



House of Commons
CANADA

Legislative Committee on Bill C-30

CC30 • NUMBER 009 • 1st SESSION • 39th PARLIAMENT

EVIDENCE

Tuesday, February 13, 2007

—
Chair

Mr. Laurie Hawn

Also available on the Parliament of Canada Web Site at the following address:

<http://www.parl.gc.ca>

Legislative Committee on Bill C-30

Tuesday, February 13, 2007

• (1530)

[English]

The Chair (Mr. Laurie Hawn (Edmonton Centre, CPC)): Ladies and gentlemen, welcome to meeting nine of the Legislative Committee on Bill C-30.

[Translation]

We will be hearing from three organizations this afternoon. First, we have the Asthma Society of Canada, which is represented by Mr. Rob Peacock, Vice-President of advancement, and Ms. Oxana Latycheva, Vice-President of the Asthma Control Program.

[English]

From the Canadian Lung Association we have Kenneth Maybee, vice-president of environmental issues, backed up by Barbara MacKinnon, director of environmental research from the New Brunswick Lung Association.

[Translation]

And lastly, from the Heart and Stroke Foundation of Canada, we have Stephen Samis, Director of Health Policy.

[English]

Welcome to all the witnesses. We'll give you each about 10 minutes for some opening remarks and then open it up to questions from members of the committee.

We'll start with the Asthma Society of Canada. Mr. Peacock, the floor is yours for 10 minutes or so.

Mr. Rob Peacock (Vice-President, Advancement, Asthma Society of Canada): Mr. Chairman, thank you very much.

Good afternoon, everyone. On behalf of the Asthma Society of Canada, I wanted to thank the legislative committee for allowing us to speak with you regarding Bill C-30, Canada's Clean Air Act.

We also welcome the opportunity to briefly speak to you on the new national respiratory care strategy for the Asthma Society of Canada, which concentrates on asthma, associated allergies, and chronic obstructive pulmonary disease, otherwise known as COPD, which will be positively impacted by this bill.

First, the national strategy focuses on defining several priority tactics that aim to substantially increase the number of patients who have full control of their disease, as well as to empower patients to access the care that they require and identify the steps required to prevent both asthma and COPD. The recently renewed mission in supporting Canadians with asthma, associated allergies, and COPD is designed to achieve a managed life through the funding of

respiratory disease prevention; the delivery of accredited, relevant breathing tests; the delivery of patient-centred asthma, allergy, and COPD self-management education; and advocacy efforts to ensure that the essential respiratory health programs are delivered in every province.

Everyone needs to fully understand that asthma prevalence has increased dramatically in western countries in the last 25 years. It has been estimated that both allergies and asthma affect 30% to 35% of the Canadian population. Chronic obstructive pulmonary disease is a disease that is similar in many ways to asthma; it has been generally estimated that approximately 714,000 Canadians are currently diagnosed with COPD, but it is also estimated that more than 50% of the patients are undiagnosed, which suggests there might in fact be over 1.4 million Canadians suffering from COPD.

Asthma prevalence is increasing worldwide and is generally more common in western English-speaking countries and less common in developing countries. Moreover, there is considerable evidence that asthma and COPD exact a heavy economic and social burden. The costs of loss of productivity and medical spending are clearly underestimated for COPD and asthma, and these are generally perceived as more serious conditions.

The Asthma Society of Canada is very much in support of Bill C-30, given the improved environmental impact it will provide for the health of Canadians. In particular, the Asthma Society of Canada recognizes the intent of the bill to provide mandatory regulations with national targets, which will be a vast improvement over the current situation. As the bill states, the purpose "is to promote the reduction of air pollution and to promote air quality in order to protect the environment and the health of all Canadians, especially that of the more vulnerable members of society".

In June 2006 the Asthma Society of Canada completed a new special research initiative that clearly demonstrates how polluted air negatively impacts on the respiratory health of Canadians. *Breathe Free in Canada* outlines the scientific connection between air pollution and increased respiratory exacerbations for Canadians affected with asthma and chronic obstructive pulmonary disease.

Poor outdoor air quality affects more than individuals with respiratory disease. Indeed, the greatest burden of disease occurs with mild effects because of the large base of the population affected. Improvements in air quality can have dramatic effects on the rates of respiratory tract symptoms on a national scale.

Thus, regulatory proposals contained in Bill C-30 help deal with the realities of those affected by poor air quality. From the perspective of the Asthma Society, this bill helps recognize that the time has come for a respiratory care revolution in our country. In addition, this bill will help allow patients the right to breathe more freely and easily.

Supplementary to these discussions with the bill, the Asthma Society is currently working with the Minister of the Environment and undertaking discussions regarding outdoor air quality initiatives. One of those is the Breathe Free Canada program, which will support organizations that have taken concrete action in implementing operational processes that demonstrate a clear reduction in air pollutants. The ASC officially recognizes Canadian firms that are able to demonstrate environmental initiatives while allowing Canadians to breathe more freely. That particular program was unveiled back in October 2006 with Robert Kennedy Jr. at a special event we held in Toronto.

• (1535)

Secondly, air quality indexes only tell part of the story and need to be expanded to deal with patients suffering from asthma, allergies, and COPD. The ASC has developed the breathing score program, which will assign grade levels to the air quality index and pollen index on a daily basis and forecast periodically. There will be specific recommendations for people with asthma, allergies, and COPD in regard to the air quality of the day, and it will be a comprehensive tool that will be clinically proven to help manage asthma, allergies, and COPD. The ASC proposes to make a grading system applicable to people with asthma, allergies, and COPD and make recommendations per each grade level for each disease.

The ASC also recognizes the indoor air quality aspects of Bill C-30 with the asthma friendly certification program. This program has been established to help Canadians with asthma and associated allergies identify suitable products in the retail environment. All products with an asthma friendly® certification mark have been independently tested by standards approved by the Asthma Society of Canada. This program will advertise and be marketed by the ASC and therefore create consumer demand for asthma-certified products. This program is currently already up and running and in retail stores in Canada.

The Asthma Society of Canada welcomes the opportunity to explore other possibilities and wishes to reiterate our support for Bill C-30 in that it will help strengthen the need to be more conscious about the air we breathe. We strongly urge committee members to support this important initiative and to move forth with the proposed mandatory regulations necessary for better indoor and outdoor air quality for all Canadians.

Thank you, Mr. Chairman.

The Chair: Thank you, Mr. Peacock.

We'll move to the Canadian Lung Association, Kenneth Maybee.

• (1540)

Mr. Kenneth Maybee (Vice-President, Environmental Issues, Canadian Lung Association): Honourable Chair and honourable members of the legislative committee that is reviewing Bill C-30,

thank you for the opportunity to be able to speak on this important issue.

Before I start the formal part of my presentation, you are probably all looking at your materials and no doubt have found the straw. I would like all the members to please take out the straw, put it in your mouth, pinch your nose, and breathe for about 30 seconds.

The purpose of that, ladies and gentlemen, is to let you know what asthmatics or a person suffering from severe allergies or chronic obstructive pulmonary disease feel like when they are undergoing an exacerbation. The motto of the Lung Association is, "When you can't breathe, nothing else matters".

If there is nothing else in my brief that you remember at the end of the day, I am starting off with what a patient feels like. You have gone through a small test. I will start and end with the words "When you can't breathe, nothing else matters", and I hope that will position a picture of what it is like for citizens throughout Canada.

The Lung Association commends the federal government for increasing awareness and promoting action on air pollution through the tabling of the Clean Air Act. We also commend all parties for participating in this committee to develop the very best legislation for reducing air pollution and greenhouse gases.

The Canadian Lung Association is Canada's oldest health charity, representing and assisting Canadians who suffer from lung disease. Every 20 minutes, one Canadian dies from lung disease, 2.5 million Canadians have asthma, and the rate in children is four times higher than it was 20 years ago. By 2020, chronic obstructive pulmonary disease will be the third leading cause of death in Canada.

More people will die this year from lung cancer than from any other type of cancer, including breast, prostate, and colon cancer combined. Approximately six million Canadians suffer from lung disease at an estimated cost to the economy of over \$15 billion. This includes the direct cost to the health care system, as well as the estimated cost of lost work time and degraded productivity.

The Lung Association has a particular interest in air quality since air pollution exacerbates many respiratory conditions, causing lost work or school days, emergency room visits, hospital stays, and even mortality. Health Canada has estimated that 5,900 people die each year in the eight Canadian cities involved in a recent study. The Ontario Medical Association estimated that in Ontario alone the total yearly costs of death, pain, suffering, lost work, doctor's office visits, emergency room visits, and hospital stays are a staggering \$7.8 billion.

General comments. The Lung Association clearly asserts that the guiding principles of a Clean Air Act component of CEPA should be the protection of human health, especially the health of the vulnerable population, such as the young, the elderly, those with pre-existing diseases that make them more susceptible to environmental toxins, and certainly socially vulnerable groups such as the lower socio-economic group categories and first nations.

The Lung Association recognizes the important connection between climate change and air pollution, from causal, impact, and solutions viewpoints—on the connection between climate change, air pollution, and respiratory health. With respect to the Lung Association mission to improve respiratory health, these connections are particularly important in justifying actions to reduce the use of fossil fuels. Caution must be exercised when replacing fossil fuels with alternative energy sources, and careful consideration should be given to the impact on both air quality and greenhouse gas emissions. For instance, the use of biomass as an energy source is problematic from the perspective of respiratory disease, because combustion of biomass produces high levels of air pollution.

• (1545)

Under our recommended amendments to Bill C-30, in our paragraph 1.1 regarding CEPA's overarching considerations, CEPA 1999 is currently under review, and both the House of Commons and Senate committees have received many recommendations for the improvement of this bill. These recommendations include aspects relevant to clean air and greenhouse gases.

The final recommendations, through Bill C-30 and the CEPA review process, should be amalgamated so as not to lose the excellent recommendations that have already been tabled in that review process.

Although the Lung Association has advocated for many years that we must link actions on air quality and climate change, each topic must have its own and equal priority within the bill. While some of the remedial actions for each problem will dovetail, they should stand distinct within the bill, because air pollution and greenhouse gases are interrelated but distinct problems, each requiring its own set of solutions.

Related legislation and international agreements will be focused on either air quality or climate change, but not necessarily on both problems. Thus it is recommended that the amended bill clearly separate air pollutants from greenhouse gases. However, the actions resulting from the bill must ensure that remedial measures on air pollution do not increase greenhouse gases and vice versa. Co-benefit analyses of proposed actions should be conducted.

In our paragraph 1.2.1, under the title "National Air Quality Objectives", our recommendation regarding proposed section 103.07 is that the word "objectives" should be changed to "standards" and should mean a legally enforceable level.

In 1.2.3, Canada's air quality standard should be set as equal to or lower than the most health protective standards existing internationally. Recognition must be given to the fact that air quality standards cannot be met only by reducing emissions per vehicle or by an intensity basis from industries and power sources. Emissions must

also be reduced by efficiency measures—for example, efforts to support a reduction in kilometres driven by vehicles.

In 1.3.1, regulations to eliminate or reduce emissions should be mandatory for all substances on the CEPA toxic list. Wording to this effect should be explicit in Bill C-30, using words such as "will" instead of "may" when indicating regulation.

In 1.3.2, it is also recommended that the bill explicitly stipulate that regulations should aim to reduce emissions to a level equal to or below the level achieved by the most stringent international examples. For certain emissions, such as vehicle emissions, aligning with the United States is a reasonable initial goal. For other emissions, such as those from coal-fired power plants, aligning with other jurisdictions that are leaders in reducing emissions in this area should be the objective.

In 1.3.3, mandatory timelines should be specified in the bill, such that regulations are in place for substances on the toxic list, within the timelines already advised by many groups through the CEPA review process.

In 1.4, regarding the separation of air pollution and greenhouse gases from the CEPA toxic list, Bill C-30 removes these substances from the list and places them in a separate new designation. There is no substantive rationale or benefit in doing this, and there exists a reasonable risk. The federal government has a well-established jurisdictional and historical authority to regulate substances that cross borders, including provincial borders. If those substances cause identifiable risk to Canadians, removing the word "toxic" from the air pollution and greenhouse gas list may make the regulation of these substances vulnerable to provincial or industrial court challenges.

In 1.4.1, it is strongly recommended that the bill use the CEPA toxic list for air pollutants and greenhouse gases in a manner similar to that existing in CEPA 1999. The Clean Air Act component of CEPA should focus action on the air pollutants and greenhouse gas subset of this list and assign new terminology to the air pollutants, referring to them as "hazardous air pollutants", thus explicitly designating them as dangerous to human health.

• (1550)

In part 1.5 we list our amendments to greenhouse gas provisions.

First, the most contributory greenhouse gases should be included in the CEPA toxic list, which would thus trigger the duty and authority of the ministers of environment and health.

In the interests of reducing or mitigating the threat to human health, including respiratory health, posed by global climate change, the provisions of Bill C-30 must ensure that Canada achieves early and aggressive reductions in greenhouse gas emissions. From this perspective, the targets and timelines specified by the Kyoto accord should be viewed as a starting point for action.

The Lung Association strongly recommends that the federal government pursue measures that will accomplish actual emission reductions over the use of monitoring mechanisms to meet the Kyoto targets. The rationale for this stance is that emission reductions mitigate both greenhouse gases and air pollutants released locally in Canadian communities. Thus emission reductions will improve the health of Canadians as well as reduce the threat of global climate impacts. Priority should therefore be given to measures that achieve reductions and emissions in Canada, complemented by expenditures that would produce actual greenhouse gas reductions in other areas of the world.

Although Bill C-30 does not specify the targets and timelines for reducing greenhouse gases, action arising from the act must recognize the urgent need to achieve even greater reductions in the near term, in the interest of mitigating potential harmful effects on the respiratory health of Canadians.

With the goal of achieving early actual reductions in air pollution and greenhouse gases, it is recommended that all targets be for fixed caps on emissions rather than intensity-based, and that the timelines be tightened considerably.

Under 1.5.4, we list some actions regarding greenhouse gases that should be triggered by the provisions in Bill C-30.

First, in terms of short-term goals, Canada must make every effort to meet the target of reducing its greenhouse gases to 6% below 1990 levels by 2012. If this is not possible with action emission reductions in Canada, the federal government should complement its domestic efforts through financial expenditures on projects that will achieve reductions elsewhere in the world, and set a target date—for example, of 2015—to meet actual emission reductions to 6% below 1990 levels.

With regard to mid-term goals, stringent mid-term targets could be drawn from other leading jurisdictions or international examples. Canada's continued participation in UNFCCC should provide a guideline for those incremental targets. Once again, with a view to protecting the respiratory health of Canadians, the Lung Association recommends that the federal government embrace aggressive goals that will result in early real reductions in both air pollution and greenhouse gases.

In terms of long-term goals, Canada must develop five-year incremental targets to achieve a reduction to 80% below 1990 levels by 2050.

Moving to indoor air quality, the Lung Association is very supportive of the inclusion of indoor air exposures as being equally important to outdoor air exposures, requiring the attention of

government, industry, and the public. Standards related to indoor exposure should be set at a level that's protective of the health of vulnerable populations.

The wording in the bill of proposed section 103.09 should be reassessed to ensure that it covers exposure to such substances as radon, which has natural, not anthropogenic, sources. While radon cannot be regulated, activities such as housing construction can be regulated to reduce exposures.

The government is to be congratulated on its recent action to produce radon guidelines that reduce radon from 800 Bq/m³ to 200 Bq/m³.

With regard to accountability, Bill C-30 mentions briefly that emissions will be monitored and reported. It is essential that the act designate clear responsibility for compliance: specific details of when, where, and how monitoring will be conducted; specific reporting deadlines; and the requirement for active public engagement in this process. Actions arising from the act must specify fiscal support to relevant government departments and to jurisdictions as needed.

Due to the time, I'm going to bypass some of these parts, Mr. Chair, but I think it's important to stress that this brief was done and reviewed in consultation with a wide range of experts, including the following: Dr. Monica Campbell, Toronto Public Health; Dr. Paul Hasselback, medical consultant; Dr. Michael Brauer, professor of medical epidemiology at the University of British Columbia; Mr. Bruce Dudley, vice-president of the Delphi Group; Dr. Scott Giffin, Medical Officer of Health, New Brunswick; Dr. Tom Kosatsky, Santé publique de Montréal; and Dr. Menn Biagtan, British Columbia Lung Association.

• (1555)

As I said at the start, thank you very much. This committee, in my mind, has one of the most important challenges facing Parliament today: to come together and produce something for all Canadians, something that we need, that being action on climate change and action on cleaning up the air.

I will close by simply saying what I started with. Gentlemen, ladies, members of Parliament, when you can't breathe, nothing else matters. Please remember that.

Thank you very much.

The Chair: Thank you, Mr. Maybee.

We'll move to Mr. Stephen Samis, from the Heart and Stroke Foundation of Canada.

Mr. Stephen Samis (Director, Health Policy, Heart and Stroke Foundation of Canada): Thank you very much, Mr. Chair and members of the committee.

Good afternoon. My name is Stephen Samis. I'm director of health policy for the Heart and Stroke Foundation of Canada. I'm also chair of the Chronic Disease Prevention Alliance of Canada, although I'm here today in my capacity with the Heart and Stroke Foundation of Canada.

The Heart and Stroke Foundation of Canada, a volunteer-based health charity, leads in eliminating heart disease and stroke and reduces their impact through the advancement of research, its application, the promotion of healthy living, and advocacy. It was our fiftieth anniversary this year, and in our fifty years, just to note, we've funded about \$1 billion in research in this country.

Today I would like to stress the importance of addressing the cardiovascular health effects brought about by air pollution and, by extension, climate change. By reducing air pollution, we can help significantly reduce the burden of death and disability stemming from cardiovascular diseases. The Heart and Stroke Foundation of Canada applauds the efforts by the federal government to address the health and economic burden posed by air pollution and climate change.

As you are no doubt aware, cardiovascular disease inflicts a terrible toll upon Canadians as the leading cause of death in our country. In total, approximately 72,000 Canadians die of heart disease and stroke annually, representing 32% of all deaths. Cardiovascular disease is also the leading cause of both hospitalizations and drug prescriptions, and is responsible for about \$18.5 billion dollars annually in direct and indirect costs.

There is strong evidence to support the assertion that air pollution has a serious effect on cardiovascular disease and health. For example, Dr. Stephen Van Eeden, associate professor with the Faculty of Medicine at the University of British Columbia and a Heart and Stroke Foundation-funded researcher, has been conducting studies on how air pollution contributes to heart disease. Air pollution causes an inflammatory process in the lungs that activates blood vessels and ultimately leads to atherosclerosis, which causes plaque to build up in the arteries, increasing risk of heart attack and stroke.

A study by the air health effects division of Health Canada in 2004 estimated conservatively that 6,000 excess deaths in Canada occur each year due to air pollution. That includes both the short- and long-term exposure to air pollution. The American Heart Association estimates that long-term exposure to fine particulate matter in major U.S. cities causes 60,000 deaths each year in the United States. And a study on 65,000 post-menopausal women between 1994 and 1998 in 36 U.S. metropolitan areas was published in the *New England Journal of Medicine*. That study concluded that long-term exposure to fine particulate air pollution was directly associated with the incidence of cardiovascular disease and death among these women in the study.

High levels of pollution have also been associated with acute myocardial infarctions. In other words, pollution not only contributes to the development of underlying cardiovascular disease and other health problems over the long term; it has also been shown to lead to increases in the number of acute myocardial infarctions—or heart attacks—whenever pollution levels are particularly high.

Given the above evidence and the clear links between air pollution and cardiovascular disease, the Heart and Stroke Foundation of Canada is pleased that Bill C-30 is proposing to take a concerted approach to reducing air pollution in Canada. The foundation seeks to impress upon this legislative committee the immediate and

ongoing effects of air pollution, specifically of fine particulate matter, on cardiovascular health.

In addition, the foundation would like to make several general recommendations to the committee. First, the Heart and Stroke Foundation of Canada would like to express its support for the amendments that make specific reference to health as affected by pollution. The requirement for the Minister of Health to conduct studies on the role of pollution in health is viewed very positively, as is the clause that recognizes that air pollutants and greenhouse gases represent risks to both health and the environment.

Second, it should be stressed that unlike climate change, which is a problem of mainly long-term scope, the effects of air pollution on health are immediate and costly. As a result, the Heart and Stroke Foundation of Canada supports the recommendation of the Canadian Lung Association, that the bill clearly separate air pollutants from greenhouse gases.

Third, the Heart and Stroke Foundation recommends the adoption of achievable and significant short-, medium-, and long-term goals to reduce air pollution.

● (1600)

Fourth, the Heart and Stroke Foundation supports several of the Canadian Lung Association's recommendations, specifically the following: targets for fixed caps on emissions, rather than intensity-based targets, with the timelines for these to be outlined and tightened as much as possible; that the federal government embrace aggressive goals that will result in early real reductions in both air pollutants and greenhouse gases, and that these goals be tailored to each separately; and with respect to accountability, that the bill designate clear responsibility for compliance and specify the details of when, where, and how monitoring will be conducted. The bill should specify reporting deadlines and the requirement for public engagement in the process.

Fifth, while not addressed specifically in Bill C-30, the Heart and Stroke Foundation would like to point out the importance of built environments with respect to pollution, climate change, and health. The topic of the built environment is one in which the foundation has been deeply involved and very active lately. Briefly, built environments that emphasize active transportation and public transit use have the potential to create extremely positive effects for both health and the environment simultaneously. For example, a recent study conducted in King County, Washington, which includes the city of Seattle, found that a 5% increase in the walkability of neighbourhoods was associated with a 6.5% decrease in driving and a 5.5% decrease in pollution. These relationships are inextricably linked. In short, reducing auto dependency helps to promote physical activity and, ultimately, reduced air pollution.

In sum, improvements to the built environment and increased federal funding for infrastructure that promotes healthy, active living will decrease air pollution and prevent deaths in Canada. Among the actions the federal government could take to address air pollution are enhancing federal investments in intra- and inter-city transportation—for example, providing funding for emissions-reduced public transit systems in our cities and for improved inter-city passenger rail service, particularly in busy corridors such as the Windsor–Quebec City corridor and Calgary–Edmonton.

In conclusion, the Heart and Stroke Foundation of Canada would like to stress the importance of taking a broad view with respect to Bill C-30 and of giving serious consideration to the health effects of air pollution, both short- and long-term. The regulations proposed in Bill C-30 have the potential to not only reduce air pollution in the interests of climate change, but also to have significant positive effects on the health of Canadians, including their cardiovascular health, and particularly those Canadians living in our largest metropolitan areas.

Thank you.

The Chair: Thank you, Mr. Samis.

We'll start our seven-minute round with Mr. Scarpaleggia, please.

Mr. Francis Scarpaleggia (Lac-Saint-Louis, Lib.): Thank you, Mr. Chair.

Thank you for your presentations.

Thank you, Mr. Maybee, for the exercise you put us through at the beginning. It was very illustrative. I'm glad the cameras were on you at that point.

Mr. Samis, you spoke a great deal about improvements to urban transport and so on. I agree with you, and the previous government certainly put emphasis on that. I'm trying to make the connection between the need for investment in public transit through things like the federal–municipal–provincial infrastructure program and this bill in particular. How do you see the two as connected?

Mr. Stephen Samis: This bill in particular is one effort by the federal government to outline the importance of air pollution and climate change, and it stresses actions that the federal government will take within a regulatory environment. We were trying to make the point that it is a very regulatory framework on which to move forward, but there are other things the federal government could do to help achieve the targets and measures and goals that are set out specifically within the bill. We would encourage the federal government to set clear targets and measures and to establish clear lines of accountability for those, but to then use the tools that are at the disposal of the federal government to help meet them.

Mr. Francis Scarpaleggia: I gathered more specifically from Mr. Maybee's presentation that you are in favour of aggressive action on greenhouse gases. As a matter of fact, Mr. Maybee, I seemed to interpret that you thought Kyoto should be a starting point. The government seems to be saying Kyoto is unachievable. Your position is that it is not only achievable, but it's a starting point. Do I understand you correctly?

•(1605)

Dr. Barbara MacKinnon (Director, Environmental Research, New Brunswick Lung Association): Yes, that's exactly our position. We feel the Kyoto targets and timelines are very achievable. We have a smart and rich country. All we need is the will to achieve them. And as you know, the Kyoto targets for 6% below 1990 levels are not sufficient to help us fix climate change in the long term, so of course it's a starting point.

Mr. Francis Scarpaleggia: On the other question I have, I'm glad you brought this up, Mr. Maybee. In your presentation, you spoke about Bill C-30 and the fact that it removes substances from the CEPA toxic list, puts them on another list, and therefore essentially opens up CEPA to a constitutional challenge. Why do you think the government is doing it this way? Why don't they leave the six greenhouse gases that the previous government put on the CEPA toxic list, despite threats that the opposition at the time would bring down the government if it did so? We got the job done. We went ahead and did it.

Why do you think the government is using this kind of shifting approach?

Mr. Kenneth Maybee: I think the statement we made was a belief we had. Our particular position here is not to take sides with one or the other on who may be right and who may be wrong in the deliberations. We want some of the briefs that we have put through and others have put through before us, briefs that went through the Senate committee and the CEPA committee, to be looked at in totality. I believe this committee here has a tremendous opportunity to not necessarily score points with one another.

Mr. Francis Scarpaleggia: No, it's not the intention.

Mr. Kenneth Maybee: You need to look at how Parliament can work together to come forward with the best possible bill to protect the health of Canadians.

Mr. Francis Scarpaleggia: As I understand it, you believe we should work together to put those greenhouse gases back on the CEPA toxic list.

Mr. Kenneth Maybee: Yes.

Mr. Francis Scarpaleggia: Thank you.

A few years ago, the government added particulate matter. I'm not sure of all the details, but I believe it added particulate matter to the toxic substances list, and then some Canada-wide standards were fleshed out. I believe I remember that.

What is your view of that whole exercise? Was it constructive? It was an attempt to address the problem of smog and volatile organic compounds.

Dr. Barbara MacKinnon: Yes, you're quite right. Particulate matter smaller than or equal to 2.5 micrometres in diameter were put on the CEPA toxic list. The normal CEPA toxic process then took place, whereby the government had to take action within a certain number of years. The process to develop the new Canada-wide standard for ambient air for that particular substance is in place, with a deadline of 2010 for full implementation.

It was a good process. I think it was multi-stakeholder in nature. Therefore, those standards are not completely health protective; they're a compromise between what industry deemed to be achievable and what the health people said we needed.

Yes, it was successful to a point. But I think when you review the new standards for PM 2.5, they could well come down again.

Mr. Francis Scarpaleggia: Thank you.

There was some compromise made as a result of industry pressure at the time. You feel that we need to reduce the threshold or the limit through regulation to make it lower than 2.5.

Dr. Barbara MacKinnon: No, 2.5 is the nature of the particle in the air. The new standard is a level of 30 micrograms per metre cubed, over a 24-hour measuring period. It's rather technical, but the level is set at 30.

If we were to lower the level that's allowable in the air, it would obviously help to protect more people's health.

• (1610)

Mr. Francis Scarpaleggia: Could we do it under CEPA?

Dr. Barbara MacKinnon: Yes, you could.

Mr. Francis Scarpaleggia: We don't need Bill C-30 to do it.

Dr. Barbara MacKinnon: Not for that.

Mr. Francis Scarpaleggia: Thank you.

The Chair: Thank you.

Monsieur Bigras.

[Translation]

Mr. Bernard Bigras (Rosemont—La Petite-Patrie, BQ): Thank you very much, Mr. Chairman.

Welcome to the committee and kudos on your presentation. I want mostly to go over the presentation of the Canadian Lung Association, since it is the only document I have received.

On page 5 of your brief, Mr. Maybee, you indicate that Canada's air quality standards should be set as equal to, or lower than, the most health-protected standards existing internationally.

I want to know what you are referring to when you talk about the most health-protected standards existing internationally. Could you provide us with models based on high standards elsewhere?

[English]

Dr. Barbara MacKinnon: Yes, certainly there are good international standards that we could compare them to. I don't have the actual numbers here with me today, but I certainly could forward them to your committee. As you can imagine, there is great variance between those in the United States and those in Europe, which would be the ones I would draw examples from. They vary for particulate matter or for ground-level ozone or for other substances. Some of them are lower than ours, and some of them are actually higher than ours. So if we're talking about particulate matter and ozone, I think we're probably in the middle of the international pack at the moment. Certainly, there are some that could come down lower.

It's important to make a distinction between what we're talking about here, because our standards are for ambient air levels of air

pollution. They're not for emissions that come out of stacks. There are two separate measurements. We would like to see greater regulations for the emissions that come out of stacks, as well as for ambient air levels.

I don't know if that helps you.

[Translation]

Mr. Bernard Bigras: I have another question.

Are you aware of standards adopted by various urban areas in Canada? I am thinking, among others, of the Montreal Urban Community, which has strict standards, I am told, headed by Dr. Drouin of the Institut national de santé publique du Québec.

Are you aware of these standards, and could they be used to help develop so-called national or Canadian standards?

[English]

Dr. Barbara MacKinnon: Certainly, we're aware of Dr. Louis Drouin's work in Montreal particularly, and in helping to get citywide standards that are actually perhaps lower than the Canada-wide standards. It's particularly important for the Montreal area, which has both traffic problems and wood stove problems that are relevant to particles in the air.

I don't see any reason you couldn't use city standards as a good example, but the main thing is that for human health reactions to things like particles, there's no safe level, so even if you have a low level of exposure, some people get sick. So every effort to bring those standards down to what is achievable is always good, whether you use a Montreal standard, or a United States standard, or a Canada-wide standard. The lower the better.

[Translation]

Mr. Bernard Bigras: In your opinion, is it true that the standards set by the Montreal Urban Community are quite stringent?

I don't want to go into detail, since this is a general discussion.

Could we consider these to be quite stringent standards, ones the federal government could use to set so-called national standards that you would like to see adopted with respect to Canada's Clean Air Act?

[English]

Dr. Barbara MacKinnon: It's one of the standards that could be looked at, yes. I'm not sure about the actual numbers of the standards. I think they are slightly more stringent. On the other side of the coin, too, is whether they're being achieved. That's the other thing to look at as well.

[Translation]

Mr. Bernard Bigras: In fact, the issue is whether the standards are being respected, and that is the subject of my second question.

On page 8, you talk about the quality of indoor air and you are proposing that Ottawa create a list of indoor air pollutants, including tobacco smoke. In principle, I fully agree with you.

However, I have some questions. What do you see as the federal government's role? In my opinion, it is rather removed from the quality of indoor air. I'm saying this in all honesty.

We see that it is extremely difficult to apply CEPA. How do you see this being integrated into Bill C-30?

• (1615)

[English]

Dr. Barbara MacKinnon: You make an interesting point that of course you can't regulate what goes on inside people's houses. What you regulate is the content of materials at the point of sale. So for the production of something, you regulate a lower emission level or a lower content of things that will off-gas in the house.

With respect to wood stoves, you regulate how the wood stove is made, not how people use it in their house.

Mr. Kenneth Maybee: If I can, I'll add a point to that. For a number of years, the Lung Association has been advocating for regulations related to indoor air quality. This is the first time a government has come forward saying that they have an interest.

I think what this committee must look at is finding a home for indoor air quality. When you find the home for indoor air quality, then you have to put the resources together so that this home, which obviously would be Health Canada, can operate and do the job of taking on the issue of indoor air quality.

Subsequent to that, I would suggest that at a provincial level there has to be the same sort of thing. There has to be a home in the province. If you go out now and ask any citizen in Canada or any part of the government who owns the responsibility for indoor air quality, you're not going to get a proper answer.

The Chair: Okay, your time is up, Monsieur Bigras.

We'll go to Mr. Bevington for seven minutes, please.

Mr. Dennis Bevington (Western Arctic, NDP): Thank you, Mr. Chair.

Thank you to all the witnesses here. I've enjoyed your discussions. Of course, indoor/outdoor air quality is extremely important in this bill, and certainly is to all Canadians. What we can do, in some cases, is clarify what we're trying to accomplish here, as well. There has been a lot of confusion in Parliament and everywhere else on the street about the difference between smog and greenhouse gas emissions.

Maybe you could comment a little bit about that, in terms of how you feel that difference is stated.

Dr. Barbara MacKinnon: We've just finished writing a little backgrounder to help us explain this to the public, because it can be confusing for certain people.

When you burn fossil fuels, you emit a whole bunch of pollutants—many of which we call air pollutants—like particles, volatile organic compounds, sulphur, nitrogen, and so on. Burning fossil fuels also releases CO₂, which is a greenhouse gas. Now, the air pollutants, of course, affect our respiratory health. The carbon dioxide goes up into the upper atmosphere and, together with other gases, is causing the earth to warm. So air pollutants and greenhouse gases have the same cause.

They also have intertwining effects, because as we warm up the planet, some of the predictions are that we will get worse air pollution. One reason is that if you have more hot air days, people will turn their air conditioners on more and the power plants will have to burn more fossil fuels. Also, particularly in the Atlantic region, as you may know, when we get warm weather in the summer, it comes from the Ohio River and the Windsor-Quebec corridor, which are highly industrialized and which are high traffic corridors. So our warm weather always brings to us smog—air pollutants—from those sources. The more warm weather days we get, the more smog days we're going to get in those regions of the country where weather and smog combine to bring us poor air.

So not only do they have the same causes, but climate change makes air pollution worse. Interestingly, they have the same solution, of course, if you do it the right way, through measures like energy efficiency or moving away from fossil fuels. Those actions reduce both greenhouse gases and air pollutants.

So they have many connectors.

• (1620)

Mr. Dennis Bevington: Mr. Samis, you talked about the need to regulate fine particulate matter. Within the fossil fuel range, of course, there are differences in the fuels you use. There's been much research done on the impact of diesel fuel, with its fine particulate, as a special hazard to human health, be it to heart and lungs or be it because of carcinogens. So don't we have to be very careful when we're speaking about fossil fuels as well in order to understand their impact, in terms of their relative merits, on human health? Simply by lumping them together, we're doing a disservice to our understanding of how to deal with them.

Mr. Stephen Samis: I think that's true, and I think that's partly why all the witnesses here today are talking about separating these things out, drawing clear lines of cause and effect, and establishing the most appropriate measures—targets and compliance measures—for each. Although they're interconnected, they act on human health differently. You can be more or less aggressive on various elements that contribute to each. So I think that's correct.

Mr. Dennis Bevington: Yes, there were some very interesting studies on the impacts on children in school buses, because of course they're mostly run on diesel fuel. And the children were achieving these very high rates of exposure to the fine particulates.

Do you think this bill should recognize the need to protect vulnerable groups in our society too? Adults stand higher on the ground. They use less oxygen per unit of body mass. They process in a different fashion from children. So the children are really quite vulnerable on our streets right now to these types of pollutions.

I'll get you to comment on that.

Mr. Stephen Samis: I think the bill would be wise to recognize vulnerable populations and to identify some of those. I think it would be likely helpful in helping the federal government identify the kinds of actions and the aggressiveness of its actions with respect to the various ways in which you can reduce both greenhouse gases and air pollution.

I know that the Canadian Lung Association, in its brief, made reference to that, so I'd pass it over to them.

Mr. Dennis Bevington: There were a couple of other points I wanted to touch on. One is the measurement of ambient air condition in buildings, because of course that determines the energy efficiency of the building. To a large degree these days, it is by the amount of air that you have to bring in and bring out.

We have set standards that don't deal with the air condition, they just deal with the volume of air movement and the time of day. Would you say that we need to revisit the kinds of standards we set for indoor air movement or replacement and start to look at systems that will give us measurements of the actual condition of the air indoors before we change it?

Mr. Kenneth Maybee: I think you'll find that part of that is already being done through the Canada Mortgage and Housing Corporation. They've taken that on. They're looking at various methodologies on how they could do that. Of course, the difficulties you run into are that the federal government has only so much to do with the regulatory part, and it is a provincial responsibility. So somewhere along the way we have to have a tighter fit with the provinces on how that's going to work out.

But to get back to your first question, there is a great deal that has to be done on indoor air quality. It hasn't really had a home before. I'm looking forward to it now finding a home, and I think a great amount of work can be done there.

The Chair: Thank you very much.

Mr. Bevington, your time is up.

Mr. Warawa, for seven minutes, please.

Mr. Mark Warawa (Langley, CPC): Thank you, Chair.

And thank you to the witnesses for being here.

I'm one of the Canadians who have allergies and take shots for it. I'm 56, and what a disappointment it is to have to deal with allergies—and mine are minor compared to those of many Canadians. But when I was musing with my GP, he attributed it to air pollution, so I experience it first-hand.

In fact, much of a member's time on the Hill here is spent sitting and listening and thinking, and so it's a good practice to try to find time where you can actually do some cardiovascular to stay in somewhat decent health, and also keep your mental faculties somewhat alert. But the air quality is a concern when, as I've said, 90% of our time is spent indoors, so air quality indoors and outdoors in a downtown area is a concern.

I'm from the Fraser Valley, and there was a study done to find out what the ingredients were in the haze over the Fraser Valley. Aircraft would fly through it and do the sampling to try to determine what the ingredients were. It was interesting to discuss the report afterwards and to find out that the high pollution levels seem to actually travel along with the Fraser River itself, where there are the highest concentrations. People would go down there to exercise, ride their bikes along there, and that's very close to where I live too.

So I appreciate your comments. I too am excited about Bill C-30 and actually moving toward cleaning up the air, and the commitment

that makes to cleaning up the air Canadians breathe both indoors and outdoors.

In my questions I want to focus on the qualities of the fuel. Before I start, Mr. Maybee, you provided an actual written brief along with the recommendations. The other two presenters, from the Asthma Society and the Heart and Stroke Foundation, did provide a good verbal brief, but do you have a written brief with recommendations that you'll be able to hand in?

• (1625)

Mr. Rob Peacock: No, we don't at this point. I think part of that really is attributable to the fact that we just haven't had the time over the last few days. We got the notice three days ago, but we would be delighted and happy to do so but with appropriate time.

Mr. Mark Warawa: That would be helpful.

Mr. Samis.

Mr. Stephen Samis: It's exactly the same situation for us. We have had about three days to prepare and we didn't have time to put this into writing and then have it translated before coming before the committee. We would be happy to do that as well.

Mr. Mark Warawa: Thank you.

The committee is committed to working together to strengthen Bill C-30 and move it forward. I think that every member would find that helpful as we consider the bill.

Mr. Maybee, you mentioned the combustion caused by the burning of biomass. Actually you raised concerns about the high pollution levels coming from burning biomass as opposed to fossil fuels. Could you elaborate on that, please?

Dr. Barbara MacKinnon: If you compare it to burning fossil fuels, we've been burning fossil fuels in large amounts for our power sources, for example, for many years and we're now able to get a large percentage of the air pollutants out of the air when we burn fossil fuels. Certainly the volume that we're producing still produces a lot of air pollution, but there's good technology for getting many of the air pollutants down, at least.

There's very little technology at the moment for reducing CO₂, however, from fossil fuels. If you look at the technology that's available for burning biomass, it's at a much more primitive level. If you look at your own wood stove, even if it's an EPA-approved wood stove that greatly reduces emissions, the emissions that come out of those are still quite a bit higher than if you were burning an equivalent amount of coal in a well-stocked, fitted-out power plant.

One of the recommendations that have been considered for addressing climate change is using renewables, for example. Wood is a renewable resource. Its contribution to greenhouse gases is supposed to be equal. It sucks up as much CO₂ when it grows as it emits when you burn it, or roughly equivalent. However, the problem with using that as a climate change solution is that it produces a lot of air pollution. So it would be a poor choice as a climate change solution because of its problems with air pollution.

• (1630)

Mr. Mark Warawa: In the past year, the government has implemented a number of new policies, for example: the transit pass, encouraging people to use public transit; \$1.4 billion for infrastructure for improving transit systems; the 5% renewable fuel content by 2010; removing mercury out of the switches for vehicles that have been scrapped; and a number of different policies.

Are we on the right track for cleaning the air?

Mr. Kenneth Maybee: I think those are good initiatives and we're looking forward to more. The ones that you mention certainly are good initiatives and they should be continued.

Mr. Mark Warawa: The last question is this. The government, with Bill C-30, is moving from a voluntary to a mandatory regulatory regime and pollution hard caps announced, which will be short, medium, and long term. So you start off on a goal and you will achieve that. Are you okay with moving from the voluntary to the mandatory regulatory?

Mr. Kenneth Maybee: We've always been supportive of regulations, providing that the regulations fit into the circumstance at the moment. In terms of the way they're laid out, this was the first time we've had mandatory regulations that were proposed in this sense, so we're optimistic that regulations are on the right track.

The Chair: Thank you very much.

We will now begin our five-minute round.

Mr. McGuinty, please.

Mr. David McGuinty (Ottawa South, Lib.): Thank you very much, Mr. Chair.

Thank you very much for coming, witnesses. It is much appreciated.

I want to go back to comments that I think were made by Dr. MacKinnon about this being a rich, successful, bright country and our ability to meet the Kyoto targets.

I took note of your words, Dr. MacKinnon, because I was struck by them. I think your colleague reminded us that the purpose of this committee is to work together so that we can come up with a better, new, and improved version. It is difficult for us, to be frank with you. For Canadians who are watching, it is difficult for us. We are doing our best.

Two things are overriding that. One is that the Minister of the Environment last week would not confirm that whatever shape this bill took when it got back to the House of Commons on March 30, he would move to implement it rapidly. Secondly, the Prime Minister is running around the country making announcements that are pre-empting the work of this committee—for example, regulations for

fuel efficiency in vehicles, which are supposed to be under discussion here, the merits of which we are supposed to be considering with expert witnesses; yesterday, reannouncing our infrastructure program in Quebec City to help Monsieur Charest kick off his political campaign. It is hard for us to achieve the kind of consensus that we would hope to achieve when the Prime Minister is out pre-empting the work of the committee.

I want to nail down a few things with you. You really want to turn to page seven of your brief. I just want to make sure the committee members are all apprised of how you see us going forward specifically with Kyoto.

One, I think you say—just to repeat for the record—you are not in favour of intensity-based targets. You want to see absolute reductions in greenhouse gases in the country. Correct?

Dr. Barbara MacKinnon: Correct.

Mr. David McGuinty: Two, in your short-term goals you are saying that we should make every possible effort to meet the target of reducing our greenhouse gases by 6% below 1990 levels by 2012. Correct?

Dr. Barbara MacKinnon: Correct.

Mr. David McGuinty: You want to say that if it is not possible with actual emission reductions in Canada, the federal government should complement our domestic efforts through financial expenditures and projects that will achieve reductions elsewhere in the world, meaning we should participate in the Kyoto clean development mechanism, the joint implementation mechanism, and the kind of international carbon market that we heard about earlier today through testimony, for example, in Europe. Correct?

Dr. Barbara MacKinnon: We are signatories to the Kyoto Protocol, and those are their techniques, yes.

Mr. David McGuinty: Okay. You are calling for large final emitters to be regulated to achieve the reductions consistent with the Kyoto targets by 2012?

• (1635)

Dr. Barbara MacKinnon: Yes.

Mr. David McGuinty: You are telling Canadians that your organization and perhaps even your coalition, led by the Canadian Lung Association, want to see Canada continuing to participate and leading in the Kyoto Protocol, in the United Nations Framework Convention on Climate Change process, so that we can not only achieve the first set of targets but, I presume, also move aggressively in setting new targets beyond 2012?

Dr. Barbara MacKinnon: Generally yes, although one can't predict how the UNFCCC will proceed. But we hope we would be able to dramatically reduce our greenhouse gas emissions, together with the rest of the world, yes.

Mr. David McGuinty: Okay. Is that the position of the other witnesses who are here today? Is that generally a restated position of most of your groups and organizations?

Mr. Stephen Samis: The Heart and Stroke Foundation of Canada doesn't have a position on the implementation of the Kyoto Protocol, the timelines, and the targets for that. That is why I was pretty careful in my comments to speak particularly about air pollution and air particulate matter as part of the bill. I'm not able to comment and to provide a foundation's position on Kyoto.

Dr. Oxana Latycheva (Vice-President, Asthma Control Programming, Asthma Society of Canada): At the Asthma Society of Canada, we have a similar position to that of the Heart and Stroke Foundation. We are here to support, in general, the air pollution provisions under Bill C-30.

In terms of the Kyoto standards, we don't have a position at the moment, but we can discuss it internally at the Asthma Society of Canada and consult with our medical and scientific committee, and we can put our position in our briefing note.

Mr. David McGuinty: Those were my questions.

The Chair: Thank you.

Mr. Jean, for five minutes, please.

Mr. Brian Jean (Fort McMurray—Athabasca, CPC): Thank you, Mr. Chair.

Thank you, witnesses for coming today.

I too suffer from allergies, but there is nothing like having your son suffer from asthma and being hospitalized to really know what is important in life. I can assure you that I have seen that many times. That is why I was so impressed with this particular bill, Bill C-30, and the fact that clean air is the topic and household air is the objective.

My understanding, after doing some research, is that 90% of Canadians' time is pretty much spent indoors, and in fact, I would suggest that's where many people get sick and become ill. Indeed, I was impressed with the ability to regulate fireplaces, the ability to regulate fuel combustion inside and organic compounds such as solvents inside.

I want to follow up with something Mr. Warawa said earlier. Do you believe we are on the right track with Bill C-30 as far as indoor quality of air is concerned, which is obviously the first-ever attempt to do so?

Mr. Maybee.

Mr. Kenneth Maybee: I think you're on the right track.

Mr. Brian Jean: Is that fair to say, Mr. Samis?

Mr. Stephen Samis: Yes.

Mr. Brian Jean: Agreed?

Dr. Oxana Latycheva: Yes, agreed.

Mr. Brian Jean: Dr. MacKinnon.

Dr. Barbara MacKinnon: Yes, certainly. The bill itself didn't specify too many details about indoor air quality, but certainly it's pointed in the right direction.

Mr. Brian Jean: Thank you very much.

In fact, I'm going to go off a bit. Dr. MacKinnon, you mentioned you believe the implementation of Kyoto was a very high priority on your list, or at least you thought it would be appropriate to push it forward. Is this the position of your association as well?

Dr. Barbara MacKinnon: Obviously we're equally concerned about air pollution and climate change. And previously I discussed a bit about the integration, of how importantly they interact. So not only do we want to improve air quality, but just as general citizens we know of the threat of climate change, even outside of air pollution issues. So it is important to us.

Mr. Brian Jean: I understand. But is it the policy of your organization?

Dr. Barbara MacKinnon: Yes.

Mr. Brian Jean: Okay.

Now, does your organization also endorse the sending of billions of dollars to overseas developing countries to meet our Kyoto targets?

Dr. Barbara MacKinnon: I won't comment on the number. Our position is that we would prefer to see emission reductions at home because they reduce air pollutants locally for our own citizens. And as a secondary measure, I understand you can achieve greenhouse gas emission reductions around the world and still have an equal impact on climate change. If we were to do it by buying credits and it reduces climate change, that's a good thing.

Mr. Brian Jean: Okay. But you understand that right now countries that emit 70% of the world's greenhouse gases do not have targets under Kyoto and therefore are not bound by anything we do in Canada.

Dr. Barbara MacKinnon: I'm not familiar with the 70% number.

Mr. Brian Jean: Most experts we've heard and even the leader of the Liberal Party agree we cannot meet our Kyoto targets without sending billions of dollars overseas in clean development mechanisms. Were you aware of that?

• (1640)

Dr. Barbara MacKinnon: I know that's some people's perception, yes.

Mr. Brian Jean: Have you or your organization costed out what it would cost to meet our Kyoto objectives?

Dr. Barbara MacKinnon: No.

Mr. Brian Jean: So the information you gave us is your opinion that we should be able to meet it, even though it's not been costed out?

Dr. Barbara MacKinnon: But we're very much aware of other people who have done other analyses. We have not. But we're aware of other people's analyses, like Ralph Torrie of Torrie Smith and Associates, and they've done fairly good cost accounting of how Canada could meet those emission reductions.

Mr. Brian Jean: If I'm correct, I think those were done several years ago, and they also included the necessity of having to use the clean development mechanism to send billions of dollars overseas. Is that fair to say?

Dr. Barbara MacKinnon: I'm not familiar with that level of detail in it.

Mr. Brian Jean: I understand. Thank you very much for those questions.

I discovered as well in my research that 10.3% of women, for instance, in 1998 suffered from respiratory diseases; children ages 0 to 4, 12.4%. And I know you've mentioned some of these figures before. In fact, 80% of Canadians live in cities, and it increases the risk of death 15% to 17% if you live in a city.

Is that fair to say? Are these accurate numbers I'm quoting? I've received them from *Human Activity and the Environment: The Condition of Our Air*, put out by Statistics Canada, and also from *The Potential Years of Life Lost* indicator, which is also put out by Statistics Canada. Do those numbers sound accurate?

Dr. Oxana Latycheva: Yes, they sound accurate. The number we have is estimated from 6% to 10%.

Mr. Brian Jean: This step forward with clean air and dealing not just with greenhouse gases but also with air pollutants in such a striking manner is a very important initiative by this government, is it not?

Dr. Oxana Latycheva: Yes, it's very important.

Mr. Brian Jean: Thank you very much.

The Chair: Thank you, Mr. Jean.

[Translation]

Mr. Lussier, you have five minutes.

Mr. Marcel Lussier (Brossard—La Prairie, BQ): Thank you very much, Mr. Chairman.

Mr. Maybee, in your report, you recommend reducing fossil fuel consumption. In your opinion, does Bill C-30 demonstrate the government's determination to reduce our dependency on oil and gas? In your opinion, are there passages in Bill C-30 where this determination is clearly expressed?

[English]

Dr. Barbara MacKinnon: I think at the next level down from what is actually in the bill, the bill discusses an intention to reduce air pollutants and greenhouse gases. I think the bill does not specify how.

[Translation]

Mr. Marcel Lussier: So, you do not see, in Bill C-30, specific measures to reduce our dependency on fossil fuels?

[English]

Dr. Barbara MacKinnon: I think maybe it's the English translation, but that's not what I meant.

You suggested it doesn't look like the bill could reduce fossil fuels. I'm just saying that the bill specifies an intent to reduce. Even if you look at CEPA, the existing act, it does not specify how the act will be implemented; it only specifies the intent.

[Translation]

Mr. Marcel Lussier: In your opinion, what would be a reasonable reduction, in percentage terms, of our dependency on fossil fuels? What percentage and what timetable should Canada set as a target to reduce our dependency on fossil fuels?

[English]

Dr. Barbara MacKinnon: I'm not sure of the percentage reduction we're going to need to achieve our Kyoto commitments, for example. We have some air quality targets, and I'm not quite sure how they relate to percentage reduction in fuel use. However, there are many examples of how you can do this. You can start by closing some coal-fired power plants. You can start by energy efficiency measures that engage the public. You can increase wind, solar, and hydro power. All of these measures will reduce that.

[Translation]

Mr. Marcel Lussier: Thank you.

Mr. Samis, in your brief, you say that you would like to reduce dependency on cars. In your opinion, does Bill C-30 contain provisions that would allow us to reach this objective of making Canadians less dependent on their cars?

[English]

Mr. Stephen Samis: I think you will see the information in Bill C-30 come under the targets—the measures in the targets and the goals that would be established under those. I think what Bill C-30 will do is compel the government to develop those.

I think that's why it's particularly important that we do stipulate clearly in the bill the goals for the reduction of air pollution, in particular, as well as stipulate very transparent and effective reporting and accountability measures, because it's only through those mechanisms that we will get down to the next level. I really do agree with Barbara MacKinnon that the next level is the implementation of the bill.

•(1645)

[Translation]

Mr. Marcel Lussier: I would also like to draw the witnesses' attention to a press release or a document from the Fraser Institute claiming that we do not need to tighten air quality standards, since air quality in our major cities is good. And if we compare emission rates from 1970, air quality has greatly improved, thanks to all kinds of upgrades to cars and smokestacks.

Have you read this document from the Fraser Institute?

[English]

Dr. Barbara MacKinnon: Yes, I read that document. It came out maybe a year to a year and a half ago. The Fraser Institute is a well-known institute that writes things with a particular slant.

A voice: Oh, we know that.

Dr. Barbara MacKinnon: It's not a slant that the Lung Association necessarily agrees with, and in a few instances in that article they are actually misportraying the truth. However, they are correct in saying that air pollution levels have gone down. We've done a pretty good job in North America bringing certain pollutants down over the last 20 years, but they are not yet at a level that is health protective. We need to do more.

[Translation]

Mr. Marcel Lussier: What do you think of the opinion of the Fraser Institute that the number of mortalities—set at 5,800 to 6,000 deaths per year—related to air pollution was incorrect? According to the institute there is not necessarily a direct link between the two situations, therefore there is no direct correlation between air pollution and mortality. Did you read that opinion in the document?

[English]

Dr. Barbara MacKinnon: The numbers you're quoting come from scientific studies done by well-respected scientists at Health Canada and elsewhere. They're published in peer-reviewed scientific journals, and whenever you get a peer-reviewed journal, I wouldn't hesitate....That's what the Lung Association bases its statements on—peer-reviewed science.

The Chair: Mr. Paradis, for five minutes, please.

[Translation]

Hon. Christian Paradis (Mégantic—L'Érable, CPC): Thank you, Mr. Chairman. Mr. Lussier has raised a question that intrigues me also.

In your document, Mr. Peacock, you said that 2.5 million Canadians have asthma and that the rate in children is four times higher than it was 20 years ago. These statistics are cause for concern.

One of the my three children has asthma. Why am I telling you this? It's because at the time I asked the doctor what the cause was: heredity or another cause. The doctor simply told me that it was the disease of the 21st century.

So, you are the experts, and a layman like me would like to hear your opinion on this. What is really happening? Is it really this serious? Is there a correlation between air quality and asthma? We

are talking about nearly 1 out of 10 Canadians having asthma. It is not unusual to see children with puffers. When I was younger, puffers were almost exclusively for extraterrestrials. What is really happening?

[English]

Mr. Rob Peacock: I'm going to start off.

Asthma, allergy, and COPD are all definitely related. There are over three million Canadians suffering from asthma, and millions more from allergies. Asthma is an allergy.

If you look at the English-speaking world that I referred to in my remarks, when you look at New Zealand, Australia, England, the United States, and Canada, why do those five particular countries have such a severity and pronounced aspect of these diseases? There are reasons, and I'm going to ask Dr. Lатыcheva to comment.

Dr. Oxana Lатыcheva: Definitely we're seeing that the situation with asthma in Canada is quite serious. We've noticed an increase in asthma in the last couple of years, although in the last five years the increase has levelled out a little bit. But we're still getting a high prevalence of asthma in children, compared to other countries.

According to the statistics from 2005, the prevalence of asthma in children is 11% to 18%. Actually, it depends on the province. The overall prevalence of asthma is around 12% to 15% in children at the moment. So yes, this is a very serious concern.

In terms of why, we have a couple of theories around why we've had such a big increase in asthma in the last 20 years. Unfortunately none have been confirmed yet. We are still getting more studies in that direction, trying to confirm one of the theories. Some people are talking about genetic factors and genetic predisposition. We know that asthma is a complex genetic disease, so you can have a family history of asthma and allergies.

At the same time, we are getting more information that asthma is actually related to our environment. Although it's not conclusive that asthma can be caused by air pollution, definitely we are getting more studies that actually show that air pollution can affect lung development and can potentially lead to the development of asthma.

•(1650)

[Translation]

Hon. Christian Paradis: Furthermore, Mr. Peacock, a representative of Greenpeace appeared before us yesterday. This gentleman said that, according to Greenpeace, we should not renew the useful life of nuclear power plants, when we know that 50% of the electricity in Ontario comes from nuclear energy. We also know that nuclear energy is not causing acid rain or warming or smog. So, I am confused, and I would like to hear your opinion on this.

[English]

Mr. Rob Peacock: In terms of the alternatives, when we look at fossil fuel and at what we know about coal-burning plants and so forth, we are hugely challenged. We're also challenged by wind power. Some of the studies coming out of Alberta talk about the inefficiency of wind power and it's not in fact necessarily the answer for the future.

When this committee deliberates in terms of the forms of alternative energy, we have a couple of things. Nuclear is something that we definitely have to look at. Obviously the disposal of nuclear fuels is a real challenge, but on the other hand, we also have to look at our economy.

It's a tough one. If you're trying to corner us into saying, are we supportive of it, are we pro-nuclear power development, I would hazard to say that unless we can find some other alternatives at this point that are going to be better for the environment—air pollution, especially—we have a huge challenge before us.

The Chair: Thank you very much. Your time is up.

Mr. Godfrey, go ahead for five minutes, please.

Hon. John Godfrey (Don Valley West, Lib.): Thank you, Mr. Chairman, and welcome, witnesses.

I was taken with the remark of Mr. Warawa that the government was moving from voluntary to mandatory regulation. I'm wondering if this is true in the case of national air quality objectives. I don't know whether this is appropriate—I'm using the brief of the Lung Association—but to your understanding, with the way Bill C-30 is currently written, is there anything mandatory about these objectives?

Dr. Barbara MacKinnon: It depends, I guess, if you're talking about now or about what we would like it to be.

Hon. John Godfrey: I'm talking about as it's written now.

Dr. Barbara MacKinnon: Do you mean as CEPA is written, or as we deal with air pollutants now?

Hon. John Godfrey: I mean as Bill C-30 is written.

Dr. Barbara MacKinnon: It's as Bill C-30 is written.

Hon. John Godfrey: Is there a difference, for example, between objectives and standards?

Dr. Barbara MacKinnon: The recommendation, we said, was to clarify the use of the word “objective”, and suggest replacing it with the word “standard”. By standard, we mean something that's legally enforceable.

Hon. John Godfrey: Is your reading of Bill C-30 as currently presented, that we do not in fact have clearly enforceable air quality standards?

Dr. Barbara MacKinnon: At the moment, even before Bill C-30, we have standards. As for whether they're legally enforceable or not, they haven't been court challenged yet. They're just a standard. The bill itself suggested objectives that didn't hit the nail on the head, if you will, for the fact that they're going to be regulated. Objectives are regulated standards.

• (1655)

Hon. John Godfrey: So in order to satisfy Mr. Warawa, we will be waiting for an amendment to clarify the point that, in terms of air quality, we're absolutely dealing with enforceable standards. So perhaps we can look forward to a government amendment on that. It's just an observation.

Let me also understand that you've raised a number of other issues. One, which has been raised as well by environmental organizations, is the whole question of altered equivalency provisions. I gather that whereas the current bill refers to “equivalency of effect”, you take exception to that and would rather we had “equivalency of regulation”. Could you explain your concerns about what Bill C-30 seems to be doing in terms of altering what we have under CEPA?

Dr. Barbara MacKinnon: What we have under CEPA, I think, doesn't use the word “effects” or “regulations”. Regulations are one of many options that CEPA allows for. Whether they're used or not is sort of secondary to the act. Of course, we all want the correct effect, but having gone through many examples of voluntary reductions from various emission sources and worried that they're not actually being met in some cases, we hope that we would achieve better emission reduction through regulations.

Hon. John Godfrey: So again, what we need are mandatory regulations, which Mr. Warawa would suggest the government is interested in bringing in for this equivalency provision?

Dr. Barbara MacKinnon: That's right, as long as the regulatory level is low enough to improve and protect of air quality.

Hon. John Godfrey: Thank you very much.

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

Mr. Fabian Manning (Avalon, CPC): Thank you, Mr. Chair.

Thank you to our guests for their appearance here today. We certainly thank you for the recommendations you have put forward for amendments to Bill C-30, which is before for us.

I noted with interest some of the statistics that Mr. Maybee used. There were certainly some eye-openers for sure. I found one stat that I always knew to be high, but not that high. As Canadians, we spend 90% of our time indoors. The environment is on the top of people's agenda across the country now, but certainly indoor air and taking care of things at home here in our own country are priorities for everybody.

A new guideline on radon will be a basis for a national radon strategy. In your presentation, you mentioned the notion that government is to be congratulated on its recent action to reduce the radon guidelines. Would you like to elaborate on some of the things that you would like to see under Bill C-30, with which the government could go forward to more or less further that strategy?

Mr. Kenneth Maybee: Are you talking specifically on the radon strategy?

Mr. Fabian Manning: Yes.

Mr. Kenneth Maybee: First and foremost, the guidelines have been approved by the province and territories. We are currently working with Health Canada on some strategies. There was an international conference that took place in January on radon. We believe what has to happen is the guidelines have to be promulgated, the information is passed out; that Central Mortgage and Housing gets involved and certainly all the provinces; then that education, communications, and awareness go out. There's a great deal of work that can be done. It can be remediated reasonably at a reasonable cost, but we have to get the information out and we have to get people who are qualified to do the remediation in place and get the equipment to do it.

I think it's a good initiative. It's going to take some time. They'll need some pilot projects. It is the second leading cause of lung cancer after tobacco, so it is an important issue.

Mr. Fabian Manning: Thank you.

I live on the east coast of Newfoundland and Labrador in a small fishing community, so smog is not a major concern of ours. It's fog that's a major concern at certain times of the year.

I had the opportunity to be in downtown Toronto last summer and I was totally amazed at the amount of smog. I just can't understand.... It's certainly not a very healthy environment to live in. I know that you've done some research on that. Can you tell us from your research, and maybe Dr. MacKinnon could touch on it, just how serious and how bad the smog is in our larger cities in Canada at the present time?

• (1700)

Dr. Barbara MacKinnon: Gosh, I could quote you some of the days, which are increasing every summer, when they have levels of smog that have triggered an air quality alert in Toronto, for example. The numbers are increasing. I think that has to do with our increasing trend of warmth, which has to do with climate change as much as emissions.

It's a serious problem principally for people who are predisposed to that problem—for example, people with pre-existing cardiovascular disease, people with pre-existing respiratory disease, small children, the elderly. These are the typical groups that you would say are at most risk from this. Even healthy people perhaps who are working very strenuously outside or jogging outside may notice a decrement in their ability to breathe. The answer to you is that it's a range of problems, depending on how sensitive you are to the issue.

The Ontario Medical Association estimated for all of Ontario—and that's for the whole province—that about 5,800 people die each year from air pollution. And death is at the top of the health effects pyramid. There are many more people affected with lesser outcomes, such as lost workdays, or having to access the health care system and spend money on drugs, and so on. It's a serious problem.

The Chair: Mr. Manning, you have about ten seconds. Make it really quick.

Mr. Fabian Manning: In trying to deal with climate change throughout the world and with climate change here within Canada and with emissions, I'd like to get your opinion on whether it should be our priority as members of the House of Commons to take care of our own backyard first and to deal with the concerns that we have in

Canada, as it relates to the health of Canadians, before we go trying to straighten out the rest of the world. What would be your opinion on that?

Dr. Barbara MacKinnon: I think you have to do both.

Mr. Fabian Manning: Okay.

The Chair: Thank you.

Mr. Holland, for five minutes, please.

Mr. Mark Holland (Ajax—Pickering, Lib.): Thank you, Mr. Chair.

I think that's an important point to make, because sometimes we forget, when we're talking about making a difference in our own backyard first, that when it comes to the environment there is only one backyard and that's the entire planet; and that the reality is that if action isn't taken globally, then even if we're exceptionally good on a local basis, those implications will obviously be felt by us over a certain period of time.

You mentioned the flow of air coming in from Iowa, as an example. Really we are not an island. Would you agree, and I guess I would put it to all, that we need to participate in international agreements and international efforts to reduce climate change—and obviously take local action, but be engaged on an international basis?

Mr. Rob Peacock: Agreed.

Mr. Mark Holland: I make that point because it comes up commonly in the committee. I don't disagree with local action, but I think we need to think in that context.

There's something else that I think is important, and it's something that the committee is certainly seized with. It's on page 3 of the brief from the Lung Association. In talking about the amendments that Bill C-30 is proposing to CEPA and other legislation, you say:

Although all of the objectives of these amendments could be achieved by maximizing the use of existing acts such as CEPA, some amendments recommended by Bill C-30 strengthen the likelihood of better action; other proposed amendments risk reducing the likelihood of better action. It is extremely important that provisions under a Clean Air Act not weaken any of the provisions of CEPA.

I think that's an extremely important point you make, and you outline a number of ways in which we need to be cautious, moving forward, that we don't weaken the legislation.

The question I would have, then, is what most concerns you in looking at this? What stands out as the thing you're most concerned about in Bill C-30 in terms of undermining CEPA, the thing you think we should be most looking out for in the legislation as it's worded right now?

• (1705)

Dr. Barbara MacKinnon: I would be very cautious of taking away any toxins from the CEPA toxics list and putting them into a separate list. I would be cautious that your wording ensure regulation, as opposed to other softer words in there. A good point is the inclusion of the air quality component.

Certainly some of the specifications that are in the notice of intent that goes along with Bill C-30 with respect to the timelines for greenhouse gas emission reductions are very worrisome. Although those details are not in Bill C-30, they are obviously associated with it, because the notice of intent was promulgated at the same time as this act and refers to this act.

Mr. Mark Holland: Okay, thank you.

Thank you, Mr. Chair.

The Chair: You have a few more minutes, if you wish.

Mr. Mark Holland: It's okay.

The Chair: Mr. Watson, for five.

Mr. Jeff Watson (Essex, CPC): Thank you, Mr. Chair. Last, but maybe least, I guess. And he's in my party, so go figure.

Welcome to all of the witnesses here today.

I'm from Windsor, Ontario, the actual smog capital of Canada. We're worse than Toronto in that regard, and apparently we're hurting the Maritimes, as you're saying here.

Let's start with something common to all of you. I think we can probably all agree that the *raison d'être* of each of your organizations is to tackle head-on the specific health challenges of Canadians, your focus being on the health of Canadians, correct? We can all agree on that?

We probably agree, then, that the primary focus of Bill C-30 should be the human health of Canadians. Is that a fair assessment as well? Do we agree with that? Does anybody disagree with that? No? Fair enough.

There's a lot of common ground, I think, in your presentations, but there was an interesting area of divergence. Two of you, in your presentations, didn't comment on Kyoto. Now, you did mention the benefits or the co-benefits, I think, in a broader sense, about greenhouse gas reduction and what that means for air pollution reduction, but you didn't offer the government advice with respect to Kyoto. I'm not criticizing your presentations, but I'd like to know why you didn't offer the government advice on Kyoto, when one of the presentations did.

Mr. Rob Peacock: I'm just pinch-hitting today for one other individual. We will provide as much information as we can, with respect. In fact, we have a conceptual framework for Canada in terms of asthma, COPD, and allergies, and we'll be drawing quite a number of bits of the 150 sources of information, much of it to do with health care related to air quality and so forth—it's all in here—when we submit our brief.

Will it touch on Kyoto? I don't suggest it will, at this point, but if we can, with our scientific committee, we'll try.

Mr. Jeff Watson: Well, I wasn't asking you to offer us advice on that, I was simply questioning why you didn't.

Mr. Rob Peacock: That's why.

Mr. Jeff Watson: Okay, fair enough.

One of you did offer advice to the government with respect to Kyoto, and that's Ms. MacKinnon.

Can you explain to me how a green project, say in Africa, helps? While it may help toward a Kyoto target, how does that help the human health of Canadians, which is the *raison d'être* of your organization, as we've agreed?

Dr. Barbara MacKinnon: If the green project in Africa reduces greenhouse gas emissions, all of these emissions, no matter where they're produced on earth, impact climate change globally. An emission anywhere impacts climate change everywhere. If that project reduces greenhouse gases, then we lower our risk from climate change, and we lower some of the consequences to air pollution, plus the other hazards of climate change as well.

Mr. Jeff Watson: So it would probably have a more marginal effect than, say, shutting down a coal-fired plant in southwestern Ontario.

Dr. Barbara MacKinnon: The differences would be in how much greenhouse gases you reduced by doing both of those activities. If they were both the same, they'd have both the same effect. But shutting down a coal-fired power plant in Canada also reduces air pollutants in Canada.

Mr. Jeff Watson: Thereby enhancing the health of Canadians more directly.

• (1710)

Dr. Barbara MacKinnon: Yes.

Mr. Jeff Watson: Our government is moving towards mandatory regulations for the auto industry beginning in 2011. We've signalled that it's important. You bring up the California emissions standard, which currently is being challenged in court on its constitutionality. If the standard is struck down in court, should Canada adopt that standard anyway? Do you know what effects that would have on the auto industry? Have you done any impact analysis on that, or can you offer any advice as to what that would mean?

Dr. Barbara MacKinnon: I don't know what impact it would have on the auto industry. I think they are able to meet those standards if they perhaps do some tinkering with engines and so on.

I think we should still aim to try to match either the California standards or even the U.S. federal standards, which are better than ours. If we wanted to do it as a staged approach, we could suggest the U.S. federal standards first, followed by California standards, as long as we move in the right direction.

The other thing that must go hand in hand with these individual standards for cars is some sort of mechanism to reduce the number of cars that we drive.

Mr. Jeff Watson: The U.S. federal reformed CAFE would be a step in the right direction, if that's where we chose to integrate?

The Chair: It's certainly in the right direction. I don't know enough about the auto industry to say if it's just as easy for them to make one big jump as two small jumps. I can't speak to that.

Mr. Jeff Watson: It's a question of tooling or retooling for market segments as opposed to one broad North American continental market. That's probably more the issue for the auto industry—that and probably technology and the ability to get R and D in certain timeframes into a vehicle.

The Chair: I'm sorry, Mr. Watson, that is five.

Mr. Jeff Watson: Time flies when you're having fun. Thank you.

The Chair: It does so.

We do have time for a lightning round. The Liberals do not want to use that?

Okay, Monsieur Bigras. We'll give everybody about three minutes for a quick round, beginning with Monsieur Bigras.

[*Translation*]

Mr. Bernard Bigras: Thank you, Mr. Chairman.

Ms. MacKinnon, I want to come back to your document, specifically on page 6, paragraph 1.3.4 on equivalency agreements.

Ultimately, you want equivalency agreements with the provinces to guarantee that the provinces adopt equivalent regulations, rather than ensuring that the measures implemented by each province produce equivalent results. The department seems to be telling us that measures have been implemented in some provinces and are producing comparable results with respect to the objective, but with different regulations.

As long as there are systems in some provinces that effectively fight air pollution, is this amendment essential?

[*English*]

Dr. Barbara MacKinnon: I think that if you're talking about federal-provincial relationships, that's outside the purview of where the Lung Association would make recommendations. What we're aiming for is that we have, across Canada, good regulations everywhere to reduce air pollutants and even greenhouse gases.

If individual provinces have other mechanisms, voluntary or social engagement mechanisms, that's great. But if you're talking about large emitters, where you're not just talking about public projects or something like that, the large emitters should at least have a regulatory backstop for their measures. That is what we would like to see.

The Chair: Mr. Bevington, please.

Mr. Dennis Bevington: Thank you, Mr. Chair.

I did want to touch on the biomass issue, because I represent a rural riding where many people use biomass rather than the alternative, which is fuel oil, which is quite a heavy greenhouse gas emitter. Isn't it really the case that it's more about how you use the biomass than the question of biomass being an inappropriate fuel? If you use it in the pelletized form, the emissions in a properly chambered vessel are very, very low, probably much better than those equivalents of fuel oil or natural gas.

Mr. Kenneth Maybee: The Lung Association has been working on wood stoves for the past 10 years. We've been trying to get that in the Hazardous Products Act. Under CEPA, all the provinces and territories want regulations in relation to wood stoves, to get an EPA

type approved that would have the double chamber that would reduce the amount of pollution coming out of it. We're hopeful that as CEPA goes through, that will be there.

There's another introduction that has come in, called Wood Doctors. These are large wood-burning types of stoves where it's straight pipe and you can get whole logs that will just dump into them. That means that the air pollutants going into the atmosphere are pure, just like burning down a forest. It's just pure pollutants that are going out. So that has to be addressed.

In relation to the pellet stoves, certainly the pellet stoves have an advantage over the others. But it has to be combined with putting the regulation in, and then I always have to reaffirm that one of the things we're not good at as a government is coming out with communications, education, and awareness to make sure that these things are going to tie in the partnerships.

•(1715)

Mr. Dennis Bevington: Right now we're burning, in beehive burners, about three million tonnes of wood waste a year in Canada. It's not something that I want to see us ignore in the whole climate change issue. We need to make use of this in terms of our response to Kyoto.

You can have the best wood appliance in the world, but if you damp it down and don't provide it with oxygen—which most people in urban settings do with their stoves when they leave in the morning—you're going to produce a lot of pollution. So it is about how you use it even more than the appliance.

I think we have to be very careful here. It's not about the quality of the appliance; it's the quality of the fuel and how it is being burnt.

Mr. Kenneth Maybee: It's really both. It's the appliance, definitely, for the amount that goes out of it if it's not EPA approved. But it's also that people have a tendency to burn wet wood. That causes an increase. People will burn garbage. There are complaints on burning garbage. People will be burning leftover parts of decks that have arsenic and things like that in them. So there are a whole bunch of different pollutants going out.

In the whole area of burning, burn smart is what we have to do. With the chimneys that have come into the marketplace, outside, that's just straight pollutants going up.

So it's not an easy solution. There's a part under CEPA that can tackle the regulation, and then it's communication, education, and awareness on doing the rest.

The Chair: Okay, thank you very much.

Mr. Warawa.

Mr. Mark Warawa: Mr. Chair, just for clarification, Mr. Godfrey was asking about the regulations. It is part of the notice of intent to regulate. Bill C-30, the Clean Air Act, is part of what was announced on October 19. So I encourage him to read the notice of intent. Actually, I'm quite sure he has. He may have forgotten that part of it.

In the summary: Part 1 of this enactment amends the Canadian Environmental Protection Act, 1999 to promote the reduction of air pollution and the quality of outdoor and indoor air. It enables the Government of Canada to regulate air pollutants and greenhouse gases, including establishing emission-trading programs, and expands its authority to collect information about substances that contribute or are capable of contributing to air pollution. Part 1 also enacts requirements that the Ministers of the Environment and Health establish air quality objectives and publicly report on the attainment of those objectives and on the effectiveness of the measures taken to achieve them.

So again, hopefully that clarifies issues that were raised by Mr. Godfrey.

Mr. Brian Jean: Thank you. What a great act, I have to tell you.

I will take up where I left off, Mr. Chair, with the witnesses, if I may.

If you remember, I was talking about the effects and my surprise, after all my research, in finding out what's taking place in Canada. I also found out, for instance, that long-term exposure to ambient levels of sulphate, which actually takes place, I guess, is linked to cancer and reduces life expectancy and may even be connected to sudden infant death syndrome—which I didn't know. It's shocking. Twenty per cent of people are absent from school and work and social engagements because they have asthma. What a cost to our society! I am very shocked. And what shocks me the most is that no government before this government under our Prime Minister has put forward anything to deal with all of the effects of this. Being a lawyer who has dealt with many claims of negligence, I can say it is nothing short of negligence that this wasn't done before. I am wondering why.

Did your groups not lobby the governments? Did you not talk about the effects of these problems with air capacity and lung capacity, and just the long-term effects? I just don't understand, to be quite frank, why nothing has been done before this government.

• (1720)

Dr. Barbara MacKinnon: I would debate your point. Several previous governments, not just the most recent one, have done a variety of things to reduce air pollutants. Through the acid rain strategies, we have had great reductions in SOx pollutants—sulphur oxides and nitrogen oxides. Through the U.S.-Canada Air Quality Agreement, we've reduced both of those pollutants drastically over the last 20 years—

Mr. Brian Jean: Now, that was the Mulroney government, wasn't it?

Dr. Barbara MacKinnon: —and mercury and a number of different chemicals have been put on the CEPA toxic list. Benzene is now out of fuels; lead is out of fuels.

Mr. Brian Jean: Are you talking about the Montreal Protocol?

Dr. Barbara MacKinnon: No, the Montreal Protocol has to do with stratospheric ozone levels and CFCs. That's another example, although CFCs do not impact air pollution so much.

Mr. Brian Jean: But indeed, Dr. MacKinnon, nobody has regulated indoor air quality, as far as I'm aware, and that's what I'm talking about.

Dr. Barbara MacKinnon: Correct.

Mr. Brian Jean: Okay, that is what I'm talking about, the effects of that. Why do you think nobody has ever done that before? Has it

just been one of those things that nobody noticed or that nobody in fact wanted to intrude on, or what is it?

Can you answer that, Dr. Maybee?

Mr. Kenneth Maybee: What I would like to suggest is that in all of the discussions we've had in the past, it's opened up a major sinkhole. Indoor air quality is huge; it's not a small issue. And there's no organization to date that has that responsibility. I suggest that Health Canada has that responsibility. They are under-staffed to do the job justice.

What is going to happen, and I hope is going to happen, is that there is clearly going to be a major move on indoor air quality, and it's going to create an organization within Health Canada that has the horses and financial backing to be able to impact the issue. That's why we are very excited about what you're coming out with on indoor air quality, and that's why we applaud you for it. Though it is a major undertaking, it is certainly worth doing.

Mr. Brian Jean: Are there any other comments from the witnesses?

Mr. Rob Peacock: I just have one final comment. Just as of last week, we have been engaged with Health Canada on indoor air quality and in helping to implement an air indoor quality program in schools across Canada with Health Canada in a pilot program—number one—and that's a first. In fact, we had discussions just two hours ago at Environment Canada about the indoor air quality program we have, which is the asthma certification program I referred to for different types of products that we have through certification. I think Dr. MacKinnon talked about that. It's at the point of the product actually being manufactured where we have to start to have products that help control air quality and dust mites and all of that stuff, which is a whole other discussion. At least this particular bill helps address that.

I think both our representatives from the Canadian Lung Association have done a great job in terms of just helping to shed some scientific light on it, but this particular bill could go a lot further in helping to address this.

The Chair: Okay, thank you very much.

Mr. Godfrey, do you have a point of order, a point of privilege or a point of debate?

Hon. John Godfrey: It's a point of my turn, because we passed the three minutes.

It's simply to say that in the passage that was read out by the parliamentary secretary, he actually made my point. The notice of intent to regulate in the bill reads, "...regulate pollutants, they establish objectives for air quality which will then be monitored", which is not the same thing as making them enforceable by regulation. So I think a simple reading of the text, using *Eats, Shoots & Leaves* for the grammar, will straighten out the point.

The Chair: That's a point of debate, and we were getting along so well.

Mr. Brian Jean: I want to clarify that if the witnesses can provide us with any amendments or suggestions for this piece of legislation that will help us in our work, that will be very helpful.

The Chair: Before we finish, I want to point out that the Clean Air Foundation cannot be with us on Thursday. We will be hearing from Environmental Defence; Louis Drouin from Montreal Public Health; the David Suzuki Foundation; and Dee Parkinson-Marcoux, to be confirmed.

Mr. Warawa.

• (1725)

Mr. Mark Warawa: Since this appears to be an important witness, is there another date that would be opportune for that witness?

The Chair: We have some unused dates in our quiver if we need them, but that would be up to the committee.

The Clerk of the Committee (Mr. Chad Mariage): She was invited to speak on air pollution, and there are no other meetings scheduled on that topic. It's up to the committee to schedule them.

Mr. Brian Jean: I am concerned. I know we're trying to move this legislation forward, but it's an important piece of legislation and we are missing some witnesses. We heard today that they received only three days' notice, which is understandable in the circumstances. I suggest we try to fit in some more days or bring them back with other witnesses to hear them if we have openings to do so. I think it's very important—whoever we've missed from the list, no matter which party suggested them.

The Chair: Can I suggest we refer that to the subcommittee? Okay.

Mr. McGuinty.

Mr. David McGuinty: Did we agree that we would re-invite the participant from Washington, and the PEW climate change fund?

The Chair: The clerk has a comment on that.

The Clerk: Pursuant to the discussion this morning, I re-extended the invitation to PEW and Ms. Arroyo. PEW indicated that she would be the best person to appear for our purposes here, but it would depend on her family circumstances. We've invited her to come back on the emissions trading day, which is February 27. That will give her the most amount of time to get things in order.

The Chair: Okay. So we will get the subcommittee together again to talk about the others.

Once again, thank you very much to the witnesses for appearing. We really appreciate your time.

Mr. Maybee.

Mr. Kenneth Maybee: We talked about producing a brief, designed at a layperson's level, on the connection between climate change, air quality, and respiratory health. If you are interested, we can forward that. It's a very complex sort of thing, and the document we want to produce could make the connections far easier for a layperson.

The Chair: Anything like that would be helpful.

Mr. Kenneth Maybee: We'll prepare that and forward it.

I'd like to remind you that when you can't breathe, nothing else matters.

The Chair: I'm reminded.

Thank you very much, everyone.

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 Parliament of Canada Web Site at the following address:
Aussi disponible sur le site Web du Parlement du Canada à l'adresse suivante :
<http://www.parl.gc.ca>**

The Speaker of the House hereby grants permission to reproduce this document, in whole or in part, for use in schools and for other purposes such as private study, research, criticism, review or newspaper summary. Any commercial or other use or reproduction of this publication requires the express prior written authorization of the Speaker of the House of Commons.

Le Président de la Chambre des communes accorde, par la présente, l'autorisation de reproduire la totalité ou une partie de ce document à des fins éducatives et à des fins d'étude privée, de recherche, de critique, de compte rendu ou en vue d'en préparer un résumé de journal. Toute reproduction de ce document à des fins commerciales ou autres nécessite l'obtention au préalable d'une autorisation écrite du Président.