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Chair

Mr. Larry Miller

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• (1600)

[English]

The Chair (Mr. Larry Miller (Bruce—Grey—Owen Sound, CPC)): We'll call our meeting to order.

Today we have with us representatives from the University of Ottawa and, as an individual, Mr. Wilson. From Option consommateurs, we have Ms. Anu Bose. We also have representatives from Toxin Alert.

We'll start with our witnesses. Please keep your opening remarks for each organization to ten minutes or less.

We'll start with Mr. Wilson.

Dr. Kumanan Wilson (Associate Professor, University of Ottawa, Canada Research Chair in Public Health Policy, As an Individual): Thank you.

I sent around my presentation beforehand. I hope everybody has a copy; largely, I'm going to read from it. My presentation will centre around two main points.

I've been studying public health in Canada for about ten years now as a Canada research chair in public health policy. I've studied problems with surveillance, disease outbreaks, and blood safety.

I'm going to focus on two issues related to listeria that also relate to those previous emergencies we've dealt with: the coordination of activities in health protection between federal and provincial governments and the effectiveness of the current governance system of the Public Health Agency and its chief public health officer in protecting the health of Canadians.

With respect to the first point, the issue of coordination of activities between federal and provincial governments has been an ongoing problem in Canada and the subject of multiple reports. Specifically, three Auditor General's reports have identified this as a shortcoming, the latest of which was in 2008. Also, following the SARS outbreak, this was a major finding of the reports that followed.

One of the issues that continues to recur is the problem of sharing data between federal-provincial-territorial partners. There have been efforts at developing data sharing agreements for I think 10 to 15 years now in Canada, and we've had very little success in developing comprehensive agreements. Again, three Auditor General's reports have highlighted this as a problem.

During SARS, this was a major issue, as identified in particular by the Campbell report. In fact, if we had had adequate ground-level surveillance and proper data sharing in place, we likely could have avoided the travel advisory, because the epidemiological evidence at the time suggested only in-hospital transmission.

More significantly now, we have approved the international health regulations, so it's now binding international law that we have these agreements in place. This does not mean simple letters of intent, but clear protocols on how data needs to be shared between provincial and territorial governments and the federal government.

We have looked at this in detail and specifically at how Canada is doing compared to other countries, including India, the U.S., and Australia. At least from what we've seen on paper, we're one of the least prepared, particularly to comply with the international health regulations. Australia, a parallel federal country, is in a much better position to administer this agreement and respond to public health emergencies. The practical situation may be different, though it is worrisome that little legislative, funding, or intergovernmental agreement progress has been made, given the multitude of reports we've had on this topic.

Again, during listeria—and I found this concerning—we saw the same problems recur. What was particularly peculiar with listeria, though, was that usually the information sharing issues had been between the province and the federal government, but, at least according to the Ontario report, the problem as they viewed it was that Ottawa didn't share information with the province.

I have a quote from the Ontario report. Specifically, it states, "Although the Ministry of Health and Long-Term Care asked the CFIA for comprehensive information on the distribution of the products implicated in the outbreak, this information was never received." It later goes on to say, "If public health authorities had had timely access to this information, they might have been able to take additional targeted steps to reduce possible exposure among the general public." These information sharing issues have real health consequences.

Again, it's unfortunate that it has to be said yet again that this issue has to be immediately addressed or else we're going to have yet another public health emergency that could have avoidable aspects to it. What may be different this time is that these agreements need to be bidirectional: not only do there need to be commitments from the provinces to share information with the federal government, but the federal government has to make an equal commitment to share information with the provinces and territories. If these agreements cannot be arrived at, I think legislation is the only other alternative. I'll leave it to Professor Attaran to discuss the constitutionality of that.

My second and perhaps more substantive issue that I would to discuss is that the Public Health Agency as it's currently structured is not designed to maximally protect the health of Canadians. I'd argue that listeria was the first major test for the agency since its creation, even more so than HINI, because it was an unusual, unexpected outbreak and we have had multiple protocols for things such as influenza outbreaks.

•(1605)

I remain uncertain about the ability of the Public Health Agency, particularly the chief public health officer, to act independently to address these types of emergencies independent of political and economic pressures in particular. I will make the caveat that this is not a simple question. Public health is interlinked with the mandates of numerous other federal agencies, and complete independence of the agency and the chief public health officer may not be desirable because public health officials have to work within government. But my conclusions are that the existing sets of arrangement are not satisfactory.

It's certain that the contamination of foods by listeria is a matter that falls under the jurisdiction of CFIA. However, once individuals start to fall ill from these foods and die from these foods, at that point, this is not a food inspection emergency. I would argue that it's a primarily a public health emergency.

In the listeria outbreak, the Public Health Agency of Canada, however, was not the public face of the response. The primary communication of the outbreak was conducted by CFIA and the Minister of Agriculture. I must say that I found it odd that the chief public health officer was not the chief spokesperson during the listeria outbreak.

As stated in the SARS report, the purpose of the chief public health officer is to "be a leading national voice for public health, particularly in outbreaks and other health emergencies, and a highly visible symbol of a federal commitment to protecting and improving Canadians' health". This was clearly not the case during the listeria crisis, and my observations were echoed in Ontario's report as well.

I believe some of the explanation for what may have transpired lies in the Public Health Agency's less than arm's-length status from the government. Listeria was a prototypical example of why an arm's-length public health agency is needed. The outbreak crossed over two areas, food safety and public health, had political repercussions, given the presence of a federal election, and, as well, the outbreak had important economic consequences. Therefore, there may have been many opportunities to subordinate the role of the

Public Health Agency and consequently public health concerns during the management of the outbreak.

The structure of the Public Health Agency was discussed in detail in the SARS report. I had the opportunity and the privilege to present to the head of the investigation. At that time, I argued that, to an extent, a Canadian Blood Services model may have been preferable to provide more autonomy for the decision-making with regard to public health safety. Our Canadian blood system is a textbook case of how to recover from a public health tragedy, one of much larger scope than both SARS and listeria. Currently, our Canadian blood system is viewed as an international leader. An important reason for that is its independence and autonomy, and it has the ability to attract highly qualified scientists and blood safety experts.

So I'd argue that the Public Health Agency, or at least a component of it, needs to have more autonomy. One mechanism is to create a separate health protection agency specifically designed to prepare for and manage public health security threats, such as foodborne illnesses, pandemics, etc. This can be staffed with high-expertise scientists, some of whom would be shared with provincial agencies.

Along with that, we would have to develop an independent chief public health officer. The chief public health officer at present is not truly independent. They hold the position of deputy minister and serve at the pleasure of the minister. As long as this is the case, we cannot be assured that a chief public health officer is speaking independently.

At the minimum, I believe that a chief public health officer should be provided with protection against dismissal without cause and should be provided with unambiguous authority to communicate directly with the legislature. Also, the Public Health Agency should have a protected budget.

Thank you very much.

•(1610)

The Chair: We now move to Mr. Attaran.

Dr. Amir Attaran (Professor, Institute of Population Health, University of Ottawa): Thank you, Mr. Chairman.

I'm Professor Amir Attaran of the Faculty of Law and the Faculty of Medicine at the University of Ottawa. I'm also on the editorial team of the *Canadian Medical Association Journal*, and I'm trusting that our editorial of last year on the listeriosis problem has now been circulated to everyone on the committee. That editorial was written by me and six other members, indeed the full editorial team of the journal. We are Canada's leading medical journal.

In our joint assessment—not mine alone—listeriosis, as the title of the article goes, is the least of it. It is emblematic of broader problems, very well-understood and deeply neglected problems that each day threaten to kill Canadians. Let me be as blunt as that. Parliament, through inaction, is currently endangering Canadian lives through insufficient regulation but also insufficient structures for public health promotion, as Dr. Wilson has just outlined.

In the case of the listeriosis problem in particular, the seeds lay first and foremost in poor regulation. We researched Canada's standards for *Listeria monocytogenes* bacteria in ready-to-eat food and have compared Canada's standard to that of 30 countries, including the United States, Brazil—a developing country—and those in Europe. We found that of the 30 countries we looked at, Canada had the weakest, lowest standards. Of 30 countries, Canada is in 30th place. If today we were in 29th place, I could report progress to you. We are not. We are in last place. We allow 100 live bacteria per gram of ready-to-eat food; that's legal. The United States allows zero. All of the European Union allows less. Even Brazil allows less.

The seeds of this disaster also lay in poor cooperation, as Dr. Wilson has outlined, between the federal agencies responsible and the provinces. He is quite correct that the Auditor General has three times in about the last decade pointed to this communication breakdown between the federal and provincial governments as extremely alarming. It is. It would potentially be the cause of massive death in this country if a pandemic of a more serious nature took hold.

In the listeriosis epidemic, Ontario bore the brunt. That's interesting, because Ontario is the only province to have signed an information-sharing agreement with the federal government. The other nine provinces have not signed such an agreement, despite a decade of effort. So Ontario is the high-water mark of our ten provinces in terms of cooperation, and yet it was in Ontario that the disaster of listeriosis struck the hardest. If this is our high-water mark, I am terrified, as a Canadian knowledgeable about public health, to think what the low-water mark looks like.

We do not know if political interference caused so little information to be shared with Ontario, including information about the source of infected meats and where those meats had been distributed. Had that information been shared and acted on, the Ontario chief public health officer has said, it could have saved lives. I agree—it could have—but it wasn't shared.

The question often arises as to whether there is constitutional authority to do more federally in health regulation and health promotion. I will now speak briefly as a lawyer. The answer is, emphatically, yes. There's nothing in the Constitution Act, sections 91 or 92, that compels us, as Dr. Wilson has said, to be the slow kid in the class among federal nations in having the least effective cooperation between the federal and provincial levels of government in times of health emergency. That is not an imperative in the Constitution.

•(1615)

I'll give you an example. When recently pigs in Alberta on a particular farm acquired the H1N1 influenza virus, the federal government took principal authority over that outbreak. In 2006,

when geese on a farm in Prince Edward Island were found to have bird flu, it was the federal government that quarantined the farm. The federal government today has a greater role in health protection and promotion for Canadian pigs and Canadian geese than Canadian people, and that's a travesty. In times of crisis, we really could all find our lives at risk because of unutilized federal jurisdiction. It must be utilized; it must be. During questions, I'll be happy to tell you where that residual authority in the Constitution could and should be utilized.

I paid close attention to Parliament's exercise over the last few weeks. You're all to be commended for trying to better understand what happened in the listeriosis crisis, but I do believe this has been a largely futile exercise, because you've not been able to have before you some key witnesses, or to compel evidence or persons to appear. That is why this matter needs an inquiry under the Inquiries Act. It's absolutely essential to maintain public confidence and public safety. The investigation, as it's called, that is now under way that was requested by the Prime Minister also lacks those powers to compel evidence and persons, and therefore is inadequate.

In an inquiry struck under the Inquiries Act, which is what we advocated in the *Canadian Medical Association Journal*—not myself but the entire editorial team—there will be several questions. I would simply outline three of them. First, why are Canada's standards for *Listeria monocytogenes* bacteria in food so incredibly low, the worst of 30 countries we looked at? Second, why was information not shared in an efficient, complete, and timely manner with the provinces? Third, what transpired politically, and did it amount to interference to the jeopardy of Canadians' lives? The third is the most important question.

From those three questions within the inquiry, I believe a picture can be sketched that would be protective of all Canadians' lives, going ahead. This should not be about partisan politics; it should be about saving people from known threats.

Thank you, Mr. Chair.

The Chair: Thank you very much.

We go now to Ms. Bose, ten minutes or less, please.

Mrs. Anu Bose (Head, Ottawa Office, Option consommateurs): Thank you.

Mr. Chairman, vice-chairmen, committee members, clerk of the committee, ladies and gentlemen, let me begin by thanking you for giving us this opportunity to appear before you on the question of food safety and the listeria outbreak of 2008.

With me today is François Décary-Gilardeau, who is an analyst in the head office in Montreal. We'll share the speaking duties today.

François.

• (1620)

[*Translation*]

Mr. François Décary-Gilardeau (Analyst, Agri-food, Option consommateurs): Thank you, Anu.

Option consommateurs was established in 1983. We are a non-profit organization whose mission is to promote and protect the interests of consumers and ensure that they are respected. Our head office is located in Montreal and we also have an office in Ottawa. We intervene in matters of public policy that involve the federal and Quebec governments.

As regards the listeriosis crisis, we have been very active in this file since the problem first came to light in June of 2008. We have repeatedly called for a judicial inquiry, very much like Mr. Attaran. Option consommateurs also launched a class action suit in Quebec against Maple Leaf Foods. As you know, similar actions were commenced in Saskatchewan and Ontario. Furthermore, a national settlement was recently approved by the courts. The claims administrator is now accepting individual claims. We have provided a copy of the relevant documentation to the clerk, Mr. Chaplin, for your perusal.

We are here today to give you the consumer's perspective on the handling of the listeria crisis and to make some recommendations on how the Canadian Food Inspection Agency might become a more consumer-friendly organization.

[*English*]

Mrs. Anu Bose: On the role of government in food inspection, Option Consommateurs believes that the Government of Canada has a duty of care. In matters of food safety, the duty of care is to inform and protect citizens from harm by promptly informing the public when a contaminated product is identified and to order a prompt recall. We believe that government has a fiduciary responsibility to its citizens, that it stands in a special relationship of trust, confidence, or responsibility to taxpayers, and this has been diminished greatly by the loss of 22 lives and the untold suffering of many more.

Nik Nanos, of Nanos Research—a pollster familiar to all sides of the House—conducted a national survey of 1,001 Canadians, 18 years old and above, from April 25 to May 3, on behalf of the Agriculture Union, a wing of the Public Service Alliance of Canada, and it revealed that the consumers of Canada trust their government more than industry to guarantee the safety of their food.

We have outlined for you some of the findings. Only 12.4% of Canadians have a high level of trust in food companies to assess themselves when it comes to safety and compliance. Neither side fared well when Canadians were asked specifically how best to describe last summer's deadly listeriosis outbreak after contaminated processed meat made its way into the marketplace.

For the CFIA, regrettably, the consumer is invisible. Nowhere on the website is there a mention of the consumer, the citizen, the taxpayer, whose spending generates over 60% of the GNP of this country.

Minister Ritz has said:

The ultimate role for CFIA and for public health, provincial health agencies, and so on, is public safety, to make sure that the food supply is safe.

We ask, "Safe for whom?"

Ms. Weatherill, who is leading the other inquiry into food safety, has created an advisory panel of experts. There are academics there—some with ties to industry—and industry representatives, but no representatives of the very consumers who bore the brunt of the listeria crisis. We were able to track her down after much sleuthing.

You've heard from a representative of the Canadian Partnership for Consumer Food Safety Education, who says that consumers have to be taught about food safety and are looking for information. We agree with her and we say that we need impartial, clear, timely, and jargon-free information presented in simple English and French, so that people with literacy challenges and the newcomer population are not disadvantaged.

For consumers, CFIA is uncharted territory, but this is in stark contrast with Health Canada, which welcomes and facilitates consumer participation through joint committees and frequent consultations. A regulatory agency like CFIA does not have to be in an adversarial relationship with consumer groups. Indeed, in the U.K., Consumer Focus, which was formerly the National Consumer Council, and the Food Standards Agency co-exist quite well, and the NCC gives it very good ratings for openness. But we have been frustrated when trying to obtain information from the CFIA during the listeria crisis.

[*Translation*]

François, would you like to address CFIA's schizophrenic mandate?

•(1625)

Mr. François Décarry-Gilardeau: Much of the problem likely has to do with CFIA's mandate, which might be described as schizophrenic.

According to Mr. Malcolm Allen, the Agency's role involves public safety, first, and second, economic viability for the stakeholders—which, as far as Option consommateurs is concerned, means the producers and processors.

However, let us talk about a similar case that was studied by the Royal Society of Canada, whose report was quoted in these terms by Mr. Allen:

If the same government agency that is charged with the responsibility to protect the public health and environmental safety from risks posed by technologies also is charged with the promotion of that same technology, and if its safety assessments are, by official policy, balanced against the economic interests of the industry that developed them, this represents, from the point of view of both the public and the industrial stakeholders, a significant conflict of interest.

Therefore, we believe that the Canadian Food Inspection Agency should develop a new framework, as did the Food Standards Agency in Great Britain in the aftermath of the BSE crisis, in order to better serve the interests of the consumer and industry in a balanced way. A crucial element of any safety or security assessment is to balance the low risk of an accident against its high potential impact.

[English]

Mrs. Anu Bose: We believe that the principal function of the CFIA is to protect the consumer and that health and safety concerns should outweigh commercial considerations and minuscule savings in government expenditures. We are not against producers and processors earning fair and equitable profits, but not at the cost of the health of Canadians.

Let's take a look at the example of the recent financial crisis. Canadian banks have proven to be a shining example in the world, because they were prevented from indulging in innovative financing arrangements. The zeal for deregulation set the U.K. and the U.S.A. banks up for a fall—and fall they did. If an ounce of prevention is worth a pound of cure, then the stricter the regulation the fewer the chances for error. If regulation has served the country well in one jurisdiction, then why not in another? Canadian consumers expect inspections, not audits; they want inspectors poking around on shop floors, not wading through reams of paperwork. They expect a made-in-Canada version of the FSA. Their website says that everything they do reflects their vision of safe food and healthy eating for all: putting the consumer first, openness and independence, science- and evidence-based.

We recommend the following policy changes.

Overall, we say that Government of Canada must accept two fundamental principles: the duty of care, and the precautionary principle.

In order to regain public confidence, we recommend a major transformation in governance and the promotion of a culture of transparency and openness. And we recommend an advisory group to work on revising the CFIA mission and mandate.

The system of verification must be conducted and managed by government and must include adequate sampling.

In the event of a major crisis, the CFIA must establish a system of communication that answers questions from media, provincial agencies, and public health organizations.

Above all, the agency must establish a clear recalls process. This should clearly identify which party bears the responsibility for initiating and who does the follow-up. And the recalls process must be both rigorous and flexible.

The current management of the CFIA leads to a real democratic deficit. This is manifested by a culture of secrecy and lack of transparency. If the agency wishes to restore its credibility, it must review its structure and functions, and do so openly. A laissez-faire policy is not an option, not when there are 22 deaths, compounded by the suffering of parents, friends, and many other Canadians.

Thank you.

The Chair: Thank you.

Mr. Espy.

Mr. Mike Espy (Chairman, Toxin Alert Inc.): Thank you, Mr. Chairman and members of this important subcommittee, for the opportunity to testify before you today.

In addition to being a former U.S. Secretary of Agriculture under the Bill Clinton initial administration, I served for seven years as an elected member of Congress from the State of Mississippi. In that regard, I know how difficult it is to manage schedules, and I really appreciate your making the time available for us to discuss this particular issue.

Appearing with me today is Mr. Bill Bodenhamer, who is the president of a small biotech company that we are here to discuss. We have a product that we think is incredibly valuable in the area of prevention and notice. Also appearing with me is Mr. Petroff, who is the vice-president of our company and our chief scientist. If there are questions that are more technical in nature, perhaps I can refer to them as well.

I'm not appearing as a former U.S. Secretary of Agriculture but as the chairman of the board of directors of a small Canadian biotech company called Toxin Alert, which is headquartered in Mississauga. This company has a technology to detect food-borne toxins. If fully deployed, it could provide valuable signals to the consuming public that the food they're about to consume has become compromised to the point that it is perhaps unsafe to eat.

The company is about ten years old. We were born in a bioreactor at the University of Guelph and have received plaudits from time to time from Canadian state agencies and entrepreneurial and science magazines as one of the "innovative" new companies to watch in the field of Canadian biotechnology.

We are certain that the diagnostic antibodies produced by our company will have the capability of detecting dangerous food-borne pathogens, and are engineered to emit a visible signal to the consuming public of the presence of pathogenic materials.

Once it's in the commercialization stage—we are not there at this point—we believe that our technology will hold tremendous promise in providing consumers the valuable option of having real-time information about the status of their foodstuffs. That will most definitely be helpful in ameliorating the serious food safety concerns that have given rise to this important hearing this evening.

The public official in me is still there, and I believe that the government has an obligation and a compelling role to play in warning the public against known health hazards and then, if possible, helping to advance, vet, and offer solutions. If any entity is able to viably provide real-time diagnostic tools into the hands of the public, then government should advance rather than impede the process, in conjunction with private enterprise whenever possible.

I felt the same way in February 1993 after I had been appointed by President Clinton. I had only been there about three weeks when we heard about an episode of hemolytic uremic poisoning from E. coli pathogen 0157:H7. It had been in tainted hamburger meat that children ate from a fast-food franchise restaurant in Washington State. Their parents had bought the hamburgers, and unfortunately several children ingested them and met their demise. I had never before heard of this pernicious strain of the E. coli pathogen. A month later in New York City I grieved with the parents of a three-year-old girl who had innocently asked her mother to cook her favourite dish for her birthday, spaghetti and meatballs. The meatballs were undercooked and the little girl died a painful death as a result of E. coli poisoning.

As a result of those episodes, which are still striking to me, I bring sympathies and condolences to the families here in Canada who were so tragically affected by the recent listeria outbreak. I have a bit of knowledge and understanding regarding the situation you are faced with, in trying to seize upon effective remedies, products, processes, and strategies to detect, control, and perhaps to even eliminate listeriosis and other pathogenic culprits.

• (1630)

I do understand that effective solutions are difficult to find, but I also believe, as I'm sure you do, that all public officials have a sacred trust to fulfill and must push forward undeterred, even if others push back when the public interest is in jeopardy.

After my abrupt introduction to the E. coli pathogen in 1993, I tried to find out everything I could about the food-borne pathogens in the U.S. I'm here to admit that in the U.S., 76 million people are still caused to be sickened every year; 325,000 are still hospitalized; and over 5,000 still unfortunately die on an annual basis.

Thankfully we have seen some comprehensive reforms in the U.S. over a brief period, from what I call the "dime standard"—and this was ridiculous to me—where an inspector, if you will, in one of our federal slaughterhouses could allow pathogenic contamination to be trimmed away only if an observable feces chip on a carcass was larger than a dime, to the more aggressive practice of trimming, applying microbial washes, and the introduction of HACCP

practices in cooperation with regulated companies, to pathogenic-specific vaccines, and greater food safety standards. But we have much more that we ought to be able to do.

In the U.S. today we still have sort of a patchwork system of food inspection, with 12 different federal agencies all having some role and responsibility in the food inspection system, and where pizza is inspected by two different agencies, depending on whether it's cheese pizza or pepperoni pizza.

I am impressed with statements made by President Obama's current secretary, Mr. Vilsack, regarding his intent to move toward promotion of a modern unified food safety agency. However, much still remains to be done, from Upton Sinclair's work, *The Jungle*, to a more efficient standard of food safety. Still much more work has to be done to offer even greater protections and reforms to an expectant and deserving public. More needs to be done in both countries to help restore the public's confidence in the food supply.

Despite anticipated push-back from entities feeling threatened, greater reform in the area of rapid traceability, comprehensive inspections, and mandatory recalls should be aggressively pursued.

Mr. Chairman, from the standpoint of Toxin Alert, the small company headquartered here in Canada, we're here to humbly ask the question: If there exists a promise of another layer of protection, another weapon in our science-based arsenal, another tool in our box, then why should we continue to lay them aside and not pursue the application?

What we humbly offer is the possibility of another option, a detection device called Toxin Guard, which could provide even more confidence to the consuming public that their food is safe to eat, engineered to produce a visual signal that whatever is contained within that plastic wrap is generally okay to bite into. If the burden across the industry has shifted more to the consumer—to wash their hands more diligently, to cook their foods more thoroughly, to store with greater care, and to more diligently observe what can be seen within and among their foodstuffs—then why don't we arm them with greater knowledge of unseen dangers if such can be made available without great harm and expense?

What we offer, Mr. Chairman, is the possibility and promise of science. The Toxin Guard technology could also greatly assist food inspectors, whether they are federal, provincial, or municipal, in carrying out their duties and ensuring a very high level of surveillance over packaged foods even after they have left food processing plants—in transit or on retail shelves. The consumer would be in a position to detect harmful pathogens right up until the point the package is opened prior to consumption.

So we are here to ask you to take a good look at the promise of Toxin Alert and its Toxin Guard technology. Simply put, when deployed on packaged foods and in the presence of harmful pathogens, be it salmonella, listeria, E. coli, or Pseudomonas—whatever antibody it has been engineered to detect—a visual marker alerting the consumer of the possibility of ingesting harmful bacteria would result.

I would hasten to say that I'm very proud of the technology. It's been proven by laboratories in the U.S. and also in Canada. But I would hasten to add that it's not that simple. Our product is still in the developmental stage and is not yet ready for commercial use. Although we have utilized commercial presses to imprint our antibody delivery device onto plastic material, greatly reducing the incremental cost in the process, we're still at least two years away from full commercial application in large markets.

• (1635)

In these days of economic downturn, we find that our research program could truthfully use a bit of a financial boost.

As I conclude, Mr. Chairman, I will tell you and the members of the committee that there has been high interest in this product in the United States. Right now our company has a contract with the U.S. Department of the Army in the Picatinny Arsenal in the state of New Jersey and Natick Labs in Massachusetts. The toxin technology is currently being tested as a way to confidently deliver food rations to troops in the field and to be able to detect the presence of spoilage and contamination. We look forward to the completion of the joint project with the U.S. army and the prospects of civilian application and private commercialization projects that could soon ensue.

Lastly, I have a word about HACCP. I'm not here to condemn HACCP or any company, but I have to say that HACCP is also currently employed in the United States, and it is, as we know, a process monitoring system, but it is only as good as the company that is monitoring it, the staff that has been deployed toward it, and the overall seriousness with effect to monitoring it. Both must be supported by a management structure that is strong enough and effective enough to ensure that the plan is followed in all respects and that nothing can fall through the gaps. This is critically important in enterprises that could possibly involve life and death, like food.

As I finish, Mr. Chairman, I will say that in the U.S. I've had chances to talk to slaughterhouse and abattoir workers, and the acronym they use for HACCP is "Have A Cup of Coffee and Pray". That's what they say.

Thank you, Mr. Chair.

• (1640)

The Chair: Thank you. That's a new one we haven't heard.

We will start of our questioning with Mr. Easter.

A point of order?

Mr. Brian Storseth (Westlock—St. Paul, CPC): Just out of curiosity, I understand from reading the blues from the last meeting that Ms. Bennett was very concerned about bringing these witnesses forward. I was wondering if the committee wanted to adjourn until Ms. Bennett resumes with us so that she can have an opportunity to be here for them. It's up to Mr. Easter.

Hon. Wayne Easter (Malpeque, Lib.): Just on that point of order, Mr. Chair, the fact of the matter is Mr. Anderson and Ms. Bennett, as I understand it, at the moment are both doing an interview on one of the networks over the crisis that this government has caused relative to isotopes and their not being available for cancer treatment and detection.

The Chair: Neither one is a point of order.

Mr. Easter, you have seven minutes or less.

Hon. Wayne Easter: She will be back.

Thank you, Mr. Chair.

Welcome, folks, and I thank all parties for coming. I do have a number of questions for each, and I'll likely run out of time.

First, Mr. Attaran, in the editorial you mentioned on October 7, 2008, the following statement appeared, and I quote: "Government policy errors helped bring about this epidemic". That's a pretty damning statement. What policy errors are you referencing, and has any action been taken since that time to respond to the shortcomings, from your perspective?

Dr. Amir Attaran: Thank you, Mr. Easter.

I won't go into the full detail of what's already in the editorial, since it's in the record, but briefly, the errors fall into two categories. First, there is the error of maintaining inadequate standards, unprotective standards, low standards for the presence of Listeria monocytogenes bacteria in ready-to-eat food. To reiterate, in Canada we allow 2,500 bacteria per 25 grams of ready-to-eat food. That's legal. In the United States the legal number is zero. That initially is a problem, and that is a failure of government policy to let the standard be as low as that, lower than any of the other 30 countries we looked at, lower than what the World Health Organization recommends.

The second failure lies in what was revealed through I believe a leak of a Treasury Board document about de-emphasizing CFIA's role in inspection and putting more inspection in the hands of the companies that are regulated, pushing inspection, if you will, from a public sector function into a private sector one. The error of that is so obvious as to need no further explanation. Obviously the private sector has to be vigilant and do its own inspections, that's true, but as a supplement and not as a substitute for public inspections. It appears that in the recent past, private inspections did become a substitute to a considerable extent.

•(1645)

Hon. Wayne Easter: Thank you. I'm going to run out of time here.

Mr. Espy, on the Toxin Alert, I think you said a number of things that most of us on the committee can agree to in terms of your experience, requirement for mandatory recalls, etc. You've been in the hot seat on this issue, so you know what needs to be done to prevent serious issues from happening that put you in the hot seat, if I could put it that way. Could you expand on that a little bit?

On the Toxin Alert, what are the costs, and who should pay them, from your perspective? Is there any commercialization in the United States beyond the trial at some military establishments?

Mr. Mike Espy: Thank you so much, Mr. Easter. I appreciate the questions.

I have been in the hot seat. It's been very warm in that seat. In addition, I have been sued as serving U.S. secretary a number of times by certain companies within the industry regarding even slaughterhouse inspection and how fast the assembly line can be put and the number of workers on the line and all of this. So I've been there.

Regarding your question on Toxin Alert, I'll turn to Mr. Bodenhamer to answer most of that, but I will say that right now we are in trials with the U.S. army regarding fish products from the state of Alaska that will be shipped to our soldiers in Iraq. He'll discuss how soon we are on the path there. Also, the U.S. Senate produced a \$3 million appropriation for the further testing of Toxin Alert to make sure it can be moved into commercialization in a more rapid fashion. So we are still in that process.

Mr. William T. (Bill) Bodenhamer (President and Chief Executive Officer, Toxin Alert Inc.): Mr. Easter, we don't have a final fix on the cost, but our estimates, which are generally pretty good, and inflation hasn't been that bad in the last six or eight years, are that for between one and two cents a square foot, effective coverage could be put onto plastic film for one pathogen. You couldn't search for several at that cost, but that is orders of magnitude lower than any other antibody-based diagnostic out there. Our prior experience is in the medical field. Several companies have made antibody-based diagnostics, and we know what the prices are that are charged for those. If it were two cents a square foot, it is certainly orders of magnitude lower.

Other people who have looked... We have not commercialized it with anyone yet. We're going into our third year of work with the U. S. army. We've had the test vetted at ETL laboratories in Columbus, Ohio, and forwarded those results to whoever would be interested. It has been vetted by 3M Korea and also by the military police hospital

in Beijing, China, plus we have some submissions into agencies in Europe. And it appears, the way things are moving, adoption of this might take place outside North America first.

The Chair: Thank you.

Time has expired, Mr. Easter.

Mr. Bellavance, seven minutes.

[*Translation*]

Mr. André Bellavance (Richmond—Arthabaska, BQ): Thank you very much.

Ms Bose, you referred to your meeting with Ms. Weatherill and the fact that you had to make quite a lot of effort to be heard. I am curious to know how the meeting went and why the process was so difficult. How much time did you spend with Ms. Weatherill? Did you meet with her personally? Did she ask you questions?

•(1650)

Mrs. Anu Bose: Thank you, Mr. Bellavance.

I am the one who played Sherlock Holmes. Mr. Décary-Gilardeau attended the meeting, because after doing all the sleuthing, I was too tired.

Mr. François Décary-Gilardeau: In fact, the meeting with Ms. Weatherill and her close collaborators took place one morning with three different consumer groups. The purpose of the meeting was to take the pulse of consumers with respect to the way the crisis had been handled. There was a lot of discussion about the recall process. Although the meeting took place three months ago and the details are a little hazy, we were there to express our views on the recall and, in particular, on the role of the Canadian Food Inspection Agency which, in our opinion, made mistakes.

One thing can never be overstated: the Canadian Food Inspection Agency is there to protect consumers. That has to be its primary role. However, history has shown that there has been some hesitation in that regard, and that is what must be avoided in future.

Mr. André Bellavance: Why was it so difficult to arrange a meeting with her? Were you refused initially? What was the problem?

Mrs. Anu Bose: It was difficult to locate her, Mr. Bellavance.

Mr. André Bellavance: Oh, I understand. Once you did get in touch with her, you were able to agree on something quickly.

Mrs. Anu Bose: Yes.

Mr. André Bellavance: It wasn't clear how you could make yourselves heard. I understand.

I have some additional questions and comments for Option consommateurs. We are all consumers and we are, in fact, at the end of the food chain. A product is handled by a lot of different people before it ends up in our plate, and yet we are the first ones to be affected. Consumers are the ones who became ill and died because of listeriosis. When I dared to suggest, the second time that the Canadian Food Inspection Agency appeared before the Sub-Committee, that there had been a crisis of confidence among consumers in terms of their trust in the food safety system, Ms. Swan, the President, hit the roof. In spite of that, I insisted that consumers on the ground are very concerned, given everything that happened.

Am I the only one to suddenly think that people were affected by the news that food was contaminated? The fact is that there is no need for 22 people to die. When spinach from the US was discovered to contain E. coli, everyone stopped buying spinach, wherever its origin.

It is clear that people are concerned. I would be interested in hearing your views on this.

Mr. François Décary-Gilardeau: I imagine that you also talked to consumers who had contracted food poisoning as a result of listeria. As I recall, no consumer has appeared before the Committee, even though that would most certainly have been beneficial to the Committee's work.

Recently I was talking with a lady who had eaten sausages or cold meat at a family gathering. She was sick for at least two weeks afterwards, and her two sons in their early twenties were not well for several days. In fact, she particularly wanted to talk to me about her pregnant niece. Until she gave birth, family members were concerned, and only felt reassured once they held the baby in their arms. Here I am talking about only one person who became ill from listeriosis, but there were certainly many other cases.

The media talked about nothing else. There is no doubt that consumer confidence in the food and production systems has been affected, as well as the government's ability to monitor and ensure the safety of the foods that we eat. We did not actually count the number of calls we received, but people did contact Option consommateurs to find out whether the crisis was over and what foods they could not eat.

• (1655)

[English]

The Chair: Mr. Bellavance.

[Translation]

Mr. André Bellavance: That is exactly what I thought.

Mr. Attaran, you are not a physician; however, a number of physicians signed the September 2008 editorial about the listeriosis crisis. I believe I heard you say earlier that you had been following the work of the Sub-Committee. We have heard a number of different versions of the facts, including the Agency's and Mr. McCain's. We are told that listeria was present, that the number of inspectors would change absolutely nothing, that this situation was inevitable, in a way, and that we just had to deal with it.

However, the inspectors told us that it is very important that they be on site, particularly because they can check the equipment to see that it is in working order or note any defects, wear or other problems. A number of scientists signed that editorial.

Do you think the number of inspectors is really important?

[English]

The Chair: Okay. That's fine, André.

[Translation]

Mr. Amir Attaran: Obviously, you cannot avoid contact with bacteria, because they are everywhere; however, disease is another matter. Cars are a good example. They are everywhere as well, but you can definitely avoid fatal car accidents. There is no reason to accept the idea that because germs are everywhere, disease should necessarily follow. That is not true. In fact, it is ridiculous. I have heard a number of witnesses make that sort of comment, and I absolutely do not agree. Neither myself nor the other editors of the Journal agree. There is evidence that other European countries, along with the United States and Brazil, in particular, have been more successful than we have in avoiding disease.

[English]

The Chair: Thank you, Mr. Attaran.

Mr. Allen, seven minutes.

Mr. Malcolm Allen (Welland, NDP): Thank you, Mr. Chair.

Thanks to you all for coming.

Mr. Attaran, I was intrigued by our placement in the overall structure. We're number 30 out of those surveyed who test for listeriosis as a pathogen. In the context of when Maple Leaf was before us, they told us that they export similar types of material, that they make ready-to-eat meats for this country, they make ready-to-eat meats for the United States, and now I'm hearing from you, if I heard correctly, that the ready-to-eat meat we consume in this country has a much lower standard for the pathogen than it does in the United States. I guess the question is, why do we allow that?

Dr. Amir Attaran: I don't know why we allow it, because it's certifiably foolish. The thought that a factory in Canada could manufacture one type of meat for export to the U.S. and the same type of meat—same flavour, same cuts—that are consumed in Canada, and that these two packages could contain different amounts of bacteria, the American one zero per 25 grams, the Canadian one 2,500 per 25 grams, has no rational explanation. It's a total abdication of health protection in this area. Let me be clear: it is foolish.

It will have to be changed. I hope it is going to be changed very soon. The people who are most susceptible to listeriosis—Dr. Wilson can elaborate on this—are those who are elderly or those who are immuno-suppressed. Those are vulnerable persons in our population, and they ought not to be placed at risk in this manner.

Mr. Malcolm Allen: Which raises the obvious question: why wouldn't we run the Canadian product down the American line and sell it to ourselves, rather than sell it to someone else? I agree that Mr. Wilson can certainly answer, but I was intrigued by what Mr. Espy said about HACCP. I've actually read the comment somewhere, I can't remember where it was said, but I haven't had anybody come before us to testify who said that HACCP is known in the trade, by those who are in the front lines of HACCP, as "have a cup of coffee and pray".

Yet we use this, according to the witnesses who have come before us, in the industry and CFIA, that this is the gold standard, if you will. In fact, I would suggest to you that they say it's the platinum standard of food safety and that we should all be very secure in the knowledge that this is the best of the best. Yet I've heard today from the former agriculture minister in the U.S. government of Bill Clinton that that's what he hears from front-line operatives. This begs the question, I guess to Dr. Wilson: when it comes to public health, where would that type of oversight be in looking at that type of system that I've heard tonight is "have a cup of coffee and pray"? Where would the public health system or public health authority come in, if it were truly independent, looking at that type of system, and what would it say about it, and what might it do to actually make effective change?

• (1700)

Dr. Kumanan Wilson: Thank you.

I think the ideal system would be to have the Public Health Agency act as an independent watchdog to help prevent these types of problems from emerging. That would involve the Public Health Agency being able to independently comment on the practices of another agency without fear of repercussions. Again, I don't feel that was the case with listeria. It also means having in place detection systems that, when problems occur, we'll know about them as soon as possible so we can protect as many lives as possible. Again, that's something we don't have in this country and that has been highlighted multiple times.

Mr. Malcolm Allen: I'm listening to that, and we don't have it. I'm hearing that we're number 30. And hearing that the platinum standard is to have a cup of coffee and pray draws me to only one conclusion—that we should call for an inquiry.

Should we ask for a public inquiry of this? In your learned sense, should we do that?

Dr. Amir Attaran: Without a doubt. When seven people died in Walkerton—we all know the tragedy well—a proper inquiry with the power to compel witnesses and evidence occurred. When approximately 40 people died of SARS, a proper inquiry of the type I just described occurred.

It is inexcusable. It is a denial that something serious has happened, and a continuing endangerment of Canadians that we are not undergoing an inquiry now. There should be one as soon as possible.

Mr. Malcolm Allen: Do I have much time?

The Chair: One more minute.

Mr. Malcolm Allen: A minute, thank you.

Mr. Espy, if I could, you raised the issue of the HACCP and what you saw from front-line workers. I don't want to overemphasize it, but it wasn't anecdotal. I don't think you would have brought an anecdotal response to this committee. As a public servant in the United States, that's not what you would do. It's not a flippant remark that you made. Clearly you've heard that on more than one occasion in the United States, and yet this is seen as the standard we all live by. If the front-line workers don't believe in the standard, then how do we have any faith in it?

Mr. Mike Espy: No, it's not anecdotal in that sense. I've been before whistleblowers who are afraid of revealing their true identity and spoke to me behind shadowed screens. They talked to me, in that regard, quite specifically about their fears and what they observed in the abattoirs in the U.S. They talked about the gaps in the HACCP standard where everything is not observable, things fall through the gaps. It's a process-monitoring standard. It depends on how many eyes you throw to review the paperwork, how much you can observe, and really how honest the companies are in presenting the proper material to you as well. Even though they say it's a gold standard, everyone understands that it's not foolproof, nor is it 100% fail-safe. A lot can fall through the cracks, and it does.

• (1705)

The Chair: Thank you very much.

We'll now move to Mr. Storseth, seven minutes.

Mr. Brian Storseth: Thank you very much, Mr. Chair.

Mr. Attaran, if I can just say, that was very compelling testimony, serious, well-spoken, and very well rehearsed.

First of all, you're an academic, and you're also a lawyer, I understand. Can I ask if you have ever been employed by, or received funds from, the Liberal Party of Canada?

Dr. Amir Attaran: I will answer your question—

Mr. Brian Storseth: I guess I should just back up one second before I lead into that question. Clearly you're not a parliamentary lawyer, but you do recognize that this committee and this committee's investigation has full powers of the main committee, which has the ability to subpoena and compel people to come, and make people testify under oath if the committee so deems it. Are you aware of that?

Dr. Amir Attaran: I'm aware that you have not used any of those powers.

Mr. Brian Storseth: You're aware that we haven't had to use any of those powers. Mr. Easter has had the ability to subpoena anybody that he has chosen, and even he has admitted that we've not had problems having witnesses come forth.

If you could answer the question, have you been employed by, or received funds from, the Liberal Party of Canada?

Dr. Amir Attaran: I will answer your question, but may I ask you something briefly first?

Mr. Brian Storseth: I'm sorry, I only have seven minutes.

Dr. Amir Attaran: Is this matter about the protection of Canadians or about a partisan attack on evidence? To ask me whether I've been employed by the Liberal Party, or the NDP, or the Bloc, or the Conservative Party—

Mr. Brian Storseth: It's just the Liberal Party I'm asking you about.

Dr. Amir Attaran: —is to engage in a partisan approach—

Mr. Brian Storseth: Please say yes, no, or simply refuse to answer.

Dr. Amir Attaran: —to what is a fundamental threat to the health of Canadians.

The Chair: Mr. Attaran, please answer the question or not answer it, one or the other.

Dr. Amir Attaran: I have not.

Mr. Brian Storseth: Have you ever been employed by or received funds from the leader of the Liberal Party, directly or indirectly from his office?

Dr. Amir Attaran: No.

Mr. Brian Storseth: Have you ever contributed money to the Liberal Party of Canada? It's published by Elections Canada.

Hon. Wayne Easter: The next time the Wheat Board is here, I guess we'll be asking that question.

Dr. Amir Attaran: If it is published by Elections Canada, then kindly tell me what you have found by looking it up.

The Chair: Go ahead.

Dr. Amir Attaran: You do not need to engage—

Mr. Brian Storseth: If you don't feel comfortable answering the question, that's up to you.

Dr. Amir Attaran: I have never donated money to a political party, neither to the Liberals nor to the NDP. I have donated money to individual candidates. I'm not a member of either party. I would be delighted to donate money to individual candidates of the Conservative Party who demonstrated exemplary leadership. I donate to candidates or members who demonstrate exemplary leadership, irrespective of the party to which they belong.

Mr. Brian Storseth: Do you have a personal—

Dr. Amir Attaran: If your line of questioning is to approach my testimony in partisan terms, then you are failing to address the fact that this year, as people over summer eat ready-to-eat meats, standards are as they were last year when—

Mr. Brian Storseth: Thank you, Mr. Attaran.

Dr. Amir Attaran: —22 people died. That's a more serious matter—

Mr. Brian Storseth: I will get to the issue.

Dr. Amir Attaran: —than any question about political parties.

Mr. Brian Storseth: I believe that it is important if you put—

The Chair: Mr. Attaran, either answer the questions or don't answer them. But remember, it's his question.

Dr. Amir Attaran: I did answer that question.

Mr. Brian Storseth: I think it's important to put context around your compelling testimony, Mr. Attaran. Do you have a personal relationship with the Liberal Party?

Dr. Amir Attaran: Define “personal relationship”.

Mr. Brian Storseth: Have you had any contact with Mr. Easter and Ms. Bennett prior to this testimony today?

Dr. Amir Attaran: Of course I have. And I've had contact with other members as well. I've had contact in the past with members of the Conservative Party.

Mr. Brian Storseth: It's clear that you're skeptical. The reason this is important is that, in my opinion, you're clearly here today to speak on behalf of Mr. Easter and Ms. Bennett, to say the things that they've been unwilling to say or have felt that, for political reasons, they could not say directly. You've been critical of industry's current role in food inspection. You're critical of the limit of 100 Listeria per gram in ready-to-eat foods. Do you agree with that? I mean, this is your testimony.

Dr. Amir Attaran: I do not agree with everything you've said. I'm not here on behalf of any member of this committee to say things that they are not comfortable with saying. I'm here in response to an invitation I received—

Mr. Brian Storseth: Thank you.

Dr. Amir Attaran: —from the committee.

Mr. Brian Storseth: Are you or aren't you—

Dr. Amir Attaran: May I finish my answer, sir, without being interrupted?

The Chair: We're out of time, Mr. Attaran.

Mr. Brian Storseth: Your testimony is not as compelling as it was before.

Hon. Wayne Easter: Point of order, Mr. Chair.

I object to Mr. Storseth's statement that Mr. Attaran is saying something on my behalf. I believe I had a meeting with Mr. Attaran perhaps three months ago. I did not know what his presentation would be until today, and I asked only one question of him.

• (1710)

The Chair: Mr. Bezan has a point of order.

Mr. James Bezan (Selkirk—Interlake, CPC): I refer the committee to Marleau and Montpetit, chapter 20, page 863, where it says: “There are no specific rules governing the nature of questions put to witnesses appearing before committees, beyond the general requirement of relevance to the issue before the committee. Witnesses must answer all questions which the committee puts to them.”

I just want to make sure you're aware that Mr. Storseth has the right to ask the questions he's asking.

The Chair: Mr. Bellavance has a point of order.

[Translation]

Mr. André Bellavance: I have a point of order. I have not commented so far, but I have to say that I find this quite extraordinary. What Mr. Bezan just said is true: members have a right to ask whatever questions they want. However, they also have to give the witness a chance to respond.

Why this attitude, all of a sudden? In any case, the witness' answer demolished Mr. Storseth's theory right off the bat.

[English]

The Chair: You have a point, Mr. Bellavance. However, the questioner has his seven minutes. If he doesn't feel the witness is answering directly, I'm not going to interfere. I am going to ensure that the witness either answers the question or doesn't. Then we'll move on. It's up to the member. I would treat you the same way, Mr. Bellavance.

[Translation]

Mr. André Bellavance: But the witness has given a direct answer to all the questions, right from the beginning.

[English]

The Chair: It's not an issue with me—it is an issue for the questioner.

Mr. Anderson.

Mr. David Anderson (Cypress Hills—Grasslands, CPC): I just think it's important to say that if Mr. Bellavance wants to talk about the question, Mr. Attaran wasn't answering the questions directly. Mr. Storseth deserves that answer. We know that Mr. Attaran donated \$200 to Mr. Dion's campaign. We also know that Mr. Ignatieff helped him out at Harvard when he had some situations there that needed to be dealt with.

I think that he could be pretty clear on that and let us know what the situation is, and we'll probably have taken care of most of this.

The Chair: Okay.

Mr. Storseth, continue.

Mr. Brian Storseth: Thank you, Mr. Chair. I hope that doesn't impede on my time.

Mr. Attaran, did you or did you not criticize the government's policy of 100 listeria bacteria per gram?

Hon. Wayne Easter: Mr. Chair, point of order.

The Chair: Mr. Easter has a point of order.

Hon. Wayne Easter: Could Mr. Anderson table that information with us that's he spouting? Who did the investigation—CSIS? Is that who's working for you, spying on people now that are going to be witnesses before this committee? Is that what you're up to?

Mr. David Anderson: Mr. Chair—

Hon. Wayne Easter: This goes beyond the call, boy.

Mr. David Anderson: Mr. Chair, may I address that? I can do it quickly, because if Mr. Easter went to Elections Canada, he'd find one part of the information. If he read the *Globe and Mail*, he'd be able to find the other.

The Chair: There's your answer.

Mr. Storseth, continue.

Mr. Brian Storseth: It's nothing that Mr. Easter hasn't done in previous committee meetings. We're just trying to set the preface for this.

Mr. Attaran, have you or have you not been critical of the 100 listeria bacteria per gram standard for ready-to-eat meat?

Dr. Amir Attaran: Have you or have you not listened to my testimony? I saw that you were speaking during my presentation, and I was quite critical of the 100 bacteria per gram standard that is applied to ready-to-eat meat in Canada relative to similar standards in other countries. I repeated that point on at least two occasions.

Mr. Brian Storseth: You're aware that this was also a policy brought in by the former Liberal government?

Dr. Amir Attaran: I'm not aware of which government brought it in, but I am aware that it is the policy under your government presently.

Mr. Brian Storseth: Would you agree that you've been critical of the investigators' power and abilities and have called into question the independent investigation that is going on parallel to this...?

Dr. Amir Attaran: I'm sorry, I didn't understand your question.

Mr. Brian Storseth: Have you or have you not been critical of the independent investigation that is going on parallel to this committee's investigations and its terms of reference?

Dr. Amir Attaran: Together with my colleagues at the *Canadian Medical Association Journal*—there are seven of us—I co-authored this piece. It is the editorial team. We did write that the investigation was lacking relative to what has been done for other epidemics in Canada, such as the tainted blood inquiry, the Walkerton inquiry, and the SARS inquiry. Relative to those past examples, the investigation conducted by Ms. Weatherill, judging by its terms of reference, is very inadequate.

Mr. Brian Storseth: I would actually argue that Ms. Weatherill has been here, and we've had other professionals here who have said that the terms of reference and the powers that have been granted to her have been more than enough. She's not feeling under the pressure that the terms of reference haven't been good enough. Yet we have an independent standing committee hosting the subcommittee, which has all the powers of the main committee and has the ability to subpoena.

These are your three criticisms, that we don't have the power to... I'm getting to allowing you to speak, Mr. Attaran, but I have to correct you. We have the ability to subpoena anybody if we need to. We also have the power to place them under oath if we need to.

Can you tell me where you think—and you brought up three points—this committee has fallen short in its investigation on this matter? I can wait if you need a moment, and perhaps we can look into that.

Thank you.

•(1715)

Dr. Amir Attaran: Your point is well taken. I suggest that you look at the Inquiries Act, which has previously been used as the legal basis for inquiries on, for instance, tainted blood and other crises. Frequently these inquiries that take place under the Inquiries Act are headed by a judge or a retired judge—Mr. Justice Horace Krever, for instance, who had the tainted blood inquiry and proceeded—

Mr. Brian Storseth: I'm going to let you have the rest of my time, Mr. Attaran, but I want to take two seconds to interject. This is once again along Liberal talking points, and I very vociferously disagree with this. Ms. Weatherill is—

Dr. Amir Attaran: Let me finish my answer without any interruption.

Mr. Brian Storseth: Ms. Weatherill is one of the most accomplished females in her industry in this country. She has consistently been ranked in the top 100 most powerful women in this country. She has consistently run the most proficient, number-one-ranked health authority in this country, and the continued attacks of Liberals—

Dr. Amir Attaran: If I may finish my answer—

Mr. Brian Storseth: —and the Liberal Party of Canada are disgusting and very disturbing to the people who have lived under that health authority for several years.

Dr. Amir Attaran: May I finish my answer?

Mr. Brian Storseth: Just because she's not a judge does not make her less qualified; just because she may not be a lawyer does not make her less qualified.

Dr. Amir Attaran: I am announcing for the fourth time, may I finish my answer? May I, Mr. Chair?

The Chair: The time has actually run out. If Mr. Storseth wants to hear your answer, then yes.

Dr. Amir Attaran: He said he would.

The Chair: Okay, please answer briefly.

Dr. Amir Attaran: The standard of using a judge in an inquiry is one that has been the practice of governments of all parties, the Mulroney inquiry, for instance, being one. It is an honourable practice. It has the backing of law in the Inquiries Act and it's what should be done here.

It is not necessary for you to raise your voice to make your point with me. I simply urge this government to do what other governments have done in times of a public health crisis and carry out a proper judicial inquiry.

The Chair: Thank you, Mr. Attaran.

Ms. Bennett, five minutes.

Hon. Carolyn Bennett (St. Paul's, Lib.): Just on that line, for the record, can you explain the part of Ms. Weatherill's mandate that is,

to your view, too narrow to actually get the full story in looking backwards as to what happened?

Would you also tell us, while we're looking backwards, what needs to happen in the government right now going forward that would fix this lack of communication that seems to have been deadly? Under the international health regulations, where is Canada now in violation of the regulations by not having these information-sharing agreements in place?

Dr. Amir Attaran: On the international health regulations, I'll defer to Dr. Wilson to answer that part.

With respect to the investigation conducted by Ms. Weatherill, as we wrote in the CMHA—I and the other editors—the missing pieces are that the investigator is not necessarily going to be at arm's length from the government. I quote the following:

...the investigator will not have any power to subpoena witnesses or documents; the investigation will be closed to public participation; and there is no commitment to publish the investigator's findings or to report to Parliament.

Further, I do not understand that the investigator's mandate stretches to examining possible political interference.

Those are all the weaknesses with that process.

On the international health regulations, I'll pass that question, if you will, to Dr. Wilson.

Dr. Kumanan Wilson: Thank you.

Under the international health regulations, all countries are required to assess emergencies within their borders within 48 hours and then transfer that information to WHO within 24 hours of assessment. This requires, obviously, communication of information from the local source of the outbreak to the federal level. In Canada that would require the presence of data-sharing agreements that are comprehensive and detailed. Those are not present.

It is the nature of our federal system of government but of note that Canada approved the regulations without any proviso. The U.S. actually issued a condition that they would do their best within the federal system of government. So currently we cannot guarantee that we can meet the reporting requirements of the international health regulations.

•(1720)

Hon. Carolyn Bennett: In the Public Health Agency report, in terms of the process for dealing with a food outbreak.... That plan was before the Public Health Agency actually existed. Would you have recommendations as to how you would set up those structures and those agreements in memorandums of understanding in a different way, now that the Public Health Agency exists? And who should take the lead the minute an outbreak is in the food chain?

Dr. Kumanan Wilson: I would just recommend that they follow the recommendations of the Naylor report and the Public Health Agency of Canada Act, which is that the Public Health Agency and the chief public health officers are the lead of any public health emergency. As far as I could tell during the listeria outbreak, the Ontario report stated that did not appear to be the case.

We need to be assured as Canadians that the Public Health Agency is acting independently in the best interests of the public, and I don't think we can say that, given the current set of arrangements.

Hon. Carolyn Bennett: Go ahead.

The Chair: There's almost a minute left.

Hon. Wayne Easter: Okay. I do have a question for Ms. Bose.

You mentioned the dual role of CFIA. There's been a lot of perpetuating of that out in the public domain. In reality, they do not have a dual role. If changes need to be made there to make it more clear, then maybe they should be made.

Their role in export is that they may accompany other people who are in trade. Their role in export is really just to outline the kinds of food safety protocols that we have in Canada so that importing companies or countries understand our food safety system. Their role is not a dual role; it is just to explain the food safety system elsewhere in the world.

When you talked about it being dual, you said there were two roles of export promotion and food safety in Canada. It isn't split. If you look at their mandate, it is one, but they are on trade delegations to explain our system within Canada.

The Chair: Do you have a question, Mr. Easter?

Hon. Wayne Easter: I just wanted to make that point. Maybe she wants to respond to that.

Hon. Carolyn Bennett: I just wanted—

The Chair: No, your time's up, Ms. Bennett.

Hon. Carolyn Bennett: Well, I just wanted to apologize to these distinguished academics, published in the *Canadian Medical Association Journal* and in many other ways, who distinguish themselves among many other witnesses that the Conservatives brought forward, and—

The Chair: Ms. Bennett, you can do that in the next questioning.

Hon. Carolyn Bennett: —we did not treat any of their witnesses in the manner these witnesses have been treated this afternoon. I would like the chair to apologize.

The Chair: Ms. Bennett, your time has long expired.

Mr. Shipley, five minutes.

Mr. Bev Shipley (Lambton—Kent—Middlesex, CPC): Thank you so much, Mr. Chair.

Thank you, witnesses, for coming.

There's been a lot of discussion through this whole issue, actually, about communications: that actually the minister hasn't been in front and wasn't part of it. I think Mr. Wilson has indicated that fairly clearly in his reference to us, saying, "In the listeria outbreak the Public Health Agency of Canada, however, was not the public face

of the response." They were at every one of the public meetings and announcements that were there.

He said, "The primary communication of the status of the outbreak was conducted" and carried out "by the CFIA and the Minister of Agriculture." We've always said that this has been a joint effort in terms of communications. I don't think, quite honestly, that there's.... When we've listened to witnesses, we know there are lessons to be learned. We will always do that.

Mr. Attaran, you've gone back over the number of incidents. I would like to have a discussion around Walkerton, around the value of that one, because I don't agree with you on all things, certainly not in terms of what our inquiries will do for the protection of the general public.

I'd like to go to Ms. Bose for a second. In your comments, you talked about research. Actually, after listening to quite a bit of it, I'm sort of wondering why we're even here. It sounds like we have such a terrible system in Canada that most people will not survive our public health system, which we know isn't true.

You have a research document that is pretty damning, quite honestly, to the health system. That was carried out by the Public Service Alliance of Canada. It was taken, I guess, between April 25 and May 3. Would you present the questions to us, please? I know there's an e-mail here. I'm wondering if you could present to the committee, actually, the questions that were asked during that survey so that we would know the context in which you got the answers. That is a request I would like to make.

Secondly, I think you made the comment.... I forget the word here. You said you had an awful time; it was "sleuthing" to meet her. When did you meet with her?

• (1725)

Mrs. Anu Bose: I'll answer that question first. I did not meet with her. Mr. Décary-Gilardeau met with her about three months ago.

Mr. Bev Shipley: My understanding is that she was—

Mrs. Anu Bose: But I was searching, trying to find her, Mr. Shipley.

Mr. Bev Shipley: Trying to find her?

Mrs. Anu Bose: Yes. We didn't know where she had an office.

Mr. Bev Shipley: Oh, well, actually, we should have asked Mr. Easter, because he's been complaining about where she's been ever since the start of the investigation. He said that she's hooked up with the minister's office. So she's not been hard to find. Actually, it's on her website. She would be easy to get hold of.

Mrs. Anu Bose: Well, it wasn't on the website three months ago. I'm sorry, Mr. Shipley, but I had to call Mr. Anderson's office—

Mr. Bev Shipley: Absolutely, he would be helpful.

Mrs. Anu Bose: Yes, and Mr. Anderson's office asked me to call Mr. Ritz's office, and I said I preferred to talk to Mr. Anderson's office, and then I got it.

Mr. Bev Shipley: Anyway, we understand she came on in January, and the first month or so he would look after it. We know that. He would give the documents, and I understand interviews started in March. So I apologize if you couldn't find her, but it seems that when you did, actually you had a good interview, and I appreciate those comments.

I want to go to Toxin Alert. I appreciate our friends coming in from the United States. Thank you so much. We've had a lot of discussion around when food gets contaminated. We sort of start from the food to the fork. You've used that analogy all of us are familiar with. Do you have any indication of where most of the contamination is coming from? I don't understand your process completely. It seems to me that there's a product put on a film that goes over the ready-to-eat products, and if something shows up, it glows in the dark.

Mr. Mike Espy: In layman's terms, which are the only terms in which I can relate it, we produce an antibody that would be engineered to detect a certain pathogen, be it salmonella, listeria, or whatever, in partnership with whoever's going to produce a plastic bag. The antibodies are sprayed onto a plastic bag, and then when the invading, dangerous antibody appears, it's engineered for a visual signal.

Mr. Bev Shipley: I understood that right. So once you open the package.... Now I'm the consumer, and I've opened the package and taken it out—

Mr. Mike Espy: You wouldn't open it.

Mr. Bev Shipley: But if I want to eat it, I have to open it.

Mr. Mike Espy: Well, if it's contaminated—

Mr. Bev Shipley: We've had a lot of discussion about contamination. Obviously, listeria happened at the Maple Leaf plant. We know that. It was very deep in the slicer. We know that for much of the contamination—we have 12 to 13 million cases a year, they

say—you have a multiplication factor of that, which leads to another question I'd like to ask. Once you take it out as a consumer, you have an impact once it is open. Is that correct? It can be contaminated after it's opened?

• (1730)

Mr. William T. (Bill) Bodenhamer: The number that is used by everyone in the industry and by us is that 80% of food contamination is caused after the package is opened.

Mr. Bev Shipley: Thank you.

Mr. Attaran or Mr. Wilson, when you talked about the 100 bacteria per gram and how bad we are in Canada, can you tell me where we are relative to those other countries in the 30, in terms of incidents of sickness? We're at the bottom, so we must have a lot more deaths. We must have a lot more illnesses. And yet I'm not hearing that when I talk to my colleagues from the United States when they talk about the ratio of food-borne illnesses.

Dr. Amir Attaran: That is a very intelligent question to pose. Unfortunately, it cannot be accurately answered, given the state of surveillance for disease. Currently a number of countries—by no means only Canada, but Canada included—do not have adequate methods to carry out surveillance and record each instance of listeriosis that occurs. So the ratio—

Mr. Bev Shipley: But what about other food-borne also—

The Chair: Mr. Shipley, you're out of time.

Dr. Amir Attaran: The ratio of disease caused by different standards is not something that is accurately measured right now, and that's unfortunate. But your question is a very good one, and if we had an answer to it, that would be very good.

The Chair: Thank you very much to our witnesses.

We have votes we have to run for, but thank you very much for attending here today. We appreciate your input into our study on food safety. Thank you very much.

We'll recess until after the votes.

- _____ (Pause) _____
- _____

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