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Thursday, May 6, 2010

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Chair

Mrs. Joy Smith

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• (0905)

[English]

The Chair (Mrs. Joy Smith (Kildonan—St. Paul, CPC)): I call the meeting to order.

Welcome to the committee.

Pursuant to Standing Order 108(2), this is our study on Health Canada's trans fat monitoring program. The witnesses today are Paul Hetherington, from the Baking Association of Canada; Ron Reaman, from the Canadian Restaurant and Foodservices Association; Dr. Samuel Godefroy and Dr. William Yan, from the Department of Health; Phyllis Tanaka, from Food and Consumer Products of Canada; Sally Brown, from the Heart and Stroke Foundation of Canada; and Sean McPhee and Doug Sparks, from the Vegetable Oil Industry of Canada.

We have a full complement of witnesses today. We're going to have five-minute presentations from each organization. We're going to begin with Dr. Godefroy.

Dr. Samuel Godefroy (Director General, Food Directorate, Health Products and Food Branch, Department of Health): Thank you, Madam Chair and honourable members. Thank you for giving us the opportunity to come before you today and discuss the trans fat monitoring program and the progress that has been made to date toward meeting our public health objectives to reduce trans fat levels in the Canadian food supply.

[Translation]

By the mid 1990s, Health Canada researchers estimated that Canadians had one of the highest average intakes of trans fat in the world, at approximately 8.4 grams per day or 3.7% of energy.

As you know, the consumption of trans fat affects blood cholesterol levels in a negative way, raising LDL levels, the "bad cholesterol", and lowering HDL levels, the "good cholesterol", which can lead to increased risk of cardiovascular disease.

[English]

Health Canada took early action to help Canadians reduce the amount of trans fat they were consuming and to support the reduction of trans fat in the Canadian food supply.

The approach was multi-faceted and started with the implementation of the nutrition labelling regulations in 2006, which included the mandatory declaration of trans fat in the nutrition facts table of most prepackaged foods. Canada was the first country in the world to require the labelling of trans fat as part of the nutrition facts table.

[Translation]

To complement the objectives of the mandatory labelling initiative, the new Canada's Food Guide, which was released in February 2007, included information on the importance of limiting trans fat and saturated fat in the diet.

[English]

Health Canada also recognized that to meet our public health objectives for Canadians to have consumption levels of trans fat fall below the recommendations of the World Health Organization of two grams per day or less than 1% of overall energy intake, more concerted efforts would be required. The establishment of the trans fat task force was an important step forward in determining how we might best achieve this specific objective.

In June 2007 the Minister of Health announced that Health Canada would adopt the task force recommendation of limiting the trans fat levels to 2% of total fat in vegetable oils and soft spreadable margarines and 5% in other foods, and that it would give the food industry two years to meet these limits.

In conjunction with this announcement, Health Canada launched the trans fat monitoring program. This program was designed to monitor the food industry's progress in meeting the challenge of reducing trans fat. The program monitored certain food products and segments of the food service industry that traditionally had higher levels of trans fat in their products. The monitoring program focused on prepackaged food; bakery products and desserts; margarines, both soft and hard; shortenings; and foods from quick-service chains, ethnic restaurants, and cafeterias located in institutions and family restaurants.

Over the past two years, Health Canada published the collected data approximately every seven months, with the last set published in December 2009. Overall, the results obtained from the trans fat monitoring program indicated that industry has made progress in reducing trans fat in their products while not increasing saturated fats. The food industry has been able to reduce trans fat levels to some degree in all food categories, particularly in prepackaged foods, for which nutrition fact tables are mandatory.

Through the data collected, we can now estimate that trans fat intake for Canadians has decreased from an average of five grams per day in 2005, or 2% of energy, to 3.4 grams per day, or 1.4% of energy. However, in some areas we have not seen the same degree of success as with prepackaged foods, such as in the restaurant and food service sector, where it is more difficult to control the level of trans fat in the final products.

To meet our public health targets, more work needs to be done. Health Canada is exploring the best combination of approaches, both regulatory and non-regulatory, to ultimately reduce Canadians' trans fat consumption to the recommendations of the World Health Organization. Health Canada sees the value of a regulatory approach, which may be especially beneficial in controlling the level of trans fat in oils used by the food service industry.

As a responsible food safety regulator, Health Canada will also strive to ensure that replacement options for trans fat are available and are safe.

Over the next few months, Health Canada will continue to engage industry and stakeholder groups to further refine our analysis of potential options. We will be confirming our understanding of how the regulated industry may be impacted and what transition challenges may exist.

Health Canada is committed to using the most effective tools available to reduce Canadians' intake of trans fat and achieve our public health goals.

[Translation]

Thank you, Madam Chair.

[English]

The Chair: Thank you very much.

Now we'll go to the Baking Association of Canada. I don't think I've ever had the Baking Association of Canada on my committee, but it sounds delicious.

Go ahead, Ms. Leslie.

Ms. Megan Leslie (Halifax, NDP): Before we continue, we have received a lot of documentation. If the witnesses are referring to any of it, could you let us know which piece, so that we can follow along?

The Chair: Thank you for reminding me about that, Ms. Leslie.

If you have any documents in front of you, would you please refer to the document you're reading or referring to.

Anyway, that said, we have Mr. Hetherington.

Mr. Paul Hetherington (President and Chief Executive Officer, Baking Association of Canada): Thank you, Chair.

I apologize; I didn't bring any samples. I'm often asked that when I appear before committees.

The Chair: Now that you've said that, I'm going to save you to last.

Mr. Paul Hetherington: Thank you, Chair, and good morning to members of the committee.

My name is Paul Hetherington. I'm president and CEO of the Baking Association of Canada. We are pleased to appear before the committee on the subject of trans fat reformulation.

As a refresher about our organization, BAC is a not-for-profit trade association representing independent retail, commercial, food service, and in-store bakeries. Members produce two specific types of products: breads and rolls, and indulgence foods such as cakes, pastries, cookies, icings, etc. Baking is an approximately \$5 billion industry in this country, directly employing some 50,000 workers nationwide.

From the outset of consultations on this issue, BAC supported an orderly replacement of trans fats in the food supply. We believe a long-term solution is required, one in which trans fats are replaced by alternatives that are low in trans fat and low in saturated fat, which is unfortunately not currently the case.

I think it is also relevant to revisit how trans fat became so prevalent in our food supply. Beginning in the 1960s, consumers were advised by health groups and governments to avoid highly saturated fats due to their contribution to coronary heart disease. Responding to these strong statements, bakers reformulated from highly saturated animal fats, such as lard and beef tallow, to partially hydrogenated vegetable shortening, which is lower in saturated fat. A generation later we learned that the use of partially hydrogenated vegetable oils produces a worse health outcome than highly saturated fats.

I would also like to take a moment to provide some context to the use of fats in baking. Baking is in many ways closer to chemistry than to cooking. Baking is a series of chemical reactions initiated by a combination of ingredients in specific quantities and functionality, along with a well-defined process. Fats are an important functional ingredient in baking, and they play a vital role in tenderizing, enhancing plastic range, lubrication, lamination, creaming, moistening, and flavour.

Recognizing the different roles that fats play, it is important to note that no one fat has all these characteristics; therefore, a one-size-fits-all approach is unrealistic in searching for trans fat replacers. The main challenges bakers face in replacing trans fats occurs when a hard fat is required. Substantial progress has been achieved through the use of liquid oils in muffins and cakes, and palm oil shortening is used extensively, yet success has not been universal, and there are still problem areas in dryness and lack of stability with icings, cookies, and pies.

However, the challenges facing bakers are not news. The trans fat task force itself recognized this, and stated in its final report:

The Task Force felt the implementation of its recommendations should be staged to reflect the challenges to the food industry and to optimize public health benefits. For example, for certain oil uses (especially frying) adjustments can be made quickly. However, small businesses and certain baking applications may need more time to adjust.

I'm sure most will recall that the task force recommended up to two years to develop regulations and up to two years for implementation. However, it went further, and again I quote:

Extended phase-in periods [may] be specified for certain applications (e.g. baking) and for small and medium-sized firms, recognizing that in most cases the transition could be made within two years of the date of entry into force of the final regulations.

The task force therefore recognized the challenges faced by bakers and made specific mention that for certain baking applications an extended phase-in period beyond the four-year timeframe it proposed might be required.

In response to the trans fat task force report, then Minister of Health Clement undertook a far more aggressive voluntary approach by establishing a two-year timeline for compliance with the task force recommendations. The minister also instituted a monitoring program to report on industry's reformulation efforts. The last of those four monitoring reports, released in December 2009, contained product sampling data from August to November 2008.

It is these data that are apparently being used to determine the success or failure of the voluntary approach. However, we are of the opinion that in order to assess the success or failure of the voluntary approach, the points that follow must be taken into consideration.

The stated objective or outcome of the trans fat task force report—and again I quote—is to “reduce the average daily intake of trans fat by Canadians...to less than 1% of energy intake, consistent with current dietary recommendations”. According to Health Canada, the average contribution of trans fat as a percentage of energy has been reduced substantially over the years; in 1995 it was 3.7%; in 2004 it was 2%; and in 2008, based on the fourth set of monitoring data, it was 1.4%.

However, bakers did not cease reformulating in 2008, when the final monitoring data were collected, or at the expiration of the minister's voluntary compliance date of July 2009. Indeed bakers have made, and to this day continue to make, substantial investments in reformulation with little or no support from governments and in the face of the worst economic conditions since the Great Depression.

• (0910)

Therefore, we would recommend that current market data are required to make a final assessment regarding the success of the voluntary reduction effort in reaching the objective of reducing the average daily intake of trans fat by Canadians to less than 1% of energy intake.

Thank you.

The Chair: Thank you, Mr. Hetherington; your time is up.

I understand that you did submit a document. It needs to be translated, and once it is, we'll distribute it to all the committee members. Thank you.

We'll now go to the Canadian Restaurant and Foodservices Association.

Welcome back, Mr. Reaman.

Mr. Ron Reaman (Vice-President, Federal, Canadian Restaurant and Foodservices Association): Thank you very much.

It's nice to see everybody around the table again today. Thanks for having us back twice this week.

Thank you, Madam Chair and committee members. It's a pleasure to be here.

As you know, the Canadian Restaurant and Foodservices Association is a \$60 billion industry in Canada. My association represents about 33,000 restaurants. We were a very active and engaged member of the national trans fat task force and were fully supportive of the recommendations of the task force when they issued their report, including the prescribed limits set out for trans fat in the food supply of 2% and 5%, as Dr. Godefroy has already commented on.

The restaurant industry is not usually an industry that comes before government and makes requests for regulations or government interventions per se; however, trans fat has evolved, and in a unique way, and in this case, given what has evolved in the past number of years, I want it to be on record that the restaurant industry has in fact made requests of the Government of Canada to establish a national regulatory framework so as to ensure consistency with respect to reductions in trans fat across Canada. I'll speak to that in a little more detail in a few minutes.

As you heard from Dr. Godefroy previously, the government originally opted for a voluntary approach. The food service industry responded in earnest during that two-year voluntary period. We developed a how-to guide, which many of you may have seen over the years; it was advice and counsel to members of our industry on how to actually go about reducing trans fat in their menu items and product offerings. As Dr. Godefroy has already pointed out, Health Canada's trans fat monitoring program has clearly indicated that my sector has made significant efforts and reductions in trans fat in our menu items.

However, the challenges during the initial transition period were significant for food service. We had challenges in obtaining adequate supply. Some of our national chain operators that have very large volumes in oils in particular faced some initial challenges in getting supply online. Eventually, as there were market indicators that were compelling some transition in the supply side, we were able to get product and oils online, but I cannot overstate the significant challenges our members faced throughout those initial couple of years of transition. I want to be clear that it was not easy. Our member companies put a lot of resources, both human and fiscal, into their efforts to reduce trans fats.

In the absence of a national regulatory framework for trans fat reductions, what we've seen happen over the past number of years is local and regional authorities across this country undertaking their own regional regulatory approach to banning trans fat. I'll cite the example of the Calgary Regional Health Authority, which was one of the first to go down that road. We have seen a similar process unfold in British Columbia, and I have addressed a number of municipal bodies over the course of the past number of years that have looked at this as an option.

The food service industry is and has been uniquely challenged because of the nature of Canada's food regulatory regime; that is, the jurisdictional purview for enforcement and compliance around these kinds of issues is such that restaurants really have been singled out as policemen, if you will, to police the entire Canadian food supply with respect to trans fat. This has posed significant challenges for our members across the country. In response we have come back to the federal government. We have made our case, in this instance, to have a consistent national regulatory framework so that we can ensure that our members are operating in an environment in which they have a level playing field with their direct competitors along the food value chain.

I think I'll leave my comments at that, I will be open to questions later.

Thank you.

• (0915)

The Chair: Thank you very much, Mr. Reaman.

We'll now go to Food and Consumer Products of Canada. Ms. Tanaka, welcome back.

Ms. Phyllis Tanaka (Vice-President, Scientific and Regulatory Affairs (Food Policy), Food and Consumer Products of Canada): Thank you, Madam Chair.

As you know, Food and Consumer Products of Canada is the trade association that represents the food manufacturing industry in Canada. We welcome this opportunity to speak to the Standing Committee on Health regarding the industry's efforts to reduce trans fat in the Canadian food supply.

We're pleased with the results to date and believe that industry continues to demonstrate support and commitment to providing healthy products to Canadians.

I want to begin by reiterating that despite recent media reports to the contrary, food manufacturers in Canada have indeed made significant progress in reducing or eliminating trans fats in

prepackaged products. FCPC and our members have been active participants in the reduction of trans fats for a number of years. When the multi-stakeholder trans fat task force began in 2004, FCPC was at the table to help develop recommendations and strategies to effectively eliminate or reduce processed trans fats in Canadian foods to the lowest levels possible.

The ultimate goal of the reduction strategy was to meet the World Health Organization recommendation to have no more than 1% of total energy made up of trans fats. Since those recommendations were accepted and implemented by the government in 2007, the processed food industry has successfully reduced or eliminated trans fat toward the task force's goal in approximately 80% of the prepackaged products monitored by Health Canada. This estimate, to connect to earlier remarks, is based on a review of the last set of monitoring data collected from the marketplace in 2008 and early 2009.

Industry's progress made has been publicly praised by Health Minister Aglukkaq, who said, "Our government is pleased to see that industry has reduced the level of trans fat in many prepackaged foods. This was achieved by finding healthier alternatives without increasing the levels of saturated fat".

We continue to seek and develop healthier alternatives to trans fats for the remaining products. However, for some products, as already indicated by Mr. Hetherington, reducing trans fats will require a longer-term effort, given the challenges that are well documented in the task force report "TRANSforming the Food Supply".

Despite significant investment by industry, government, and academics, challenges still exist to find the appropriate substitute ingredients for some products and to ensure that reformulated and new products meet consumers' expectations for taste, texture, and quality.

Because of this progress, we continue to support a voluntary approach to trans fat reduction. We believe that Health Canada's trans fat audits demonstrate that food manufacturers have made significant progress since 2007 and have met the task force targets in a wide variety of product categories.

Moving forward, we propose an accurate assessment of Canadians' intake of trans fats against the World Health Organization's recommendation of less than 1% of total caloric intake. This should be done before we consider an expensive legislative process. Ultimately the 1% level is the critical success indicator for the trans fat task force.

We recommend that Health Canada utilize the Canadian Community Health Survey data for dietary patterns and access current trans fat label data from the marketplace to assess the current trans fat intake of Canadians. As I mentioned earlier, the assessments of products in the marketplace are reflective of the marketplace in 2008, and we need to update.

• (0920)

The Chair: You're going to have to summarize. Thank you.

Ms. Phyllis Tanaka: In summary, FCPC and our members are committed to continuing to work with government and are committed to continuing to find ways to reduce trans fats in the Canadian food supply.

The Chair: Thank you, Ms. Tanaka. Now we will go to Ms. Sally Brown.

Ms. Sally Brown (Chief Executive Officer, Heart and Stroke Foundation of Canada): *Merci, madame.* Thank you for the invitation to appear before the committee to express the views of the Heart and Stroke Foundation.

You've already heard that trans fats are five to six times more harmful to the health of Canadians than saturated fats. I want to emphasize also that unlike sodium and sugar and other issues that are coming in front of this committee, trans fats have absolutely no nutritional benefit. There is nothing good about trans fats.

I had the privilege to co-chair the national trans fat task force, which, as you know, is a multi-stakeholder group and broadly representative. I believe all the groups around this table, if not the individuals, were members of that committee. I would emphasize that the final report called for regulations and that there were no dissenting opinions from any of the groups around the table in that report. I would also like to emphasize that it has been four years since the release of the report; a number of us on the trans fat task force believe that four years was a long-term period, and now we're still hearing four years later that it is not long enough.

We freely admit that progress has been made in a number of sectors. I believe those food industries that have made changes deserve kudos, because they have invested time and energy in the changes.

We have spoken to a number of them. They are frustrated that others don't have to, and that change has happened predominantly when the consumer can read the food label and put consumer pressure on the producers to take the trans fats out. It's not so true, as we have heard, in areas of the food services sector and in suppliers to that sector, but kudos are deserved where they're due.

The monitoring data itself showed that 25% of food products still contain trans fats, but that 25% is an underestimate, because not all products have been monitored. Many products high in trans fats were not monitored, and small and medium-sized food service operators were not adequately captured. The minister herself acknowledged that progress has been slower in this sector; frankly, we are not getting at the suppliers to that sector, and without regulation, we don't believe we can.

Even more problematic than the 25% figure, though, is that trans fats continue to be in baked goods. We recognized that it was going to be harder to take them out, but it is four years later. Some of these

goods, which are often consumed by our children, remain alarmingly high in trans fats. They can even be found at dangerous levels in foods served to our children in hospitals, environments that were meant to protect the health of our children.

The other issue that came up in the trans fat task force was that regulations would send a clear signal to suppliers to create healthier alternatives. Without those regulations, I think we are hearing that this hasn't happened. That's an opportunity missed, but it's not too late.

Further reductions are certainly needed, and Madam Chair, the Canadian government has regulated to protect Canadians before. We've taken bisphenol A from plastic products such as baby bottles. We've recently passed legislation to protect children from tobacco marketing and to protect them from candy-flavoured cigarillos that were appealing to children. In the Speech from the Throne in March this government assured parents that it is working, through legislation, to ensure that—and I quote, "...their children's food, medicine and toys are safe".

In summary, we think there are a lot of reasons to continue with a regulatory approach and to make a decision soon. There remain too many trans fats in our food supply. They have no nutritional value. I think sometimes that if there was any hint they were a carcinogen, they would have been long gone. There is no evidence that regulations are cost prohibitive, that implementation costs to government are high. There is no evidence that regulations are cost prohibitive for industry.

Reformulation of products is a business reality across all sectors. Federal regulations will level the playing field, and we have some sympathy for Ron, with the patchwork quilt that has been created across Canada. Regulations don't involve the banning of any food or infringing on the freedom of Canadians. They will still be able to buy those food products; they just won't be harmful to their health. Polling shows that up to 84% of Canadians are supportive of regulations.

My last point is this: prior to the 1970s we managed to live without them; we can do so again.

• (0925)

Merci.

The Chair: Thank you very much.

We'll now go to Sean McPhee, president and chief executive officer of the Vegetable Oil Industry.

Mr. Sean McPhee (President and Chief Executive Officer, Vegetable Oil Industry of Canada Inc.): Good morning, and thank you for inviting us.

I'm Sean McPhee with the Vegetable Oil Industry of Canada. With me is Doug Sparks, who is chair of our board and is vice-president of Bunge Canada, which is the largest supplier of fats and oils to the food industry. In Mr. Sparks you have a senior executive who is an expert in this area, so I'm going to keep my comments pretty brief, and I hope we can get into discussion.

First of all, to give you a sense of who we are, we represent the vegetable oil value chain. If you think of a vertical column, first we have seed developers; at the next level we have 52,000 canola growers, mainly in western Canada; then we have the processors who refine and produce oil from oilseed; and we have consumer product-makers, who make things like margarine, cooking oil, mayonnaise, dessert toppings, etc. That that's who you have before you.

We just heard that alternatives are not penetrating the market. We're going to give you a slightly different point of view. Overall, our industry has developed formulations to allow bakeries, margarine companies, the food service sector, and virtually all food companies to provide products with no trans fats and, in most cases, lower saturated fat. To give you some details, today virtually every national fast-food outlet is using a trans-fat-free frying oil. Trans-fat-free, low-unsaturated-fat margarines now have the largest market share in Canada. Virtually all the large bakeries in Canada are using trans-fat-free formulations. Many of the facilities within our industry that produce hydrogenated oil, which is the source of trans fat, have either been closed or converted.

The acreage dedicated to producing high-stability oil that does not create trans fat has substantially increased. High-oleic canola now comprises 900,000 tonnes of Canada's canola production, and is expected to increase to 3.75 million tonnes, or 25% of production, by 2015. We estimate that more than 80% of the market is now meeting the task force trans fat limits of 2% for liquid oils and 5% for all other foods.

We will make a couple of comments on the fourth data set for you, the last set of monitoring data, which Health Canada released in December 2009.

The government is considering possible regulation. We're not going to present a point of view either strongly for or against regulation, but what we are in favour of is good public policy, so we have a couple of comments that I hope will guide the thinking and the debate as we go through this. When we look at the monitoring data, it's important to note that it does reflect some sources of trans fat that are beyond the reach of the domestic vegetable oil industry. The data include trans fat levels found in imported mixed foods, such as frozen appetizers and dinners, which are prepared mostly in the United States and shipped as finished products to Canada.

I'm going to ask Mr. Sparks to comment a bit more on that.

• (0930)

Mr. Doug Sparks (Chair of the Board, Vice-President of Bunge Canada, Vegetable Oil Industry of Canada Inc.): This has been problematic for a number of years in terms of how Canada deals with borders. This is something our company deals with all the time. Border crossings and cross-border products are problematic.

As was pointed out, there have been some very substantial improvements made in the Canadian diet. The fast-food industry, virtually and almost without exception, has made the transfer. All the national bakeries have made the transfer as well. We're dealing with trans fatty acids coming from hydrogenation.

There are other sources of trans fatty acids that, as we're measuring, also have to be brought into it to understand it. There are trans fatty acids coming from meat and dairy products, so when you get down to these very low levels of 1%, there has to be an understanding of what is left over from the other sources to make sure that everybody understands the progress that has been made by the industry. Certainly I cannot think of one application in which there is not a non-trans formulation available to a user or an industry group. There are sometimes cost issues and functionality issues in how they run their plants, but there are options for virtually every application now.

Mr. Sean McPhee: I have one statement in conclusion.

Our recommendation is that we should be looking very closely at Health Canada's population intake data to answer the very question that Mr. Sparks just raised: at these low levels, what are the sources of the levels of trans fat?

Going forward, our strong recommendation is that if the government is intent on regulating the trans fat that remains in the Canadian diet, a thorough understanding of the remaining levels and sources of the trans fat is required.

• (0935)

The Chair: Thank you, Mr. McPhee.

We'll now go into our seven-minute rounds of questions and answers. I'll be keeping a close watch on the time so that everyone will get a chance.

We're going to start with Dr. Bennett and Ms. Murray. Who would like to begin?

Go ahead, Dr. Bennett.

Hon. Carolyn Bennett (St. Paul's, Lib.): I sense the frustration of Sally Brown and all the people who are participating in the task force, but I'd like to ask the official a question.

If we knew in the 1970s what we know now, would trans fats have been allowed on the market?

Dr. Samuel Godefroy: We'll have to go back to the regulatory framework of the 1970s. In terms of trans fat, hydrogenated oils or partially hydrogenated oils are food ingredients. Obviously, they were not necessarily subject to government oversight in the 1970s before their introduction into the food supply, but definitely, with the level of scientific knowledge that we have at this point in time, we would have discouraged such widespread use of this type of commodity in food processing.

Hon. Carolyn Bennett: Is it not the role of government to regulate the things that are healthy for people and not healthy for people?

Dr. Samuel Godefroy: I'm going to speak from the standpoint of a food safety regulator, because that's essentially the role we're playing here.

Government definitely has a role in looking at all the effects of food ingredients, and if there is an effect that is detrimental to health, in coming up with the most effective ways to help us mitigate that effect. This is essentially what we're trying to do with this file, with trans fat specifically.

Hon. Carolyn Bennett: You have a unanimous report from a task force. In their opinion, the most effective way to mitigate is regulation. Can you tell me what the push-back has been, or why this is not regulated? Why are trans fats not gone from our shelves and from our restaurants?

Dr. Samuel Godefroy: Regulation is still one of the options that is before us and continues to be before us. The commitment that—

Hon. Carolyn Bennett: Why is it an option, when the minister strikes a task force to ask for their opinion and their opinion is to regulate?

This was unlike the sodium working group. I suppose they learned by the time they gave the mandate to the sodium working group that they could only then consider non-regulatory measures, but accidentally it slipped through that they were allowed to recommend regulation in the trans fat task force.

It does boggle my mind that on the question on the order paper, the answer is still assessing regulatory and non-regulatory options. What is the push-back? Why has this not been regulated?

I have to question Ms. Tanaka. This does not have to be a big legal framework; this is a regulation. It's just a piece of paper. It's just a signature. What is holding us back from just saying, "Thou shalt not"?

I understand because of canola and others that it might not be the European level, and we might have to be at 3% or whatever, but why can't we just do it?

Dr. Samuel Godefroy: Again, to support the regulatory framework—and it is, again, one of the options that is being examined right now—

Hon. Carolyn Bennett: But it's the option recommended by the task force that the minister struck. The minister struck a task force; why is the advice of the task force not being taken?

In terms of the playing field and leveling the playing field, it's not really fair for the companies and the restaurants that are doing this. I think the government has to have more than pompoms cheerleading

that it would be better if certain companies did things. You can actually get this off the shelves, as it was before 1970.

If the option is butter, I would love to know what's the matter with a little bit of butter. It isn't poisonous, as trans fats are.

Dr. Samuel Godefroy: Actually, butter contains or is a source of trans fat. It is actually a dairy-based product. We know, as one of the witnesses indicated, that there are natural sources of trans fats, particularly fats of animal origin, specifically ruminants. Dairy products are one of the sources of trans fats.

Part of the assessment we are conducting right now to inform the decision-making process, including resort to regulation, is how these regulations would work vis-à-vis the natural sources—

• (0940)

Hon. Carolyn Bennett: You're using subjunctives four years later. Four years later, you're wondering how it "would" work. Why can't we just do it and put everybody to rest? From everything we hear from industry, they would just like to know what the rules are so they can be within them.

This has been four years of purgatory.

Dr. Samuel Godefroy: I can mention that one of the elements that's very much under consideration right now vis-à-vis regulations is to ensure that safe alternatives are available and to study the impacts of these alternatives. Essentially we learned from the situation in the 1970s, when we tried to address public health impact vis-à-vis saturated fats. There was clear documentation about the health effects. There was an alternative proposed to increase the shelf life of those fats to avoid saturated fats, so we introduced partial hydrogenation of fats. That essentially increased the shelf life, and we obtained feedback to address the needs of the processed food industry.

In this case now, we have learned from that experience. We're looking at all replacement options to ensure that we do not have unintended health effects. In this regard, we are actually using regulations. In fact, Health Canada is using its regulatory oversight to manage novel foods. Some of the oilseeds that were mentioned by one of the witnesses are actually subject to Health Canada's oversight. We have approved a number of them, most recently as of March 2008.

Hon. Carolyn Bennett: Why is Canada so different from, let's say, Switzerland or Denmark? If they can do it there, why can't we do it here?

Dr. Samuel Godefroy: The food supply in Canada is definitely different from the food supply in Switzerland and Denmark. In fact, Canada, or North America generally, as was mentioned, made an investment in the 1970s to rely heavily on partially hydrogenated oils, so essentially the problem was introduced at that point. That's why we reached a point where our Canadian food supply had one of the highest levels of intake. The measures that will be proposed have to be adapted to the Canadian reality, and that's what we are assessing. It's to inform our decision-making process.

Hon. Carolyn Bennett: When will we have an answer?

The Chair: Thank you.

We'll now go to Monsieur Malo.

[Translation]

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

I wish to thank the witnesses for being here today.

In her presentation, Ms. Brown told us that the four-year timeframe had been deemed sufficiently long for the various stakeholders to adjust to regulations requiring a sizeable reduction of trans fat in food products. However, several players are today saying that this does not give them adequate time. Ms. Brown however stated that all of the stakeholders were at the table when the four-year period was established and that there was no dissenting opinion.

I would like to know why this timeframe was sufficient four years ago but no longer is today. This question is for all of our guests.

[English]

The Chair: Who would like to start off with an answer to that one?

Monsieur Godefroy?

Go ahead, Mr. Hetherington.

Mr. Paul Hetherington: Thank you.

I think it's important to look first at the chronological order of the recommendations that came out of the task force. The report was issued in June 2006. As a result, the latest monitoring data were done at the end of 2008, so when we start talking about our overview of the implementation and monitoring of the food supply, that actually occurred in a two-and-a-half-year period. We actually want to look at a four-year period in a chronological order. That period would be ending sometime in 2010.

I would also go back and point out that the task force did make special mention that there may be very narrow areas in which specific products, such as those in baking, might require an extension.

That is why we've come back before the committee to suggest in part of our submission that we not use the data from 2008, which is the last monitoring set. Instead, let's understand where the food supply is today. I can say that I've been discussing their reformulation efforts with my members. A number of them have now completed reformulation. One finalized reformulation just last

week. It hasn't happened within the time period established by the minister for voluntary compliance, but that work has continued.

• (0945)

[Translation]

Mr. Luc Malo: You therefore consider that the situation has been resolved.

[English]

Mr. Paul Hetherington: No. As I said in our submission, I believe it's necessary to understand where the market is today before a final determination is made with regard to the voluntary approach, which I would also like to make known is an approach we didn't ask for.

I'd like to ask the committee a question. If we are at that less than 1% energy level, would that be deemed successful?

[Translation]

Mr. Luc Malo: Mr. Godefroy, is the 1% level an arbitrary measure or a scientific measure? Is this percentage considered to be negligible? We have learned, based on data from the Harvard School of Public Health, that trans fat is a killer. Does it only kill starting with a concentration of 1%, or is it harmful to human health whatever the level may be?

Dr. Samuel Godefroy: The level of 1% of energy intake is science-based. In fact, we are seeking ways of reaching a level of 1% or less. This is a recommendation of the World Health Organization. The calculation relating to the incidence of trans fat and the dietary intake of trans fat is scientifically based. The aim is that all avoidable sources of trans fat...

As I stated, trans fat exists naturally; it is part of one's natural diet. It is present, naturally, in certain food products, for example dairy and animal-based products. The idea is to adopt a diet that minimizes the intake of trans fat. The objective is to reach a level of less than 1%.

Mr. Luc Malo: Therefore, natural trans fat is acceptable, but all of the rest must be removed. Is that the objective?

Dr. Samuel Godefroy: The objective is to reduce as much as possible the presence of trans fat in food production.

Mr. Luc Malo: In February 2007, this committee heard a professor/scholar from the University of Guelph, Mr. Alejandro G. Marangoni. He told us that he had, in his own home, developed a substance that, according to all of his studies, could adequately replace trans fat. I would like to know if, within your industry, you have taken note of what Mr. Marangoni told us. Have you decided to work with him, concretely, in order to apply his research, in practice, in your industry. I well remember — and some colleagues around the table will as well — that he gave us some cookies containing this substance in order for us to taste them. It therefore was workable for the baking industry. Have you worked with Mr. Marangoni with a view to eliminating trans fat in your industry?

[English]

Mr. Paul Hetherington: In response to various opportunities and conversations with the gentleman, we've actually had him speak at our events, etc. We asked him about specific information related to his product and its applications to the baking industry.

I don't know its current status, but I also understand that they had issues bringing the product to market. I don't believe those issues were associated with industry acceptance, but with production. To my knowledge, that product is not currently in the market. I could get back to you with a definitive answer, but that product is not in the marketplace.

• (0950)

[Translation]

Mr. Luc Malo: But on what basis...

[English]

The Chair: Thank you, Mr. Hetherington.

We'll now go to Ms. Leslie.

Ms. Megan Leslie: Thank you, Madam Chair, and thank you to all the witnesses for appearing today. This is very useful for us.

My first set of questions is for Health Canada. We know of jurisdictions where there have been bans—for example, Denmark and Switzerland—and there have even been bans in cities, such as New York City. What have you taken from your research of these total bans? Have they been successes? What can we learn from them?

Dr. Samuel Godefroy: We definitely relied on what has happened in other jurisdictions. We learned from Denmark as a main jurisdiction, because it was one of the earliest jurisdictions that used regulation to limit the level of trans fat. There was definitely success in that regard in decreasing the level of intake of trans fat.

However, a number of challenges were seen in the implementation of that approach. One was the availability of replacement options. What is important to note, however, is that Denmark and the European food supply in general are somewhat different from the Canadian and North American market, particularly in terms of the oils and the vegetable oils that are available. As mentioned, in the 1970s North America invested quite heavily in the availability of hydrogenated or partially hydrogenated oils as an alternative to allow an enhanced level of stability, so while there are parallels that we learned from, there are also major differences that we're trying to address in that regard.

Ms. Megan Leslie: What does that investment look like? Are we talking about capital, buildings, and factories, or are we talking—

Dr. Samuel Godefroy: We are talking about availability of supply, mainly, and therefore formulation of products that are adapted to that type of supply.

Ms. Megan Leslie: On page 8 of your brief you told us that Health Canada is exploring the best combination of approaches, both regulatory and non-regulatory. What does that look like?

Dr. Samuel Godefroy: Some of the regulatory options are already in play and are being used. The use of the nutrition labelling regulations is already a lever that is out there, and actually that was completely implemented in 2007. We're still seeing the effects of

that. I brought some samples with me of some chocolate products coming from the same types of suppliers, Swiss suppliers. There are products that are available in Canada and products that are available in Switzerland. That's really a notable difference, in that the nutrition facts table clearly is there to inform consumers of the level of trans fat. That's an important tool that is out there.

Another regulatory lever that we use is to define through regulation what we mean by a trans-fat-free product. We needed to come up with that determination as well, and that has also been done since 2007.

We also needed to look at tools that will allow the monitoring of trans fat. We spoke about the monitoring program itself, but the monitoring program involved the development of the methodologies that would allow us to measure the level of trans fat in foods. In fact, it was a Canadian method; a Health Canada scientist developed what we now consider to be the gold standard in measuring trans fats in food. That was also done in 2007-2008.

Ms. Megan Leslie: I just wanted to understand what you meant when you said “regulatory”, and those are some good examples.

In the research you have done on success, would you see regulation of amounts as a necessary part of a plan for moving forward?

Dr. Samuel Godefroy: As I mentioned in my introduction, we see value in using a regulatory lever, and essentially that's what we're trying to do right now. We are focusing on the outcomes of what has been done so far and evaluating those outcomes to see where progress was made, how that progress was made, and essentially where it led us in terms of decreasing the intake of trans fat. We are also focusing on seeing the areas where there is still a challenge, identifying the reasons behind those challenges, and identifying the best tools to reduce the level of trans fat.

Ms. Megan Leslie: Thanks very much.

My next question is for Mr. Reaman. You mentioned the enormous fiscal and human resources that your members have put into reducing trans fats. You're calling for regulation, and I think it's to even the disparity among your members. Can you tell us what that looks like?

Mr. Ron Reaman: Let me be very clear: it's actually not so much in and among our members. The fact is that Canada's current food regulatory regime only permits local jurisdictions—a health regional authority, a municipality, or a province—to focus regulatory efforts around this kind of issue on food service establishments. That's the only lever available to them; they do not have the purview to regulate other members within the food industry, so food service has been uniquely singled out and has been forced to police up the food value chain, which is a very difficult position for us to be in.

As Sally noted, the smaller or medium independent-operator segment of our industry has had some challenges in achieving the kinds of reduction we might like to achieve because those folks don't have clout with suppliers per se. The large national chain operators, who have much more consolidated relationships with their suppliers, can effectively leverage that relationship to force change in supply.

There's a disconnect. It's not so much about what has happened or not happened within my sector; it's about an equity and a consistent, level playing field across the entire food industry.

• (0955)

Ms. Megan Leslie: Thank you.

I have one more question. It's for Health Canada. We've heard about the problem of imports. What would regulation of imports look like?

Dr. Samuel Godefroy: If we're talking about regulation that would limit the levels of trans fat in prepackaged foods and essentially be applicable to prepackaged foods, regulations would apply without distinction between products produced domestically and made available domestically and those produced outside the country and made available domestically. They would apply equally.

Ms. Megan Leslie: They would apply, just like that?

Dr. Samuel Godefroy: It would be just like that. That's why one of the issues we need to look at when we develop and analyze the regulatory option is the impact of that regulatory option on some of our trade agreements.

The Chair: Thank you, Dr. Godefroy.

We'll now go to Mr. Uppal.

Try to keep track of the chair, if you can.

Go ahead, Mr. Uppal.

Mr. Tim Uppal (Edmonton—Sherwood Park, CPC): Thank you, Madam Chair.

Thank you, witnesses, for coming here today.

This government is committed to improving the lives of Canadians and making sure that Canadians are among the healthiest people in the world. A part of that is cutting trans fats out of their diets.

Mr. Godefroy, you mentioned in your opening remarks a number of activities that Health Canada has undertaken to educate consumers about trans fats and the dangers of trans fats. Can you elaborate on those?

Dr. Samuel Godefroy: One of the first elements I would mention in that regard is Canada's food guide. Its new version, which was made available in 2007, clearly made recommendations to Canadians to limit their consumption of trans fats and saturated fats. We have made clear recommendations on how diet could limit those levels. Of course, in making that recommendation, we needed to make sure that consumers had the information they needed to make those food choices.

The nutrition labeling regulations were a major element in enabling consumers to follow these recommendations. As I mentioned, the nutritional labeling regulations were implemented

fully in 2007. We are in a unique situation in that Canada is the first country to recommend the labeling of trans fat as part of the mandatory requirements of the nutrition facts table.

In that regard we were followed by other jurisdictions. Since then the United States has adopted this approach, as well as other countries in Central and South America. This week, when Canada is hosting the Codex Committee on Food Labelling in Quebec City, we have made a recommendation as a country to adopt this recommendation internationally for the labelling of trans fats in all products made internationally.

Mr. Tim Uppal: While you're on that subject of labelling, what has the impact of it been? If this has happened since 2007, what has the impact of the labelling been?

Dr. Samuel Godefroy: A lot of the reduction in intake that we have seen is attributed to the success of the labelling regulations, particularly in the prepackaged sector.

Mr. Tim Uppal: Good.

What is the Government of Canada doing to actually reduce trans fats? You mentioned in your opening remarks that you've taken steps to reduce them.

• (1000)

Dr. Samuel Godefroy: Definitely the monitoring program was a major milestone in that regard, and that's essentially the commitment made by the Minister of Health in 2007. We are seeing right now the end of the monitoring program. In fact, we published the last set of data in December 2009.

Our scientists require the outcomes of the monitoring program to undergo the challenge of scientific peer review. That scientific peer review was completed in March 2010, and there was a publication made available in the international scientific literature that essentially critically reviewed the way the monitoring program has been implemented and the outcomes it has achieved.

Mr. Tim Uppal: We've heard that the primary source in Canadians' diets is through industrially processed foods. What has Health Canada done to get the food industry to reduce the trans fats, and where have you seen the best progress?

Dr. Samuel Godefroy: Our role is essentially to oversee the food supply and to use our regulatory and non-regulatory levers to achieve public health outcomes, and in that regard we've mentioned the replacement options. Some of these replacement options are required to undergo a pre-market review. We have treated the oilseeds and the novel crops that are identified as suitable replacement options as priorities for our pre-market review, and Health Canada has approved a number of them. As recently as March 2008 we approved a new variety of soybean that would result in a suitable replacement option that would essentially mitigate the need to resort to trans fats.

Mr. Tim Uppal: Could we get a comment from the industry on the success of that?

Mr. Doug Sparks: Perhaps I can help.

The change in the seed varieties, certainly with canola, has been extraordinary. The major national food service accounts in Canada are now generally using identity-preserved canola. It is a high-oleic, low-linolenic canola that has the same properties in terms of stability as a hydrogenated product, with the same low saturated fat as a regular canola. That has been legislated and allowed through by the Canadian government. This is really allowing a marked improvement in the Canadian diet.

Mr. Paul Hetherington: In the baking industry, our breads and rolls segment has essentially been trans fat free since the late 1990s, when we switched over to using a liquid oil. The challenge has been with the need for a hard fat for lamination purposes, in puff pastries, etc. The choice fat that the industry has been utilizing has been a palm oil-based fat, which is a high-saturate fat. That's not the alternative we want, but it's what is available in the marketplace currently.

The Chair: Is there someone else who would like to comment?

Go ahead, Ms. Tanaka.

Ms. Phyllis Tanaka: I'd just like to reiterate the key components. There is work being done at all levels within the agrifood system to find ways to mitigate trans fat in the food supply, from the seed developers right through to the baking industry looking for alternative thin products. These have been deemed, right from the very beginning, to be very challenging. The work is ongoing. It is challenging, and industry as a whole is meeting the challenge.

The Chair: Go ahead, Mr. Sparks.

Mr. Doug Sparks: I'd like to comment just generally on the baking trade. We are involved with many parts of it, so I see many parts of it. I was also involved with our U.S. business for many years.

Actually, the Canadian bakery group should take special credit. In many cases, transition to a high-saturate palm formulation was readily available, and that formulation, while it did not have trans fats, of course had high saturates. Many of the bakery people have taken the next step and are using a much higher percentage of liquid oils and rather sophisticated fractions to provide functionality and lower saturation, so there has been an additional step taken in some cases.

The Chair: Thank you, Mr. Sparks.

We're now going to go into our second round. We will have five minutes for questions and answers.

We're going to begin with Ms. Murray.

Ms. Joyce Murray (Vancouver Quadra, Lib.): Thank you.

I'm trying to understand. I'm going back to a question that Mr. Malo had.

He asked about the 1% level, or the two grams of fat per day that has been accepted by WHO. Your answer was that it is a scientific level. Why would New York City and California—that's more than the population of Canada—bring this down to zero, if an amount between zero and two grams is completely harmless from a health perspective? Does the scientific decision to do 1% or two grams have to do with analysis of the difficulty, or the cost to the industry?

Is there really a health benchmark, or is it more a convenience or cost benchmark?

• (1005)

Dr. Samuel Godefroy: The level of 1% comes from a World Health Organization recommendation that—

Ms. Joyce Murray: Well, I got that, but I asked what the science is. Is it about health, or is it—

Dr. Samuel Godefroy: It is a health-based science, but it is also an estimate that was made based on food intakes. Essentially, it accounts for the diet, and as was mentioned—

Ms. Joyce Murray: Okay, so it's really about practicality and convenience, not about health.

Dr. Samuel Godefroy: No, it's about the diet. The diet contains natural sources of trans fats. Even with the natural sources of trans fat, our advice is to reduce those natural sources of trans fat in terms of dietary choices—not in products, but in terms of dietary sources.

Ms. Joyce Murray: Thank you.

Maybe I've misunderstood what New York City and California are doing with their ban on trans fats. Are they allowing natural sources, but not added sources?

Dr. Samuel Godefroy: It's the processed trans fats that are actually subject to a ban.

I would go back to the effectiveness of some of these measures for banning trans fat at the retail level, specifically in the food service sector. You need to have measures taken upstream around the availability of the sources—

Ms. Joyce Murray: Then it's the practicality. It's not about health, but about practicality. Okay.

What is the date by which Health Canada wants to see the two-grams-a-day target met? At last report, we were 170% higher than that. By what date do you require the industry to get down to two grams?

Dr. Samuel Godefroy: As was mentioned, in his announcement in 2007 the Minister of Health gave the industry two years to meet the recommendations of the trans fat task force. At the end of the two years and after the implementation of the trans fat monitoring program, there is an assessment period that would allow us to see what progress—

Ms. Joyce Murray: There was a goal to get down to that point in that time, but you're giving them an extension. Okay.

Here is where I'm going with this. We know that this is a poison that has absolutely nothing good to do with our health. We know we weren't using it before the 1970s. We have spent from the mid-1990s to today on it, and we are still 70% over a guideline that is higher than the health benefit.

Do you think there is a possibility that Health Canada could be sued by families of victims, who might claim that Health Canada has been negligent in the role of overseeing the food supply and using all levers, regulatory or non-regulatory, to achieve the targeted health outcomes as you have stated them? Are Health Canada and the people of Canada vulnerable to being sued, as happened around tobacco, for knowingly allowing a poison, knowingly extending deadlines, and not using the levers and taking the actions available to them?

Dr. Samuel Godefroy: The responsibility for making safe foods available is actually industry's responsibility. What Health Canada does is develop the requirements that will ensure we have a safe food supply. That's essentially what I indicated in my introductory notes. We're looking at the feasibility of all the options and analyzing these options—

Ms. Joyce Murray: I've heard that already.

You're saying you don't believe Health Canada has any vulnerability for being negligent in doing its due diligence in regulating the product. We know how to do it, we know it needs to be done, and the regulation is not in place.

Dr. Samuel Godefroy: We're using the best available science we have, and also all the levers that are under the oversight of the Department of Health in order to mitigate the health effects.

• (1010)

The Chair: Thank you, Mr. Godefroy.

Go ahead, Mr. Brown.

Mr. Patrick Brown (Barrie, CPC): Thank you, Madam Chair.

I'll follow up on some of the comments we've heard about the examples of California and New York City. Are there any other successful examples from other regimes abroad that you think Canada should look?

Dr. Samuel Godefroy: The situation of Canada and of North America is somewhat different from other jurisdictions because we already have a supply that has traditionally been higher in trans fat levels, so while what is happening in other jurisdictions is useful and informative, we have to adapt the solutions to the Canadian context, and specifically around the availability of those oils and those replacement options that would allow food processing with the lowest level of trans fat. That's essentially what the assessment of the department is concentrating on right now. We're focusing on the outcomes of the monitoring program as it is.

We're looking specifically at the areas where progress has not been achieved to the level that was recommended by the trans fat task force. We're looking at the reasons and at the challenges being faced by those sectors, whether it's the food service sector or the baking sector, whether they are technical levers or economic levers. We're also looking at all the replacement options that are available; we are exerting our regulatory oversight on these options and facilitating their availability.

All the options are out there, and they are being assessed in order to come up with the best and most effective tool for the reduction of trans fats.

Mr. Patrick Brown: I realize we've had success, but hypothetically, if we are not able to meet the WHO recommendation, what are the options that you're looking at, for example, in the hospitality industry? I realize you've had a lot of success with the nutrition labelling regulations, but in terms of the hospitality sector, what options are available?

Dr. Samuel Godefroy: Maybe I'll let Ron speak to that more specifically. Would you like to comment?

Mr. Ron Reaman: I'm sorry, I'm going to have to ask you to repeat the question. I didn't quite catch it all.

Mr. Patrick Brown: In terms of the food services industry, Mr. Godefroy mentioned there are options. What are those options in terms of trying to—

Mr. Ron Reaman: For reducing trans fat?

Mr. Patrick Brown: Yes.

Mr. Ron Reaman: We've been engaged in that process for a number of years now and we have made significant progress across the industry. What I tried to say earlier is that there are certain segments within our industry that have had some challenges with respect to securing trans-free supply, so that's our challenge.

As a result of the regulatory regime that exists in Canada, on a regional basis we have been uniquely challenged because regulations at that local level have forced us to essentially police the food supply up the value chain. That's an untenable position for us, so we're caught right now, and that's my key message to you today.

We're not here asking for regulations because we believe that the food industry, writ large, has not done an excellent job in reducing trans fat; to the contrary, I think the evidence from the trans fat monitoring program and from what we know from working with our membership and our colleagues across the food industry shows that we have made great strides at reducing trans fat. Our challenge is really a patchwork, inconsistent, unlevel playing field that's been established by local regulations pursued by local governments.

I don't know if that answers your question.

Mr. Patrick Brown: I was just reading the section of the presentation that said there is not the same degree of success in terms of the restaurant and food service sector. If we aren't able to meet the goals, what—

Mr. Ron Reaman: I'm sorry, but I have to take exception. The data are actually very clear. They are not mine. They are factual. The information is from the Health Canada trans fat data—

Mr. Patrick Brown: I'm just reading from the presentation, though. It said that there is not the same degree of—

Mr. Ron Reaman: Okay, well, I would take exception from that position, then.

Dr. Samuel Godefroy: The assessment was made on the data collected as part of the monitoring program, and the monitoring program has shown that the food service sector did not evolve with the same speed as the prepackaged sector in the reduction of trans fats.

That's based on a collection of samples that went beyond the major food service providers, so it was essentially the big chains. Where we have seen really slow uptake is more in the medium- and small-sized food service and restaurant outlets, and that's what is captured in the trans fat monitoring program.

•(1015)

Mr. Patrick Brown: Do you have any suggestions on how we can make more progress in the small and medium-sized outlets?

Dr. Samuel Godefroy: I think it has to do with the availability of the supply, so it would be having more supply that would no longer have the trans fat alternative, such as resorting to other sources such as the canola sources that were mentioned by industry. There are already frying oil alternatives that would completely mitigate and eliminate the level of trans fats. It's really the availability and the uptake of those sources. As well, it's really the uptake by industry.

Mr. Patrick Brown: I see that we collect data every seven months. Do we know what our international context is now? I realize that in the mid-1990s it was a more challenging position for Canada. Are we playing more of a leadership role now?

Dr. Samuel Godefroy: I believe Canada is definitely playing a leadership role in North America because we have taken action early on. As I mentioned, Canada was the first jurisdiction to mandate the labelling of trans fat in the nutritional facts table. Also, reduction efforts as a result of the task force on trans fat have been witnessed. If we look at the comparison between the U.S. food supply right now and the Canadian food supply, there are differences. Definitely a leadership role has been taken by Canada in North America in reducing the intake of trans fat.

The Chair: Thank you, Mr. Brown.

We'll now go to Monsieur Dufour.

[Translation]

Mr. Nicolas Dufour (Repentigny, BQ): Thank you, Madam Chair. I too want to thank our witnesses.

Mr. Hetherington, a little earlier Mr. Malo asked you a question about Mr. Marangoni. You answered that the difficulty is that his product is not currently in the marketplace. But, when one has four years to prepare for the regulation of trans fats, one should use any means available and look outside the box. One should try to go a bit further and, if somebody has a good idea, try to make use of it and develop that product.

[English]

Mr. Paul Hetherington: With regard to the gentleman in question, his ability to bring the product to market, I believe—and I would have to get back to the member to specify—was a result of challenges he was facing in production, not necessarily in demand for the product. He had issues associated with how he could produce the product, but they were not market-driven issues. It was simply an internal problem he was encountering with actually physically making it.

That's my understanding. As I said, I'd have to clarify that.

I hope that answers your question.

[Translation]

Mr. Nicolas Dufour: Thank you.

Mr. Godefroy, since the beginning, you have mentioned other options besides regulating. You talked about new crops. Are these your only other options? If we decide to develop new varieties, this could take a very long time. It cannot be done in two weeks. So action would be delayed another two or three years, which would result in a host of issues and problems, from the pressure on hospitals to health problems for people.

Are your options really limited to a new crop?

Dr. Samuel Godefroy: I would like to clarify the way I presented the various options. The regulatory option is on the table. We must assess how it would work, especially enforcement-wise. If we go with a regulatory option, if we want to bring trans fats down to the level recommended by the working group, we must ensure that it is feasible, that the regulations can be implemented and enforced...

Mr. Nicolas Dufour: But you have had four years of discussions and something came out of it. Everybody around the table is happy with the work that was done. I do not doubt that you have done excellent work. However, when it is time to translate words into action, something seems to be missing and it is on the government's side. You have done your job, but the government is dragging its feet. All sorts of ideas have been raised but, all of a sudden, it seems we are in a no man's land. No one knows in which direction we should go.

•(1020)

Dr. Samuel Godefroy: This is why I want to tie the regulatory option to the availability of alternatives. In order for the regulatory option to be effective, to result in a reduction of trans fats, we need a source of oilseeds that will allow us to reach that goal.

The regulatory option is on the table. We need to analyze its implementation and its impact. We are talking about a public health goal. The goal is to reduce the intake of trans fat to less than 1% of total energy intake. All of these solutions are tools. We must determine how they can be combined.

Mr. Nicolas Dufour: Ms. Brown, you have been listening to our discussions since 9 a.m. What is your thinking and what do you expect to do to push the government to implement regulations? What do you intend to do in order to get things to move forward?

[English]

Ms. Sally Brown: Well, we're trying to do all we can. We certainly are active on the file.

If you wouldn't mind, I will speak to some of the issues that came up and our perspective on them.

I was happy to hear from Sean that safer alternatives exist. We need to get them into the supply chain.

I want to mention a couple of things. First of all, the issue of natural trans fats is important, but at the time of the task force it wasn't clear that they were as dangerous as processed trans fats. They're going to stay in the food supply. They're in the meats and everything else. It's all the more important to get all the processed trans fats out, because with the natural trans fats, we're going to have some in our diet anyway. I think that point has been missed.

The other point is that these new supplies are often more expensive. That's why the small and medium-sized producers aren't using them. Once the monitoring pressure is off, it's very likely they won't change.

We also know that even though there are margarines available, there are still hard margarines in the grocery stores that are cheaper. They are being bought by people on limited budgets. What are we saying to them? We're saying we don't really care whether their health is affected by trans fats because they're still able to buy low-cost hard margarines. That is an option that makes sense to them because it's cheaper. In that way we have to level the playing field in terms of the supply as well. Remember that we have subpopulations that are more at risk unless this is changed; we know young males and children are more at risk because of their dietary patterns and what they eat.

We know that labelling has worked, but remember that 38 cents of every dollar spent on food in Canada is spent outside the home, where there is no labelling. That's very important to remember. We buy a huge percentage of food in restaurants and food service places.

With all due respect to Health Canada's statement that it will take time to determine the regulatory effect on trade, that issue came up in the task force report, and four years have passed. I can't believe we don't know the answer to that, frankly, but we don't.

The Chair: Thank you very much, Ms. Brown.

Go ahead, Dr. Carrie.

Mr. Colin Carrie (Oshawa, CPC): Thank you very much, Madam Chair.

I'd like to clarify a couple of statements. Mr. Hetherington, you made a very interesting one in your opening remarks. You said we basically started at 4%, and with the data that was taken as at 2008, we were down to 1.4%. I think you were trying to make the point that since 2008 you have been continuing to progress on reformulations. We've heard in the past that it can take up to two years to reformulate products, and sometimes even more than that, so I commend you on the changes you've made in a relatively short amount of time.

We've based this on the 2008 samples. The reductions have kept going in that direction, and we don't have the data to date, so is it possible that we're actually down to the 1% today? Is that the point you were trying to make?

Mr. Paul Hetherington: The point I was trying to make—and thank you for bringing it out—was that the trend line was going down with regard to trans fat consumption as a percentage of energy. The last data set was in 2008. Reformulation has happened. Where we are today, I don't know; I do know from the conversations with my members that those reformulation efforts continue, as you reiterated. I have no data to back this, but based on anecdotal evidence from my members I would guesstimate that the number would continue to go down. Where it is today, I don't know.

•(1025)

Mr. Colin Carrie: I think nobody knows. What we're trying to come up with, as Mr. McPhee was saying, is some reasonable, sensible, good public policy.

I want to ask Health Canada something, because there's some confusion at my end. What does “trans fat free” actually mean? We're talking about this 1%. As far as labelling is concerned, I know that if you're down to a certain level in other products, you can label it as “something” free; it could be fat free, sugar free, or whatever. When we're talking about these other jurisdictions—Denmark, Switzerland, New York City, California—and they say “trans fat free”, does that mean zero, or does that mean you can have up to say, 1%? I'd like to know what the actual definitions are.

Dr. Samuel Godefroy: The definition of “trans fat free” for products is actually enshrined right now in our regulations. It would allow products to bear that statement if they do not contain amounts of more than 0.2 grams per serving. That's essentially for the composition of the food itself.

Vis-à-vis the other jurisdictions, nutrition labelling in Europe does not encompass trans fat labelling at this point. We have stronger nutritional labelling here in Canada than exists in Europe.

The other jurisdictions essentially developed requirements in terms of the percentage of trans fat in the overall fat contained in the product. The definition in Denmark is actually in line with what the trans fat task force has come up with, which is that the level of trans fat cannot exceed 2% of the total fat for oils and spreadable margarines.

Mr. Colin Carrie: That clarifies it for me. Thank you very much.

We're shooting for 1%. What is realistic for industry? We've heard that we're coming up with new oils and new products, but Canadians like to eat imported fatty foods. We consume things that we don't produce on our shores. What is realistic? Even if we do get all the processed trans fat out, what would you say would be the bare minimum, on average, in terms of a Canadian diet? Would it be 0.5% or 1%? When you include these imported products that Canadians like to eat, what is realistic?

We've thrown around what this 1% means and what it doesn't mean. Is that realistic? Could you elaborate a little bit on that?

Dr. Samuel Godefroy: In clarification of the way the 1% has been used, I'll say that the 1% refers to how much energy is brought by trans fat. The objective is to not have trans fat account for more than 1% of the energy coming from the diet.

The way that Health Canada supported the work of the trans fat task force in that regard was to look at the Canadian diet and at the available products. There were a number of assessments and evaluations conducted, using different levels of trans fat as an ingredient in the foods, to see what levels we would need to have in foods in order to be at or below the 1% of energy coming from the diet through trans fat.

The health minister concurred with the outcome of the trans fat task force's work, saying that in order to reach the 1% target, we need to get the levels of trans fat from food at 2% or lower for oils and spreadable margarines, and at 5% or lower for the rest of the food.

Mr. Colin Carrie: So it's 5% or lower for the rest of the food.

Dr. Samuel Godefroy: Yes.

Mr. Colin Carrie: If we were able to wipe it all out, what would be the lowest level that we could actually get to in our diet?

Dr. Samuel Godefroy: That's an estimation that will have to be made based on the data available. It would take the outcomes of the monitoring program and the consumption patterns of Canadians and look at all this information together to see where we are right now and where we could achieve even more.

•(1030)

Mr. Colin Carrie: I know we're at 1.4% now with the 2008 data, and you say the trend line is down.

Mr. McPhee, do you have any comment? How low can we go? Do you have any data from around the world?

Mr. Sparks, could you comment?

Mr. Doug Sparks: I think the question of how low you go really depends on what's in the shopping basket. That's a large part of it.

This morning people got up and had a glass of milk, and maybe on the way to work they stopped off at a very large national chain doughnut store. Well, gee whiz, there was no trans fat, or very little.

When we say "no trans", that's a misnomer. There is trans in no trans. Certainly in the case of California and New York, there is trans fat, absolutely. You do not have a no-trans product. Milk has trans fat. Steak has trans fat. A well-processed, extraordinarily healthy IP canola oil has trans in it. Trans fat is caused by heat.

The Chair: Thank you, Mr. Sparks. You've pretty well described my morning.

Mr. Doug Sparks: I was on a roll.

The Chair: Thank you.

We'll now go to Ms. Murray.

Ms. Joyce Murray: The Liberal members have put forward a national food policy proposal in which we are clear that there will be regulation to accomplish goals around trans fat, but this committee will be coming up with a recommendation, and I want to go back again to Ms. Brown.

I'd like to know from members of the panel what they would like to see in our committee's report, because it's possible that we will have a consensus report that will go to the minister. What wording would you like to see in terms of recommendations, Ms. Brown?

Ms. Sally Brown: I think the government should implement the recommendations of the trans fat task force. It set out levels for oils and other foods that were reasonable and achievable, and it said those should be regulated. That is what the Heart and Stroke Foundation has supported from the time the report came out until now, and what we are continuing to support and will applaud loudly should it happen, because after four years, there is a lot of frustration.

Ms. Joyce Murray: I'm just going to fine-tune that recommendation.

From what we've heard from Health Canada, I think their response would be that they're taking time and doing that. By when would you suggest the recommendations of the report be implemented? What

would you recommend as a reasonable timeframe for this committee to propose?

Ms. Sally Brown: I think the announcement should be made as soon as possible. My understanding is that while there is a time lag between the preparation of regulations and their issuance, it is not long, so I think the message should be to do it as soon as possible. I realize it won't be the day after the announcement.

Ms. Joyce Murray: Okay, thank you.

Ms. Sally Brown: May I just say that even the signal that's it's coming, and when, will make a difference.

Ms. Joyce Murray: Yes. We should have a firm date and a commitment.

What recommendation would the canola representatives want to see in this committee's report?

Mr. Doug Sparks: I think it would be in line with what we were describing. We would like to understand the limit exactly. Let's say the regulation does go forward; that's wonderful, but what basis is it for your shopping basket? I think that's one of the issues with regulation.

When you regulate something, there are two sides to it. If you regulate the trans fats, are you opening up the door to high saturated fats? When you legislate 1%, what is that made up of? I think that's very important. What is the makeup to get to that 1%?

Ms. Joyce Murray: Then your recommendation would be...?

Mr. Doug Sparks: Our recommendation, if regulation does go forward, is to understand... We don't have a clear position in favour of regulation or not, but if regulation does go forward, we really have to understand what the game rules are and how they are enforced. Putting in regulations that are not enforced is worthless, and we've run across this for years.

Ms. Joyce Murray: Then you'd like this committee's report to include mention of the need for enforcement.

Mr. Doug Sparks: No, no. We do not have an opinion on whether it's enforced or not. We do not have an opinion on that, because we offer options that... This is really a decision about what ingredients the end user is providing. I think our position is that if enforcement does go forward, it's very difficult to ensure that it's categorized in a way that gets you to where you want to be.

•(1035)

Ms. Joyce Murray: Okay, but I'm still trying to clarify what you would advise this committee's report to recommend.

Mr. Sean McPhee: Can I have a go at it?

Mr. Doug Sparks: Yes, please do.

Mr. Sean McPhee: I think what we're saying, in line with our earlier comments about the contribution of imported foods and naturally occurring trans fat from ruminant sources—dairy and meat—is that we need to better understand both the sources and the levels of trans fat in a given diet in order for the right regulatory target to be chosen. If we're shooting at the wrong target, then we're not advancing public policy. We think that those—

Ms. Joyce Murray: You're saying more research is needed, and more time.

Mr. Sean McPhee: Yes.

Allow me to add that from what I've heard from Health Canada this morning, it sounds as though that's the direction they're heading in.

Ms. Joyce Murray: Do any of the other witnesses want to suggest what recommendations would be most effective in addressing the problem of trans fats in the Canadian diet, in terms of what the report might say?

Mr. Ron Reaman: I'll jump in because I think it's pretty straightforward from my perspective.

I want to clarify that the regulation would not, as I understand it, aim for 1%. That's the intake-level objective of the regulation. The regulation should follow the report recommendations of 2% for soft margarines and oils and 5% for all other products. That's how we get the population down to 1% in terms of intake levels.

I would concur with Sally wholeheartedly. I think the recommendation from this committee should read that the government implement the recommendations of the trans fat task force in as timely a manner as possible, and I would agree that just signalling both a commitment and a timeframe would be very helpful, certainly for my industry.

Mr. Paul Hetherington: As the minister announced and brought forward a voluntary approach, I think it's important that we ascertain exactly where industry is with regard to that voluntary approach.

Ms. Joyce Murray: Would you say that a recommendation of the task force should be to talk more with industry?

Mr. Paul Hetherington: No, not talk more, but as I said in my statement, go out and monitor exactly where trans consumption is in the food supply. It could be done fairly quickly in the grand scheme of things, I would offer.

Ms. Joyce Murray: Thank you.

Are there any other comments in terms of my question about whether Health Canada or perhaps industry is vulnerable to lawsuits from the public or from people who may be affected by a death in the family related to consumption of trans fats? Do you have any opinion on whether Health Canada might be vulnerable to being sued in the way we saw in the tobacco situation?

The Chair: We're going to have to answer that very quickly. Who would like to take that?

Go ahead, Mr. Reaman.

Mr. Ron Reaman: I think it would be conjecture at best for us to try to answer that question, so I don't know.

The Chair: Thank you.

Go ahead, Ms. McLeod.

Mrs. Cathy McLeod (Kamloops—Thompson—Cariboo, CPC): Thank you, Madam Chair, and thank you to all the witnesses.

The one piece I want to pick up on, and perhaps this is for Mr. Godefroy, is this monitoring program. Can you tell me a little more? Unfortunately, we received many of the documents this morning, so

I haven't had time. You monitored how many times? Is there an intention to do another snapshot of where we're at? Where are we going with that?

Dr. Samuel Godefroy: The monitoring program was focused to try to capture as much information as possible on the sources of intake of trans fats. It was essentially focusing on those foods that were known to have higher levels, so it focused at first on the prepackaged food sectors. Essentially a sampling plan was developed to capture over 80% of the market share for the prepackaged food sector. About 1100 food items were analyzed over a two-year period. We mobilized three government laboratories in Ottawa, Winnipeg, and Toronto to do that type of analysis. We also checked the nutrition facts tables to look at their effectiveness in indicating the levels of trans fats and compared the levels on the label to the levels found by laboratory analysis.

We focused also on the other sectors. It was essentially the food service sector with a focus on the major food chains, but there were also other areas where we knew there might be a potentially significant intake of trans fat. We also surveyed ethnic restaurants, cafeterias, and small and medium-sized restaurants.

As I indicated, that monitoring program was essential for us to capture information on our intake of trans fat. I have provided you with the preliminary estimate, which is that we have gone down to 3.4 grams per day, or having 1.4% of the energy provided by trans fat.

● (1040)

Mrs. Cathy McLeod: This is the process that has happened. We've heard this is 2008 data; we don't have a 2010 snapshot. Has that program come to an end? Is there any intention to do another snapshot?

Dr. Samuel Godefroy: We'll have to see whether there is a need for another snapshot and whether there has been an evolution since then.

We have, of course, the nutrition facts table, which we've actually verified now as a good tool. We have shown the effectiveness of it, and at least in the prepackaged sector we can rely on the information it provides on the levels of trans fat. We also have data about Canadians' consumption in that regard.

The most immediate step that we wanted to go through was to submit the data that was collected to a rigorous review of the scientific process. That's what our scientists have done in submitting the information to a critical review by their peers. That critical review came back in March 2010, and we were able to make the information available in the international scientific literature.

Mrs. Cathy McLeod: We've also heard of particular concern about some imports, in particular from the United States. Can you tell me whether they are undergoing a similar effort right now? How big a problem is that for Canadians?

We've just talked a little bit about it. We've heard of some quite dramatic things in Europe, but what is happening in the United States, and how big is the impact of those products that are coming into Canada?

Dr. Samuel Godefroy: We're in discussion with our colleagues at the U.S. Food and Drug Administration, and there is already interest on the part of the U.S. FDA to look at decreasing the level of trans fat. It's a North American problem, as mentioned. It's not only a Canadian problem in that regard.

When we surveyed the products as part of the monitoring program, we did not discriminate between products manufactured in Canada and products coming from other countries. We were essentially looking at the supply as a whole and what is available on the shelf in prepackaged foods. The effect of imports has been captured as part of the data we collected within the parameters of that monitoring program.

Mrs. Cathy McLeod: Is their cracker industry, let's say, making the same efforts towards reduction that our industry is?

Dr. Samuel Godefroy: Our understanding is that there are international efforts in that regard, particularly across the North American border.

As we know, the food industry is a really integrated industry, particularly at the North American level. It's an integrated supply. We could say that what is happening in Canada has driven formulation down as well in the United States, at least for those who have reformulated.

The Chair: We'll now go to Ms. Leslie.

Ms. Megan Leslie: Thank you, Madam Chair.

Ms. Brown, I have a question for you. In my work with health-based charities, I have found them to be a bit measured and conservative when it comes to what they're promoting or advocating, yet here you are with the most passionate and forceful thoughts on what to do about trans fats. I'm wondering how the Heart and Stroke Foundation got there and why it's something that you guys are really leading the charge on.

Ms. Sally Brown: First of all, there's a lot about unhealthy eating that affects all chronic diseases. This is an issue that affects heart disease, and we really saw ourselves as the only group out there that was going to take this on, given our stand.

Rarely do you have a situation in which the data about the harmful effects are so universally accepted. Before the trans fat task force even started its work, everybody said they didn't need to question the data. In fact, we brought in international experts, in any event, to prove it to ourselves, and nobody says that what we're saying about the harmful effects of processed trans fats is not true.

You don't always get that. You get disagreement at the scientific level, but that doesn't exist, so when those two combine, and also where there is a clear solution.... It's not so easy to determine the level of salt, because it has good uses, although the impact of high sodium levels is worse, frankly, on heart disease and stroke, and that's an imperative.

But everything was so clear. The task force didn't actually take long in coming to its conclusions, and it was a unanimous report. All the factors are in play for us to have taken this position.

• (1045)

Ms. Megan Leslie: Thank you.

Mr. Godefroy, in your research, or Mr. Reaman, in your experience purchasing, when there have been bans in other jurisdictions, have you seen producers from other countries outside those jurisdictions respond somehow to ensure that they can still import? In your purchasing, have you seen shifts by foreign producers of food products, even though their country may not have a ban?

Mr. Ron Reaman: Do you have any details on that?

Dr. Samuel Godefroy: The only experience that we can speak to in terms of using regulations is really Denmark. The comparison is really difficult to make because of the nature of the supply that Denmark relies on and the sources of oils it relies on. There was definitely a contribution in the reduction of trans fat as a result of using a regulatory lever in Denmark, but the comparison with the Canadian scenario is not that easy to make.

Ms. Megan Leslie: I'm thinking about the moon cakes imported from Taiwan, or those kinds of imported foodstuffs.

Dr. Samuel Godefroy: The use of a regulatory lever will of course impose the same level of restrictions on products that are produced in Canada or produced internationally. I imagine there will subsequently be an impact on imports as a result.

Mr. Ron Reaman: The fact is that without the regulatory framework in place at this point, those products are not prohibited from import or use by whomever.

Ms. Megan Leslie: I think those are all my questions, Madam Chair. Thanks.

The Chair: We'll now go to Ms. Davidson.

Mrs. Patricia Davidson (Sarnia—Lambton, CPC): Thank you, Madam Chair, and thanks very much to all of our presenters here this morning.

Mr. Hetherington, you mentioned that the last published data were from 2008 and that there have been changes made within your industry since that time. How long does it take to develop new data?

Mr. Paul Hetherington: I think the question would be best posed to Health Canada, as they are the producers of the data.

Mrs. Patricia Davidson: Are you prepared to produce new data?

Dr. Samuel Godefroy: After the assessment of the outcomes of the current monitoring program, that could be one of the options that could be envisaged. We could see if the market has shifted or if the supply has changed dramatically since the time the data were collected. It could be an avenue that could be explored, but we need to have a justification for it. There would have to be a change that justifies further data collection.

Mrs. Patricia Davidson: How long would that take?

Dr. Samuel Godefroy: It really depends on how we design the sampling plan. Every monitoring program will have to have objectives, so it depends on how we set the objectives of what the data need to inform. As a result, timelines could be established, but I would say that we already have all the infrastructure set and all the technology we need. Our scientists were among the first to develop the methodology to get such data, if they are indeed required.

Mrs. Cathy McLeod: I don't know who said it—maybe several people did—but it's been mentioned that the solution in the past was worse than the original. If regulations are put in place, how are we ensuring that we are not going to have the same case 15 years down the road?

Dr. Samuel Godefroy: That's part of the analysis that we have to provide to inform the decision-making process. We have to look at all the implications for all the solutions and all the options that are up there, particularly for the regulatory solution.

We look at the implications and the replacement options and study them to the extent of our scientific knowledge because, as we know, science evolves far faster than we can actually sometimes cope with. To the extent of our scientific knowledge, we ensure that they do not have any unintended effects.

• (1050)

Mrs. Patricia Davidson: Either Mr. McPhee or Mr. Sparks, I believe, said that we need to examine the Health Canada data that we've got and identify where the remaining levels of trans fats are coming from. You referred to naturally occurring trans fats. I believe dairy was one of the sources. What are the other areas?

Mr. Doug Sparks: You've got a heat source, you've got dairy product sources, and you've got imported product sources, so when you're looking at these target values and reporting back on a 1.4%, let's just understand what the basket is.

If we're also looking at the food service business, let's make sure that if we have some smaller players that are not following the path, at least we have the vast majority of the larger players following it. Let's just make sure that when you do the averaging effect, you have a weighted balance for what it really is. It's very important to understand what the shopping basket is.

Mrs. Patricia Davidson: Would you agree that processed trans fats are more dangerous than natural trans fats?

Mr. Doug Sparks: I think the evidence has shown that to be the case, absolutely. From an industry point of view, it's just interesting that 20 years ago we saw the natural saturated products as being evil, and we legislated them completely out. That was palm oil and lard. Twenty years later, when we find out through changing science that hydrogenated products are worse, we legislate them out. Now we have many products that we today argue we shouldn't have.

Science changes, and I think we have to react to that.

Mrs. Patricia Davidson: I just have one more question, and it's for Sally Brown.

Does your organization agree with the WHO recommendations, or do you suggest something else on the trans fat levels?

Ms. Sally Brown: We don't have a policy statement on it, but I don't think we disagree with them, no.

Mrs. Patricia Davidson: Okay, thank you.

That's all I have, Madam Chair.

The Chair: Thank you very much.

We're just about out of time.

Monsieur Malo, I think you wanted to ask a quick question.

[*Translation*]

Mr. Luc Malo: Mr. Godefroy, I want to follow up on an earlier question of Ms. Davidson.

In his remarks, Mr. Hetherington seemed to say that compared to the figures for 2008, his industry greatly changed the formulation of their products. Somehow he creates confusion in people's minds when he says that the goal of 1% might have been reached. But, in your answer to Ms. Davidson, you said that you are not sure that substantial changes have been made that would render the 2008 figures invalid.

Could you clarify your comments on this? I really want to know if substantial changes have been made in the formulation of bakery products.

Dr. Samuel Godefroy: I will try to give a general answer by explaining the monitoring program.

The sampling continued until early 2009 and the last set of data was published in December 2009. We do not have on hand data showing there has been a substantial change. If the industry believes there has been such a change, we want to see corroborating data. I invite Mr. Hetherington to provide this information, with clear evidence, showing changes made in these products. These are mainly processed products.

[*English*]

The Chair: Thank you, Mr. Godefroy.

Mr. Sparks, did you want to comment?

Mr. Doug Sparks: I would like to correct myself. When I commented, I was referring to saturated fats. In terms of trans fats, whether natural or provided through industry, at this point we would assume they're the same, or we don't know. I was thinking of saturated fats.

The Chair: Thank you.

I know we've gone through both rounds and even added an extra question. We certainly have had a really good dialogue around the committee table this morning.

We have another committee just dying to get in through the doors and get set up here, so I want to thank you again for coming and for your very insightful information.

The meeting is adjourned.

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