

Bill C-28
Brief to the Standing Committee on
Health,
House of Commons

On

Bill C-28: An act to amend the Food and
Drugs Act

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By

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INTRODUCTION

INFACT Canada is a national, non-profit, membership organization consisting of health care providers and parents from across Canada. We work to support and protect optimal nutrition for mothers, infants and young children. Much of our work is centered on the protection of breastfeeding and the implementation of World Health Organization recommendations regarding infant and young child feeding.

Although, as members of the Canadian public, we are pleased to have the opportunity to address the Standing Committee on Health we do so with great concern. We wish to express our acute alarm regarding the fast tracking of commercial food products and food commodities through the “smart regulation “ proposal to issue interim market authorization for foods.

We are concerned that Bill C-28 is designed to fast track food products with chemical additives, pesticides, biologically active drugs and genetically altered constituents which are not normal food constituents, have not been adequately tested for safety and without the requirement to show their efficacy.

We are particularly concerned that Bill C-28 is an approval mechanism that puts trade and commercial interests, especially those of transnational corporations, before the safety and health needs of Canadians. The Canadian public will be the unfortunately victims of this by not only paying the financial costs of this process but also the health costs both now and in the future, both personally and publicly.

Thus INFACT Canada is opposed to Bill C-28 for a number of reasons:

1. The act violates the mandate of the minister of health to protect the health of Canadians as required under the Food and Drugs Act. it is the responsibility of the Minister to put in place legislation that reduces the risk of disease, not increase it.
2. The act puts every Canadian into a mass uncontrolled feeding trial where the outcomes cannot be determined in the short term or in a clear cause and effect manner. Long term sequella such as increased

cancers, increased allergies, autoimmune diseases and other unknown health risks are being ignored or will be “managed”.

About 1,300 new cases of *childhood cancers* will be diagnosed in Canada in 2005.

An estimated 149,000 new *cases of cancer* and 69,500 deaths from cancer will occur in Canada in 2005.

On the basis of current incidence rates, 38% of Canadian women and 44% of Canadian men will develop cancer during their lifetime.

Given current mortality rates, 24% of women and 29% of men or approximately 1 out of 4 Canadians will die from cancer.

– *Canadian Cancer Society: Canadian Cancer Stats , 2005*

Specific tumours in children have been linked to pesticide exposure.

Buckley et al. Pesticide exposures in children with non-Hodgkin lymphoma. *Cancer* 89: 2315-2321, 2000

3. The act gives no consideration to the unique needs of vulnerable populations – such as pregnant and nursing women, infants and young children. Where is the evidence, the research, that a mother and developing fetus will not be harmed by agricultural chemicals permitted under the Bill C-28 interim market authorization? How can the fundamental principles of safety and health protection be so easily waived? It is unconscionable that an interim marketing authority can declare a food product to be unadulterated. We already have overwhelming evidence that pesticides and other chemicals found in foods and permitted under the existing legislation transfer across the placenta and cause developmental delays, cancers, autoimmune disease such as allergies, DNA damage, low birth weight and congenital damage.

In industrialized countries the rates of asthma, allergies and atopic eczema have doubled over the past 20 years. This reflects increasing immunological system damage. Links have also been made in the scientific literature between antibiotics and increased risk of developing asthma in children. The increased use of biologically active chemicals in foods will contribute to these risks.

Health Canada reports that one out of eight school children suffer from asthma. This represent an increase of 40% cases over the past 10 years and a 3 fold increase in asthmatic deaths over the past 20 years.

4. Unregulated chemicals will increasingly appear in the breastmilk of Canadian mothers. Can these contribute to untoward health effects for her and her baby? Breastmilk is the only safe, nutritionally sound and immunologically capable means of providing for the needs of newborn infants and young children. Any risk to the safety and efficacy of breastmilk will seriously compromise population health. Breastmilk must be protected from harm as this is as an essential and integral component of our reproductive system.

Chemicals currently permitted as food ingredients such as transfatty acids have been shown to be detrimental to both a mother's health and that of her infant. It should be noted that even though the negative health effects of these chemicals in foods has been known for decades, the legislation to remove transfatty acids is still not in full effect.

Pesticides are known to cross both the placenta and into a mother's breastmilk. The most vulnerable time of exposure is prenatally and subtle neurological disturbances are now well documented. Long term effects especially on the development of ova of female children caused by pesticides remain unknown. At present breastfeeding is able to mitigate the postnatal risks of chemical exposure by newborns and infants. Artificial feeding (formula feeding) is unable to provide critical immunological protection from chemicals and in actual fact exacerbate the negative impacts of an infant's chemical exposure.

5. Early childhood in addition to intrauterine exposure to lead, methyl mercury, and PCBs have now been related to a number of neurological effects: learning disabilities, attention deficit hyperactivity disorder, developmental delays, autisms and behavioural disorders.
6. Genetically modified foods, food ingredients and chemicals and the development of foods as nutraceuticals have not been tested for safety in vulnerable populations. These ingredients now appear in nearly 75% of Canada's food products, including foods for infants such as

infant formulas. No testing is required to ensure that foods containing genetically modified ingredients are safe for infants, children, pregnant women or nursing mothers. Yet these very foods are permitted to make health and nutrition claims as marketing tools without concern for safety or efficacy. No health warnings about increased risk for autoimmune disease or allergies are required.

In Summary

Clearly an approach is needed that will ensure all Canadians that their government will act in their interest and has as its primary priority the safety of our food system and environment so that our health and the health of our children and the health of children yet to be born will be protected.

The special reproductive needs and vulnerabilities of pregnant women and lactating mothers, their infants and children must be protected from harm. They are uniquely vulnerable to environmental toxins such as pesticides. Any amendments to the Food and Drugs Act should have the objective to reduce the body-burden of chemicals and have a special child protective - precautionary approach.

INFACT Canada recommends that the

1. Precautionary Principle be applied to the regulation of foods, their ingredients, pesticides, food additives, genetically modified foods and food ingredients, bioactive chemicals and other additives/contaminants of the food system.

The Precautionary Principle states that: Where there are threats of serious or irreversible damage, lack of full scientific certainty shall not be used as a reason for postponing measures to prevent adverse health impact.

2. Bill C-28 be rejected in its entirety

3. The Minister of Health actively work to reverse the growing risks and occurrence of allergy, cancer and other autoimmune disorders related to

increasing chemical burdens and biologically altered ingredients found in Canada's food system.

4. The Minister of Health works to protect the safety and accessibility of breastmilk for Canada's infants and young children.

5. Mother-child protective measures be put in place as regulation to ensure a safe and effective food supply for all. All Canadians have the right to safe and nutritious food.

APPENDIX A

Cost of hospitalization for asthma by Province and Territory

Province	Days Stayed	Total Estimated Cost
Newfoundland	4,175	\$2,805,900
P.E.I.	3,211	\$1,560,100
Nova Scotia	10,575	\$8,143,500
New Brunswick	10,967	\$6,439,400
Quebec	56,085	\$28,242,700
Ontario	65,109	\$44,432,300
Manitoba	11,194	\$7,355,200
Saskatchewan	11,896	\$6,423,500
Alberta	21,773	\$18,954,700
British Columbia	27,646	\$15,020,900
CANADA	222,631	\$135,275,00

The Prevention and Management of Asthma in Canada: A Major Challenge Now and in the Future

A Report from The National Asthma Control Task Force Statistics Canada. Hospital Stats: Preliminary Annual Report, 1993-1994. Catalogue no. 83-241-XPB. Statistics Canada. National Population Health Survey, 1996-97 (Health Share File).

APPENDIX B

Children's health and risk assessment

Patterns of illness in children have changed dramatically over the past decades. Infectious diseases as killers have been replaced with "new pediatric morbidity"--asthma mortality has doubled; leukemia and brain cancer have increased in incidence; neurodevelopmental dysfunction is widespread; hypospadias incidence has doubled. Chemical toxicants in the environment as well as other social factors Children are now at risk of exposure to over 15,000 high-production-volume synthetic chemicals, nearly all of them developed in the past 50 years. Children appear uniquely vulnerable to chemical toxicants because of their disproportionately heavy exposures and their inherent biological susceptibility.

According to Landrigan et al. a child focussed approach to regulation is needed.

- a) improved quantitative assessment of children's exposures at different life stages, from fetal life through adolescence, including acute and chronic exposures, exposures via multiple routes, and exposures to multiple agents;*
- b) development of new approaches to toxicity testing of chemicals that can detect unanticipated and subtle outcomes and that evaluate experimental subjects over the entire life span from early exposure to natural death to replicate the human experience;*
- c) development of new toxicodynamic and toxicokinetic models that account for the unique physiologic characteristics of infants and children;*
- d) development of new approaches to assessment of outcomes, functional, organ, cellular and molecular, over the entire life span; these measures need to be incorporated into toxicity testing and into long-term prospective epidemiologic studies of children; and*
- e) application of uncertainty and safety factors in risk assessment that specifically consider children's risks.*

Landrigan PJ, Kimmel CA, Correa A, Eskenazi B. Children's health and the environment: public health issues and challenges for risk assessment. *Environ Health Perspect.* 2004 Feb;112(2):257-65.

