House of Commons
CANADA

Standing Committee on Health

HESA • NUMBER 041 • 1st SESSION • 38th PARLIAMENT

EVIDENCE

Thursday, May 12, 2005

Chair

Ms. Bonnie Brown

Standing Committee on Health

Thursday, May 12, 2005

● (1150)

[*English*]

The Chair (Ms. Bonnie Brown (Oakville, Lib.)): Good morning, ladies and gentlemen. It's my pleasure to welcome you to the 41st meeting of the Standing Committee on Health, during which we are reviewing Bill C-420, an act to amend the Food and Drugs Act.

First I want to thank the witnesses for their patience, in that the members had to attend at the House. We will not be interrupted again, because a motion to adjourn the House did pass, so there will not be any bells to interrupt us.

Without further ado, I'd like to introduce our first witness, Dr. Abram Hoffer, who is here as an individual to comment on Bill C-420.

Dr. Hoffer, the floor is yours.

Dr. Abram Hoffer (As an Individual): Thank you.

I want to begin by stating that I do support Bill C-420.

I think I am an expert in the field of vitamin therapy. The evidence is based upon the following.

Vitamins are generally safe, and when you have a chance to review all the evidence, you certainly can't disagree with that statement. Compared to food and drugs, it is amazing. In the United States alone, in any one year 150,000 people die from the proper use of medication. So I think they are essential, but I don't want to belabour that point.

I think also we have to have freedom of choice, because in almost every civilized country the nutrition is not adequate, and a large number of patients do suffer from a variety of nutritional deficiencies. I'll come back to that too. My estimate is that over 50% of our population in Canada is suffering from one or more deficiency diseases.

You may wonder why that is the case, but I think one of the factors is that our medical students are not taught nutrition. In the past six years I have had 40 fourth-year medical students come to visit me and spend two days at my office in Victoria. They have come from all the universities—England, Scotland, Ireland, Australia, eastern Canada—and every time I asked them during those two days how many hours of nutrition they got, they all said, “one hour”. That's one hour in four years. One student laughed and said, “We nearly got one hour”. I said, “What do you mean, you nearly got one hour?” She said, “You didn't show up.” That indicates that the medical schools are not teaching nutrition, which I think is one of the most important aspects of any modern practice.

Are they safe? I think they are. I have been taking vitamins since 1953. I think probably I'm the only person in the whole world who has taken vitamins as long as this. I don't think anybody else can beat my record of having taken large quantities of vitamins for the past fifty years, and I think I'm still in pretty good shape. So in terms of personal experience, I think they are very safe.

I'm very proud to also let you know that we have the second-oldest Canadian living in Saskatoon. She's 111 years old, and two years ago she was cross-country skiing. She's been taking my vitamins for the past 41 years. So you can see it's not very dangerous to take vitamins for a long time.

I have treated perhaps 10,000 patients since 1950, first in Saskatoon, and since then in Victoria. I cannot recall any patient of mine whose death could be attributed to vitamins. It simply hasn't occurred. There's literature consensus. If you read the literature, you'll see there's no doubt that vitamins are safe.

The question is, safe compared to what? Here we have to say that nothing is perfectly safe, but compared to crossing the street in Ottawa, I think vitamins are pretty safe. Even water can be highly toxic.

The government has recognized this. The Government of Canada allows the fortification of food, and so does the Government of the United States. In fact, in 1943 the American army discovered they couldn't enlist enough soldiers. About one-third of the men could not meet their physical requirements for being drafted into the army. The American government did something very brilliant; it's amazing what they did. In 1943 they mandated the addition of vitamin B3... they added thiamine, riboflavin, and niacinamide, plus some iron, to their flour.

This was an amazing activity on the part of the government, because at that time there was a major epidemic in the States, which you probably have never heard of, called pellagra. It was probably as serious as AIDS is today in many countries. Pellagra was a disease caused by a deficiency of vitamin B3, and in some years in the southern United States it filled one-third of their mental hospitals. They were chronically psychotic from pellagra. It's very much like schizophrenia. The only way you could tell the difference was by their nutritional history, and when niacin became available as a synthetic, they used that as a diagnostic test.

We in Canada were not quite as fast. Even after the Americans mandated the addition of vitamins to flour, in Canada it was considered an adulteration. We had the strange situation that the Canadian troops overseas had to be given enriched flour. The Indians in Canada, because we had a very intelligent Indian commissioner, were also given the enriched flour. But every one of the rest of us in Canada was given the flour that was not adulterated by the addition of vitamins. I thought that was rather interesting historically.

So I think they're safe.

The next point is whether the diets are adequate. I have prepared a 25-page outline, which unfortunately didn't get here, but I have left a hard copy here. I hope you have a chance to read it. It's where I have given some of the evidence. My colleagues here will certainly give you a lot more evidence.

The question is whether our diets are adequate. In my opinion, they are not. It's not just my opinion; it's also recognized by government. Otherwise, they wouldn't permit the fortification of our food with vitamins.

● (1155)

We have something called individuality; not every human is the same. We don't look alike, we don't think alike, we don't have the same genes, and there's no evidence whatever that we all have the same nutritional needs. They are different.

You might have a general, average population, perhaps 50% or 60% of the population, that would require a certain range of nutrients, and we have people with special needs, the elderly, women who are pregnant, women who are nursing, people who are sick, and children. We have a large part of our population, which I think runs around 50%, who have special needs, and even with the best possible diet they cannot meet these needs. These are the people who have to have access to vitamin supplements.

There's a very good report by Cordain and Eaton published just recently in *The American Journal of Clinical Nutrition*. It's a marvellous paper. They also conclude that 50% of the population are suffering from nutrition-based diseases. This is an article I think you should all read; it's an extremely important article.

Now, what happens if you don't have the proper diet? Well, very simply, you become sick; you're not well. In my own practice—I am a psychiatrist and I take only referrals—if every GP, before they referred their patient to me, insisted that their patient start to eat properly, to give up junk and give up alcohol, I would lose half our practice. It's really a very important aspect of my practice.

I want to give you just one recent example. You might have heard about a disease called rickets. It disappeared. It never appeared in Canada. Every mother used to know you had to give your children cod-liver oil; that just took away rickets. But since the dermatologists began to frighten us all that we would get skin cancer because we were getting too much sunlight, what has happened is that we're not getting enough vitamin D, and in the past three years 80 cases of rickets have been reported in Canada.

So we don't have enough of these vitamins, and we have to have these.

There's so much to talk about, and I just wanted to give you the highlights, but basically we have to do something. We have to, first of all, fortify our foods. We have to be intelligent about adding things to our foods. We have to continue the fortification of flour. Luckily, we are now adding, I think, folic acid to our flour, which is extremely important. We have to allow the addition of vitamin C and other vitamins to our food. We have to allow the addition of vitamin D. This will provide Canada's average need, but this will be totally inadequate for much of our population, and they must be allowed the right and the privilege of getting the vitamins they need to supplement their food. I think it's extremely important.

In conclusion, what I've said was that vitamins and minerals are safe and non-toxic, our modern diets are not adequate, a major portion of our population suffers from various nutritional deficiencies, and the solution is that we have to permit our population to become healthy by feeding them good food and allowing them to buy the nutrients they need.

Thank you.

The Chair: Thank you, Dr. Hoffer.

Our next witness is the president of Friends of Freedom International, Carolyn Dean. I believe Ms. Dean has a slide presentation to take us through as she speaks. Is that correct?

● (1200)

Dr. Carolyn Dean (President, Friends of Freedom International): Yes, that's correct, and I would like the chair's permission to have it in English only.

The Chair: Mr. Thibault, you don't mind if we have this slide show in English only?

Hon. Robert Thibault (West Nova, Lib.): No.

Dr. Carolyn Dean: I could have it in French only or English only.

The Chair: I think with this particular assembly we'll have it in English only.

Dr. Carolyn Dean: Yes, and you have the papers prepared as well, but because this presentation has some very interesting charts, I wanted to have it in PowerPoint. The topic is safety of supplements.

As a medical doctor and naturopathic doctor, I know food supplements are crucial to the public, and putting them back in a food category ensures access. Keeping them in a drug category or a third category under drugs may mean that people will have to have a prescription from a medical doctor or naturopathic doctor for certain supplements or certain potencies of supplements. This will be cost-prohibitive for most people and would serve no purpose.

Could this be why the naturopathic profession is supporting Phil Waddington? Could this be why the naturopathic profession is against Bill C-420, instead of supporting food-based medicine, as we are directed by our naturopathic oath?

Concerning my presentation qualifications, just briefly, I am a Canadian, born in Newfoundland, brought up in Nova Scotia, with a BSc from Dalhousie University in Nova Scotia in 1974, and an MD in 1978. I'm also a naturopathic doctor. I practised for 13 years in Toronto, and for the past 13 years I've been in New York doing laboratory research, writing, lecturing, and consulting.

I've written hundreds of articles, 12 books, and thousands of media presentations on health and health freedom.

I'm president of Friends of Freedom International, as well as Live Longer Educational Foundation, and I was a delegate to the Codex meeting in Bonn, Germany, with the Health Canada delegation in November 2004.

I have various book titles. I won't go through them, but the most recent one, *Death by Modern Medicine*, is a book that I would rather not have had to write, because it talks about the monopoly of modern medicine, which seems to be against the use of food-based supplements.

I wrote a paper in November 2003, called “Death by Medicine“. This paper was recently published, in the spring of 2005, in the *Journal of Orthomolecular Medicine*. I showed, through government databases and peer-reviewed journals, a number of deaths and the cost.

In hospital adverse drug reactions, or ADRs, there were 106,000 annual deaths. These are American figures, but the extrapolation would be 10% for Canadians. Deaths due to medical error were at 98,000. Bed sores, infections, malnutrition, outpatient ADRs, needless procedures, and surgery-related diseases added up to 783,936 annual premature deaths due to modern medicine.

The next slide is about relative risk. The question about supplements seems to reside in supplements being dangerous; therefore, they should be treated like drugs and regulated as drugs. However, the two charts that I have coming up show that dietary supplements may have one death in 100,000 related to them. Food-related deaths are up to 240 deaths per 100,000; prescribed drugs, 5,180 per 100,000; and modern medicine mistakes, 784,000 annually, making medicine 784,000 times more dangerous than dietary supplements.

The charts you have in front of you and on the screen show the analysis based on these figures. Down at the lower left-hand corner of the facts on safety sheet, we see a dot that can't even be identified as the deaths due to dietary supplements, as compared to the large blue and purple dots for deaths related to medicine.

In North America we have a tradition of using supplements. The distinguished Dr. Abram Hoffer, who you just heard from, began treating schizophrenia with B vitamins in the 1950s. Drs. Evan and Wilfrid Shute of Ontario were treating heart disease with vitamin E in Canada, in Ontario, in the 1960s. Dr. Linus Pauling promoted vitamin C not only for the common cold but for dozens of other conditions as well.

● (1205)

In Germany, where modern medicine originates, there is the belief that vitamins and minerals can be obtained from food, and are only needed in low potencies to stave off deficiency disease. It is this view that is driving the world toward placing dietary supplements under a drug category. This bias does not take into consideration the overwhelming deficiencies of nutrients in our food supply.

One of the books I wrote, *The Miracle of Magnesium* , gave me a chance to research the topic of mineral-depleted soil. In 1900 the average diet included 500 milligrams of magnesium. By 2005 that figure is only 150 milligrams. The heart and the body require at least 400 milligrams daily. A magnesium deficiency results in heart attacks. Magnesium normally regulates the amount of calcium in the heart. Without magnesium, calcium builds up and causes heart spasms. Because the focus of our health care system is on drugs, and not on the necessary nutrients for life, we are causing countless unnecessary deaths.

There is a book called *The Magnesium Factor* by Dr. Mildred Seelig. It shows how, if you have a high-calcium and low-magnesium diet, the incidence of heart disease goes up. So in Finland they have a high annual death rate from heart disease. Their diet and their water supply are very high in calcium and very low in magnesium. The U.S.A. is not far behind, and Canada's statistics are similar. In Japan they supplement their water with magnesium and therefore have a very low incidence of heart disease.

It is profitable to contrast the change in the incidence of heart disease with the average intake of magnesium. Since 1900 we've had a precipitous rise in the incidence of heart disease. At the same time, our magnesium levels have been going down, from about 500 milligrams in 1900 to about 150 milligrams today.

Our food supply is low in minerals and in nutrients. Flour is deficient in vitamin E, B6, magnesium, riboflavin, niacin B vitamins, fibre, zinc, potassium, iron, copper, selenium, B12, and folate.

The age of onset of major depression is lowering. We're now hearing of teenagers being depressed and put on drugs for their depression. We know that depression has been successfully treated with vitamins. Americans are developing major depression at higher rates and younger ages than previously. This is a very important finding.

Are supplements dangerous? There is a myth that vitamin C causes kidney stones, but the fact is that not one reported case can be found in the literature. There is a myth that vitamin E is harmful, but this pertains only to synthetic vitamin E. In 1941 the drug industry was successful in getting its synthetic form of vitamin E passed as the international standard.

I'm opening up a can of worms, because there are natural supplements and there are synthetic supplements. My thesis is that by focusing on synthetic we are not getting the nutrition we need. Unfortunately, when we go into drug-based categories of food supplements, they can be a synthetic, and we will lose the benefits of natural supplements.

● (1210)

Synthetic vitamin E became the basis for international units or measurement, which is a measure of potency. Synthetic vitamin E became the research standard by 1949 and is unfortunately still a standard for research today. Synthetic vitamin E is made by the same pharmaceutical companies that produce many drugs in direct competition with vitamin E.

This is another can of worms. Literature states that the pharmaceutical companies have a history of funding studies that raise questions about a competing product. Synthetic or chemically adulterated vitamin E was used in all of the recent negative studies, including the 19 studies used in vitamin E, and all caused mortality meta-analysis.

When you see a headline that says vitamin E is actually unsafe or dangerous, it was a synthetic vitamin E study. The question being raised is this. Are pharmaceutical companies funding these studies to disallow vitamin E as a nutrient in the minds of the public?

When independently studied, the recent negative vitamin E research has not warranted the conclusions offered by the authors of the research. Why are they trying to make vitamin E look bad? Pharmaceutical companies including Bristol-Myers, Pfizer, and Bayer have funded recent negative vitamin E research.

Whose agenda is served? Pharmaceutical companies have convinced the public that patented drugs are the only treatment for disease. Any other form of treatment is either ignored or attacked. Pharmaceutical companies stand to gain when dietary supplements are regulated as drugs, but the public loses. I emphasize that supplements are safe and there are no benefits to keeping them in a drug category.

Finally, Canadian health care is based on access to all. Therefore, why would we limit access to necessary dietary supplements?

I have a final word. When I told some American friends that I was coming here to testify on behalf of Bill C-420 and the food basis of supplements, this person said that Canadians always do the right thing. I would hope that the Standing Committee on Health would do the right thing here as well.

Thank you very much.

The Chair: Thank you, Dr. Dean.

Our next witness is the contributing editor of the *Journal of Orthomolecular Medicine*. We welcome him.

Mr. Andrew Saul, the floor is yours.

Mr. Andrew Saul (Contributing Editor, Journal of Orthomolecular Medicine, As an Individual): Thank you very much.

In addition to being a contributing editor for the Toronto-based *Journal of Orthomolecular Medicine*, I have also taught at New York Chiropractic College and for the State University of New York for about nine years. I'm the author of three nutrition books and papers on the subject.

Natural health products such as amino acids, herbs, vitamins, and other nutritional supplements have an extraordinarily safe usage history. In the United States, for instance, close to half the population takes herbal or nutritional supplements every day; that is over 145 million doses daily, for a total of over 53 billion doses annually.

I think the most elementary of all forensic arguments is where are the bodies? To try to answer this question we may look at the 2003 annual report of the American Association of Poison Control Centres' toxic exposure surveillance system, as published in the *American Journal of Emergency Medicine*, September 2004. This report states that there had been a total, for the year, of four deaths attributed to vitamin and mineral supplements in 2003. Two of those deaths were due to iron poisoning. That means there have been two deaths total in a year allegedly caused by vitamins out of 53 billion doses. That is a product safety record without equal.

Pharmaceutical drugs, on the other hand, caused over 2,000 poison-control-reported deaths. It would be incorrect to state that only prescription drugs kill people. In 2003 there were 59 deaths from aspirin alone. That is a death rate nearly 30 times higher than that of iron supplements. Furthermore, there were still more deaths from aspirin in combination with other products.

Fatalities are by no means limited to drug products. In the United States in 2003 there was a death from cream, lotion, or makeup. There was a death from granular laundry detergent. There was a death from gun bluing. There was a death from plain soap. There was one death from baking soda, and there was one death from table salt. Other deaths that were reported by the Association of Poison Control Centres included aerosol air fresheners, two deaths; nail polish remover, two deaths; perfume, two deaths; charcoal, three deaths; dishwashing detergents, three deaths.

In America in 2003 there were 28 deaths from heroin, yet acetaminophen, generally known as Tylenol, killed 147. Now, acetaminophen killed over five times as many, yet few would say that we should make what is generally regarded as a safe over-the-counter pain reliever require a prescription. Even caffeine killed two people in 2003, a number exactly equal to the two fatalities attributed to non-iron vitamin-mineral supplements. Yet tea, coffee, cola, and soft drinks are not sold with restriction, nor with prescription, nor in child-proof packaging, and rather few would maintain that they should be.

Nutritional supplements are exceptionally safe. In 2003 there were no deaths from multivitamins without iron. There were no deaths from amino acids. There were no deaths from the B-complex vitamins. There were no deaths from niacin. There were no deaths from vitamin A. There were no deaths from vitamin D. There were no deaths from vitamin E. There was supposedly one alleged death from vitamin C, and one alleged death from vitamin B6. The accuracy of these allegations is questionable, as water-soluble vitamins such as these had excellent safety records stretching back for decades.

The latest 2003 toxic exposure surveillance system report indicates, by the way, that these reported deaths are either probably or undoubtedly related to exposure—a clear admission of uncertainty in the reporting. Vitamin problem allegations are routinely overstated and unconfirmed.

● (1215)

Even if true, these two alleged vitamin deaths would be aberrations. For instance, in 1998 the previous report of the American Association of Poison Control Centers reported no fatalities from either vitamin C or vitamin B6. In fact, in 1998 there were no vitamin deaths whatsoever. Remember: 53 billion doses a year just in the U.S. For decades I have asked my readers, colleagues, and students to provide me with any and all scientific evidence of a confirmed death from either of these two vitamins. I have seen none to date, yet misconceptions and misinformation about vitamins do persist.

Vitamin scare articles are unduly popular with the media, sometimes even making it into the pages of *The Wall Street Journal*. In 1992 that newspaper reported about vitamin D overdoses in Boston hospitals. Due to problems at one large dairy, some milk sold in Boston contained over 230,000 units of vitamin D per quart instead of the usual 400 units. One person subsequently died, but they died from the complications of the drug used to treat the problem. This is the one and only death from vitamin D I could find confirmation for ever, anywhere, in any decade, at any time, in any country—one death, and that was due to medication, not the vitamin.

Poison Control Center statistics report zero deaths from vitamin E. In fact, it was Canadian physicians Drs. Wilfred and Evan Shute who used up to 8,000 international units of vitamin E a day without harm. Newborn babies, premature infants, are given vitamin E supplements now to prevent incubator-related oxygen damage to their retinas. They are given about 100 milligrams of vitamin E per kilogram of infant; that is a dose equivalent to 7,000 international units for an adult. According to *The New England Journal of Medicine*, there have been no detrimental side effects from such treatment.

Herbal supplements: In 2003 only three deaths were attributable to single-ingredient botanicals, and oddly enough, they remain unnamed in the toxic exposures report, suggesting uncertainty as to just what might have caused harm. The fact is that millions of people take herbal remedies, and have done so for generations. Indigenous and western peoples alike have found herbal remedies to be safe and effective. The report of the Poison Control Center's toxic exposures surveillance system confirms this. There have been zero deaths from cultural medicines; zero deaths from Ayurvedic medicines; zero deaths from Asian, Hispanic, and all other herbal medication. Additionally, we find blue cohosh, zero deaths; gingko, zero; echinacea, zero; ginseng, zero; kava kava, zero deaths; St. John's wort, zero deaths; valerian, zero deaths; and Poison Control Centers report zero deaths whatsoever from amino acid supplements.

Yet to illustrate how extraordinarily important supplements are to persons with a questionable diet, please consider this. Children who eat hot dogs once a week double their risk of getting a brain tumour. Kids eating more than 12 hot dogs a month—that's barely three hot dogs a week—have nearly ten times the risk of leukemia as children who eat none. This was reported in *Cancer Causes and Control* in 1994. However, children eating hot dogs and taking supplemental vitamins were shown to have a reduced risk of cancer, as reported in the same journal in March 1994.

● (1220)

It's very curious, isn't it? While theorizing about many potential dangers of supplements, the media often choose to ignore the very real cancer-prevention benefits of supplementation.

Critics also fail to point out how economical supplements are. For low-income households, taking a 2¢ vitamin C tablet or a 5¢ multivitamin, obtainable from any discount store, is actually cheaper by far than getting those vitamins through eating right. The uncomfortable truth is that it is often less expensive to use supplements than to buy nutritious food, especially out-of-season produce.

Public support for free access to vitamin supplements is very high. In the United States, for instance, a recent bill in 2003 tried to restrict supplements. The Senate could only get four co-sponsors and the bill died in committee.

On the other hand, Congress received more letters on the Dietary Supplement Health and Education Act of 1994 than on any other issue in American history. There were 2.5 million letters from voters.

I believe this indicates that U.S. and Canadian citizens have the same keen interest and that an affirmative vote on Canada's proposed legislation, Bill C-420, to rightly consider supplements as food and not drugs, will be well received by the citizens of Canada.

● (1225)

The Chair: Thank you very much.

We'll move on now to the president of the Health Action Network Society, Mr. Bayne Boyes. He has with him the executive director, Ms. Lorna Hancock.

Mr. Boyes.

Mrs. Lorna Hancock (Executive Director, Health Action Network Society): If you don't mind, I'll do a brief introduction.

The Chair: That's fine.

Mrs. Lorna Hancock: I want to give a bit of background about the Health Action Network Society. Then I will introduce a different approach to the topic of why vitamins are being taken out of the food category.

The Health Action Network Society is a non-profit, charitable, educational organization. It was founded in 1984, and it's run by a board of directors. Its purpose is to facilitate individual wellness. The society has over 6,000 members, all of whom like to maintain their health or improve their health using vitamins and natural products. They become quite upset when they hear rumours of reduced dosages, which means higher costs. They also become upset when they lose favoured vitamins altogether. Our society may technically represent 6,000 people, but the guesstimate is that close to 20 million people, 60% of Canadians, are interested in what happens to natural health products in Canada.

What I would like to discuss today is how I see the topic of natural health products. Why did they have to come out of the food category in the first place? I think it's important for us to consider that.

This huge dialogue about vitamins and minerals, natural health products, started in the 1990s. We the public were led to believe that regulations were inadequate and consumers were being misled and ripped off by unscrupulous manufacturers who were not putting into the bottle what was on the label. The alarm was sounded. It was suggested that if vitamins and minerals, or natural health products, as they are now fashionably called, had their own category, all these problems would go away. I find it rather curious that the people who pushed for the third category, the catalyst for the alarm, actually had an ulterior motive.

Why do we say that the public wants the change when it really has nothing to do with the public? The public was perfectly happy before, when they had more vitamin and mineral choices than they have today.

I'd like to refer you to two articles on nutraceuticals and functional foods. I don't know if you have copies of these articles, which I sent earlier. The first one is called “Nutraceuticals/Functional Foods: An Exploratory Survey on Canada's Potential”. It was written by Carol Culhane in 1995 for Agriculture and Agri-Food Canada. Does that sound familiar? The second one, published in 1996, is called “A Comparative Analysis of the Regulatory Framework Affecting Functional Food Development and Commercialization in Canada, Japan, the European Union, and the United States of America”.

● (1230)

The Chair: We probably don't have them because they haven't been translated yet.

Mrs. Lorna Hancock: Okay. I'd love to make copies for you and send them, maybe independently.

I think it's really important to look at that, because for me that's the motivation.

In the executive summary of the 1996 report done by Carol Culhane, she said, “In Canada, the regulatory framework is so restrictive that the development of a functional foods industry or even functional food products in Canada will be severely impaired, if not entirely precluded”. In other words, what she went on to say was if we don't change the regulations around natural products, this $500 billion global industry, by 1996 standards, would not be reached by Canadian industry.

So here's what they recommended: first, to develop a regulatory vision that is supportive of functional foods; second, to strike an industry-government task force for regulatory reform; third, to establish the equivalent of the Japan Health Food Association in Canada; fourth, to differentiate health claims associated with diseases from those associated with the promotion of health and well-being. They wanted to take vitamins and minerals and natural products out of the food category. That was the reason. And the fifth recommendation was to harmonize evaluation protocols with other jurisdictions.

Carol went on to say, in 1996, that they recommended fast action, that time was of the essence in responding to these challenges if Canada was to capture the economic benefits, including potential savings in future health care costs, that an internationally competitive functional foods industry has to offer. That's what they did, and that's why we're here now.

But I think it's more fair to acknowledge the incentive for why these changes were taking place. It wasn't about safety.

I speak for myself, although there are 6,000 people in our organization, but I believe that our members would like Bill C-420 to pass.

The Chair: Thank you, Ms. Hancock.

Mr. Boyes.

Mr. Bayne Boyes (President, Health Action Network Society): Thank you very much, Chairman and honourable members.

As Lorna said, we're a health education group that represents a significant sector of the consumers.

Just as a little aside, I made a presentation a few weeks ago to the Supreme Court of British Columbia in regard to the supplements class action settlement. The judge asked me why I was there and whether I was paid. I said that actually this is one of those full-time volunteer positions where you have to pay to have that privilege.

I think most reasonable people would agree that healthy lifestyles are a key component to maintaining good health. That includes, of course, exercise, clean air and water, and nutritious food. Many years ago a person could maintain good health by getting access to clean air and water and nutritious food, but time has changed that quite dramatically.

Some of the great physicians and medical researchers—and we've heard Dr. Hoffer here today, Dr. Dean, and Dr. Saul, who've given you some statistics.... In Canada between 1994 and 1996, 1.4 billion pounds of toxic chemicals were released into the environment. That included about 280 million pounds of known carcinogens. Dr. Samuel Epstein, who's quite renowned, says that we now carry 500 different compounds in ourselves, compounds that didn't exist at all before 1920.

Thirty years ago the World Health Organization said that 89% of all cancers were caused by toxins, pesticides and various other toxic chemicals in the environment. We believe illness is caused by an immune system weakened by our daily exposure, starting at birth, to chemicals and toxins in air, water, food, clothes, toiletries and our environment around us, but also by a significant reduction in the nutrients that we consume today. We just don't provide enough nutrients into an immune system that has to deal with a much heavier load of toxins.

The level of nutrients has dropped over the last 20 years about 50%, the minerals and nutrients. Iron is down by 70%. Magnesium is down by 30%. Between 1920 and 1968, the essential minerals in grain have dropped by a factor of ten. It now takes 500 bushels of grain to produce the same level of essential minerals as 50 bushels produced in 1920. Of course that will be much different even today from what it was in 1968.

What's even worse is that the level of processed foods in our diets has increased dramatically. In North America our diets now consist about 90% to 95% of cooked and processed foods. When you process foods, you destroy 100% of the enzymes in the food, and you destroy a large percentage of the nutrients, about 80%.

What has this got to do with Bill C-420? Well, supplements are critical to maintaining health. We believe Bill C-420 can achieve this.

Why are we concerned? The Natural Health Foods Directorate mirrors the drug model in its structure and licensing and approval processes, and that's a great concern to us. Health Canada's track record has not been comforting. It has approved drugs that should not have been approved. It has removed many supplements from the market over the last years, supplements that are important to individuals. It has created great distress for a number of supplement manufacturers and vitamin-store owners. In fact recently a vitamin-store owner in Victoria and his employees were handcuffed by Health Canada.

The supplement industry is experiencing a major structural change. The size of the manufacturers and retailers is increasing. This is being driven—as Lorna has said—by the nutraceuticals and functional foods industry. This concentration of power happened in the pharmaceutical industry with severe consequences.

I think we have given you a copy—you may not have it—of a very interesting report released April 5 of this year by the House of Commons health committee in the U.K. It is an extensive report, with 48 recommendations, which will have a major impact in the pharmaceutical and medical industry in the U.K.

● (1235)

I want to read you one paragraph that is very interesting to show you how serious this report is:

> Our over-riding concerns are about the volume, extent and intensity of the industry's influence

—this is the pharmaceutical industry—

> not only on clinical medicine and research but also on patients, regulators, the media, civil servants and politicians. This makes it all the more important to examine critically the industry's impact on health and to guard against excessive and damaging dependencies.

It's a report I would strongly recommend you take the time to peruse.

We very much caution against what has happened in the pharmaceutical industry happening in the dietary drug area. This is just to give you an example of what can happen. Helke Ferrie is a medical science writer, and she went to Germany a few years ago to attend to her mother and went to the local pharmacy store to get vitamin C. The pharmacist, who the family had known for 25 years, offered her 12 tablets of 10 milligrams each of synthetic vitamin C for $10. This was a few years ago.

Now, I take a large quantity of vitamin C personally. I take 12 grams of vitamin C, and it's natural vitamin C, so it is useful, but that's 100 times the dosage she got. That would technically cost me $1,000 a day. Germany has been under the pharmaceutical drug model for supplements for many years, and that's what happens to cost. It costs me personally 30¢ a day to take 12 grams, but under the German model it could technically cost me $1,000 per day.

A report prepared by the Canadian government to investigate the costs of regulating dietary supplements in 1994 and also another report 10 years later indicated that most manufacturers would have to give up about a third of their product line, so about 20,000 supplements would disappear from being accessible to our citizens in Canada. They also said—which is astonishing—80% of small to medium-sized manufacturers and retailers would disappear. Well, why are they attempting to destroy business in Canada? Why aren't they focusing on areas where we do have some reasonable foothold, in the organic foods market or in the herbal development markets?

Although Health Canada indicates that their standards of evidence program with respect to safety and efficacy for natural health products is flexible and that they will accept current research, we don't believe there's evidence at all to support this kind of program. There are no bodies in the streets. As we've heard here, there is no risk from using supplements, and I think that's what we have to focus on. There are eight times more deaths caused by honeybee stings than there are by using supplements.

So here are our recommendations, and we have five of them.

We believe there should be a moratorium established immediately on the program going through the standards of evidence for natural health products, that the Minister of Health should be advised to cease this program.

We also believe that reintroduction of supplements should occur. How should this happen? First of all, a number of supplements have been removed that people have relied on to deal with pain and for maintenance and indeed survival. There probably should be an independent committee that can review the supplements that have been removed and, if it's appropriate, recommend reintroduction.

● (1240)

Yes, the nutraceuticals and functional foods industry is big. It's growing rapidly and is very likely needed. We believe there's such a difference between nutraceuticals and functional foods that they should be separated from dietary supplements. The NHP Directorate should in fact be refocused on the area of nutraceuticals and functional foods, and dietary supplements should remain in the food category.

Our fourth recommendation is that supplements should stay as food. They have a long history of safety. There have not been any measurable deaths that are meaningful in the food category. It aligns with the DSHEA in the U.S. If Bill C-420 is approved, this would likely be solved. But if it is not approved, the moratorium should be implemented right away, until dietary supplements can be moved into the food category.

Finally, on claims for supplements, we believe supplements that have been in the marketplace for a long period of time should be allowed reasonable claims, as they are in the U.S. If companies want to go through an approval process to make claims for new supplements that have not been out for long, we would also agree to that.

We want to say that there are going to be millions of Canadians angry when they realize that they cannot get access to the supplements that they've had access to for many years. They're going to be angry at mainstream media for not reporting it. They're going to be very angry at political members for not protecting their rights. It's critical that access to low-cost supplements remain.

Thank you very much.

● (1245)

The Chair: Thank you, Mr. Boyes.

We'll move on to questions and answers.

Ms. Crowder, do you have some questions?

Ms. Jean Crowder (Nanaimo—Cowichan, NDP): I have one, but it's probably more of a statement than a question.

We had a very interesting presentation from dairy farmers on the Hill this week. I think that many of us agree and support that it's really important for Canadian consumers to have access to safe quality supplements and that they understand what they're getting, what the dosage is, and what the quality is, all the things that are laid out in the GMPs.

I would say that I'm a fairly well-educated consumer, but one of the things that shocked me this week was that Canadians are getting something called modified milk products in things like ice cream and cheese. Canadian consumers don't actually know what it is they're consuming.

It seems to me that although I would agree it's important that supplements are available for people, I think that we're actually tackling the wrong end of the problem. We really need to take a look at our food supply to make sure our food supply is safe, it doesn't contain genetically modified organisms, and it doesn't contain things like bovine growth hormone, which is in modified milk products coming across the border into Canada. We can't prevent that right now because article 28 under GATT is not being enforced.

I would actually like you to comment on the fact that really what we're doing is a band-aid solution in looking at supplements, instead of looking at the quality of our food supply.

Ms. Dean, I see you nodding. Could you specifically address that?

Dr. Carolyn Dean: Thank you very much, Ms. Crowder.

When you go back to the original Food and Drugs Act, it specifies that food should not be adulterated with sugar, salt, and other chemicals. In fact, as Ms. Crowder has said, that includes aspartame. NutriSweet has been allowed in thousands and thousands of diet products. One of the constituents of aspartame is wood alcohol, which is methanol. Why on earth would we allow an adulterant like wood alcohol in our diet products?

Perhaps 15 or 20 years ago, when it was approved, whoever approved it thought as I did. When I was a kid, I only had a pop once a week, but you now have children drinking litres of diet pop. Overweight people are drinking it, hoping that it will help them with weight loss, but it in fact affects the endocrine system in such a way that it causes weight gain.

I would agree that the focus has somehow been lost and has gone on to create food supplements as the problem, whereas food has become quite a problem for North Americans. As we've stated, when our food supply comes from soil that is not replete with fertilizer that has minerals added to it, the food can't contain the minerals that we need.

I wanted to show you a slide of the Krebs cycle. It's a cycle of the metabolic function in the body. I learned in medical school that for every pathway in these 13 steps, the Krebs cycle required one or two different vitamins and minerals. If you don't have the necessary vitamins and minerals in your food supply or in food supplements, then our system doesn't work. It's why people are fatigued and have so many illnesses. Yet they go to a doctor with magnesium deficiency symptoms and get a pharmaceutical drug.

In medical school, I learned nothing about nutrition. I was told that everything was in our food supply. Medical training has not changed from that time. That was back in the mid-1970s, 30 years ago. They said that everything was in food, but it's not. Medicine has not caught up to that.

Unfortunately, I'm sorry that I had to write this about modern medicine. But if medicine is not supporting the public need for nutrients, and it has become the prescriber of patented medicines, we have lost our right to the public trust.

● (1250)

Ms. Jean Crowder: Thank you.

I think that's probably it for me.

The Chair: Thank you, Ms. Crowder.

Mr. Thibault.

Hon. Robert Thibault: Madam Chair, I have a few comments I'd like to make, and then I'd like to invite comment from Dr. Hoffer, if he would.

First, I want to apologize for there not being more members present today. It's unacceptable, in my mind, that the promoters of this private member's bill would not be here to receive your presentations, to ask you questions, and to learn more in depth. I believe they would like to be here; I believe they've been defeated by their party discipline and were forced to stay out, and it's very regrettable.

But I thank you all for coming.

One of the things that was suggested by a few people is that these products were taken out of the food regulations and put into a separate part. Actually, they were always under the drug regulations; they needed a drug identification number and there's a transfer; there's a migration program that goes until 2010.

I accept the question because it's been brought up by a lot of people making a presentation: do we have all the forces in play to facilitate that, to make that happen within those years? I think that's a valid point, one we certainly will bring up again with Health Canada.

The other thing I want to point out is that when we're looking at Bill C-420—and particularly in Dr. Hoffer's presentation—it's not a question of whether we do or don't believe in supplements, whether we believe in additives, whether we believe in natural health products, or whether we believe in proper nutrition and medicine. A lot of your presentations were in that direction. I don't think that's the question.

The only question to me is if as a consumer I see something that is sold to give me a cure or prevent illness as a medication and not as a food, then I want to be sure that it is what it says it is, that it does what it says, that it's manufactured under the proper manufacturing practices, and that it has had some level of scientific scrutiny to make sure that's what it is. I want dosage information. I want proper labelling information. Is there a risk? Is there a chance of interaction if I take too much amino acid or too much of one particular herbal medicine or concentrate or anything with something else? It's because I'm not an expert in the field.

I can't hurt myself with bananas. I can get potassium by bananas, but that's food. I don't think I can eat enough bananas to get an overdose of potassium, but perhaps with potassium concentrate in a powder form or a liquid form I can hurt myself if I take it. I don't know that stuff, so I think it's reasonable what a lot of people who have presented have suggested, that it should remain under the drug part.

What I would ask Dr. Hoffer is this. One of the suggestions that was made often was that schedule A and the operative clauses should disappear so health claims could be made, with reasonable scientific evidence, for these drugs in areas where they're not permitted now. You're in traditional medicine and are also practising good nutrition. Would you agree to that? Do you have any comments you'd like to share with us on those points?

Dr. Abram Hoffer: I think the point you have made is absolutely vital. We have to be sure that what we buy is what the label states it is. We have to have all the safeguards we now apply to drugs, and perhaps we need even more. We also have to have the safeguards we demand for our food supply. I think the main problem has been that the management of the Food and Drugs Act consists primarily of people who are not very familiar with the concepts of nutrition and vitamins, and therefore they try to apply the same criteria they use for drugs when they're talking about vitamins.

As one example, many years ago you could buy folic acid in Canada across the counter in 25-milligram tablets without any problem, but over the past 10 or 15 years it has become a prescription item. You can still buy 800-microgram tablets of folic acid, but you can't buy anything stronger than that.

Recent evidence at Harvard Medical School has shown that folic acid in large quantities, 25 milligrams per day, is a very good antidepressant, almost as good as and maybe even better than the antidepressant drugs, and it's free of side effects. I can give my patients folic acid because I can write a prescription, but other people who would like to take folic acid cannot do so. This is based upon some data that goes back 30 or 40 years to the effect that folic acid in these dosages might be dangerous because it might mask the symptoms of pernicious anemia. The recent evidence shows this is not true; this is based on one or two cases that have not been validated in the recent literature.

I agree, we have to have the safety. With respect to claims, I don't really pay much attention. I think people should take these claims seriously, but I think that vitamins ought to be made available even if there are no claims. I don't think we have to apply the same stringent criteria to vitamins as we do to drugs.

● (1255)

Hon. Robert Thibault: If I may interrupt you there, one individual, who appeared as an individual but whose family had had some experience with mental illness, was quite concerned. When I talk about claims, it is on this side—when the consumer buys a product that makes a health claim and the claim might not be based on scientific fact; it might not be true.

You're a psychiatrist. You have medical training, and you use these natural health products as part of your practice, but I'm sure not for all patients. I'm sure there are some patients who won't be helped by folic acid, who need some other therapies, some other help. The fear is that if you have folic acid or any other compound as a natural health product unregulated on the market that may make those health claims, you might have persons who have serious mental illnesses, who need your assistance or the assistance of your profession, who believe that they are adequately treating themselves because they are using these products. I think that is the fear.

Dr. Abram Hoffer: There's a certain risk of that happening. I think the risk is not that great, because most people with serious mental illnesses will see a physician first. In my own practice, I do use medication. In fact, I was one of the first people to use the original North American tranquilizer, Haldol, beginning in 1956. I began to use lithium in 1952, before it became available. My practice is to give whatever I think will help my patients without causing them any harm.

What I use is a proper combination of nutrients and nutrition. I should make the point here that nutrients do not replace nutrition. I think it's extremely important that nutrition be primary. We have to get whatever we can from our food and use the supplements only when our food is not adequate for that particular person.

But I do think you have a point. I think in terms of making claims I would prefer to see the claims that are generally accepted as true be allowed, and for any new claims, one could make these claims in terms of publication in medical and nutritional literature.

I was director of psychiatric research for the Province of Saskatchewan between 1950 and 1967 under Tommy Douglas. We did the first double-blind controlled experiments in the history of psychiatry, and we showed that we could recover many more schizophrenic patients by placing them on the right what they call “orthomolecular” treatment.

By the way, I'm the president of the International Schizophrenia Foundation, and if you are free in the next weekend, come to our meeting at the Château Laurier. We're having the annual meeting of the International Schizophrenia Foundation on Friday, Saturday, and Sunday morning. You're welcome to come.

I do think we have to have the safeguards, and I think claims should not be allowed if they are totally fallacious.

The Chair: Thank you very much.

Thank you, Mr. Thibault.

On behalf of my colleagues, I'd like to thank all the witnesses. Unfortunately, I have to cut it off here, because some of us have a one o'clock meeting for which we are now a couple of minutes late. Thank you for coming all this way and giving us your best thoughts on this very serious topic.

Mr. Thibault wants to present a notice of motion.

Hon. Robert Thibault: I have handed the motion to the clerk, and she said it would be appropriate.

The Chair: It's about the approval of Dr. Bernstein as head of the CIHR. We're supposed to review that. He has a motion suggesting we do. We'll deal with that next week.

Thank you, Ms. Crowder and Mr. Thibault, for making sure there was a quorum here today when the other two parties were not here.

This meeting is adjourned.

Published under the authority of the Speaker of the House of Commons

Publié en conformité de l'autorité du Président de la Chambre des communes

Also available on the Parliamentary Internet Parlementaire at the following address:
Aussi disponible sur le réseau électronique « Parliamentary Internet Parlementaire » à l'adresse suivante :
http://www.parl.gc.ca
