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Chair

Mr. Rob Merrifield

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• (1535)

[English]

The Chair (Mr. Rob Merrifield (Yellowhead, CPC)): We'll call our meeting to order.

We want to thank our witnesses for coming. It's good to have you with us, for sure.

We have Sally Brown, Joyce Reynolds, and Paul Hetherington. We know all of you. We've seen your faces many times and we welcome you back.

I see Anne Ferguson is here, as well as Dr. Marangoni.

Thank you very much for being here. We're looking forward to this panel on trans fats. It's a very important subject not only in Canada but around the world, and we want to inform the committee as much as we possibly can.

Speaking to the committee, first of all, I want to thank Madame Gagnon for assisting by chairing the last meeting. Thank you very much. I understood you did such a good job my job is in jeopardy here on the committee—I've heard that from my colleagues already—but thank you very much.

And congratulations to Mrs. Kadis on being elected vice-chair.

We have a new member—well, actually new or old: Madame Beaumier was with us a number of years ago. I welcome you back to the committee. It's good to have you here.

To inform the committee, we were to have witnesses from Dow AgroSciences Canada Inc. who could not make the flight out of Calgary today, so they will not be with us. We have a briefing, which you have in your text.

We want to start with our witnesses and will open the floor, first of all, to Sally Brown, chief executive officer of Heart and Stroke Foundation of Canada and the co-chair of the task force.

The floor is yours, and we'll proceed.

Ms. Sally Brown (Chief Executive Officer, Heart and Stroke Foundation of Canada, and Co-Chair of the Task Force, Trans Fat Task Force): Thank you, Mr. Chair. *Merci beaucoup. Bonjour à tous et à toutes.*

It was an honour to serve with Mary L'Abbé as co-chair of the Trans Fat Task Force.

I want to start by commending this committee for the important role you're playing in addressing the issue of childhood obesity, and now trans fats.

I'll just briefly review for you the task force history. It was formed following an opposition motion in the House in November 2004. The motion called on Health Canada and the Heart and Stroke Foundation to co-chair a multi-stakeholder task force to develop recommendations to address trans fat reduction or, if possible, elimination in Canada.

The task force got to work in 2005 with a mandate to provide the Minister of Health with concrete recommendations and strategies to effectively eliminate processed trans fats in the Canadian food supply. The government, I think to its credit, ensured that the task force was broadly representative. It didn't make the co-chair role any easier, but it was certainly the right thing to do. We had a lot of debate and a lot of opinions expressed, and I think that's made the report very good, and a lot better than it might have been.

To review, then, the task force was composed of individuals from food manufacturing, the food service sector, four federal departments, such professional associations as the Canadian Cardiovascular Society, which is here today, academia, consumer groups, population health experts, and oilseed producers and processors. I'm pleased to share this table today with two of my colleagues, Paul and Joyce, from the task force, who very much helped to shape the report as well.

My co-chair and I were led to understand that a consensus report, if it could be reached, would make implementation of the report by government more likely. So we worked hard to deliver a consensus report, and that we defined as a report that all members of the task force could live with. Was it the favoured opinion of everyone? No, not on either side of the debate, if there were sides. The health groups, as well as industry groups, all had to cede some ground to achieve a consensus. But there was no minority report, as even the terms of reference allowed for, and I think that's important for these deliberations.

Mr. Chair, the regulation process itself, which is recommended by the task force, takes up to four years to implement. The task force heard the concerns of the baking industry and also were concerned that some of the very small providers, especially in the food service sector—I'll call them the “mom and pop” operations, without denigrating anybody—would need more time.

So our recommendation was for a “two plus two” approach, assuming two years to develop regulations and up to two years to implement them, with staggered implementation as needed. This timeframe, we believe, also allows for appropriate time for the development of adequate supplies of more healthful alternatives.

The regulation process itself, as you know, has several important steps, such as the business impact test and some further analysis regarding potential trade impacts. Initial analysis available to the task force indicated that regulations as proposed would be admissible under international trade agreements, but we respect the fact that a fuller examination may be needed.

It will take up to four years, Mr. Chair—I'll just repeat that—to protect the health of consumers, when the evidence is all in that this needs to be done and isn't contested anywhere. At 3,000 deaths a year, that's 12,000 deaths. I think we need to get started.

There's little doubt that progress was being made by the food industry before the task force was even pulled together, and it obviously continues, and this is a good thing. I suspect this raises the question in some of your minds with respect to the question, if progress is occurring, then why regulate? The Heart and Stroke Foundation distributed a one-pager outlining the 10 reasons we see that regulation is required. I hope you have it. It's bilingual and is red and white. I hope the reasons are clear.

I want to expand on one of the reasons, *une raison seulement*, and that is Canada's experience with labelling regulations, which we think is very pertinent and relevant here.

• (1540)

Nutrition labelling was introduced in Canada in 1988 on a voluntary basis. The food industry agreed to voluntarily add food labels. Surprisingly, they didn't all comply. In fact, by 2000—12 years later—the labels were not widespread. It seems it was the fact that the labels were somehow appearing on the healthy foods but not appearing on the unhealthier foods that caused the government to take action. In short, a voluntary approach was replaced by regulated mandatory labelling. It was at that time that numbers for trans fat were added to the labels.

Simply put, the task force believed that voluntary measures would not be enough. Too many foods, it was felt, would not change, especially, likely, the ones that were harder to change. Perhaps it's no accident that the ones that are harder to change are often the ones with the highest trans fat levels. As the report indicated, in some food categories trans fats make up a whopping 45% of total fat.

The removal of processed trans fats from our food supply, we contended, must happen. We certainly know it can happen, and to an even lower level than the one we've recommended. The Danes did it and still have their Danishes. We're not recommending we do it exactly that way.

It now seems that it will happen. The public and certainly our public health agencies now understand that processed trans fats are toxins. They're not like natural substances in our foods, such as sugar or salt, of which a moderate amount is okay and for which there are beneficial aspects as well as negative ones. Trans fats are only bad. There's nothing redeeming about them. There's no level that's a safe

level. Any rise in trans fat intake increases coronary heart disease. It's that simple.

Municipalities across Canada and the United States are starting to act on their own in the face of federal inaction in both countries. New York City has regulated trans fats out of restaurant foods. Last week Philadelphia city council unanimously passed an ordinance to regulate processed trans fats out of its restaurants. It awaits only sign-off by the mayor. Other U.S. cities such as Chicago, Los Angeles, and Boston are thinking of following suit.

In Canada, Calgary, encompassing our Prime Minister's riding, is contemplating a similar approach. The Toronto public health authority has contacted us to indicate they're exploring the trans fat issue and the potential options for Toronto. However, they've also indicated that they would prefer federal action along the lines of this report.

Municipalities in Canada were leaders in tackling the scourge of smoking through municipal bylaws. So they have the ways and the means, and I assume now on this issue many of them have the will to move on what is clearly a public health issue.

This recent action by cities, as understandable as it is, is not, in my personal view—and here I have to speak for myself as this wasn't going on when the task force was meeting—the best way to move forward. I suspect my colleague from CRFA, Joyce, will agree, because municipal action is likely to cover only restaurant foods and not foods produced at retail.

We eat so many trans fats in Canada because we eat a lot of our food outside of the home. We eat about 22% of our meals outside the home, but this means that another 78% of our foods are bought at retail stores, where a number of the products will remain high in trans fats under the municipal approach.

To me, it shouldn't matter where you buy the doughnut. The city-by-city approach provides for an uneven playing field for businesses, especially the restaurant sector, and is far from ideal, but action will happen in the face of federal inaction.

I believe the appropriate question in front of this committee isn't whether to regulate. The appropriate question is whether we want to see processed trans fats removed in a deliberate, planned, fair, and consistent way across Canada, or we wish them to be removed fitfully, unfairly, inconsistently, and—I can only assume, to consumers—confusingly. A regulated federal approach, superior in all these ways, we think, will very likely also be more effective in motivating industry to produce healthier alternatives than would a city-by-city approach.

Mr. Chair, we believe it's time for federal leadership. That's why the task force was formed. We think we handed in a very good report.

● (1545)

On December 8, 2006, the Prime Minister and the Minister of Health announced a plan that “takes immediate action to regulate chemicals that are harmful to human health”. Processed trans fats are one such chemical. The harm from trans fats to human health is no longer contested by anybody. It's time to remove it from our food supply.

Thank you. *Merçi*. I look forward to your questions.

The Chair: Thank you very much.

We'll now move to Mr. Paul Hetherington.

Mr. Paul Hetherington (President and Chief Executive Officer, Baking Association of Canada, and Member, Trans Fat Task Force): Thank you very much, and good afternoon, everyone.

I would also like to thank the committee for the opportunity to appear before you today to allow for comments on behalf of Canada's bakers regarding trans fats and the industry's efforts with regard to trans fat replacers.

I have prepared a brief, and my oral comment will speak to the points contained in it. I would just like to make one acknowledgement. There is a slight omission in the brief with regard to a description of fats under melting points. I will make that adjustment, and then send the revision to the clerk, in both French and English.

By way of introduction, the Baking Association of Canada is a not-for-profit trade association representing some 2,500 commercial, independent retail, and in-store bakery operators nationwide. BAC members produce two streams of products: breads and rolls; and what we call indulgence products, such as cakes, pastries, cookies, icings, etc. Baking is an approximately \$4 billion industry, directly employing some 50,000 workers nationwide.

On the subject of trans fats, BAC supports the orderly removal of trans-fat-containing ingredients from the marketplace. I would expand on what we mean by “orderly”, by adding that to meet this objective bakers require trans alternatives that have the needed functionality requirements, are safe, and are readily available in the marketplace.

In support of this, BAC members have been working with their industry suppliers on trans fat alternatives for a number of years. A lot of progress has been made with specific products, but there remains significant functional and supply barriers with trans fat alternatives for certain bakery products in which a hard fat is required.

BAC also believes that a long-term solution to trans fat is required in which trans fat ingredients will be replaced by functional low trans fat, low saturate fat alternatives. BAC views the replacement of trans fat with high saturated fat, which also contributes to coronary heart disease, as an undesirable solution. BAC also believes that governments have an important role to play in finding solutions to the trans fat challenge. These solutions should include activities such as funding of oilseed research to produce varieties and processes that result in ingredients with reduced or no trans fats.

To understand the challenge faced by bakers on replacing trans fats, I would like to take a few minutes to talk about baking and why

bakers use fats. To begin with, baking is not cooking. Baking is a science. Baking is a series of chemical reactions initiated by specific combinations of ingredients in specific quantities and processes, such as rest time, lamination, or heating, to achieve a desired product outcome.

One does not ad lib in baking. Changes to the ingredients or processes will alter the chemical reaction, resulting in a different outcome, sometimes quite catastrophically. Anybody who has ever baked a cake that didn't rise or bread that didn't rise knows what I mean by that. Additionally, the chemical reaction of baking can be negatively influenced by external factors such as ambient room temperature, humidity, and elevation.

Fats play a very important role in baking. Bakers use a variety of fats for different purposes, again, to achieve differing product outcomes. These fats include liquid oil, such as canola or soya; and hard fats, such as lard, beef tallow, butter, margarine, shortening, including hydrogenated vegetable shortenings; and tropical fats, such as palm. No one fat has all the characteristics bakers may require, and therefore bakers may use these fats separately, or in combination, depending on the product characteristics and desired outcome.

In our brief, I have provided a more detailed explanation of the differing roles of fats in baking.

In the quest for trans fat alternatives, the differing fat characteristics means that a one-size-fits-all approach is unrealistic and bakers will require a variety of alternatives to meet specific product needs.

With regard to trans fat replacers, Canada's bakers have been both challenged in certain product areas and leaders in others. In the breads and rolls category, these products have been essentially trans fat free since the late-1990s, as bakers switched over to the use of healthier liquid canola and soya oil.

In the production of indulgence products, Canada's bakers have been testing a variety of trans fat alternatives, where a hard fat, partially hydrogenated vegetable shortening, was the norm. Some progress has been made in utilizing liquid oils in some applications for muffins and cakes; however, the primary industry alternative, when a hard fat is required, is a palm oil shortening, used extensively in laminated dough. Butter is also a consideration, but due to functionality limitations, it's primarily used in smaller bakery operations.

● (1550)

These alternatives have not been perfect substitutes and have had negative product outcomes, such as a lack of variation in cakes, dryness, and a lack of stability with icing, cookies, and pie crusts. However, the most significant challenge faced is in finding viable trans alternatives for the production of puff pastry. Currently available low trans palm alternatives are simply unworkable as they lack the functionality.

The lack of functionality was nicely summarized by one of our members who was struggling with finding trans alternatives for his icings: try constructing a building with 30% less cement in your mortar. For those interested in the full technical explanation of the company's challenges, I refer to our brief.

In addition to finding a lack of functionality in currently available trans alternatives, bakers have growing anxiety about the healthiness of these alternatives. The palm shortening alternatives are extremely high in saturated fats, at approximately 50%. Bakers are understandably confused by the apparent reversal on the use of high saturated fats, as for decades they were told that high saturated fat products were to be avoided, a message that continues to be reinforced today, as referenced in the recently released Canada's Food Guide to Healthy Eating. Bakers are concerned about the reaction of health professionals to and consumers' acceptance of an increase in saturated fat in their products.

With regard to the task force report, BAC supports the work of the Trans Fat Task Force and we are pleased that the task force report recognizes the challenge faced by bakers. In our brief, we have offered a number of observations on these recommendations, many of which appear in the report itself. Observations, we understand, will be considered as part of any regulatory review.

I would, however, wish again to stress three specific points. Bakers do not have viable trans alternatives for a number of bakery products, as I said, a factor identified by the task force in its recognition of bakers' having specific challenges with trans alternatives. Bakers have significant concerns regarding consumers' and health professionals' acceptance of increased saturated fat consumption that will result from the use of many of the currently available trans alternatives. I would also add—and Sally touched on it, and I didn't take exception to the mom and pop comment—that small and medium-sized bakeries face the prospect of timely and costly reformulation of their products and possible capital expenditures for new equipment.

In conclusion, BAC and its members support the removal of trans fat ingredients from the marketplace. In order to do so, bakers require trans alternatives that have been proven safe, meet product functionality requirements, are low in trans and saturated fats, and are readily available in the marketplace.

Thank you.

The Chair: Thank you very much.

Now we'll move on to Mrs. Reynolds.

Ms. Joyce Reynolds (Senior Vice-President, Government Affairs, Canadian Restaurant and Foodservices Association and Member of the Task Force, Trans Fat Task Force): I appreciate the invitation to appear before the standing committee again, this time on the issue of trans fat and the perspective of the restaurant industry.

I want to be very clear that the Canadian Restaurant and Foodservices Association supports the recommendations in the Trans Fat Task Force report. Significant industry progress has been made in meeting the trans fat limits specified in the report. In my short time here today, I'd like to outline some of the hurdles we face as an industry. I also want to bring to your attention one

recommendation in particular that requires immediate action by government.

To give you a little background, the Canadian Restaurant and Foodservices Association represents a \$50 billion industry with over one million employees and accounts for 4% of GDP. We have 34,500 members across the country, and our members consist of everything from quick-service restaurants to full-service restaurants, hotels, clubs, coffee shops, pubs, as well as institutional feeders in hospitals, schools, and offices.

The commitment within the food service industry to reduce and eliminate trans fat from menu items is very high. Food service operators, in partnership with their suppliers, have been making significant progress. They've worked with their manufacturers and suppliers to identify, research, develop, test, and implement healthier trans fat alternatives.

Some of the company names you will know well that have taken that step include New York Fries, Pizza Pizza, Swiss Chalet, Harvey's, Joey's Only, Wendy's, KFC, Taco Bell, A&W, Starbucks, and White Spot. They are just some of the companies that have successfully eliminated trans fat from their cooking oils and are reducing the trans fat content of many of their menu items.

I also have to say that there is a high degree of frustration amongst some of these companies that have reduced their trans fat use because of their inability to communicate that information to customers. Currently the food and drug regulations prohibit food service operators from promoting restaurant items as trans fat free if the menu item contains two grams of a combination of saturated fat and trans fat. For example, a company may move from trans fat to a high oleic/low linolenic alternative, which is considered a healthier alternative to trans fats, and is breaded, frying, and preparing their menu items with these trans fat alternatives. But because some of the products they're preparing have a high amount of naturally occurring saturated fat, for instance chicken thighs, they're not allowed to make a trans fat free claim.

The Trans Fat Task Force recognized this challenge for food service operators and included the following recommendation in its report, under 6.1.2.: "To help the food industry communicate the healthier nature of its products to consumers, the Trans Fat Task Force recommends that the Government of Canada explore the possibility of allowing "trans fat free" claims that are more appropriate for the food service sector." These companies that have devoted considerable time and resources to laboratory trials and consumer testing to identify healthier alternatives, and continue to invest in higher priced oils and more expensive operating procedures, should not be prohibited from communicating to their customers that they are now using healthier trans fat alternatives.

We encourage you to address this issue as soon as possible so companies that have demonstrated leadership by eliminating trans fat from their operations, and the many other companies that are working toward that objective, are not penalized. Many others are working toward that objective and have been for some time.

To assist and encourage all food service operators to transition their menus out of trans fats, the Canadian Restaurant and Foodservices Association has developed guidelines in a how-to guide. You should all have a copy. It's available in English and French. This guide contains background information on trans fats and step-by-step instructions for operators to use. It's been developed with smaller operators in mind that cannot do the laboratory testing and consumer research on their own, and are very much dependent on their suppliers to work with them and provide viable products made with healthier trans fat alternatives.

● (1555)

I'd like to run through some of the hurdles that food service operators face when they're transitioning out of trans fat.

Like food processors, large food service operators have devoted considerable time and resources to laboratory trials and then in-restaurant testing of trans fat alternatives. They need to find products that meet their brand standard for flavour, texture, crispness, heat retention and so on. When they do these tests, they sometimes run into operational problems. Sometimes there's crumbing. Sometimes the product is too greasy. Sometimes it doesn't meet consumer taste requirements. If that's the case, then they have to begin their laboratory testing all over again with another fat. So the first hurdle is finding a product that has the functionality and quality that their consumers are willing to buy.

The second hurdle, once they have identified those healthier alternatives, is to find a secure, consistent supply of these products to meet their system-wide needs. This means competing against a large number of manufacturers and processors for a very limited supply of these healthier alternatives. This has turned out to be a huge hurdle for food service operators.

Another key challenge for food service operators is managing the complexity of their recipes and ingredients. One full-service restaurant may purchase 400 different ingredients, and some of these ingredients are sourced outside of Canada. For each oil or fat application, whether it's for a sauce, a dressing, a spring roll, a cookie, a doughnut, or a pastry, etc., the trans fat substitute must be tested and the appropriate trans fat alternative must be identified. Sometimes they're different.

Finally, restaurants must find affordable solutions, given the current business climate they're operating in. The combination of decreasing international tourist spending and sluggish domestic spending has restrained real commercial sales growth between 2001 and 2006 to 2.9%. In contrast, grocery store sales have jumped 10.1%.

In addition to these challenges, the costs of operating a restaurant and bar continue to climb. Worker shortages have put upward pressure on labour costs in many parts of the country. In the last two years, average weekly wages in the food service industry have jumped 15% compared to a 6.1% increase in the industrial average.

In the most recent survey by Statistics Canada, food service operators found food costs jumped from 33.5% of operating revenue in 2001 to 37.5% in 2004. As a result, rising operating expenses have eroded profit margins from 5.8% in 2001 to 3.6% in 2004.

My reason for outlining these hurdles is not to discourage you from implementing the right recommendations in the report. We think it's a health imperative. We need the federal government to demonstrate leadership in this regard. We support the recommendations, as Sally mentioned.

In contrast to the recently passed New York City bylaw, the recommendations in the task force report are comprehensive. They target the full range of food products in Canada, recognize the challenges with some product applications, and they provide flexibility to permit the development of healthier products. They also simplify compliance and enforcement.

The task force recommendations recognize how costly and impractical it would be to regulate the food service sector on the basis of final products or outputs. Restaurant operators have no means of testing their products. Since they may use different recipes and ingredients for their menu items and their menu items change frequently, there could be a lot of variability in their menu offerings.

Regulating on the basis of inputs means that everything our industry buys and uses would automatically be in compliance. We recognize that this puts our industry at a bit of a disadvantage. It means manufacturers of a frozen meal product can blend down while restaurant operators cannot. Nevertheless, for reasons of simplicity, we support this approach.

The task force spent more than a year studying trans fat, with a focus on the health impacts of lowering them. Work is now required to examine the business, agriculture, trade, and environmental impacts of the recommendations. Government has to fully understand the investment it will require from both industry and government, as well as the cumulative effects of this type of regulation.

•(1600)

To sum up, the food service industry recognizes the health concerns related to trans fat and the need to reduce them significantly. There is a high degree of commitment to implement the recommendations in the Trans Fat Task Force report, but there should be no illusions about the difficulties and the challenges. The size of the food supply system in Canada, the number of players, the complexity of the conversion process, compounded by the limited availability of healthy alternatives and the fragile state of the food service sector all contribute to the enormity of the task.

Thank you.

The Chair: Thank you very much.

That was from the Trans Fat Task Force. I can just imagine the interesting debates you had around the table. I'm sure when we get into the questioning we'll hear more about that.

We'll now move to the Canadian Cardiovascular Society. We have with us Anne Ferguson.

The floor is yours.

Mrs. Anne Ferguson (Chief Executive Officer, Canadian Cardiovascular Society): Thank you very much.

Good afternoon. It is a pleasure to be here on behalf of the Canadian Cardiovascular Society to speak to you about the need for action on the elimination of trans fats for all segments of the Canadian population.

My name is Anne Ferguson, and I am the CEO of the CCS. I am not a cardiologist, but I represent the perspective of over 1,600 Canadian cardiovascular medical specialists and researchers who are members of this organization.

Senator Wilbert Keon, whom many of you know, is one of Canada's leading cardiovascular specialists and served as president of the CCS from 1988 to 1990. It was Senator Keon, along with another CCS member, Senator Yves Morin, and many others who galvanized action on trans fats. This commitment contributed to the creation of the Trans Fat Task Force and the recently released report that was discussed today.

The CCS is proud to have had one of our members, Dr. Helen Stokes, on this task force. Our membership is very supportive of the final task force recommendations. In addition, we are gratified to see that it was a consensus report.

Today, Senator Keon continues to fully support the recommendations of the task force and in fact hosted the public release of the report.

Mr. Chair, cardiovascular disease inflicts a terrible toll upon the Canadians that CCS members see as patients, as well as their families. This disease continues to be the leading cause of mortality in Canada, representing 32% of all deaths annually. Likely, everyone in this room is close to someone who has been adversely affected by this disease.

Mr. Chair, this terrible toll on their patients is what motivates CCS members to support the eradication of risk factors such as trans fats wherever possible. The CCS is here because trans fats are a serious

risk factor unique to heart disease, and we believe strongly that processed trans fats must be removed from our food supply as quickly as possible.

It is estimated that 3,000 Canadians die annually from high consumption of trans fats, which have no intrinsic nutritional benefits other than to provide calories. Metabolic and epidemiologic studies consistently show that trans fats are more harmful than any other type of fat. Trans fats not only increase the blood levels of LDL, or bad cholesterol, but also decrease blood levels of HDL, or good cholesterol. Both effects are associated with increased coronary heart disease. The evidence is overwhelming. There is as much as a sixfold greater risk of heart disease from an increase in dietary trans fats than from increases in dietary saturated fats.

In 2002 the Panel on Macronutrients of the U.S. National Academy of Sciences' Institute of Medicine recommended that trans fat consumption be as low as possible while ensuring a nutritionally adequate diet. At that time, the panel did not set a safe upper limit because the evidence suggests that any rise in trans fat intake increases coronary heart disease risk.

In 2003 the World Health Organization recommended that trans fat intake be limited to less than 1% of overall energy intake, a limit regarded by the WHO as a practical level of intake consistent with public health goals.

And finally, in Canada scientists raised concerns about the detrimental effects of trans fats and the levels in the Canadian diet as far back as 1990. Significant progress has been achieved in certain food categories, such as soft margarines and some snack foods, but there is still so much more to do.

The CCS supports the regulatory approach as the best way to proceed for a number of reasons. We support all the reasons outlined on the top-10 list put out by the Heart and Stroke Foundation of Canada. I believe that you have received this list. The CCS would also like to add another reason. The Canadian heart health strategy has as one of its driving principles the need to address the tremendous disparities that exist in access to health information, services, and healthy foods amongst Canadians. Regulation is the best and possibly the only way to ensure that the benefits would accrue even to people who cannot read labels, including vulnerable groups with lower incomes and/or lower literacy skills. It is these vulnerable groups who often have a higher risk of coronary heart disease.

The task force recommendations ensure that trans-fat-free products are affordable to all income groups.

Implementation of the task force recommendations will significantly improve the heart health of Canadians and save lives by, first, reducing the average daily intake of trans fats by Canadians of all age groups to less than 1% of energy intake—this is consistent with current dietary recommendations; second, ensuring that all Canadians, particularly those at the highest consumption levels, benefit from the virtual elimination of industrially produced trans fats; and third, promoting the development of adequate supplies of more healthful alternatives to trans fats.

• (1605)

Last October the federal government, in partnership with the CCS and the Heart and Stroke Foundation of Canada, announced the creation of the Canadian heart health strategy. We gratefully acknowledge the leadership of Senator Keon and Mr. Steven Fletcher in this regard. Over the next two years this country's leading experts in cardiovascular disease, along with individuals living with heart disease and stroke, will work together to determine how we can reduce the burden of cardiovascular disease on Canadians, their families, and the health care system. This strategy will consider system change, population health, risk factor reduction, information systems, and aboriginal health.

We are proud to be part of this exciting initiative. Now that this important heart health initiative has been created, there is an opportunity for this government to continue to take a leadership role by taking action to remove trans fats from the diets of Canadians. In doing so, the government will be taking a crucial step to reducing the burden of cardiovascular disease on Canadian patients, their families, and the health care system.

Thank you very much.

The Chair: Thank you very much.

It's interesting. We've heard from the task force and also now from the Canadian Cardiovascular Society about all the problems with trans fats. I think that's very obvious and has been for a number of years. Now we're about to hear from somebody who is going to help us with some of the solutions.

We welcome you, Dr. Marangoni. We look forward to your presentation.

• (1610)

Dr. Alejandro Marangoni (Professor, Department of Food Science, University of Guelph): First of all, thank you very much for inviting me. This is my first time here, so I'm really excited. This is like being in a chocolate store or something like this. I find it very exciting.

The Chair: That will pass.

Dr. Alejandro Marangoni: I'm sure, but for now it's great.

I'm a professor and Canada research chair at the University of Guelph. I've been there for 16 years. My area of work is in the structure of food materials, particularly fats. I study fat. Of course, chocolate is mostly fat, so that's one good fat, but there are many other fats that may give us trouble.

I would also like to congratulate the people who wrote the Trans Fat Task Force report, because first of all, it's a really interesting document. It's very advanced in terms of what it's promulgating in

terms of health. It's also very tough. Industry may say it's tough to the point of impossibility to comply with something like that. However, the evidence is too strong and action has to be taken. Trans fats are really bad. There are no two ways around that.

What can we do in order to solve the problem? As Mr. Hetherington was mentioning, the approach is multifaceted. A whole bunch of people need to fry things, and the people who need to fry things will end up buying high-oleic oils that the DuPonts and Monsantos of the world will produce seed for. High-oleic oils are good frying media, so those people are taken care of.

On the other hand, with people who need saturated fats for certain bakery and food applications, those people will not be able to make the claims because they will have to overload the food with saturated fat. Which saturated fat will be put in? There may be experts here. I would say a high steric acid content fat maybe, but that will always be there. That's a complicated question, because that puts forth the question of saturated fat from whom. Will it be saturated fat from local farmers or saturated fat from Malaysian imports? Who do we keep in business, Canada or Malaysia? Maybe you will answer that one.

What do we do if we remove the trans fats? What do we put back? On saturated fats, I do not think putting back saturated fats blindly is a solution. I do not think putting back palm fat imported from overseas is going to make anybody happy in terms of the Canadian farmers, the U.S. farmers, or the Canadian oil processing industry.

What I'm here to show you is an alternative for many baked products. I'm not saying it is *the* solution, but it is a part of the solution, and I think it's an exciting part of the solution. Thanks to the high standard set by the task force, once has to rack one's brains to see if something new can be achieved.

I stayed up really late last night, and I actually brought from home some biscuits or chocolate chip cookies that I made with this and that you can come and crunch on. I'm in the presence of legislators, so I made a nutritional label. I'm not showing you—

Voices: Oh, oh!

Dr. Alejandro Marangoni: —but what it can be called is a trans-fat-free or a zero-trans shortening alternative. For 10 grams of this material—I'd better speak quickly—you only get half a gram of saturated fat, and there is no trans fat. I can put on the label that they're low in saturated fats, free of trans fatty acids, and a source of omega-3 fatty acids because they're made with canola oil. They're free of cholesterol, and because there is some vitamin E there, I can even make a claim that a healthy diet low in saturated and trans fats may reduce the risk of heart disease. This product here is low in saturated and trans fats.

I also brought knives on the plane, but they took my metal knife.

As you can see, it is kind of a solid material, and this only contains about 5% solids. It's here for you to play with, if you want to. It has been tried in many baking applications, and it addresses some of the functionality, some of the physics of baking. It's made of only 5% solids. The rest is all liquid, so it contains about 60% canola oil. There is also water, and there is a substance that coats the oil and makes little balls. Can you imagine a swimming pool full of crystal balls? Inside the balls is the oil. Outside the balls is tightly bound water. You have this little collection of balloons, and the balloons are made of crystals. In a way, then, it's a collection of hollow crystals.

Let's give it the functionality of shortening. They're little crystals—they're micrometre-sized crystals—but let's make them hollow so that we don't carry the extra fat inside. I'm offering a possibility that has no trans fats and is very low in saturated fatty acids. We even made brownies with our product. I didn't bring them today because I burned the last batch at around midnight, so I couldn't do it any more.

•(1615)

Imagine a two-bite brownie out of the store. You could put on the label that it's trans fat free, low in saturates, a source of omega-3s, part of a healthy diet, blah, blah, blah, because it does contain only one gram of saturated fats. It's here—and I distributed these around—just by straight substitution of the main ingredients.

The high standard set by the task force has forced us in academia, as well, to look for novel solutions. Without them, who cares? Just replace this with saturated fat. But without novel solutions, are there any new ways of structuring liquid oil into a semi-solid or solid material like this that has the functionality—and that's the key—to make cookies or to make biscuits? And what's the other tough one? It's the laminated products, the pastry products. The bakers are assessing those.

There are several large companies interested in this, and they're already thinking of putting it in muffins and cookies by the end of the summer. The problem now becomes one of supply, and that's a big issue, but we're looking into that as well.

What I'm saying is that you don't have to stick to only saturated fats. I think this would be beneficial for farmers because it's an outlet for their oil, and the structuring technology would be comparable in price to a regular shortening. The supply basically comes from the local farmers.

So there's one thing, and it seems to be working all right.

The Chair: Very good. We want to explore it further, and we'll open the floor to questioning now.

Ms. Brown, you have ten minutes.

Ms. Bonnie Brown (Oakville, Lib.): Thank you very much, Mr. Chairman.

Congratulations to all those who had something to do with the task force and its report.

Because Mr. Marangoni spoke last, I'll just pounce on this right away. Is that product available commercially anywhere?

Dr. Alejandro Marangoni: Commercially? It will be in four months.

Ms. Bonnie Brown: In about four months? You have a manufacturer then?

Dr. Alejandro Marangoni: Yes.

Ms. Bonnie Brown: Does that manufacturer have the capability to produce it in sufficient quantity for the baking industry?

Dr. Alejandro Marangoni: If everybody likes it—which is a big “if”—if they like the cookies and the biscuits, then that's a very good question. That will be the limiting factor in terms of how much it can be ramped up. But if it's welcomed, I believe it will take probably a year and a half to get to the levels where it could be competitive with imports and other fats.

Ms. Bonnie Brown: I think everybody on the committee would be willing to be among the first to test the cookies, if you'd like to pass them around.

What about price? I guess you don't know, because it's not being manufactured in sufficient quantities yet. Do you think it will be comparable to, say, Crisco, Fluffo, and these various other shortenings?

Dr. Alejandro Marangoni: The product is 60% oil and 40% water, so the price is driven basically by the oil, the water, and the monoglyceride, which is a common structuring agent used in the manufacture of shortening. The overall value is actually competitive with palm fat, not that—

Ms. Bonnie Brown: With what?

Dr. Alejandro Marangoni: With palm oils. Those are the shortenings produced by Crisco and the others.

In terms of price, it is comparable. Again, though, the question still remains about whether everybody likes it for every single application.

Ms. Bonnie Brown: Thank you.

I'll ask Ms. Sally Brown about her report. Have you heard back from the federal government, other than the “thank you for doing it” kind of letter? Have you had a response?

Ms. Sally Brown: No.

Ms. Bonnie Brown: Have you heard from any of the bureaucrats in Health Canada on whether they're doing anything to develop a response? I notice that you're suggesting that “Draft regulations be published in the *Canada Gazette, Part I*, by June 2007”. If they haven't started to move yet, that would be kind of a vain hope.

•(1620)

Ms. Sally Brown: Yes, it would.

We haven't heard. I think our message is—and just apropos of your former question—that we do believe that by the time we start and indicate that regulations are coming, it will be four years before all the bakeries are online. That is plenty of time to give to the industry. If you believe in market forces, then where there's going to be demand, there's going to be a solution.

Such a date is not possible now, but we're hoping that once it is announced, the dates will fall into place. Maybe it'll take a little less time, because I think the task force has done a good amount of the work in some of the areas, so maybe it can be done a little more quickly. In any event, there's plenty of time to develop alternatives, in our view.

Ms. Bonnie Brown: Are you hoping the food service industry will move forward almost simultaneously with the development of the regs or do you think the regs will have to come down before they can go forward?

Ms. Sally Brown: If we look at what happened with labelling when it was strictly voluntary, I think it was very slow. As soon as it became apparent that they were going to be regulated and would have to do it no matter what, the progress sped up. I would suspect the same thing will happen.

Ms. Bonnie Brown: May I ask Ms. Reynolds about her membership? Do you have an estimate as to what percentage of your companies are already moving in this direction?

Ms. Joyce Reynolds: I don't know if I can put it in percentage terms, but I can tell you that all the large companies are certainly working on this issue. The smaller companies are very much dependent on their suppliers and on what they can provide.

One of our objectives with this document is to get them to put more pressure on the suppliers to provide some of those trans fat alternatives.

Ms. Bonnie Brown: Good.

You also mentioned the other costs that the restaurant industry is facing. I think you said the salaries for food service workers rose 15% in the last couple of years. It seems to me they were never the best paid workers in the country. If they were making \$8 an hour and they're now making \$9.20, for example, I certainly don't think anybody would be too dismayed by that, when one considers what workers are making in other fields.

Ms. Joyce Reynolds: When you look at the food service industry, we provide first jobs or entry-level jobs. We provide lots of jobs for part-time workers who are saving for and contributing to their education.

If the wages increase too quickly, we then start to get inflationary pressures, and their buying power in terms of food becomes less as well. You create an inflationary spiral that becomes problematic for those who want to purchase food.

Ms. Bonnie Brown: It's the usual economic argument against giving poorly paid workers more money, but I'm very encouraged to hear that their salaries have gone up 15%.

Thank you very much, Mr. Chair.

The Chair: Thank you.

We'll now move on to Madam Gagnon.

[*Translation*]

Ms. Christiane Gagnon (Québec, BQ): I have two questions concerning the Danish model.

As a result of the Danish experience, industrially manufactured trans fats were successfully limited to 2%. Why have we not been

able to reduce the level of trans fats further in Canada? I can understand that it may be difficult for the industry and for restaurants. I also think that Canada is unwilling to apply these restrictions to meat.

We're all familiar with delicious Danish cookies and pastries. Have trans fat levels in Danish pastries been cut? Most likely they have. Why then do they still taste good? It hasn't been difficult to incorporate these steps into the strategy to eliminate trans fats. This would be more difficult to accomplish here in Canada because foods wouldn't taste the same and consumers would have a hard time accepting them. There seems to be some reluctance to act for fear that some food products would taste different. The Danes do not appear to share this concern, because they have taken it a step further than Canada.

I'd like to get your comments. Specifically, I'd like to hear what Mr. Hetherington, Ms. Brown and Mr. Marangoni have to say on this subject.

• (1625)

[*English*]

Mr. Paul Hetherington: Thank you for the question. Let me start off by commenting with regard to the threshold.

Denmark, as we know, has set a threshold of 2%, and I will respond now, as a member of the task force, that this was one of the questions we struggled with throughout our deliberations. Dr. Stender of the University of Copenhagen, I believe, if I have his name and affiliation correctly, presented to the task force and he was asked that specific question: why did Denmark choose 2%? His response was somewhat surprising to me as a member of the task force. He said, "Well, a 5% overall limit would have achieved the objective". I found that somewhat interesting, being a task force member.

With regard to the product differential in Denmark versus Canada, first of all, we're dealing with two totally different marketplaces, one having a much smaller population, about a quarter of our size, if my memory serves me correctly, and different purchasing practices too. They purchase more on a daily basis than we do here in Canada. They also use a lot more butter, to my understanding, and as an alternative, they went into the tropical fat solution. In that case they were able to produce it. My understanding also is—and this is after conversation with my member companies—they don't necessarily offer the same product range as we do here in Canada. So they may be challenged there.

Also, in regard to some other applications of the other uses of trans fats, such as in icings, Europe allows for additional additives to the food products that we currently don't have here. I'm talking about in the way of emulsifiers.

Ms. Sally Brown: Perhaps I can clarify something as well. With respect to the Danish recommendations, by lowering it to 2%, they could not include mixed foods. By mixed foods, I mean foods with natural trans fat and processed trans fat. In Canada we have an awful lot of mixed foods that are sold at retail, every pizza or pot pie. We wanted to make sure that we captured all mixed foods, because we eat a lot of them, and the 5% captures all mixed foods. So they're tied by the output level, even if they contain natural trans fats. We felt that was very important.

Dr. Stender did say that could they change what they have done, they would do what we're doing. The other thing is that he made it clear that when they changed, they changed holus-bolus and nobody noticed the difference.

The only other thing I'd add is that in Quebec there is a restaurant chain known as Pacini. I don't know whether you know of it. They assumed the regulations were coming and so they changed all 320 of their products, I think it was, to be trans fat free. It was not 5%, but trans fat free. They worked with the University of Montreal, I believe. They did it over a one-and a-half-year period. They can't claim it. There are no claims. It cost them, they said, in the first year 3% of their budget. They did not pass it along to consumers and their consumers have never noticed the difference in taste. We were very, very struck—My co-chair and I met with the restaurant chain, and that said to us, if you want to do it, you can do it.

The Chair: Go ahead.

[*Translation*]

Ms. Christiane Gagnon: I asked committee members to invite you here today because I had a question for you.

You mention labelling in your report and stated that there were limits when it came to increasing consumer awareness. With the exception of a very few people, most consumers understand labelling, more or less.

We're wondering if it's possible to put warnings on certain food product labels, as the UK does. These make it much easier to understand the trans fat content of food products.

Do you think this approach would work in Canada?

• (1630)

[*English*]

Ms. Sally Brown: I believe Heart and Stroke has been invited to come and speak to your committee next week about our health check program, so I won't speak to that. I guess my view is that labels are very, very important and they are difficult for consumers, particularly for ethnic consumers and those of lower literacy levels, to understand. They're not simple for me to understand. You really have to look at the serving size, and that's an important thing to educate consumers about.

I guess my view is, Heart and Stroke's view is, that for sugar and salt and everything else it's very important that the labels be there, that they be understood, and that people control their consumption of those ingredients. Trans fats are not an ingredient; they are a chemical produced by us that didn't exist previously, that has no benefit. They shouldn't be treated by labels; they should be removed. We did not put a label on paint cans to say there was lead in them; we took the lead out. Where there is a chemical that shouldn't be there, it should come out. It's very different from other ingredients in food, which should be labelled.

The Chair: Thank you very much.

Mr. Fletcher.

Mr. Steven Fletcher (Charleswood—St. James—Assiniboia, CPC): Thank you, Mr. Chairman.

I'd like to thank the witnesses for coming today.

I am reminded of when the motion came forward. It was Pat Martin's motion, and I was health critic of the opposition at the time. Pat Martin and I sat down late one night around my office table, and we came out with wording that Conservative members could support as well. The motion came through, and the task force report moved forward. It took a little longer than we expected for that task force report, but it did come. I think that goes to what I'm sensing is a frustration that things may not be moving as quickly as some people would like, but that seems to be the nature of the beast in government.

The issue of unintended consequences has come up: if we ban trans fats and there isn't enough time to replace the trans fats; that in order to comply with a very well-intentioned law, people substitute substances that are more harmful than trans fats. They're complying with the law, but the result is completely opposite to what everyone in this room would like to see. I would like someone to comment on that.

I will ask my questions first, because I inevitably get cut off.

The other aspect is trade. What impact is there on our trade relations, both for exports and for imports of product? What would the elimination of trans fats mean to products imported from a long distance away or even from our southern neighbours?

Finally, we had quite an exchange about two months ago with the Canola Council and the Heart and Stroke Foundation. The exchange basically was about mandatory versus voluntary regulations. I see you quote the Canola Council in your brochure, but at that meeting anyway, they were advocating for voluntary measures. Unfortunately, they're not here today. I wonder if someone could comment on what window would be necessary for voluntary measures. Also, maybe you have a two-and-two solution, but what if it were extended to a three-and-three solution, or four-and-four solution?

Those are my questions.

Ms. Sally Brown: I'll try, then maybe some of my colleagues can enter in.

You started, Mr. Fletcher, by asking how much time it will take to get the alternative supplies on the market. I guess I'd ask how much time is enough. We're suggesting four years. Actually, no one on the task force thought that wasn't long enough, including my colleagues here. That's four years, with a market signal that in four years' time there will need to be a healthier product for wide consumption in Canada and elsewhere.

Dow is very supportive of a strong market signal through regulation. I'm sorry they're not here. Without it, a piecemeal signal will not be good enough. The market needs to know, because it'll take four years to produce the seeds, plant the seeds, grow the seeds, and have the seeds turned into alternative product. I'm not an expert, Mr. Fletcher, but I just don't see how a regulatory process with a four-year outcome.... If you're extending it to six years or eight years, you might as well not have regulation.

The task force took longer than you wanted it to because we did our homework. So I would say that.

On trade, we did have one trade—what was it?—opinion, and it's quoted in the report, saying that there was no evidence that limiting the amount of trans fats in the Canadian diet would not be seen as a legitimate objective under trade law, because it's to protect human health. We're also conscious of the fact that Denmark has not been penalized in any way. The Institute of Medicine of the National Academies in the United States and the World Health Organization also agree that there would be no trade implications. We have said in the report that if there needs to be a stronger look at this, that should happen during the regulatory process, but there was no evidence that this would be a problem. So I just repeat what was in the report with respect to that. Not being Dow and not being an expert, I can't say.

I think the feeling was that regulatory measures would also meet some of Joyce's concerns. You wouldn't need to have a trans fats free claim in the restaurant sector if it weren't allowed. So I would suggest that you probably don't need to do all the work to create a claim if you decide that within three or four years there isn't going to be any. It might be the easier way to go, because I've seen how long it takes to get claims through. So I would suggest that it's not the best solution.

•(1635)

The Chair: Okay, our time is gone, but very quickly, go ahead, Joyce.

Ms. Joyce Reynolds: I'll answer the question on unintended consequences. Our industry moved out of sats and into trans—they thought vegetable oils were a healthy alternative—decades ago. So yes, there is a fear that they're going to move en masse to high oleic/low linolenic or some of the other new alternatives, and then somebody's going to say, well, gee, we didn't know at the time, but there's a problem. There's a little bit of a fear of that. We want to make sure that whatever we turn to will be healthy alternatives over the long term. We don't want to go back to saturates. That's something our industry is very clear about.

In terms of how long and the best approach, we want an approach that's going to provide access to a sustainable supply of healthy alternatives. We favour the quickest way, the best way, of having access to a sustainable supply of healthy alternatives. So that's just quick.

We're not trade experts. There was nobody on the task force who was a trade expert. That's one of the things we think government needs to look at.

Mr. Paul Hetherington: I need 20 seconds.

The Chair: Okay, you have 20 seconds.

Mr. Paul Hetherington: Thank you.

With regard to the long-term solution, we are definitely looking for a long-term, safe solution.

This is related to some of the challenge and the anxiety level that exists among bakers. In advance of a meeting we held last month with about 150 industry people, this article was published, and I shared it with them because we were talking about interesterified fats. I'll share it with the committee or leave it behind for the clerk. It says, "Intesterified fats, seen by some as alternatives to unhealthy trans fats, may also raise blood sugar levels and decrease insulin

levels, as well as adversely affecting so-called 'good' cholesterol levels, says a new U.S.-Malaysian study."

Now, that's one study, the source of which is somewhat questionable, but this type of information being put into the marketplace, for those looking to make decisions with regard to trans alternatives, is very confusing and very worrisome.

•(1640)

The Chair: Thank you.

Ms. Priddy.

Ms. Penny Priddy (Surrey North, NDP): Thank you, Mr. Chair.

Mr. Fletcher has more experience than I do, certainly with the federal government, but I realize that sometimes government does move very slowly. I have to say I'm very frustrated about this one, because not only are 30,000 people dying of heart attacks, but we're also now managing to make sure that women are equal in number. So we've gained equality in that way, not that this was the equality goal. All of the children we're talking about at this table are the potential 30,000, and by the time these regulations get through, they may be old enough to have one of those heart attacks.

The other thing I know about government is that it can also move with the speed of lightning, should it wish to. I'm sure we can find lots of examples of where that happens. Yes, sometimes things do take quite a while and nobody wants to do something carelessly, but I also know that government can move very quickly if government wants to move quickly. So 30,000 heart attacks a year, and the number of children we're talking about with potential type 2 diabetes and with a whole variety of other illnesses—candidates for being on your statistics—I would hope would cause us to move very quickly.

Because I wasn't privileged to be around when this began, and I realize that wasn't the consensus, I'd be very curious to ask whether the elimination of trans fats was put on the table for discussion.

Ms. Sally Brown: We were asked specifically to look at processed trans fats and not natural. That being said, we looked at natural because it came up. The beef people were on the task force. For three reasons, we didn't go there. One is that the evidence isn't as clear. Two, the levels are far lower. In beef and milk, it's 2% to 4%, but it's 50% in some processed products. Three, those products that have natural trans fats in them have a lot of good nutrients in them, and we didn't want to steer people away from milk and cheese and beef.

We have recommended, though, that we do some research, because the natural trans fat level in our beef and other products are higher than in other countries. Why is that? Is there something in the feed supply we should fix? So we did look at that issue.

Ms. Penny Priddy: Okay, so you did look at that.

Ms. Sally Brown: Absolutely.

Ms. Penny Priddy: With the percentages you came to, other than the ones you talked about—because other cities are talking about the elimination of trans fats, not a percentage—was elimination one of the things on the table? I'm not asking for the discussion that got you to where the report is.

Ms. Sally Brown: Yes, it was, but it was the 90-10 rule. We can get to 5% easily, and the health benefits are huge. The amount of work to get below that would bring marginal health benefits. It would still be a benefit, and that was one of the discussions we had. So it's evidence-based to go to 5%, but it's also doable, and we were told to come up with a practical solution.

Ms. Penny Priddy: Good. Thank you.

If you had a magic wand, a very small magic wand, what would you have happen today?

Ms. Sally Brown: I would have the government today announce that the Trans Fat Task Force report, as handed in, was going to be followed up within the timelines recommended, so that by three years all but those that can't change would have changed, and by four years everybody would have changed. That's what I would like.

Ms. Penny Priddy: Thank you.

Anybody else?

The Chair: Since there's a lack of response to that, my magic wand would be a majority government for the Conservative Party.

Some hon. members: Oh, oh!

The Chair: You had to ask, didn't you?

Now we have Mr. Dykstra.

Mr. Rick Dykstra (St. Catharines, CPC): I'm sure that was an unbiased comment on your part.

Paul, I have a couple of questions on one of the things you mentioned in your report. The first is that you believe a long-term solution to trans fats is required. What do you consider to be long term? We've heard anywhere from three to five to seven to ten years.

Mr. Paul Hetherington: What I mean by a long-term solution is looking at the genesis of this whole issue. I will go back to what Joyce Reynolds already referenced. In the sixties and seventies and through the eighties, the message was, get out of saturated fats. Industry made that effort and switched over to what we believed was a far healthier fat alternative. That switchover, unfortunately, was proven incorrect. When we talk about a long-term solution, we're looking for an alternative to trans fats that's going to be viable for us for the foreseeable future, without any negative health consequences coming up.

Put it this way. We don't want to be back here in five years having a similar discussion about an alternative that we're using.

•(1645)

Mr. Rick Dykstra: So the timeframe you're thinking of is five years. I would assume, based on what you said, that this gives clarity. This begins to give clarity to what you're speaking to, so therefore now we're talking about time versus process.

Mr. Paul Hetherington: When I said five years, I said that in the context of not wanting to be back here having a similar discussion because issues had arisen with regard to an alternative. That's what

we mean about a long-term solution. We want to have an alternative that's available in the marketplace, driven by a specific timeframe, that gives us an outcome that we're going to be able to use in the long term—for decades, hypothetically.

Mr. Rick Dykstra: My next question then is, why long-term? Why don't we just say this is what we need to do and then set a timetable to be able to implement the shift away from trans fat?

Mr. Paul Hetherington: Sorry, I may not have made myself clear, so I'm going to repeat this.

When we talk about a long-term solution, it's not to do with regard to a timeframe or with the recommendations in the task force report. We're not talking about an implementation timeframe. We're talking about a fat that we're going to be able to use for decades that will be viewed as healthy. We will not be back into another "trans" discussion as we are now. That's what I mean by a long-term solution.

Mr. Rick Dykstra: I can appreciate that. What I'm looking at is what type of timeframe you would consider to be reasonable to be able to do what you just said.

Mr. Paul Hetherington: The task force recommendation is four years, recognizing that the three years is for all industries and there is another year, potentially, for those that are challenged, such as the baking industry. Our issue, quite frankly, is that if at the end of the four years we don't have a viable alternative, what are we to do?

Mr. Rick Dykstra: Right, okay.

Joyce, you made a comment that piqued my interest or got me thinking a bit or asking a question immediately in my head. You listed off a number of businesses that have started that process of moving away or, in fact, of not using trans fat anymore. You indicated that they're having trouble communicating it.

Some of the companies that you listed off are unbelievably good at media, are unbelievably good at driving a message, are unbelievably good at having people come into their restaurants or their store to purchase. So I don't understand the relationship between the inability to communicate something that's good for you versus being able to get folks to come into their restaurants and buy their goods.

Ms. Joyce Reynolds: It's simply the case that the food and drug regulation indicates that they cannot make the claim that they use a trans-free oil in preparing their product.

Mr. Rick Dykstra: They're not allowed to say that?

Ms. Joyce Reynolds: The food and drug regulation says they can't do that, and that's the message they want to convey. They want to convey that message in promotions and advertising. There's a recognition—

Mr. Rick Dykstra: How come?

Ms. Joyce Reynolds: The regulation was put in place to prevent people from transitioning simply from a trans fat to a saturated fat. That is the reason it was put in place. The problem is that when you have the breadth of products in a food service establishment, you're going to have some products that have naturally occurring saturates that are higher than the two grams.

So there is a recognition that it needs to be changed, that it needs to be dealt with. It's a case of not wanting to wait. Sally asked if it would be faster to get rid of trans. We hope that's not the case. We hope those companies that have already eliminated trans fat from their processing will have an opportunity to make that information available—

Mr. Rick Dykstra: If the department simply changed a regulation, that would allow them to do that?

Ms. Joyce Reynolds: Yes.

Mr. Rick Dykstra: Thank you.

The Chair: Thank you.

Ms. Kadis.

•(1650)

Mrs. Susan Kadis (Thornhill, Lib.): Thank you, Mr. Chair, and welcome, everyone.

When I see in the materials statements such as that trans fats are toxins, I think we obviously all take this very seriously. Considering that we need an alternative—and that's been referenced a lot in the documentation in the task force—how much emphasis are you putting on research such as Dr. Marangoni's?

Dr. Alejandro Marangoni: Here's an interesting thing about exactly what you said. The food industry is not going to do absolutely anything if you don't regulate. It's a very low-margin industry. They're trying to make do. I work with many of them. They're just not going to do it. When they say “one year's time”, they don't even listen to you, because one year's time is way into the future.

You could say trans fatty acids are illegal today, and you wouldn't see a difference tomorrow. People could start using saturated fats. They just cannot make a single claim. You probably won't see that much change in the food products you consume. People cannot make the claim, that's all.

You could remove them tomorrow, if you wanted to, without any difference in price of any of the products that you use. So yes, they're not good, and yes, you cannot make the claims, but you could take them out. There's no issue about that.

As to research about novel ways of doing it, we've known since 1990, or before, here in Canada that trans fatty acids are bad. Nothing happened until the government said you must label them, at the end of 2005. Nobody moved a centimetre before then, and nobody will move another centimetre unless you tell them to do so. Why? Margins are low. Fat is cheap, hydrogenated fat. Now there are solutions out there. So you could take trans fat out completely tomorrow.

If you want to remove the saturated fats, you have to get into some crazy stuff like this. I think the Government of Canada, through

NSERC, the Advanced Foods & Materials Network, and the Ontario Ministry of Agriculture, Food and Rural Affairs—all of them have active programs supporting researchers at the University of Guelph and other places to do this kind of work, and I believe other organizations are supporting them too. So it's out there. Whether industry wants to adopt those technologies and come in and support them, that's another issue altogether. The food industry probably doesn't have the money to do that anyway.

That really is the point. If you want a real solution, if you want to call it that—no trans fat, no saturated fat—that's a little more complicated.

Ms. Joyce Reynolds: Can I respond to that as well?

I don't totally agree with you that the only way you're going to get action from the industry is through regulation, because we've already seen a huge number of companies transitioning out of trans fat. That's because consumers are demanding it. We are a consumer-driven industry, and that's the big driving force.

But I also want to draw to your attention to section 6.1.3 in the report, which actually recommends further research in a number of areas on trans fat. We very much endorse that recommendation as well.

Mrs. Susan Kadis: That's what I was actually getting at. I wanted to see the linkage between the two. Obviously we want to see the federal government continuing to invest in those areas.

Also—if I have more time, Mr. Chair—I want to ask how the recommendations of the task force could be incorporated into this committee's final report on childhood obesity, because that's something we're bringing forward soon.

Ms. Sally Brown: It would be with some difficulty.

A fat is a fat. Trans fats don't contribute to obesity any more than saturated fats do. They're not good, but they're no more caloric than saturated fats. So any fat will contribute to obesity.

In some ways, I wish they weren't called “trans fats”. Maybe if they were called “doorknobs” or something, then the distinction between them as an obesity-related ingredient and the fact that they're a toxin that is a risk factor for coronary artery disease would be clearer.

So we're really pleased you're looking at this, but trans fats aren't really an obesity issue.

Mrs. Susan Kadis: Yet we've heard, I believe, that our young people are more susceptible to heart disease at a younger age. I believe that's being set in place by diet.

Ms. Sally Brown: Oh, absolutely. The products that tend to be high in calories are the products that are either high in saturated fats or high in trans fats. All I'm saying is the caloric value is not that different between a trans fat and a saturated fat. The difference is that one of them also has this other huge, not passive but active, activity that makes it worse for coronary heart disease.

Our children are at huge risk because they're eating junk food. A lot of that junk food has both saturated fats and trans fats in it. So inasmuch as reducing our fat intake and our sugar intake is critical for childhood obesity, the distinction between trans fats and fats for obesity is marginal. What we're saying is, trans fat not only contributes to obesity because it's a fat, but it also, over and above that, six times worse, contributes to coronary heart disease.

• (1655)

The Chair: I want to pick up on that because your time is gone, but it relates to our study. We not only want children to understand that obesity and being overweight causes a health risk, but it's not about having skinny kids; it's about having healthy kids and a healthy country.

We need to remove the trans fats from children's diets, so they can be six times healthier.

Ms. Sally Brown: Absolutely, Mr. Chair.

I think Mr. Priddy said it: our children are being raised on a trans-fat-laden diet. No other generation has done that. By the time they are within the age of having coronary artery disease, they're at way greater risk, and this has to be dealt with by this committee.

As I said, we commend you for looking at it.

The Chair: Thank you very much. I just wanted that distinction made.

Ms. Davidson, you have five minutes. No?

Mr. Batters.

Mr. Dave Batters (Palliser, CPC): Thank you very much, Mr. Chair.

I'd like to thank all the witnesses for being here today.

I thought the last exchange was beneficial. While we're looking at childhood obesity as an issue, this is really an issue about coronary artery disease and the sixfold increase or greater chance of CAD with trans fat as compared to a saturated fat. I think that's powerful information.

All of us are concerned about the cost to the overall health care system and how that will be sustainable into the future.

If you look at my friend Mr. Dykstra, he has children. As kids grow up with this diet laden with trans fats, it will be a cost to the system. The only people happy here might be cardiologists, but they'd tell you they're not happy either. This is spiralling out of control. I think that testimony was useful for this committee.

Let me ask if anyone before us today has any problems with this report. Is there anything you strenuously disagree with? Like all the witnesses before, do you like everything you see in this report, and are you 100% on-board with it? Is that correct?

Paul.

Mr. Paul Hetherington: We'll have some comments with regard to some of the issues in the report, as I mentioned in our brief. I call them observations.

From a regulatory perspective, there are going to be some issues on addressing combination foods that use both a processed fat and a natural fat. I'm probably more focused on implementation issues.

Mr. Dave Batters: If the regulations are finalized—and I think you addressed this previously, Ms. Brown—will farmers and the industry have time to comply with the regulations, and is the timetable reasonable? Do you believe that?

Ms. Sally Brown: I believe it.

Mr. Dave Batters: If Health Canada doesn't pursue a regulatory approach—Sorry, yes.

Ms. Joyce Reynolds: In terms of the report, you asked if we were fully outside. As Sally said, there were lots of compromises in terms of putting this report together. There are some things we would have changed or done differently, but we are committed to the report in its current form. We think that it's a very reasonable report and provides for some flexibility for some of those more difficult applications.

Mr. Dave Batters: Ms. Reynolds, the CRFA issued "Guidelines and a Users Guide for Foodservice Operators" for reducing or eliminating trans fats in menu items. The document stated that CRFA supported the recommendations of this task force, and the guidelines and the user guide were developed to assist food service operators to reduce or eliminate trans fats foods sold in their restaurants. Are members of your association using these documents? Can you estimate the proportion of food service companies that are in the process of reducing trans fat levels in their menu items?

Ms. Joyce Reynolds: It's very difficult for us to assess that; we have 34,200 members. The document I distributed today is available to every food service operator across the country from our website. We've tried to publicize its availability as much as possible. This is obviously an issue of huge interest to our members.

We're certainly aware of the activities of our larger members. In terms of the smaller members, to be honest with you, I don't think some of them are even aware of some of the trans fats that are in the products they're purchasing. That's one of the reasons we put that guide together, to force them to look at what they're purchasing, at what contains trans fat, and to talk to their suppliers about providing alternatives.

• (1700)

Mr. Dave Batters: Wonderful.

Dr. Marangoni, I take it your product is patented, sir.

Dr. Alejandro Marangoni: Yes, it is.

Mr. Dave Batters: Excellent. When will you start to sell shares in this product?

Dr. Alejandro Marangoni: It depends on the legislation.

Mr. Dave Batters: I'm kidding, of course.

I'm going to talk to some of my colleagues who own Tim Hortons restaurants. We'll see if we can get them onside to start to pump out your little Tupperware container.

I found this quite fascinating today. Of course, some people would say there are issues of fundamental freedom at stake here. There's an issue of freedom in that if I want to eat doughnuts or chocolate chip cookies, it should be my God-given right to do so. Yet society has to then pay for a bypass or an angioplasty however many years down the road.

I think this is really important to look at, not only in terms of childhood obesity but even more so in terms of coronary artery disease, with organizations like the Heart and Stroke Foundation of Canada and the Canadian Cardiovascular Society that would be very interested in these proceedings. It really has a lot to do with heart health.

I commend you for your support of this report. I know we'll certainly be having discussions on the government side of the House, taking a very careful look at this report.

Thank you very much, Mr. Chairman.

The Chair: Thank you.

Mr. Malo.

[*Translation*]

Mr. Luc Malo (Verchères—Les Patriotes, BQ): Thank you, Mr. Chairman.

Welcome, ladies and gentlemen. Thank you for joining us.

As I listen to the comments this afternoon, I've come to realize certain things. First of all, trans fats are toxins. Secondly, in terms of food safety, there are no guidelines as to the minimum amount of trans fats that a person can ingest.

Professor Marangoni stated that he had come up with a substitute for trans fats. I don't sense that the people here today are brimming with excitement or enthusiasm over this discovery.

My question is for Mr. Hetherington. How do you feel about this discovery which I think is quite exciting? As committee chair, I tasted the Professor's cookies and I found them to be quite delicious.

[*English*]

Mr. Paul Hetherington: I didn't taste the cookies, so I don't know. I only wanted to have an opportunity to share with the committee members.

In answer to your question, it's interesting. Mr. Marangoni and I previously spoke about his product. One of the questions I put to him, as I've identified here, is this. One of the challenges we face is with the laminated dough or the puff pastry. In our discussions, we didn't resolve whether or not there really was an application. The focus has been on the cookies, cakes, muffins, etc.

I'm actually having the professor do some trial work with one of our members who produces a puff pastry-style product to try to identify exactly what the outcome would be. If the outcome is a positive one, it would obviously go a long way to address the challenges we're facing.

Ms. Joyce Reynolds: I'm excited about the prospect of this new product as well. But I also know it takes time to get a product to market and it takes time to get health approvals on any new product.

I actually have a lot of questions in terms of how quickly you're going to be able to master all of those hurdles. As I said earlier, we don't want to find out later that it was a great idea, but it actually had the same impact in terms of health. How quickly can we rule that out as a concern?

Those are the types of questions that I and some of my members would have.

• (1705)

Dr. Alejandro Marangoni: If I may answer that, in the Royal Society of Chemistry paper that just came out, we did a clinical trial showing that it actually had no effect on the lipid-protein metabolism. It behaved such that in a controlled release of lipids, it lowered the insulin response in the body. It was interesting. But once you put it in with a million chocolate chips, it doesn't mean that you know what's going to happen. That's the problem with a lot of these things.

Yes, we're waiting for validation. It's a conservative industry. They want to see that it works very well for everything. Until that happens, it's not going to happen.

[*Translation*]

Mr. Luc Malo: How long could that take?

Dr. Alejandro Marangoni: It could take a year.

Mr. Luc Malo: Is that all right with you, Ms. Brown?

[*English*]

Ms. Sally Brown: It would.

It's a canola product, is that right?

Dr. Alejandro Marangoni: You can use any oil you want and make your constituents happy. You can use soybean if you're from the east. You can use canola from the west. And you can use both of them if you're from the Far East or something like that, I don't know.

One issue on which I have not heard from any of you is the trade issue, which in this case is gigantic. Hydrogenated fat is a Canadian product. You have the western growers with canola and their big hydrogenating plants. They send it to the rest of the country. They'll lobby, because their livelihood depends on this hydrogenation.

In the United States it's soybeans. If you talk to the U.S. soybean board, they'll tell you that their hydrogenation of soybean oil is what provides...and the livelihood of the entire Midwest comes from this. If you legislate against them, the farmer must have some idea that this is not going to put half the country out of business. That's why ADM is now selling fully hydrogenated interesterified fats, with steric acid. They're supposed to not be bad for you, but they're saturated.

So these issues have to be taken into account. This material here uses locally grown products. In the U.S. what has happened is that soybean growers have lost and palm imports are increasing exponentially. I'm not saying that is good or bad, I'm just saying that the farmers are losing out here.

Sometimes you will hear those issues take precedence over whether you kill more people or not. They are very important. I guess those people should be calmed down and told that whatever solution you use, you're not going to put half the farmers out of business.

The Chair: Thank you very much.

Ms. Priddy, I really hesitate to go for one more—Okay, that's fine.

Ms. Penny Priddy: I'll be very quick. I have really just a statement, because I think we missed a point.

Ms. Brown, when you were asked whether the trans fat report really had any implication on the obesity report, I think you said sadly not, in some ways. But I don't want to paraphrase you.

Ms. Sally Brown: No, as a fat, it's very important.

Ms. Penny Priddy: As a fat, yes. However, what we do know is that obese children are more health-compromised in terms of wound healing, in terms of respiratory problems. Then if we make them six times more compromised because of the—I mean, we already have children health-compromised because of their obesity, in terms of recovering from illnesses and so on. So to actually add to that, I think, would have significant implication for the group of children we're looking at.

Thank you.

The Chair: Thank you.

Just to recap as we draw this to a close, the message or the question to the trans fat committee is that it's not just that we have to eliminate trans fat; we have to replace it with low saturated fat. The second part of that message gets tamed down, and I think the doctor really addresses it with this product.

I want to thank you for the work you've done. As a committee, I think we have to be careful, when we message our report, that we give both sides of that message in the report.

Is that fair? Would everyone at the other end agree with that?

Ms. Sally Brown: Absolutely, and we hope that came out clearly in our report. We've done whole tables on healthier alternatives. The task force could have said that just replacing with saturates is good enough—because they are six times less dangerous—but what we actually said was that if we can, we should even move past that to healthier alternatives.

I hope that came through in the report.

The Chair: Thank you. I just wanted to clear that up.

I was also really intrigued to find out which product has 45% trans fat: peanut butter. I'm pleased that one of my last peanut butter sandwiches was in grade 10 or 11. It makes me feel a little bit better and a little healthier.

With that, I want to thank everyone who testified before the committee. We look forward to reflecting your views in our report. Thank you very much.

Members, thank you for your questions. Next Monday we're hoping to have a review of the report. We will spend a little bit of time, just after the video conference, to do a review of the report. Hopefully that will work out. I would encourage the new members to please read the report and come with questions. Thank you.

This meeting is adjourned.

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