paul Mayers, the Acting Director General of the Food Directorate; Ms. Dodds, Executive Director of the Pest Management Regulatory Agency; and Ms. Dalpé, Associate Director, Food Regulatory Programs and Access to Information.

I believe Mr. Mayers will begin. The floor is yours, sir.

Mr. Paul Mayers (Acting Director General, Food Directorate, Health Products and Food Branch, Department of Health): Thank you, Madam Chair.

It's a pleasure to share with you information on Bill C-28. Health Canada is recommending that the government move forward with two amendments to the Food and Drugs Act.

[*Français*]

La première modification d'enlever l'autorité au ministère et au ministre de la santé de délivrer une autorisation de mise en marché provisoire qui permettrait la vente de certains produits alimentaires pour lesquels une évaluation scientifique a déterminé qu'il existe une certitude raisonnable qu'aucun tort ne sera causé aux consommateurs, suite à leur consommation en attendant la conclusion du processus de modification réglementaire.

[*English*]

The second amendment would exempt a food containing residues of a pesticide that are at or below the maximum residue limit specified by the Minister of Health under the new Pest Control Products Act from the adulteration provisions of the Food and Drugs Act.

Maximum residue limits are set following a scientific assessment which is established that, again, there is a reasonable certainty that no harm to consumers will result from the consumption of foods containing these residues of pest control products at the maximum limits established.

The proposed amendments, in part, are in response to concerns raised by the Standing Joint Committee for the Scrutiny of Regulations regarding an administrative process put in place by Health Canada to allow Canadians faster access to safe and nutritious food products in specific circumstances.

The Standing Joint Committee for the Scrutiny of Regulations discussed this bill at their meeting of February 3, 2005 and concluded that it would address their concerns about the issuance of interim marketing authorizations.

[*Français*]

Les autorisations de mise en marché provisoire ne seraient pas un moyen de contourner les processus actuels au sein de Santé Canada pour la tenue d'une évaluation de l'innocuité d'un nouvel additif alimentaire, dont les produits chimiques agricoles et les drogues à usage vétérinaire, afin de protéger les consommateurs canadiens. Ces substances devraient d'abord être approuvées au travers du processus réglementaire actuel pour modifier le règlement, afin de permettre leur utilisation ou leur présence dans les aliments vendus au Canada.

[*English*]

Interim marketing authorizations could only be used for food additives, veterinary drugs, and agricultural chemicals that have already been subject to a thorough safety assessment before being listed in the regulations.

A second safety assessment would be conducted upon receipt of a request to expand the permitted foods in which one of these substances may be used or may be present.

Health Canada would only give consideration to issuing an interim marketing authorization if it was concluded that the sale of the food product with a higher level of use or of new food products containing the substance in question would not pose a hazard to the health of the consumer.

⊕ (1540)

[Français]

Les autorisations de mise en marché provisoire devraient être publiques sous la rubrique: Avis du gouvernement, dans la partie un de *La Gazette du Canada*, de sorte que toutes les parties intéressées soient informées.

[English]

By way of background, Madam Chair, on interim marketing authorizations, prior to this proposal the Assistant Deputy Minister of the Health Products and Food Branch of Health Canada was given authority in specific cases to issue notices of interim marketing authorizations on July 3, 1997, when Health Canada amended the Food and Drug Regulations. This amendment to the regulations was introduced as an important regulatory reform initiative to bridge the time between the completion of a thorough scientific evaluation and the publication of the amendment in *Canada Gazette, Part II*.

In terms of the use of this particular tool, since that time over 80 notices of interim marketing authorization have been issued. These comprise 53 food additives, seven additions of nutrients to food, 22 pesticides, and zero veterinary drugs.

The first amendment therefore proposes, as I've noted, to provide the minister with the limited power to allow for sale of a food for which there's a reasonable certainty that no harm will result from its consumption, but that it is not yet in compliance with specified provisions of the Food and Drug Regulation in respect of a compositional requirement or adulteration provision.

The IMA would be applicable to veterinary drug residues, agricultural chemical residues, and the addition of food additives, mineral nutrients, vitamins, and amino acids. In the case of veterinary drugs, agricultural chemicals and food additives, the IMA could only be issued to expand the permitted areas and levels of their use of substances if they're already listed in the regulations.

Now, Madam Chair, if you will permit, my colleague will provide some information regarding the pesticide maximum residue limits.

Ms. Karen L. Dodds (Executive Director, Pest Management Regulatory Agency, Department of Health): Maximum residue limits for pesticides are set following a careful scientific assessment which has established that there is reasonable certainty of no harm to consumers will result in the consumption of foods containing these maximum limits of pesticide residues.

[Français]

Cela peut prendre normalement un an et quelques fois plus longtemps, entre la date à laquelle un pesticide est approuvé pour l'utilisation en vertu de la Loi sur les produits antiparasitaires et celle à laquelle l'élément contenant potentiellement ces résidus peut être vendu en vertu de la Loi sur les aliments et drogues.

[English]

Maximum residue limits for pesticides will continue to be set following the same thorough scientific review and stakeholder and international trading partner consultation.

[Français]

La deuxième modification permettra au ministre de la Santé, en vertu de l'autorité stipulée dans la nouvelle Loi sur les produits antiparasitaires, de fixer ses limites maximales de résidus dans un délai réduit de façon significative. Cependant, ce nouveau processus n'affectera pas la façon dont les évaluations sont menées.

[English]

This will level the playing field between Canadian and American growers by allowing Canadian growers quicker access to new safer pesticides registered through the joint review process with the United States. This will also further protect human health by allowing maximum residue limits to be changed more quickly following the re-evaluation of older products against more modern day standards.

Mr. Paul Mayers: And in summary, therefore, Madam Chair, in keeping with the work on Smart Regulation, Health Canada is proposing these two amendments to the Food and Drugs Act to ensure that the very important and beneficial notice of interim marketing authorization mechanism can continue to be used by Health Canada to accelerate the introduction of some new and safe food products for Canadian consumers.

When the bill was tabled in the House of Commons on November 29, 2004, Health Canada sent a letter explaining the intent of this bill to stakeholders. To date we have received no expressions of concern. The bill maintains the very important element of the protection of public health that is already recognized in the current interim marketing authorization mechanism in the Food and Drug Regulations. The bill would continue to provide the availability of the beneficial mechanism to ensure that consumers have timely access to safe food products.

As I've noted, the application of the mechanism to date has provided for over 80 notices of interim marketing authorization and, as it relates to those notices, no expressions of concern about the safety of foods sold under those notices have been received by Health Canada.

Madam Chair, we have provided some background and details in a fact sheet and additional information provided to the committee and we look forward to sharing additional information with you through your questions. Thank you, Madam Chair.

⊕ (1545)

The Chair: Thank you very much.

We'll move to the question and answer portion.

Are we starting with Mr. Fletcher?

Mr. Steven Fletcher (Charleswood—St. James—Assiniboia, CPC): No, I'm going to go with Mr. Merrifield today.

The Chair: Mr. Merrifield.

Are you sharing your time, Mr. Merrifield?

Mr. Rob Merrifield (Yellowhead, CPC): No, I don't think so.

The Chair: We only have an hour for this portion. We have 45 minutes left actually.

Mr. Rob Merrifield: That's fine. I'll ask my questions and see how the answers come, and if I have time left over I'll move on to another questioner. How's that? Is that fair?

The Chair: Yes, that's fair.

Mr. Rob Merrifield: Okay, as long as we do things fairly in this committee because there have been times when accusations have been levelled and I wouldn't want that.

At any rate, let's get on with the questioning.

I want to thank the witnesses for coming forward.

I want to start, first of all, with Ms. Dodds.

The last time you were before the committee, which I believe was the last government, we were talking about reviewing pesticides. There was going to be a review of about 400 different pesticides and you had about 2 years to do it. Can you tell us, as a committee, just to catch us up on that, how that is going?

Ms. Karen L. Dodds: This is Health Canada's re-evaluation program for older pesticides where we've undertaken a commitment to review all pesticides reviewed before 1995. We are doing a pretty good job in terms of keeping pace with the performance commitments we've had.

I'm not sure if I have all of the details. I've only been less than two months at PRMA, so, Trish, can you help me on how we're tracking with our commitments?

Ms. Trish MacQuarrie (Director, Alternative Strategies and Regulatory Affairs Division, Pest Management Regulatory Agency, Department of Health): Yes.

We are making progress. In fact, we're following the US EPA very closely. I believe that we're intending to have approximately 182 of the 401 pesticides that were slated for re-evaluation completed this year, but we can verify that information and send it to you.

Mr. Rob Merrifield: Yes, I would appreciate that. It's very interesting that you're able to do that because performance in the past was rather slow on this one, so you've certainly accelerated things. When you mentioned 400 at the time, I don't know if there were many on this committee who really felt you'd achieve that, so I'm pleased to see you're partial way along on that at any rate.

Getting on to this bill and some of the 80 products you say have been allowed onto the market prior to full regulation or compliance, have there been, first of all, any complaints received for any of those products as you've moved forward?

Mr. Paul Mayers: Thank you very much.

No, there have not been complaints, and perhaps even more importantly, there has not been any evidence of human health concern related to the products that have been authorized under the interim marketing authorization.

Mr. Rob Merrifield: What you're saying is there has been absolutely no recalls from moving ahead in this way, no changing your minds because of evidence that has come forward after the full review is done.

Mr. Paul Mayers: That's correct.

Mr. Rob Merrifield: That has been happening since July 3, 1997 you are saying.

Mr. Paul Mayers: That's correct.

⊕ (1550)

Mr. Rob Merrifield: Was the minister acting in full accordance with all of the rules when moving forward on all of these at that time?

Mr. Paul Mayers: Once the provision was available under the food and drug regulations to issue interim marketing authorizations then the department, upon the request of petitioners, considered the evidence presented by petitioners to support the issuance of an interim marketing authorization. Where that evidence demonstrated the safety of the product, whether that was an extension of the use of a food additive or the addition of a nutrient to food, which are by far the largest groups of products that have been permitted, then we made the issuance of interim marketing authorizations in full accord with the regulations that were available at that time.

Mr. Rob Merrifield: Just to capture exactly what this bill is doing, it's just moving it from regulations into the act.

Mr. Paul Mayers: That's correct. It moves it from regulations into the act and in part that's a part of the concerns that were expressed by the Standing Joint Committee for the Scrutiny of Regulations.

Mr. Rob Merrifield: Is the information on which you base your decisions mainly from the United States, or does it come from Europe and other countries? How do you weight the criteria for whether you think the safety has been met?

Mr. Paul Mayers: The safety assessment process for the types of products that are covered here are laid out in the case of food additives in the regulations themselves.

We apply a totality of evidence consideration. Petitioners provide two us the evidence upon which they believe that they can demonstrate the safety of the products. Our experts in the department

review the information presented against the backdrop of the scientific literature. So we will consider the evidence base from a range of sources, not just domestic sources but international sources because we use the international science literature.

Mr. Rob Merrifield: Thank you. I'll leave the rest of my time to Mr. Lunney.

The Chair: Mr. Lunney, you have five minutes.

Mr. James Lunney (Nanaimo—Alberni, CPC): First off you listed some 82 IMA's that have been approved or at least released and I'm just wondering if you would go over that list because you were a little ahead of me. I didn't catch it, could you give me the breakdown on what areas those products...

Mr. Paul Mayers: Certainly. They were 53 food additives, 7 additions of nutrients to foods, and 22 pesticides, 0 veterinary drugs.

Mr. James Lunney: Okay so when we're talking about the IMA's does it indicate how long these IMA's are, when they're approved, how long are they in effect? Is there limit, a time limit or an expiration date?

Mr. Paul Mayers: Indeed. In the bill there is an explicit requirement limiting the time of an IMA to two years, so the department would have that two year period in which to complete the regulatory amendment process. If that were to not be concluded within the two year time period the IMA would effectively be cancelled at the two year mark.

Mr. James Lunney: Thank you.

Here's a more practical question, I'm just going back to the types of things that are regulated here and the list goes on to include agricultural chemicals, veterinary drugs a food additive, a vitamin, a mineral, a nutrient, amino acid. Now on the one hand we're dealing with things that are very toxic and people might have a very big concern about having in their food, in any level, pesticides, herbicides, they're persistent organic pollutants. These residues were concerned about actually stay in the food chain and can remain in biological systems for a long time.

Then you're also putting things that are good for you in there, like maximum levels for nutrients, is there some concern that nutrients are going to be put into food in an exorbitant amount that could be considered risky?

Mr. Paul Mayers: It is certainly a possibility that one can have too much of a nutrient. Certain nutrients have very specific limits above which adverse effects occur. For example, excessive intakes of Vitamin A can result in harm, for example to a fetus. So we do in those cases express maximum limits. But minimum limits are equally an important consideration when dealing with nutrients.

⊕ (1555)

Mr. James Lunney: Yes. Is there any evidence that anybody would ever attempt to put into a food form, as an additive to cereal, vitamin enriched cereal or something, a level of a vitamin that is in a toxic range because I've never heard of such a thing?

Mr. Paul Mayers: That would be the department's control, to avoid that occurrence, whether it was intentional or inadvertent.

Mr. James Lunney: I just find it surprising. It seems to perpetuate this myth about how toxic vitamins and minerals are, which is really not supported by modern day science. With very few exceptions you mentioned vitamin A, but to get vitamin A in greater than 20,000 international units as a food additive is something that's not likely to happen.

I'm just puzzled that they would be lumped in there with toxic items and why you'd be concerned about that. And you can't give me an example, other than vitamin A, which I can't imagine anybody adding vitamin A over 10,000 international units to a cereal.

Mr. Paul Mayers: Another example of a toxic adverse effect---

Mr. James Lunney: We're talking about food items, we're not talking about pesticides or herbicides now.

Mr. Paul Mayers: Iron, you can get iron, toxic---

Mr. James Lunney: But is there any example anywhere that there's a food item somebody has added iron to that is in a toxic level as a food, you know to cereal or something that you might regulate as food?

Mr. Paul Mayers: I certainly can't draw from the top of my head an example for you.

Mr. James Lunney: So we know in vitamin and mineral supplements, most of them don't include iron except specifically when marked because of that. But I can't imagine anybody giving vitamin enriched, iron enriched food items. I just never heard of it.

Mr. Paul Mayers: One of the interesting things, of course, when the diet is used to present nutrients that are added above the normally occurring levels is the totality of intakes. And so while the intent may not be to add, for example, vitamin A to a product at levels that would raise concern, the other things that one might consume in a day's intake may put you above that limit if there weren't appropriate controls across the range of foods, then while one food may not put you above the limit, presenting 100% of your daily recommended intake of vitamin A in every food would certainly put you above that intake. And no one manufacturer would recognize that their level was contributing unless there were appropriate controls in place. So that would be the kind of event that would be managed through appropriate controls that would not relate to a direct and intentional addition above a safety limit.

The Chair: Thank you, Mr. Lunney.

Mr. Ménard.

[*Français*]

M. Réal Ménard (Hochelaga, BQ): Merci, madame la présidente.

Lorsque j'ai lu, sur l'heure du midi, le document de breffage que notre greffière nous a fait parvenir, je n'ai rien compris, pour être honnête avec vous. Je voudrais donc qu'on regarde en détail un peu plus le projet de loi.

D'abord, je voudrais que vous nous expliquiez concrètement quel est l'objectif du projet de loi. J'ai compris que c'était de donner des autorisations de mise en marché provisoires. Provisoires par rapport à quoi? Que veut dire « la limite maximale de résidus », des mots qui sont utilisés à au moins 20 reprises dans vos documents, sans qu'il n'y ait aucune définition?

Expliquez-nous concrètement ce que cela veut dire par rapport au système d'homologation actuel des aliments et la Loi sur les aliments et les drogues. Lorsque vous dites que vous n'avez reçu aucun avis d'opposition au projet de loi, évidemment, nous en connaissons au moins deux qui s'y opposent, dont la Coalition canadienne en santé et trois ex-chercheurs de Santé Canada. Alors, soyez pédagogiques et expliquez-nous, en rapport au régime actuel, ce qu'est le projet de loi. Donnez-nous des définitions sur tous les termes techniques.


M. Paul Mayers: Je pourrais vous donner, peut-être, une explication plus technique...

M. Réal Ménard: Plus pédagogique, puisque vous avez réussi l'accès technique.

M. Paul Mayers: Ma collègue, Mme Dalpé, pourrait vous donner une explication.

Mme Claudette Dalpé (directrice associée, Programmes de la réglementation des aliments et de l'accès à l'information, Bureau de la réglementation des aliments, des affaires internationales et interagences, Direction des aliments, Direction générale des produits de santé et de, ministère de la Santé): On va retourner. Premièrement, des autorisations de mise en marché provisoires sont déjà émises sous le règlement qui existe déjà, comme on l'avait expliqué dans l'introduction et comme c'est expliqué dans le feuillet d'information qui accompagnait la lettre aux parties intéressées.

Les autorisations de mise en marché provisoires sont appelées provisoires parce qu'elles font le pont entre le temps où l'évaluation de l'inocuité de l'utilisation d'une substance dans un aliment ou de la présence d'un résidu d'un produit chimique agricole dans un aliment ne représente aucun danger pour la santé.

 (1600)

M. Réal Ménard: Quel résidu? Donnez-moi un exemple.

Mme Claudette Dalpé: Peut-être que ma collègue, Mme Dodds, pourrait mieux expliquer ce qu'est exactement un résidu et comment on en arrive à déterminer quelle est la limite maximale de résidus.

M. Réal Ménard: Finissez votre tour d'horizon et on reviendra aux résidus. Donc, il y a des autorisations provisoires. Vous finissez et on reviendra après.

Mme Claudette Dalpé: Alors je vais parler des additifs alimentaires dans ce cas.

M. Réal Ménard: D'accord.

Mme Claudette Dalpé: Ou je vais parler de l'addition des nutriments ou des éléments nutritifs dans les aliments. Pour ce qui est des additifs alimentaires, il existe déjà un cadre réglementaire qui dit que si vous voulez utiliser un additif alimentaire dans un aliment qui est soit déjà listé dans le règlement, parce que c'est une liste positive. Tu ne peux pas vendre un aliment qui contient un additif alimentaire à une dose, à moins que ne soit inscrite dans le règlement l'application à cet aliment. Est-ce clair jusqu'à présent?

M. Réal Ménard: Dans un certain nombre de produits il y a des additifs alimentaires. Ces additifs doivent être autorisés par Santé Canada d'abord?

Mme Claudette Dalpé: Absolument. Cela ne change rien au cadre d'autorisations de mises en marché provisoires, cela existe déjà. L'ajout de vitamines, de minéraux et d'acides aminés aux aliments, c'est la même chose.

M. Réal Ménard: Cela existe déjà?

Mme Claudette Dalpé: Cela existe déjà.

M. Réal Ménard: Alors pourquoi une mise en marché provisoire?

Mme Claudette Dalpé: C'est l'autorisation de mise en marché provisoire, une disposition approuvée par le gouverneur en conseil en 1997, nous permettant — vu que l'analyse d'innocuité, l'analyse de la salubrité de l'aliment qui contient cette limite maximale ne pose pas de danger à la santé — d'approuver la vente immédiate pendant que le processus réglementaire suit son cours, pour changer le règlement afin de l'inscrire dans la liste, dans le règlement même.

M. Réal Ménard: Qui demande cela?

J'ai lu tantôt, dans le cahier de breffage que nous avons eu, qu'on semblait dire qu'il y avait des dangers pour les agriculteurs, sur le plan de la compétitivité.

Mme Claudette Dalpé: Je vais laisser ma collègue, du côté des résidus de pesticides, toucher cet aspect. D'autre part, du côté des additifs alimentaires, et de l'ajout des vitamines et autres éléments nutritifs, ce sont bien sûr les fabricants alimentaires qui demandent l'autorisation d'ajouter ces substances.

M. Réal Ménard: Toujours à des fins pédagogiques — cela va bien jusqu'à présent — donnez-moi un exemple de fabricant alimentaire au Canada.

Mme Claudette Dalpé: Alors, le fabricant Kraft.

M. Réal Ménard: Pas le célèbre Kraft Dinner qui a hanté notre enfance?

Mme Claudette Dalpé: Je ne parle pas de ce produit-là. Je parle de la compagnie Kraft, qui est un fabricant alimentaire.

M. Réal Ménard: De fromage.

Mme Claudette Dalpé: Kraft fabrique beaucoup d'autres produits.

M. Réal Ménard: Oui. La compagnie se trouve dans mon comté, je la connais.

Mme Claudette Dalpé: C'est cela.

Quoi qu'il en soit, je veux dire qu'un fabricant ou une compagnie qui voudrait vendre un additif alimentaire, peut le présenter sur le marché pour que les fabricants l'ajoutent à leur préparation d'aliment.

M. Réal Ménard: Quel est l'avantage pour la population, le consommateur d'avoir un tel projet de loi?

Mme Claudette Dalpé: L'avantage, c'est d'avoir accès à des produits alimentaires salubres, qui sont souvent nouveaux. La qualité des aliments peut être améliorée, et bien sûr quand on parle de nutrition — d'ailleurs M. Lunney y a fait allusion tantôt — quand on parle d'additifs, des éléments nutritifs, c'est nettement un avantage dans le but d'avoir un aliment à valeur nutritive ajoutée.

M. Réal Ménard: D'accord.

Revenons sur les résidus.

[*English*]

The Chair: Mr. Ménard, you asked some pretty piercing questions, so you may not ask another one, but I believe someone else on the panel was going to respond to one of your earlier questions, and I will allow that.

Ms. Dodds.

[*Français*]

Mme Karen L. Dodds: *Yes.* M. Ménard a signalé une question à propos des limites maximales et des résidus.

[*English*]

When pesticides are used on food-producing crops, so on any of the crops which subsequently are consumed either by people or by livestock, they leave residues, and part of PMRA's responsibility in the scientific and health assessment is to make sure that the residues that are left on the part of the crop that will be consumed either by humans or by animals are acceptable.

So we review toxicological information submitted to us to ensure that consumption of those residues every day for all of your life at the maximum level do not pose a health concern to Canadians, and PMRA has, as part of its scientific assessment, a specific focus on vulnerable populations, so we look at children, for example, as a more vulnerable population, and add a safety

factor. And again our intent is that we make sure that if you were consuming food with these residues on them that they would not pose a risk.

🕒 (1605)

The Chair: Thank you very much.

We will now move on to Mr. Thibault.

[*Français*]

L'hon. Robert Thibault (Nova-Ouest, Lib.): Merci, madame la présidente.

Merci à M. Ménard, qui a accompli un excellent boulot en nous donnant cette séance pédagogique et en permettant à nos témoins de vraiment bien expliquer les objectifs de ce projet de loi.

[*English*]

I want to focus a little bit on the pesticide component, the maximum residue limits. I would ask you to explain to the committee, and through the committee to the Canadian people, how our producers are advantaged by doing that, how we are working now with the international community, particularly the U.S. in the analysis of new pesticides or new uses of existing pesticides, and how this will assist the competitiveness of our Canadian producers.

[*Français*]

Mme Karen L. Dodds: Merci pour la question.

[*English*]

The agriculture sector certainly has often raised concerns about their competitive position to the attention of the Pest Management Regulatory Agency because there are many more pesticides permitted for use in the United States than there are in Canada.

We, in our harmonization activities and our intent to try to help the agriculture sector in Canada, do not rely on any U.S. decisions. Instead, we work in many instances directly with the United States in our scientific review. So we will undertake joint reviews of new active ingredients. We will undertake joint work on reduced or low-risk pesticides. Our re-evaluation program, which was the subject of Mr. Merrifield's first question, again, in those situations we look at the outcomes of the U.S.' work. We don't just accept their decision, but we look at the outcomes of their work to determine whether or not they're applicable.

This allows us to move more quickly in terms of supporting the registration of pesticide products for farmers and for the agriculture sector in Canada, but we still have quite a challenge in front of us.

Hon. Robert Thibault: Thank you.

I think it's important to point out that when you're talking about residue in food or pesticides in food that we're not talking about adding them. It's understanding that on a carrot, a little bit of residue of pesticide, an amount so minuscule it's difficult to measure, would make its way into the food chain. Am I right?

Ms. Karen L. Dodds: You are right. For the most part, things like, I've just learned recently, for example, that many of the pesticides that are used on things like apples are actually applied even before flowering. So there would be no residue on the apple because of the timeline. We make sure of that in our evaluation. That is part of our process, to make sure that whatever residue is there is acceptable from a health perspective.

Hon. Robert Thibault: Thank you.

The interim marketing agreement, this is nothing new, no new regulations, no change in implication. It's the way that it's written into the law. This is after the Special Joint Committee on the Scrutiny of Regulations had expressed their concerns.

That having been said, we received their concerns and we are reacting to them. Do the existing interim marketing agreements remain valid after we approve this law and at the current time?

Ms. Karen L. Dodds: Just one point that I'd like to make is, not specifically on the question of the interim marketing authorizations, but when this committee looked at the new Pest Control Products Act, which was given royal assent in 2002, in the new Pest Control Products Act, it did give Minister of Health the authority to set maximum residue limits in that act. So part of Bill C-28, the bill in front of you now, is also to say, allow the Pest Control Products Act to be the vehicle for setting maximum residue limits and prevent a duplication. If you didn't do that, you would have them under the Pest Control Products Act and under the Food and Drugs Act.

So this puts all of the setting of the maximum residue limits with the Minister of Health. That is something which was approved by this committee and passed to Parliament in the bill given royal assent in 2002.

🕒 (1610)

Mr. Paul Mayers: With regard to the issue of the existing notices of interim marketing authorization, indeed, included in the bill is a deeming provision which would have the effect that any interim marketing authorizations in place at the time this bill came into effect would be recognized as interim marketing authorizations within the context of this bill, so as to avoid that potential problem of a duplication.

The Chair: Thank you, Mr. Thibault.

Ms. Crowder.

Ms. Jean Crowder (Nanaimo—Cowichan, NDP): Thank you, Madam Chair.

I just have a couple of comments. I think I heard somebody say that part of the purpose with this was to accelerate a product getting to market. Is that...? Okay.

A number of people have talked about the Pest Control Products Act, which was changed in 2002. Have the regulations from that act been promulgated? Have they? Are they now replaced?

Ms. Karen L. Dodds: No, unfortunately, they're not. There are a number of sets of regulations which are still under development. So it is our goal to have them all in place this calendar year so that the new Pest Control Products Act can be put into force.

Ms. Jean Crowder: That actually doesn't lead me to a degree of confidence in talking about waiting to get regulations put into place. Specifically, under the new Pest Control Products Act, there were a number of steps laid out that seemed to really take the public interest into account. It was talking about things like establishing a public registry; allowing the public to view the test data on which these pesticide evaluations were based, which would seem reasonable given what we're talking about; and allowing the PMRA to share scientific studies with provincial and territorial governments. The reason I'm raising this issue is because the PMRA recently put out an information notice that said that 2,4-D can be used safely on lawns and turf. Yet the public process for submitting information isn't even completed. It's not, up until April 22nd.

So when you talk about interim measures and putting regulations in place, I'm not sure that the public safety is actually being protected. I would suggest it would be more expedient to actually ensure that all data was in. If there's a problem with regulatory process, that it takes too long to get things happening, we need to look at what that regulatory process looks like rather than looking at interim measures.

I'd like you to comment on that.

Ms. Karen L. Dodds: Thank you for giving me the opportunity to clarify. As I said, I'm new at PMRA, less than two months on the job, and it is good to have an opportunity to clarify.

With documents such as the decision on 2,4-D, that is considered, right now it's a proposed acceptability, so it's not a final decision. It's still waiting for final comments to come.

Ms. Jean Crowder: If I could just interject though, the headline on the information note that comes out from PMRA says "The PMRA determines that 2,4-D can be used safely on lawns and turf". That's a headline that says that, yet there's more information coming in. So I'm not sure the public will always go down to read the fine print when that's the headline.

Ms. Karen L. Dodds: We are working to clarify our communications. In the instance of things like 2,4-D and with all of our pesticide registration and re-evaluation decisions, internally we will make every effort to access all relevant material.

Ms. Jean Crowder: And make it available to the public.

Ms. Karen L. Dodds: Yes.

Ms. Jean Crowder: That's good news.

Ms. Karen L. Dodds: And we do have quite an extensive scientific document that's available on our website about how we re-evaluated 2,4-D and what the scientific information is, with reference

lists and everything.

We do need the new Pest Control Products Act to be able to have people access business confidential information in a private reading room, but we still do try to make as much available as we can.

Again, what I want to emphasize is, there is this issue with what's now under the IMA and where we want to set maximum residue limits. That is where we are convinced that we have all of the information needed in our hands and it's been evaluated in order to set a maximum residue limit.

Currently, with the IMA--

Ms. Jean Crowder: Can I just interject for a second? When you talked about maximum residue limits, I have a quote from the United Kingdom that says that a maximum residue level is actually defined as the legal limit not a safety limit. Does that same thing apply in Canada, the legal limit versus the safety limit?

Ms. Karen L. Dodds: But that would be because usually it is much below. The actual residue detected is now usually orders of magnitude below the legally acceptable maximum residue limit. But it's important for people to realize that we look at that high limit to make sure that's acceptable. But, as we noted with the instance of apples, or any of these, there are normally both environmental and processing and degradation things that happen, so that the residue limit on consumption actually is much below what we would expect to find in the field. But we set our maximum residue limit for what you could have in the field under good agricultural practice. We make sure that is appropriate, but typically what you actually measure--. Actually, I've questioned our people recently and most of the time now with residues they're below the limit of detection. That's why some people will refer to them as a legal limit not a safety limit.

🕒 (1615)

Ms. Jean Crowder: Am I done?

The Chair: If I could just follow up though. Considering the press release Mrs. Crowder referred to the fact that you've only been there two months, have you issued something that is clearer about that, because it seems that the headline is quite misleading to the public? Yet that was picked up by the press and I had many phone calls in my riding office about it.

So are you putting out a second press release that will correct the false impression left by the first one? Probably an over-enthusiastic communications person did that, I'm guessing. But what are you doing about it is what I'm asking.

Ms. Karen L. Dodds:

The normal process is to accept comments to the close of the comment period and then obviously there would be another document that would come out and it may say that we've received significant new information; we need to re-evaluate. It may say that there was no information received that was relevant to the scientific evaluation of 2,4-D.

What we have done with parties that have written in to us has been to clarify--and I think that is

part of the press release--that this is a comment period and it's open until the date later in April.

The Chair: Thank you.

Mr. Savage.

Mr. Michael Savage (Dartmouth—Cole Harbour, Lib.): Thank you, Madam Chair, and welcome to our panellists.

I wonder if you could just explain to me the mechanics, the process of how this IMA gets issued. You get a notification from a company that they're looking for one, I assume?

Mr. Paul Mayers: Thank you.

The first step would be the submission from a proponent or a petitioner for the extension of use--in the case of food additives or nutrients--beyond that which is currently permitted in regulation.

We would assess that proposal on its merits in terms of the human health implications of extending that use or modifying the levels based on the scientific information submitted, supporting the safety of that application.

Once the science assessment is concluded and there is indeed a determination that such an application is a safe application from a consumption perspective, then the issue of moving forward is the question of how to operationalize the decision making.

A proponent might make the request that in addition to the extension, they would like also to have the interim marketing authorization and provided they met the criteria for an interim marketing authorization, then that would be considered.

So your process would then unfold based on--starting at the very beginning--the first science assessment of that particular substance which resulted in its listing in the food and drug regulations, and that would be without any interim provision.

Then the second review for the extension that I mentioned, and then the application for an IMA would be reviewed against the criteria. And if all of those were acceptable, then the IMA would be granted while the process of completing the regulatory amendment to add either the new usage or the extension of usage to the existing listings in the regulation would then be completed.

Mr. Michael Savage: So there have been 82 of these notices of IMAs. Correct?

Mr. Paul Mayers: That's correct.

Mr. Michael Savage: How many applications were there for these?

🕒 (1620)

Mr. Paul Mayers: I was conferring with my colleague because the information I don't have is how often, where a petitioner made a request for an IMA but didn't meet the criteria. For example, we do occasionally receive requests for IMAs where it's a new listing. We cannot issue an IMA in that

situation for a new listing.

Mr. Michael Savage: But of those that would be applicable for it, could you give me a percentage? Would it be 90%, 10%?

Mr. Paul Mayers: I would simply be guessing so I would prefer not to speculate.

Mr. Michael Savage: Okay, thank you. That's all I have, Madam Chair.

The Chair: But I thought I heard Ms. Dalpé say that for 82 approvals, there were 82 applications. Is that not correct?

Ms. Claudette Dalpé: No, if I may be permitted, I would like to clarify this information. The applications that were successful are the 82 IMAs. There may have been applications that were turned down--

The Chair: That's what we want to know.

Ms. Claudette Dalpé: --and those, we don't have a number on them.

The Chair: But surely you have a record of those you've said--

Mr. Paul Mayers: Absolutely, and that information can be provided.

The Chair: Thank you.

Go ahead, Mr. Savage. You're finished? Thank you.

Mr. Fletcher.

Mr. Steven Fletcher: I just have basically one question. On one hand you can see the benefits to expedite the approval process, or pardon me, I guess the reason for the IMA seems to be valid but on one hand, can you provide assurance that Health Canada goes through the process as quickly as possible to reduce that lag time that the IMA is needed?

And also, the second part of my question is, can you also assure the committee that this process is done beyond the reach of market pressures or political pressures because I can foresee situations where you guys could be put under a lot of pressure to make one decision or another?

Mr. Paul Mayers: Thank you.

The process is guided by very clear criteria, and it is on the basis of criteria that the decision to issue or not to issue an IMA would be made. That criteria set has now been laid out as well in this bill, and would constrain the decision-making to the application of those criteria, as it related to the IMA process.

In relation to the first question, we certainly work forward on as expeditious a basis as we can to conclude the regulatory amendment process, and that is the exact reason why, in the bill, the proposal includes the time limitations so as to ensure that the department continues to have the requirement

before it to conclude the regulatory amendment process, and complete the listing in regulations within the two-year timeframe provided by the IMA, because at that point if we have not achieved that, then the IMA would cease to be available.

So it is, in the context of both of your questions, a manner explicitly articulated in the bill to address, so the department is not operating in a subjective manner. We have an explicit timeline in which to conclude the regulatory amending process, and we have explicit criteria that guide the issuance of an IMA.

Mr. Steven Fletcher: So the department is insulated from political pressures either way? Yes, it is?

Mr. Paul Mayers: What I can speak to, because I can only speak to the technical application, is the department operates within the context of the criteria currently laid out in regulation and proposed to be laid out in the Food and Drugs Act itself.

Mr. Steven Fletcher: (Inaud)

The Chair: Thank you, Mr. Fletcher.

Ms. Chamberlain.

Hon. Brenda Chamberlain (Guelph, Lib.): (Inaud) a little bit on Mr. Fletcher's question there.

For a long time, PMRA, farmers, fruit growers, have not been very happy with the process through PMRA. They feel that things are held up for a very long time, they can't get their things to market, many times they're not competitive. It goes back to Mr. Thibault's question where they cannot get into the marketplace. Recognizing that we have to be safe and we have to be careful, but huge concerns around PMRA, and how they handle things. Do you wish to comment sort of at large, because I'm sure this is not a surprise to you, this question? It's been around for quite some time and people are pretty hot about this.

🕒 (1625)

Ms. Karen L. Dodds: I started as executive director February 14, and by February 20 I was out meeting with stakeholders because I know that there are concerns. Certainly, a large number of those, the majority of the concerns, come from the agricultural sector. So key for me in these early days is understanding what the nature of the concerns are.

As I said, this difference in how many pesticides are approved in the U.S. versus how many are approved in Canada, PMRA has made progress in terms of starting now to actually, on a yearly basis, approve much the same as what's in the United States, but we also have to make head-log ## on that. We started out with quite a significant difference.

I'm still talking with stakeholders, with people inside PMRA, about the ways and means, but all of these kinds of things, if I might, too, Madam Chair, come back to the last question about protecting the process from any untoward influence. Under the new Pest Control Products Act, it's very specific. It's actually in the act, it's not in the regulations, the health risks associated with maximum residue limit specified by the minister must be considered acceptable to the minister. It goes into a

description of looking at aggregate exposure, cumulative exposure, the different sensitivities, so it's right in the act--I'll call it a buffer between undue pressure on approving--but at the same time the regulatory process, we can be all through our scientific evaluation, and I asked our people to do an analysis, and it's about 18 months in addition than to go through the regulatory process. So, at minimum, with the IMA, the agriculture sector is 18 months more than a growing season ahead of what they used to be in terms of access.

Hon. Brenda Chamberlain: So there is some improvement?

Ms. Karen L. Dodds: Yes.

Hon. Brenda Chamberlain: That's a good thing.

The Chair: Thank you, Madam Chamberlain.

Madam Demers.

[*Français*]

Mme Nicole Demers (Laval, BQ): Merci, madame la présidente.

Monsieur Mayers, pouvez-vous m'indiquer, puisque supposément il n'y a aucun danger avec les aliments qui sont acceptés comme cela pour une mise en marché provisoire plus rapide, pourquoi le comité aviseur travaillant sur ce dossier et qui a fait un rapport à ce sujet recommande, à la recommandation 46, que les employés de Santé Canada aient l'immunité par rapport à des mises en marché provisoires qu'ils auraient acceptées et dont les produits s'avéreraient nocifs par la suite?

[*English*]

Mr. Paul Mayers: I am trying to think through any awareness that I have of any application where the output was a decision to authorize an IMA where there was concern regarding the toxicity, for example, of the product, and I am not aware of any such example. As we have noted, the first and foremost consideration prior to the issuance of an IMA is that the application in question, the substance proposed and the level of its addition would be at a level and of a nature that did not represent a risk to the individuals consuming that product in the marketplace before an IMA could be considered, and keeping in mind that the intent of an IMA is simply to bridge the period between the completion of that scientific assessment and the regulatory listing.

So the ultimate decision relates not only to the issuance of the IMA but to the intent to list in the regulations the authorization of that substance and at that level, and so on that basis in addition to not being aware of any circumstance where a concern was identified, we would also not entertain the issuance of an IMA that would then result in a regulatory amendment, creating a listing for a product for which we had a concern.

🕒 (1630)

[*Français*]

Mme Nicole Demers: Cela n'a pas répondu à ma question. Je demandais pourquoi le comité

aviseur recommandait l'immunité pour les employés de Santé Canada. Vous m'avez seulement dit qu'il n'y avait pas de danger dans aucun des produits. Maintenant, on sait que dans une période de 18 mois, puisque c'est la période supplémentaire que ces produits auraient, il y a beaucoup de choses qui peuvent changer. On a appris la semaine dernière que la vitamine E prise à forte dose pouvait être très dommageable et même causer le cancer. On a appris que l'aloë vera pris dans les premiers mois de la grossesse pouvait causer aussi le syndrome foetal. On peut changer. La science apprend des choses très rapidement et je crois que ce n'est pas tenir compte de la santé des Canadiennes, des Québécois et des Québécoises et c'est faire très peu de cas de leur santé d'aller si rapidement et admettre un produit qui contiendrait un additif qui n'a pas été testé suffisamment longtemps pour savoir que c'est vraiment sans danger.

[English]

Mr. Paul Mayers: I can only respond in the context of what the science tells us, and what I can assure the committee is of the comprehensiveness of that review. It is indeed possible that new science emerges, and that is why within the context of new science when it emerges that decisions may be taken to, for example, cancel a listing if evidence emerges that suggest that that is now a different level of information than was available when it was reviewed.

I didn't provide any information on the issue of immunity because I simply don't have it to provide. But on the issue of the concern related to the length of testing, for example, of an additive and the potential that additional information may come to light in the future, the comprehensiveness of the science used at the decision-making point is, of course, the only basis that we can use because science that might emerge in the future is not available when the decision is taken. However, when new science emerges, it is incumbent on us to take that new science into account and to consider that in the context of products in the marketplace and whether they may present a concern for health.

The Chair: Thank you very much.

Follow me up on that, Mr. Mayers. You said in your original presentation that 82 of these certifications had been issued and you'd never had a consumer complaint, but my question to you is did you really expect one, considering the fact that some of these additions to a product are things like microcrystalline cellulose added to breathe freshening strips? I wonder how many consumers knew as they bought their breathe freshening strips that you had just allowed for the addition of microcrystalline cellulose; or in plant-based beverages, I suppose that's like tomato juice, that you had allowed for the use of amylase and protease enzymes to be added? I mean, surely, you didn't expect consumers to react to those scientific names being added as one other ingredient in a product they were used to buying. So is it not rather disingenuous to suggest that the lack of consumer complaint is a positive thing for this particular process you're suggesting to us?

Mr. Paul Mayers: I'm not suggesting that the lack of consumer complaint is the sole consideration. And while consumers are the most important stakeholder in the process, they're not the only stakeholder in the process. So we do recognize that the range of stakeholders who when they see the listings may raise concerns regarding those listings, some of whom are extremely expert in their ability to assess a new listing and to express a concern, should they have one. But certainly, Madam Chair, you're correct that certain listings being technical in nature will be of much lower potential for consumers to express a specific concern related to that additional or extension of the listing. But keeping in mind that those same listings have gone through the Gazette Part I and Part II process in terms of achieving the original listing which is an absolute requirement before--

🕒 (1635)

The Chair: Excuse me, I understand what you're saying, but I'm not aware of which groups are following that gazetting process. In other words, it seems to me from what you've said and from what Ms. Dodds has said, that this is a manufacturer and producer driven process. Even the number of nutrients being added is much, much smaller than the number of agents that firm the product, help to make it last longer, etc., chemicals that actually add to the shelf life or the appeal to the consumer of the feel of the product as opposed to, I think you gave us the number for actual nutrient additions was only something like eight. Seven were nutrients and 53 were additives which were requested by the manufacturer. So it seems to me those numbers alone suggest that this is definitely producer driven. It's was they want to put on the shelves or what they want to turn out of their fields that is driving this process, and consumers have very little to do with it. Are you aware of which groups are following these additives IMAs carefully and responding to you because you said you had no consumer complaints? Did you receive complaints from anybody which would indicate someone is at least watching what you're doing?

Mr. Paul Mayers: We did indicate that we didn't receive any complaints, and so it's not just consumers whose complaints we are referring to. We didn't receive expressions of concerns from stakeholders, more generally.

The Chair: But is anybody watching these listings, to your knowledge, anyone other than your own scientists who are allowing these things?

Mr. Paul Mayers: We believe that's the case, but I can't confirm for you because, of course, I don't have the information related to the groups and what they track and don't track, Madam Chair.

The Chair: Okay, there may be a paucity.

I'll move on to Mr. Carrie.

Mr. Colin Carrie (Oshawa, CPC): Thank you very much, Madam Chair.

My questions actually follow what Madam Chair was bringing up. It's really to do with public safety issues. My concern is: do Canadian know what's in their food, and do they have the right to know what's in their food? I was wondering, do you put things out when you change a product? Are there any consumer alerts or product alerts, that Canadians will now know that this product has been changed?

Mr. Paul Mayers: We certainly don't provide notices on individual products. What we do, using food additives as the example, a division of the Food and Drug Regulations lists all food additives that are permitted and the products to which their addition is permitted. The issuance of an IMA would be included in government notices, and so that, too, would be alerted through the mechanisms that we have available to us. So we have the regulations themselves, and the listings included therein, we have the gazette and we use that, and, of course, there is our website. Then on the product itself, of course, additives are identified, in terms of the ingredient list, as provided for in the regulations.

Mr. Colin Carrie: What bothers me more are things like: we now have significant antibiotic use in our cattle, we're feeding our cattle antibiotics. Now, actually, with BSE problems, we're feeding

our cattle our cattle. Are we promoting that by putting extra antibiotics in the feed?

You talk about “the science”, “we’re looking at the science”. What exactly is “the science”? You talk about a clear criteria. Are you receiving transcripts or is it papers from companies, and you’re reviewing it? Do you do any independent research on your own?

🕒 (1640)

Mr. Paul Mayers: Absolutely, we are involved in research. We don’t conduct specific research on an individual product, but we certainly undertake toxicological studies related to classes of products, for example, and that information assists the evaluation process. But it’s not limited to just what Health Canada itself generates. There is the international literature, as well, of course, that we rely on and, in addition, the information provided by the proponent of the product themselves.

Mr. Colin Carrie: We have things like estradiol that is allowed as a growth promoter here in Canada, but it’s banned in the U.K., in Europe. Is there anything that allows Canadians to know what exactly is allowed and what the potential is to cause damage?

Mr. Paul Mayers: Again, in terms of the products that are permitted, that information is made public. So whether it is a veterinary drug or if we’re talking about a food additive, the information that that product is now permitted is part of the process. The regulatory amendment process includes the opportunity for consultation and input in that amendment process.

Mr. Colin Carrie: My concern is just awareness, so that Canadians are aware that these things are in the products, and their right to know. If I could make a suggestion, maybe that would be something we could move forward. This whole bill, the way it seems to be being put forward, it does concern me, as far as public safety issues and the potential of having problems with that.

Thank you, Madam Chair.

The Chair:

Thank you.

Everyone has now had a chance to ask questions of these witnesses, so I will, on your behalf, thank them very much for coming. As Health Canada officials, we may reserve the right to invite you back because the other testimony may give rise to other questions. I thank you very much for your presence today and your presentation.

Now we will call forward to the table our second set of witnesses.

Welcome to our second set of witnesses. We will begin with Mr. Michael McBane, the national coordinator of the Canadian Health Coalition, and one of our frequent witnesses. Being in that coalition, he is one of our great external advisers.

Mr. McBane.

Mr. Michael McBane (National Coordinator, Canadian Health Coalition): Thank you, Madam Chair. I’d like to thank all members of the committee for this opportunity to share with you our

analysis and concerns around the bill before you, proposed by the federal minister of health, Bill C-28.

As you know we appeared before you on the matter of pharmaceutical issues and we were very pleased with your last report on opening the medicine cabinet, the health aspects of prescription drugs. We would say that the direction of Bill C-28 is the exact opposite of your report on prescription policy.

Bill C-28 is being sold as smart regulation, you've heard that previously by the departmental spokespersons. We would agree that it is smart. According to *Concise Oxford Dictionary* smart means, severe enough to cause pain, selfishly clever, verging on dishonesty and unscrupulously clever. Bill C-28 is very smart. Especially when you examine the consequences of the substances we're talking about that they're adulterating our food with. It is not a technical matter. It does impact on safety.

This bill involves notices of inter-market approvals for food additives in infant formula. Genetically modified organisms, these products are currently in our food supply, we're feeding them to our children and the department has already acknowledged they haven't even finished the regulatory examination period.

Worse than that, there isn't even a scientific method in existence in the world to examine genetically modified organisms. We can't even examine mad cow disease and yet we are being told that everything is safe. It's safe without even looking at it.

It's important for members of the health committee to understand why the scrutiny committee considered this notice that's being used, inter-marketing authority, illegal. It's illegal because it violates the Food and Drug Act. It's illegal because the substances are not safe, that's why it's illegal.

Parliament of Canada is being asked by the minister of health to pass Bill C-28 and one of the consequences would be absolve the department who issued the (inaudible) illegal notices. So instead of covering the track retroactively as per clause 4 in Bill C-28 and thereby attempt to evade liability for regulatory negligence.

The Parliament of Canada must hold these officials to account for failing to uphold the law. Canadians don't want their health protection weakened, even if it's done in a smart and unscrupulous manner. They don't want the Food and Drug Act gutted, wholesale by means of the minister's new proposal for a Canada Health Protection Act. Nor do Canadians want their safety rights gutted in piecemeal fashion by Bill C-28.

I want to give an example of what we're talking on about on Bill C-20 because I agree with very many members, it's very difficult to understand exactly what this is and what its consequences are. You have to move from the general to the particular.

A particular case study and a member mentioned it, was Estradiol. I'd like to use Estradiol as a case study to walk you through what inter-marketing authority and maximum residual limits are all about.

Health Canada approved the use of six hormones used in beef production and are banned in European Union. I won't mention all six but the one I'll talk about is Estradiol. According to the scientific committee on veterinary measures relating to public health, the European Union, 30 April

1999, in the case of Estradiol there's a substantial body of recent evidence suggesting it has to be considered a complete carcinogen, complete carcinogen. It particularly effects children and women.

The human epological studies point to Estradiol as a carcinogen adding approximately 3% breast cancer per year of exposure. The European Union has said with hundreds of pages of scientific references no threshold levels can be established for a safe use of a carcinogen like Estradiol.

Health Canada has approved Estradiol. I found about 70 DIN numbers with Estradiol in all other banned substances of hormones that Health Canada has approved.

🕒 (1645)

So when you were told by the officials a few minutes ago “that everything is safe don't worry it's all scientific” there is no science on estradiol in terms of establishing a safe threshold.

The European Union asked the Government of Canada through the WTO for its risk assessment on estradiol. Pretty reasonable question. If it's scientifically regulated, science based regulation at Health Canada show us the science. The World Trade Organization was not allowed to look at Health Canada's risk assessment for estradiol. It was not even allowed to look at the drug reviewers assessment. They were told “it is secret”. Well I'm telling you that if it's secret then it's not science. Science is something that can be verified and replicated in the public domain.

I don't think it's good enough for you to be told that everything has been rigorously assessed. Where is the science? You should be asking. They gave you a mathematical number of the permits, but they didn't tell you what products. The Chair mentioned a couple. Where are the risk assessments for those products? Good luck in trying to get them if the WTO can't get them. It would be imprudent and unwise for this committee to take the department at its word without being given any evidence, or any scientific proof that these products have been assessed in a proper manner.

Two quick examples. In pesticides you are aware of the recent audit of the Commissioner of the Environment and Sustainable Development, and the Commissioner said “overall we conclude that the federal government is not managing pesticides effectively. The range of weaknesses raises serious questions about the overall management of the health risks associated with pesticides”. We're talking particularly of poisoning our children. So I find it quite disturbing to hear health committee members talking about expediting access to carcinogens that particularly attack young girls, and pregnant women.

Another example from veterinary drugs, as you know senior managers recently fired several scientists in the human safety division of Veterinary Drugs Directorate. After the veterinary drug industry identified their focus on safety and efficacy as a barrier to doing business they called it “re-engineering the bureau and removing away from the review of efficacy”. This was in exchange to agree to pay cost recovery fees. This is documented in *Canada Gazette* part 2, volume 130, number 6 page 1114 and forward.

How is it in the public interest for Parliament to pass Bill C-28 and give Health Canada managers the legal authority to issue notices of interim marketing authorization based on secret data, and seriously flawed risk assessment? These risk assessments are based on middle aged men. And we're supposed to assess the impact on children and the unborn? Middle aged men. Seriously flawed methodologies, but above all secret. The object of course is to speed up the adulteration of our food

supply.

Madame Chair, and members of the health committee, you can't endorse what you can't scrutinize. You're being asked by Health Canada to endorse secret science and seriously flawed policies that jeopardize the health and safety of Canadians. Therefore, we recommend that Bill C-28 be rejected in its entirety. That the minister terminate the use of interim marketing authority and return to performing his legal duties under the Food and Drug Act. The Minister of Health should acknowledge the inconsistency between the Government of Canada's so called smart regulation initiatives, and its stated objectives of bringing Canada's health protection regulations in line with trade and investment policy, and his statutory duty in the Food and Drug Act which is to protect Canadians from health hazards and fraud.

🕒 (1650)

Finally, our fourth recommendation is that the health committee examine the circumstances surrounding the firing of the three Health Canada scientists from the veterinary drugs directorate, immediately prior to the drafting of this proposed legislation, and after they refused to issue MRLs for known carcinogens.

The Canadian Health Coalition is of the view that the current public inquiry into corruption in sponsorship program will pale in comparison to what a public inquiry into Health Canada's regulatory approval system for therapeutic products, food additives, chemicals, pesticides, and veterinary drugs would bring to light.

Thank you very much for this opportunity to share our concerns with you.

🕒 (1655)

The Chair: Thank you, Mr. McBane.

Our second witness is from the Canadian Labour Congress, the National Director, Mr. David Bennett.

Mr. Bennett.

Mr. David Bennett (National Director, Health, Safety and Environment Department, Canadian Labour Congress): Thank you, Madam Chair.

On behalf of the offices of the Canadian Labour Congress, I would like to thank the committee for inviting us to testify on this important environmental health issue.

One of the main aims of the government's Smart Regulation program is to harmonize Canadian standards with those of the U.S. In Bill C-28, there is no statement of the purpose and the function of the amendments. So the best assumption is that the government intends to implement Smart Regulation in the areas of industrial chemicals, veterinary drugs, and pest control products are carrying in foods as maximum residue limits.

For these items, the minister has the power to issue interim market authorizations, introducing or amending existing Canadian standards. There is no consultation period prior to the introduction of such changes. The interim standards last for two years unless the authorization is cancelled or unless the interim standards are replaced by regulations.

We would like to draw the committee's attention to the huge change in public policy occasioned by a short and cursory act. The limitations on the use and occurrence of food residues and veterinary drugs are there for a very good reason: to protect the health of the public as well as that of animals from products that are harmful, detrimental, or which constitute a risk to human health.

It is not as if the current regime imposes arbitrary limits to be replaced by authorizations that are equally arbitrary. It is for good reason that the Food and Drugs Act refers to the presence of these items in food as "adulteration".

In order for the act to continue to be protective of human health, the limits should only be changed after full scientific consideration and the usual public consultation.

The first thing that both the committee and the public have a right to expect is that there be a statement of the purpose and function of the interim authorizations. If harmonization with the U.S. is indeed the purpose of the bill, it should be so stated. We would then need a rationale for the interim authorizations.

Harmonization should be a two-way street and not just the adoption by Canada of U.S. standards, in some cases, a downward harmonization for Canada. In order for harmonization to take place in any way that's not simply arbitrary, we would then need a scientific rationale for issuing an interim authorization. It may transpire that the Canadian scientific rationale is similar to the U.S., which would be the best possible grounds for harmonization.

Without these provisions, Bill C-28 amounts to a huge, unwarranted, and arbitrary change in public policy, nullifying the rational grounds for policy that protects the health of the Canadian public.

The essence of our presentation concerns methodology, the scientific procedures which form the rationale for a regulatory decision. Methodology is necessary for harmonization with the U.S. We should harmonize methods, not merely declaring that foreign standards are now the legal standards of Canada. Methodology is needed for market authorizations. It is not enough to declare that 82 unlawful acts are now lawful.

With respect, we believe that this committee should not accept a bill without a statement or purpose within the bill why interim market authorizations are needed, and further, it should not accept a bill without a scientific rationale for deviating from established public policy.

In other words, if you want to harmonize, harmonize methods. Don't harmonize the results of scientific inquiry, because all that the Government of Canada would then be doing is simply, in an arbitrary fashion, to say, "Right, from now on, the limits are going to be American limits", with no consideration whatsoever for public health, no consideration of scientific methodology.

So in conclusion, we propose, as minimum conditions of a viable act that: one, the purpose and function of the amendments be explicitly stated; two, the scientific rationale for interim

authorizations should be stated; and finally, proposed interim authorization be subject to public consultation through the *Canada Gazette*, Parts I and II.

🕒 (1700)

The Chair: Thank you, Mr. Bennett.

We have three people as individuals. I don't know if you have one spokesperson or if you each wish to speak. Mr. Chopra, could you advise me.

Mr. Shiv Chopra (As an Individual): Madam Chair, thank you.

Given the three of us come as a package, therefore, I'll take the liberty, with their advice, to make an opening statement. We then are all open to questions.

The Chair: Thank you very much.

Go ahead.

Mr. Shiv Chopra: Thank you for inviting us, Madam Chair, and members.

We are scientists possessing decades of inside experience and knowledge while regulating veterinary drugs at Health Canada. What we intend to communicate is that the whole of this renewal process should be postponed until after a public inquiry of approximately 15 years of outstanding complaints regarding government “pressure” to pass or maintain drugs and other products, and methods of questionable safety that are being applied to food production with a track record of harm to the public interest. The pressure that we speak about has many times been alleged by us publicly to be coming from the Privy Council.

In requesting the said public inquiry we have consistently been supported by the Professional Union Institute of the Public Service of Canada, National Farmers Union, Council of Canadians, Sierra Club of Canada, Sierra Legal Defence Fund, Canadian Health Coalition, Beyond Factory Farming, and numerous other public interest groups. To exemplify what we're talking about, Madam Chair, and members, feeding cows to cows can produce mad cows. Feeding mad cows to people can make them face undue disease, death, and economic disaster. Much the same or worse effects are known to occur when various species of food producing animals are raised with undue administration of carcinogenic agents. Carcinogens in food increase cancer, and undue antibiotic treatment of food producing animals cultivate antibiotic resistant bacteria in animals that become killers of people with nothing left to cure it.

Regrettably, Canada has been in this situation for the last many years and scientists urging government to avert it have either faced deaf ears, or dismissal from their jobs. I and these three scientists here, who after years of blowing the whistle on these things, were dismissed on July 14, 2004. The order to dismiss us have since then been publicly endorsed by the present Prime Minister and are currently being fought against us with huge funds of public money. We consider the situation to be not only deplorable, but it is corruption of the highest order in our country.

We also feel that Bill C-27, a companion bill to Bill C-28, which the current Parliament is considering to pass, will turn an already bad situation into a far worse ill effect for the public interest.

We strongly recommend that both these bills should be postponed to allow a duly open public debate in conjunction with the scientific community.

I should add that of the witnesses you've just heard before this panel, two of those witnesses were partly responsible for our firing and of that we have evidence to show.

I should also, referring to the presentations you've heard before us, say that you were told that zero veterinary drug was approved on an interim list. We have, in fact, all antibiotics, all hormones going into Canadian food production have been in the interim status for the past 30 to 35 years. There's correspondence from the CFIA to Health Canada going back to 1998 asking Health Canada to give them the safe limits for these products, otherwise they would apply zero limit.

Now Health Canada's response is, for products such as materials that cause cancer, they will change the maximum residue limit to administrative maximum residue limit. In fact, if you go to their website you'll find they're saying that in fact there's no difference between the two except that regulation has not yet been promulgated.

If they are working on those kinds of regulations at Health Canada and Parliament does not know about it, you on the committee and Parliament are about to pass legislation without knowing what the regulations will be. You will, in fact, know all these products are in our food supply and they are the killers on both counts: antibiotics and hormones. They have been in our food supply for the past 30 to 35 years. We, the scientists, have been saying, please address this issue.

🕒 (1705)

Thank you very much.

The Chair: We will go now to questions and answers.

I understand that Mr. Fletcher and Mr. Merrifield will share the first 10 minutes.

Mr. Fletcher, I will let you know when five minutes is up. Please go ahead.

Mr. Steven Fletcher: Can you give me a one-minute warning?

The Chair: Well, at the four-minute mark, yes, I can.

Mr. Steven Fletcher: Well, just quickly, I wonder if this set of witness would acknowledge or maybe not acknowledge that there would be a need for an MRL and if the intent is at least good to try to expedite the process? Or is that just out of the question?

Mr. Shiv Chopra: No, the MRL regulation already exists, maximum residue limit that the body, humans can tolerate in their food.

The Chair: That's not what he means.

Mr. Steven Fletcher: Yes, I meant the ministerial permit, IMA.

Mr. Shiv Chopra: Well, as I said, now they're saying they're going to change the definition of

maximum residue limit to administrative maximum residue limit.

When we're talking about causing cancer, then there can be no maximum residue limit that you can determine, because a single molecule of a carcinogen can attach to a single cell in the body and cause cancer.

Mr. Steven Fletcher: Yes, but the IMA which is....The intent is to expedite the process when there's I guess a lag time between going through the normal procedure. Like, are there circumstances where you can foresee that would be a valid mechanism?

Mr. Shiv Chopra: I can answer the question the other way around.

Bovine growth hormone would have been in that situation. And today we would have had bovine growth hormone in Canada if we, the scientists, these three scientists, who were parliamentary witnesses, had not intervened and blown the whistle and then BGS would have been approved in Canada, because it was already approved in the United States. Then it would also have been approved in Europe. Because of what happened in Canada, then the European Union also disallowed, in fact, banned its use after having received the recommendation to approve it.

That's one critical example to show you what can happen.

Mr. Steven Fletcher: Sure.

Madam Chair, I hate that TLA is a three acronym. That could explain my confusion earlier.

The Chair: If I could help you. You wanted to ask about interim. But did you read in the report that there is such a thing as temporary, which apparently is legal. There's no need to fix the act to carry on with those. So, maybe you could....

Mr. Steven Fletcher: Okay, well, I'll do that.

I know I'm running out of time here so I just want to ask one....You were in the room, I gather, when I was asking Health Canada about the possibility of clinical influence on the process one way or the other. I gather from what you have said that you may disagree with what Health Canada presented--

Mr. Shiv Chopra: In fact, we have said many times that the pressure on us to pass or maintain drugs of questionable safety has been coming on us from the privy council and the Prime Minister has endorsed our firing. Some of the witnesses you heard today were partly responsible to get us fired.

On mad cow disease, for example, we have correspondence showing that. We said don't do this, do that and then they said no, you're scaring the public. Now if that's the kind of situation, the political pressure that...and saying do not share this information with anyone, even among yourselves. Karen Dodds is sitting here and she's the one....I have correspondence here telling us not to do so.

You have Dr. Myers appearing before you. He promised the public that on food irradiation he would go out and consult with the public before they changed the regulation. Now apparently they've changed their mind. This is the kind of interim or temporary approvals they're talking about.

🕒 (1710)

Mr. Steven Fletcher: Okay. I think I'm running out of time here, but I would ask if my colleagues when you're asking your questions, there seem to be two issues here, one is the political interference and the validity of having these temporary permits. I'd be interested to probe that a little bit more.

Unfortunately, five minutes doesn't allow me to do that.

The Chair: Thank you, Mr. Fletcher.

Now it's Mr. Merrifield's turn.

Mr. Rob Merrifield: My suggestion is are you suggesting to this committee that the privy council is telling Health Canada to move the regulations artificially and endangering the lives of Canadians? Is that what you're saying?

Mr. Shiv Chopra: We can only speak about ourselves. If the Privy Council is telling us to do certain things, that the Privy Council says expedite this, this is now the endorsement of all of this, and then going up to Parliament, and the Prime Minister is the head of the Privy Council, and ultimately we come down here we get fired, and the Prime Minister says well that's okay, and we're in court.

How can the Prime Minister be saying that he accepts Health Canada's word when we are fired. So that's the kind of political thing that we're talking about.

Mr. Rob Merrifield: Do you have any documentations, do you have any information you can give us.

Mr. Shiv Chopra: We have written to the clerk, for example. We wrote to the clerk of the Privy Council that there is a need for us to meet, or there needs to be a public inquiry, and they replied back no, that is not going to be done.

Mr. Rob Merrifield: On the growth hormones, this is the one that is injected into the milk, right? This is what you're talking about.

Mr. Shiv Chopra: No, not only the milk. Growth hormones are in the meat as well.

Mr. Rob Merrifield: You're talking about the growth hormone that is being used in--

Mr. Shiv Chopra: Meat production.

Mr. Rob Merrifield: --meat production as well.

Mr. Shiv Chopra: And, by the way, those are approved. Those are there. Those are in your food now.

Mr. Rob Merrifield: Yes. I realize that. I realize that. The one that really concerns me is this animal to animal. You're suggesting that you told, as scientists, you told Health Canada not to allow animal to animal feeding in ruminant animals.

Mr. Shiv Chopra: We wrote an open letter to Prime Minister Chrétien back in 1997 that BSE could occur in Canada.

Mr. Rob Merrifield: That BSE what?

Mr. Shiv Chopra: That BSE, mad cow disease could occur in Canada.

Mr. Rob Merrifield: In 1997.

Mr. Shiv Chopra: Yes, in 1997.

Mr. Rob Merrifield: But that's when the protocols were set.

Mr. Shiv Chopra: Yes, and please ask the Minister of Health to sit down with us or talk to the president of our union, and nothing happened. When the disease first occurred in Canada, the first incident happened, we wrote to the Assistant Deputy Minister Diane Gorman and a week or ten days later we wrote to the Minister of Health, Anne McLellan, that now it has happened please do what Europe has done, do not feed any animals to animals and the disease will stop immediately, and in fact then after that we were all suspended by the department, and Karen Dodge writing to us, we have the correspondence, do not talk about it.

Mr. Rob Merrifield: Yes, but did we not set up those protocols in 1997, animal to animal?

Mr. Shiv Chopra: Completely wrong.

Mr. Rob Merrifield: We did not?

Mr. Shiv Chopra: That's false. There was an advisory to the farmers by choice or the feed mills, that's how it has been going on. So blood is still continuing to be used. There are various other things that are in the system. So, no, it hasn't been done.

Mr. Rob Merrifield: I might want to challenge that to some degree because my understanding...was the protocol the same in the United States?

Mr. Shiv Chopra: If you ban something, if you say there's a speed limit on the highway and you don't have any policemen giving tickets, then that's not a ban.

Mr. Rob Merrifield: Okay. I understand what you're saying. You're saying that it was a strong recommendation but there was no enforcement of it, so we couldn't verify that it was actually being done. Is that what you're saying?

🕒 (1715)

Mr. Shiv Chopra: Exactly.

Mr. Rob Merrifield: But actually the recommendation was to stop feeding at that time, animal to animal, ruminant.

Mr. Shiv Chopra: You can make a recommendation, but when it's causing death of people, that's the potential, and you're ruining the whole agricultural industry, beef industry in Canada, then you don't just recommend.

If we are putting a ban on Brazilian beef on the assumption that they may be doing what others are doing, which in fact Canada was doing, and then we ban their beef, but we're not taking care of our home situation, that's what happened.

Mr. Rob Merrifield: I have a feeling this will go on for some time. I understand there was a law suit that was filed, was it yesterday, and I'm sure that this is going to take some time to work out, and I applaud you for the work that you're doing.

I want to get back to some of the comments that were made by I think it was Mr. McBane with regard to GMOs. Do you have any verification that GMO products are harmful to the people of Canada, those that have been approved up to this time?

Mr. Michael McBane: Mr. Merrifield, I think that's the problem. We heard the departmental officials say several times that they haven't seen any evidence of harm.

Mr. Rob Merrifield: I know, but you made an accusation that there was harm, and I want to see your evidence that any GMOs that are on Canadian food shelves....

Mr. Michael McBane: No. What I said was GMOs...it is impossible to do an assessment of safety is what I said.

Mr. Rob Merrifield:

Okay, my time is gone, but I don't think you can answer that question.

Thank you.

The Chair: Next, Mr. Savage.

I'm sorry, Mr. Ménard, you're next.

[*Français*]

M. Réal Ménard: Merci, madame la présidente. Vous avez failli me « flusher », une chance que je suis « game ».

Je voudrais d'abord rappeler aux témoins que le Bloc québécois a déposé une motion, appuyé par tous les parlementaires, pour que vous puissiez comparaître. Je pense que ce sera à la fin mai sur la base des événements que vous avez vécus à Santé Canada. Évidemment, ce n'est pas le propos aujourd'hui de discuter le fond de cela, mais soyez sûr que nous serons extrêmement vigilants sur ce qui s'est passé.

Je veux revenir à la déclaration de M. McBane, sur les déclarations et les recommandations. Vous recommandez, monsieur McBane, que le comité rejette en bloc le projet. Il ne vous apparaît pas qu'il

y a des amendements qui pourraient le rendre acceptable. Est-ce que je comprends que l'essentiel de votre rationalité est de dire: « on fait passer des impératifs commerciaux, on veut s'aligner sur ce qui se passe aux États-Unis pour rendre des produits plus rapidement disponibles alors que le processus d'investigation n'a pas été complété ». J'aimerais que vous soyez plus précis et que vous puissiez émailler votre déclaration d'exemple.

M. Michael McBane: J'ai envoyé à tous les membres un extrait de la Loi sur les aliments et drogues. Je vais expliquer en anglais.

[*English*]

It's important to look at the text of what is being changed in the law. And I would submit that when you look at article 4 of Food and Drugs Act and you look at article 4(2) in Bill C-28, they are standing the minister's statutory duties on his head. Article 4 of the Food and Drugs Act is to declare that no one shall adulterate the food. Article 4(2) is saying food adulteration is permitted and here's how we're doing to do it, through MRLs, with no scientific assessment because you can't establish a safe level of carcinogens. So you can see that the purpose is completely changed. The core mandate of the minister would no longer be to protect health from hazards and fraud; it would be to expedite the adulteration of the food supply. I could not think of a more radical change in the Food and Drugs Act. This is not a technical matter and the text before you shows a huge change.

[*Français*]

M. Réal Ménard: Quel lien faites-vous avec les intérêts américains, par exemple?

[*English*]

Mr. Michael McBane: My colleague, Dave Bennett, has mentioned that as well. He can add to this, that the broader agenda of course is harmonization of regulations. That's in fact a declared objective of Smart Regulations. We are harmonizing with the Bush White House that has no floor in how low it's willing to go in food safety. The consequences are our food is becoming dirty. We've lost the European market. We've lost the Japanese market. The question is: do we want to trade in high quality, value added, safe products, free from carcinogens like hormones, hormone free beef? Or do we want the dirty American market? We should at least have a discussion and not foreclose on our markets. And that's what we're talking about in terms of the implications of harmonizing with the Americans at a time when there's a great unravelling of the public health protections in Washington. That is the objective and it will ultimately destroy the sovereignty of this country in terms of its health protection legislative framework.

🕒 (1720)

[*Français*]

M. Réal Ménard: Et vous savez que tout ce qui compromet la souveraineté d'un pays me préoccupe.

Je veux revenir avec l'intervention des scientifiques. Vous dites que vous avez fait des représentations depuis 1997. Vous dites que les antibiotiques sont présentement dans la chaîne alimentaire. Vous craignez finalement les conséquences à long terme à ce sujet. Le lien entre le

Conseil privé et votre affirmation est un peu douteux parce que, évidemment, le premier ministre a un ministère qui est le Conseil privé. Toutefois, le premier ministre regarde-t-il chacun des éléments qui sont sous la responsabilité du Conseil privé? Je ne sais pas si on pourrait rigoureusement affirmer cela, mais développez davantage concernant les antibiotiques et le Conseil privé.

[*English*]

Mr. Shiv Chopra: Let me take the antibiotic issue first, because we have dealt with the hormones and cancer.

Antibiotics, if you determine the maximum residue limit, then you say they are safe. In fact, it doesn't do anything. The maximum residue limit of an antibiotic in food is only to protect some individuals who may be allergic to that particular antibiotic, so if that person swallows that antibiotic, they don't suffer an allergic reaction. However, that's not the major harm of the antibiotics fed to animals.

What happens is when you give antibiotics to animals, any kind of antibiotics, then they produce antibiotic-resistant organisms in the gastrointestinal tract of those animals. Those bugs now, once they become resistant, they become so resistant that they are resistant to five, six, seven, eight or all antibiotics that are available. As a result of that, then, those resistant organisms, some of which are pathogens not to animals but to people, like the MRSA or the Clostridium difficile, they spread to people in hospitals and they start killing people. That is the situation how it happens with antibiotics.

We have been saying that these very drugs have been in our food supply for a very long time. When I say "long time", the questions about it have been going back to 1969, or when I was a graduate student at McGill, from 1960 to 1964. That's how far back this issue goes.

So what we--

[*Français*]

M. Réal Ménard: Revenez au Conseil privé, sinon la présidente va vous couper la parole.

[*English*]

The Chair: Oh, yes. No, no, you're well over your time, Mr. Ménard. I'm always generous, too generous to you.

Mr. Shiv Chopra: So very quickly, coming back to the Privy Council, we--

The Chair: No, no, Mr. Chopra, Mr. Ménard's time is up. We have to move to someone else.

We have two to handle here!

Mr. Savage.

Mr. Michael Savage: Thank you, Madam Chair.

I wonder if I could just ask, first of all, Mr. Bennett. The CLC, is it normal for the CLC to advocate

on a position such as this, a health position? Is that a normal thing?

Mr. David Bennett: Yes, it is normal, though it has to be said, at the same time, that the range of environmental health hazards that the Canadian Labour Congress has addressed has increased in the past decade. We've just started, and got, authorization for a Healthy Food Campaign. Our representations about the regulatory regime and food safety legislation is, to some extent, a new departure for the CLC; however, the rationale for it, in terms of our approach to environmental hazards, to workplace carcinogens, for example, is very, very similar. So it's an extension of the areas that we cover, but it's not an extension of the approach to public health that we've taken for other environmental and workplace hazards.

Mr. Michael Savage: Okay. I just want to ask--and I'll open this to anybody at the panel here--there's been some discussion that you're not supportive of the bill, but there's also an issue of process here that has been mentioned, as well. Can you perhaps provide for me what you think would be a process to implement a protocol like this, keeping in mind that it's really already happening anyway? What should be the process for that?

Maybe I'll start with you, Mr. McBane.

Mr. Michael McBane: I think the first item of business is to ask why senior managers at Health Canada systematically ignore the advice of the Auditor General? Clean up the regulatory system, especially pesticides management. The department completely rejects the findings of the Auditor General on pesticides management. I guess what I'm arguing is that there's no need for interim authorization authority, so I'm not interested in trying to facilitate the shift in the legal mandate of the minister. This, of course, is legislation, so we would rewrite the minister's mandate and change the purpose from protecting us from adulteration to facilitating a quicker access to the products.

🕒 (1725)

Mr. Michael Savage: I wonder if anybody else has a thought about process.

Mr. David Bennett:

Yes. The thrust of our presentation is that, with respect, the committee should not be authorizing simply changes in standards. The committee should be authorizing an explanation of the methodology and an explanation of the purpose of these amendments that are to the Food and Drugs Act that are before you.

And we believe that this is a minimum condition for such a big change in public health policy--something that's been underlined by the Canadian Health Coalition--but Madam Chair, if you do this, what you are really doing is inviting a whole range of procedures, discussion of scientific rationale, and the relationship between science and policy, which is a huge great issue.

And the reason that we haven't had that public debate is the complete secrecy by which the regulatory agencies over pesticides, drugs, food, industrial chemicals--the complete secrecy in the way these departments conduct their scientific deliberations, the way they relate science to policy, and the decisions they come up with.

Without this open public debate, we don't believe that legislators can make a proper and informed

decision about a change in public policy of this sort. And one of the implications is that this committee--and by implication, the government--should be demanding that there be a completely open process so that we know how decisions are made, we have access to the information on which regulatory decisions are based, and that we can see displayed in public view the way that governments operate, to receive assurances from qualified scientists at senior management levels that we're doing this properly and we're doing it in the public interest, nobody should have any confidence that in fact regulatory decisions are being made properly.

Mr. Shiv Chopra: If I may add quickly, if allowed, I think Madam Chair asked the question aptly with those long, technical names. The process for making regulatory change which involves very heavy scientific content, the only way to do that is to bring discussion among scientists in front of you, in front of the public in a very simplified terminology and I think Parliament should be encouraging that.

If you have your own research funds, put them out there. If you don't have them, ask for them and let public debate occur in front of you, among the scientists, and don't say, "So-and-so, because he's ADM or she's ADM, can talk and you cannot talk because you work underneath". I think this is what's killing the whole system.

My colleagues may want to make comment on that. It's a very important question.

Ms. Margaret Haydon (As an Individual): It's been the management policy now--at least our observations are--that the senior managers don't have the scientific knowledge and so if we express our concerns, they can't even understand it, let alone bring it up the chain of command to the minister.

The Chair: Thank you, Mr. Savage.

I'm going to have to ask the committee, as this is the usual hour of ending the meeting, can I have a show of hands of those people who would like to continue for another, say 15 minutes?

Mr. Steven Fletcher: Point of order.

The Chair: Yes.

🕒 (1730)

Mr. Steven Fletcher: We're going to clause by clause on Thursday but I still have many more questions.

The Chair: Yes, we don't have to go to clause by clause but the point is, we have this group assembled now and my question is, would you like to go at least until everyone has had one chance at a round of questions?

Mr. Steven Fletcher: I'd like to have another shot at Health Canada.

The Chair: Well, you noticed at the end of their testimony I suggested to them that we might want them back and we are not bound to move forward on this schedule. This was a tentative schedule and if you would like to bring Health Canada back, we can do that, or maybe some other people from Health Canada as well.

I think I saw a majority of hands up for those people who would like to stay to finish the questioning. Is that all right with our guests?

Thank you. We will continue, then. Those people who have other commitments can feel free to leave.

I think the next speaker is Ms. Crowder and then Mrs. Chamberlain.

Ms. Jean Crowder: Thank you, Madam Chair.

I'm going to preface it with a couple of comments. One, the Auditor General's report from 2003 specifically talks about heavy use of temporary regulations in approving pesticides, and the fact that there are scientific uncertainties, inconsistencies in gaps and information, that in 2001-02, 58% of all permits were temporary, and on and on. So when we're starting to talk about temporary permits and interim measures, it seems like there's a great gap in information.

The next thing I wanted to quickly comment about is the Smart Regulation executive summary, September 2004, which was the external advisory committee on Smart Regulation. It says in here that Canadians, from an international perspective, they are generally in favour of greater cooperation, in particular with multilateral, international bodies, and they will also support bilateral cooperation, including Canada-U.S. regulatory cooperation, if it means strengthening regulatory standards, or if it presents a more cost-efficient way to achieve the desired results. You can't answer this, but my question was, oh, really, who did they consult with? That's certainly not what we hear from the general public. I don't hear that people are interested in aligning our regulations with the U.S.

So I wonder if you could comment specifically on whether or not you think U.S. regulations provide the level of confidence and safety, and food safety, that we would feel comfortable with.

The second thing is, I wonder if you could comment specifically on your confidence in the current process that we use to be able to say that things are safe.

We could start with Mr. McBane and go through.

Mr. Michael McBane: Thank you for your question.

I guess, just on the issue of what the Auditor General found in the pesticides management agency, and in conversation that the Health Coalition had with a number of scientists in various branches of Health Canada, we've been told that scientists do not know what level of human exposure Canadians are exposed to with pesticides currently. Yet, we were told a few minutes ago by the department that the pesticides have had scientific assessment that has established no harm. I would urge you to be very skeptical of those comments. They are not backed up with any evidence. The exact opposite from the Auditor General.

We do not have the data of what the exposure is, so how can we say it's safe? We don't even have a methodology. Yet, for example, 2, 4-D is being pushed out, in spite of the fact that the World Health Organization has said that it exceeds the guidelines for all children under five. This is shocking, that even when there is scientific evidence of harm, we're being told that safety has been established. There is no credibility to any of these policies. We're being completely misled.

Harmonization with the United States, in terms of your other question, it's extremely bothersome, an extremely serious situation, when you look at the office of management in the White House, which is in charge of regulations in the United States. It's full of conflicts of interest where captains of industry are now taking over U.S. federal government regulatory agencies. There is no limit beyond which they're prepared to go in making the world safer for chemical profits. They don't care about health. They'll say, "There's no evidence of harm", when you're talking about things where they're not even studying the combined effects. For example, the multitude of all these chemicals together, they don't even look at any of that, and yet they're saying that safety is assured. Again, there's no science for any of this toxicology for the combined effects. So we're really just being misled about Smart Regulation having no effect on safety. We'd have to be very naive to think that harmonizing with American regulation, under the Bush White House, would have no negative impact on public safety. That is not a statement that is supported by any evidence.

🕒 (1735)

Mr. David Bennett: I'd like to take just one example in response to Jean Crowder's question and that is the question of maximum residue limits for pesticides. There is an international body, not an agency of the United Nations, but there is an international body, the Codex Alimentarius Commission, that lays down a table of maximum residue limits for pesticides in food. These limits are not health based limits, they were constructed to help developing countries produce some food standards on agricultural grounds. So a crude way of putting it is that these are the lowest global limits that the authority thought was feasible in order to enable developing countries to be able to grow crops without an impediment to agricultural production.

So let's be clear, these are not health based limits. Now there is a tendency in Canada and the U.S. to adopt the Codex limits. However, the limits in the two countries differ to some extent from the Codex and they differ from each other. We should be very skeptical, as Mike McBane has pointed out, about adopting limits that are not health based and have no scientific rationale for their adoption, at least no scientific rationale on health grounds.

So when we come to harmonization of MRLs with the U.S. the tendency on the whole would be for Canada to harmonize downwards with the U.S. What would happen in practise is wherever the U.S. has a lower limit Canada would be expected to come down to it. So it's not really a question of give and take of harmonization, it's "Adopt our limits". Why? "Because we're the more powerful trading partner. That's why". That is not a good health based reason for harmonization.

But I would like really to go back and say "Look, there is a debate that goes behind this and beyond this" and that is that if we really want to have a debate about standards, harmonized or not, then you have to have a debate about the scientific rationale for choosing one limit rather than another.

We in our Canadian way have always assumed that our rationales are better than the States because our standards are better than the States and so on. This sort of presumption of superiority on the part of Canada I don't believe is well founded and the net result would not be to the benefit of the Canadian public.

The Chair: Thank you very much.

Mr. McBane.

Hon. Brenda Chamberlain: I have a question. Mr. McBane, you talked about estradiol and you talked about the fact that breast cancer is related to that by 3%. Did I understand you correctly on that? How do you know that? How did you track that?

Mr. Michael McBane: That surprised me too. It came from a peer reviewed scientific study. I have the reference in my notes here, I'll just look it up. Actually, better yet, I can leave you the reference. It's in published scientific literature in a recent scientific journal.

The Chair: Is that a 3% increase, or 3% of the cases were attributable? I don't know what that 3% means.

Mr. Michael McBane: Let me just find the reference here.

“Estradiol's link to DNA damage early puberty among girls and breast cancer in women. The human epidemiological studies point to estradiol as a carcinogen, adding approximately 3% breast cancer per year of estrogen exposure”.

🕒 (1740)

The Chair: Is that 3% more cases or--? I don't know what that means.

Mr. Michael McBane: Well, the thing about estradiol is that it exerts both tumour initiating and tumour promoting effects. That's why it's called a complete carcinogen. It causes other types of cancer as well, but this is well established, the link to breast cancer, in the research findings.

It was published in the *Current Therapy and Oncology* 1993, out of St. Louis. I can leave you the printed reference.

The reason I mention it is because there are 300 pages of peer reviewed references in the study. So they can't say they don't know this. Yet they've given an MRL for it and we're eating it in our meat.

Hon. Brenda Chamberlain: Your feeling should be that it should be pulled, is that correct?

Mr. Michael McBane: Absolutely, yes. We're not allowed to export our beef to Europe because of the hormones.

Hon. Brenda Chamberlain: Because of this hormone?

Mr. Michael McBane: Yes. This is a killer. The Europeans will not touch Canadian beef because it's laced with hormones. As I've said, there was about 65 to 70 DIN numbers just with these six hormones named by the EU as complete carcinogens.

Hon. Brenda Chamberlain: And how long has that being put into the meat?

Mr. Michael McBane: Thirty-five years, I guess.

The Europeans just recently found the problem, I'd say late nineties. They came and did an audit of Canada and found that the Canada hormone-free program for meat to be exported to Europe had

hormones in it.

Hon. Brenda Chamberlain: So this 3% level has been--you're saying each year 3% more women develop breast cancer because of estradiol, is that what you're telling me?

Mr. Michael McBane: No, no. It's the exposure itself increases the carcinogenicity by 3%. In other words, if you were disposed for cancer, this would be a 3% increase in the tumour initiation and tumour growth, just from estradiol.

Hon. Brenda Chamberlain: Not per year, though? You said per year, but not per year.

Mr. Michael McBane: For Europe--it said per year of exposure.

The Chair: You see, the older you are, the more you're--every year is 3%?

Hon. Brenda Chamberlain: It's accumulative. Is that what you're saying?

Mr. Michael McBane: I'd have to defer to the scientists on that one.

Hon. Brenda Chamberlain: That sounds almost impossible. I mean it doesn't sound right to me. I just have to say that.

Mr. Michael McBane: Yes, well that's why--I'll leave you the study reference so you can--

The Chair: Maybe Dr. Chopra--

Mr. Shiv Chopra: It means more and more people are getting exposed to it because more and more farmers may be using that hormone in meat production and more and more people are eating it. More and more countries proving it, so overall there's an additional 3% exposure of women on that. That's what I'm saying. It doesn't say that 3% cancer has increased as a result. Exposure. Therefore the potential of causing--

Hon. Brenda Chamberlain: Of the potential, not necessarily they're getting cancer.

Mr. Shiv Chopra: The potential of causing cancer is increasing at that rate.

The Chair: And does it increase cumulatively. In other words, if you eat that meat when you're ten years old and then all of a sudden you're 50,--

Mr. Shiv Chopra: Yes.

The Chair: --then you have 40 years of cumulative exposure, and that increases your risk.

Mr. Shiv Chopra: Also it gets worse in some--

Hon. Brenda Chamberlain: But you don't necessarily have breast cancer.

Mr. Shiv Chopra: No. In some ways it's quite a dramatic effect. When you're going through

puberty or when you're going through child-bearing years, then the potential of a particular cell catching that or becoming cancerous increases. That's what happens.

Hon. Brenda Chamberlain: Okay, thanks.

The Chair: Thanks, Mrs. Chamberlain.

Hon. Brenda Chamberlain: Mr. Merrifield is getting upset.

The Chair: But you know what, Mrs. Chamberlain, you were at just over five minutes, and you often give up some of your time to your opponents.

Hon. Brenda Chamberlain: To Mr. Merrifield.

The Chair: Well, sometimes even to Mr. Merrifield, yes.

Mr. Lunney.

Mr. James Lunney: Thank you, Madam Chair.

Just for the record, I'd like to suggest that if we'd had the witnesses in a different order, we might have had a different set of questions for Health Canada officials.

The Chair: Yes. Mr. Merrifield, perhaps we'd get Health Canada back on Thursday, and you may pick the people you want.

Mr. James Lunney: Excellent. I'm sure we have some further questions.

I simply wanted to say, well first of all, we're very glad to have you here as witnesses and thank you for coming, especially our three whistle-blowers who were terminated after the election while all the members were away. We've been wanting to have you here at committee for some time and we're hoping, I understand the date is set for April 19 for an in camera session. Most of us on committee are quite interested in having a good chat with you.

Also I know Mr. Bennett here just referred to the secrecy about regulatory process and how as members, we can't evaluate respective regulations if their information is kept in secrecy. I know that the Canadian Association of Journalists last year in 2004 voted Health Canada who won the fourth annual Code of Silence award from the journalists who said they recognized the most secretive government department in Canada annually and Health Canada won that hands down. So anyway, we think that there's some concerns here.

Now I wanted to pick up again on the estradiol that was mentioned, there was some confusion about that 3% increase. Maybe it's a 3% increase of risk per year of exposure, that seemed to be the way it was expressed. But putting that aside, one of the questions that was raised in Mr. McBane's report here is when Health Canada established administrative MRL for estradiol, what level of breast and prostate cancer did Health Canada deem acceptable as a consequence? Do you have scientific evidence pointing to the increased risk for both breast and prostate cancer?

🕒 (1745)

Mr. Shiv Chopra: I do not know of any specific figures that are published, nor can it be easily determined because you're talking about cancer being caused from many sources. There are many chemicals in the environment. There are many estrogens. Many pesticides have estrogenic effect. Therefore it is virtually impossible to determine because of the collective of so many chemicals and the collective of the years of exposure and the age put together.

What's important to understand though, if you will allow me one minute to expand on this, is when risk cannot be determined, such as for cancer, the position that the United States and Canada officially are taking is that therefore we should shift from risk assessment to risk management. In other words, allow the risk to carry on for 30 or 35 years until people begin to die or get cancer. Then we'll go and look at the epidemiological information and then we'll do something about it if that's the solution. I wrote a paper in Health Canada about exactly that. All of us go through taking risks in life. There are planes that we fly, cars we drive. We live in homes which have fire insurance on them. Therefore if the companies are going to be given these kinds of advanced approvals quickly, then Parliament should ask the companies to put aside insurance money for that day when harm occurs and then they should be paying for that from that insurance fund or trust fund or whatever, and not make the public pay again.

Mr. James Lunney: Okay, going on to risk assessment based on middle aged men, there was a comment made by somebody to that effect. I imagine that's what Health Canada referred to as a toxicological assessment that they like to do. Of course, many pesticides interrupt the reproductive cycle, particularly for females, whether it's insects and up through the food chain, but it seems that these hormones are similar in even the higher species, so it seems likely that females and children would be more vulnerable. We have issues here in Ottawa where they wanted to ban use of pesticides on lawns and so on which got wiped out by fears over West Nile Virus last year and they went out and sprayed anyway.

Going on here, I was quite surprised when you mentioned that all hormones and antibiotics have been in the intermediate measures for 30 or 35 years. I guess that would be since we had a temporary permit beforehand. You're saying that no safe levels have been established in meat or poultry or so on. For 30 to 35 years they've been on a temporary permit arrangement.

Mr. Shiv Chopra: Exactly, although antibiotics have been assigned maximum residue limits, those maximum residue limits per se do nothing for antibiotic resistance. Similarly, on the other side for hormones, there cannot be a maximum residue limit because they cause cancer and cancer can have no lower limit. Therefore, from that point of view, they're effectively in that situation for the past 35 years. Having a maximum residue limit or an administrated maximum limit effectively does the same thing. In other words, your food is totally contaminated with antibiotics and those are the effects you're going to suffer in society.

🕒 (1750)

Mr. James Lunney: Something came up earlier on animal protein in feed. That was to do with ruminants to ruminants and so on. Technically, as you said, we're not supposed to be feeding ruminants, sheep and goats and cows to cows, correct? I think I heard you say, "Yes, but without enforcement how do we know it's not continuing, and it appears that blood products in other forms are still finding their way into feed".

I have to ask you this. I was quite shocked myself when we had the head of the CFIA here and he told me it was all right to feed pigs and horses to cows. I, personally—we're dealing with herbivores—have a little problem understanding how it's okay to feed other animals, even if they're not ruminants because every species has its own viruses, if we're not looking to have a shift in virus load from one animal to the other when we feed them feed that's not appropriate for their natural consumption.

Would you care to comment on that?

Mr. Shiv Chopra: Yes, certainly.

There's a big difference between viruses and bacteria, which are living organisms, and they cause disease. You can actually catch them. Prions are not in that same category. These are proteins that used to exist on the earth when the earth was a boiling cauldron and proteins were just being formed. Those proteins still have memory from 4.5 billion years and they've added on chains because in evolution everything wants to be independent and also collective, so those proteins go berserk once in a while and they cause what's called this kind of disease. Because it happened in cows we call it mad cow disease, but it happens already in humans and pigs and other animals which naturally die, but if you now start recycling that protein, animal to animal, then you're concentrating that protein in that animal, and then that animal to another animal and so forth. If that protein is good for horses and pigs and chickens, why can't that protein be good for our sausages and also for pepperoni and everything else because then you'll eliminate the disease, you'll take care of the environment? Protein is a protein is a protein.

Mr. James Lunney:

Okay, the last question is a quick one here. It's just on peanut allergy, which has suddenly appeared with a lot of children developing allergies to peanuts. Is there a possibility, we have soy, now all of the soy grown in Canada is genetically modified. I understand it's a peanut gene that's in the soy product. Is it possible there may be a connection between soy product containing a peanut gene and peanut allergies?

Mr. Shiv Chopra: Well, anything can happen when you start injecting genes from species which are not supposed to mate.

For example, last week, an incident has occurred in Germany where Bt corn numbers 10 and 11 got mixed. In that Bt corn, 10 is the one which has problems because into that 10 they've also injected a gene with ampicillin resistance. Now, imagine ampicillin antibiotic growing in your crops, in your corn. Actually, that comes from a bacteria. Now the two are mixed. They're multiplying in nature. This DNA is all over the place, and we could lose all our antibiotics in that way.

Those are the kinds of things that can happen from genetically modified crops, because they're also now wanting to produce drugs, pharmaceuticals, contraceptives, hormones, antibiotics by growing crops, which are all over the place in the land. That's horrible, because God doesn't permit that. Ancient scriptures don't permit that. You have the book of Leviticus. You have all these things before us. We think we are smarter today than ancient people. We're stupid if we allow them to do that.

The Chair: Thank you, Dr. Chopra. Thank you, Mr. Lunney.

Our last questioner will be Madame Demers.

[*Français*]

Mme Nicole Demers: Madame la présidente, ma question ne s'adressera pas à la table, parce que je suis de plus en plus confuse. Je trouve que deux factions s'opposent ici: une disant qu'il n'y a aucun danger, une autre parlant des dangers imminents.

J'aimerais, puisqu'il n'y a aucun danger, ainsi que Santé Canada nous l'a dit, que celui-ci nous fournisse la liste qu'il a refusé de livrer au Conseil du travail: celle des 82 produits acceptés pour une mise en marché provisoire. On nous a dit tantôt qu'il y en avait 82 d'acceptés. J'aimerais qu'on nous fournisse cette liste, ainsi que la liste d'additifs que ces produits comprennent.

J'aimerais aussi qu'on nous fournisse la liste des 60 à 70 produits qui contiennent des hormones et qui ont reçu un numéro d'exploitation.

🕒 (1755)

[*English*]

The Chair: I'll have the clerk ask Health Canada for that list of 82 products, 82 additions to food, in both languages, to be as circulated as soon as possible.

[*Français*]

Mme Nicole Demers: S'il vous plaît, madame la présidente, j'aimerais qu'on puisse bien comprendre la portée de cette liste. Savoir si on pourrait avoir la chance d'accueillir des scientifiques indépendants qui puissent nous en expliquer la teneur et les résultats en fonction des produits inclus dans la liste.

[*English*]

The Chair: Are we hearing any independent scientists?

Yes, certainly based upon the conflict we heard today, it seems to me that our plan for fairly short hearings for this should be set aside. I know that Mr. Merrifield has asked that we have Health Canada back. We have a few witnesses who are coming on Thursday in the first hour. Then we'll have Health Canada in the second hour.

I agree with you. I'd like to hear some independent university researchers or something, who are not funded by either Health Canada or, say, agricultural or pesticide producers, or something like that. So we could try to get some independent testimony.

Is that all you had to say?

[*Français*]

Mme Nicole Demers: Oui, madame la présidente. Merci.

[English]

The Chair: Yes.

Thank you very much. On behalf of the committee, those who are still here and those who have left....

Yes, Mr. Lambert.

[Français]

Dr Gérard Lambert (à titre personnel): J'aimerais ajouter un commentaire. Si on s'harmonise avec les États-Unis pour les médicament vétérinaires, ils ont un règlement qui accepte les substances cancérigènes dans les animaux producteurs d'aliments. Au Canada, nous n'avons pas ces règlements, mais au États-Unis, c'est dans leur règlement. Cela est disponible, on peut y avoir accès et en ce moment, c'est très difficile. On devrait être très prudent lorsqu'on parle de ces substances de réglementation entre le Canada et les États-Unis. Il y a des règlements qui approuvent les médicaments qui sont cancérigènes dans les animaux producteurs d'aliments et cela est très significatif comme différence entre les deux systèmes d'approbation. Comme pour les hormones, l'Estradiol, avait été approuvé avec une différence de production. Le niveau de production pour l'Estradiol, c'est un *[inaudible]* qui le produit à un niveau très bas. Ils ont obtenu, en établissant une production journalière de l'Estradiol — c'est-à-dire que les américains ont une réglementation —

[English]

The Chair: Dr. Lambert, the question of harmonization of standards between Canadians and Americans is really not on the table today. It has come up as a side-effect, and actually was introduced by a person from Health Canada. I must say that whole question as to the wisdom, or lack thereof, of moving on harmonization may be coming from somewhere up there, but certainly this committee has never considered it and we have never given any kind of push to do it. It's kind of a sidebar to this other issue.

Dr. Lambert, if you want to make a presentation, you always have to make it at the beginning of the meeting. You can't make your little presentation at the end, unless it's an answer to a specific question. Madam Demers, who was the last questioner, didn't really have a question. It's half-hour beyond our closing time, most of us have to be somewhere in about a minute, and I'm going to have to close the meeting.

Thank you very much to all of your for coming.

Thank you to my colleagues and staff, who have given us an extra half-hour here. Thank you very much.

This meeting is adjourned.