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Chair

Ms. Bonnie Brown

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● (1535)

[*English*]

The Chair (Ms. Bonnie Brown (Oakville, Lib.)): Good afternoon, ladies and gentlemen. It's my pleasure to welcome you to the 39th meeting of the Standing Committee on Health.

To my colleagues, I would ask you to stay until the end because we have a couple of procedural issues that we have to discuss. We'll probably need five or seven minutes.

To the witnesses, on Bill C-420, may I remind you that each group is restricted to a maximum of ten minutes.

We will begin today with the representatives from Tucks Professional Services Canada, Mr. Bergman, the president, and Mr. Polisky, the solicitor.

I'm not sure which one of you is making the presentation, but whoever it is, please go ahead.

Mr. P. Scott Polisky (Solicitor, Regulatory Affairs, Jarrow Formulas, Tucks Professional Services Canada): Good afternoon.

I'm Scott Polisky and I'm an attorney in the United States. I'm here to speak on the success of the Dietary Supplement Health and Education Act in the U.S.

First of all, I wanted to say that my speech is in English, but I will be happy to provide a French translation, as soon as possible, to accommodate the panel. Thank you very much.

The Dietary Supplement Health and Education Act of 1994, which is known as the DSHEA, is one of the most important pieces of legislation enacted in the U.S. to address public health. In the interests of harmonization and free trade, we urge the passage of similar legislation in Canada.

As you may know, health care costs in the U.S. have more than doubled as a percentage of GNP in the past 25 years. Over 30% of cancers are the result of poor diet choices and the increasingly poor diet options offered by certain segments of the conventional food industry.

In the preamble to the DSHEA in 1994, Congress recognized this health care crisis and strongly endorsed supplements as part of an arsenal to help promote better health and reduce staggering health care costs. As Congress envisioned, the DSHEA has encouraged increased scientific research on the relationship between diet and disease and has made possible a bevy of innovative supplements.

The purpose of the DSHEA, as stated by the current U.S. FDA commissioner, Lester Crawford, was to strike the right balance in providing consumer access to supplements and truthful information about them, while preserving the FDA's right to take action against supplements that present either safety problems or false or misleading labelling. In almost all respects, the DSHEA has achieved those goals.

On both sides of the aisle, Democrats and Republicans in the United States predicted that the DSHEA would ensure that consumers had freedom of choice, while guaranteeing that unsafe products could be removed quickly from the market. True to this forecast, there have been very few injuries or deaths from supplements in the last 10 years, and most of those have resulted from the gross overuse by consumers of a handful of supplements. On the other hand, in the pharmaceutical industry, in the same 10-year period, we've seen many more injured or killed as a result of misdeeds by that industry.

The DSHEA has successfully balanced the rights of supplement manufacturers to market products and the rights of the government to take action against any unsafe or misbranded products. As you know, the DSHEA categorizes supplements as food, and we believe this is the correct categorization.

Since Congress considered dietary supplements and dietary ingredients marketed prior to the passage of DSHEA to be safe, supplements containing those ingredients don't need prior approval by the FDA. As for food, a firm is responsible on its own for determining that supplements from manufacturers are safe and that any representations are true and not misleading. If you have a new dietary ingredient in the U.S., however, you need a 75-day notification and a FDA pre-review.

It's very important to note that there's a misunderstanding and conception that supplements are not regulated in the United States. They're very strongly regulated.

First of all, the DSHEA set up a structure-function framework in 1994, where a supplement manufacturer may describe a product's effect on the structure and function of the body, but may not suggest that the product prevents a specific disease or condition. In other words, you can say that a product such as glucosamine helps promote joint health, but you can't suggest that glucosamine prevents or treats arthritis. Furthermore, structure-function claims have to be submitted to the FDA within 30 days of marketing.

There's a final rule that is issued by the FDA, and it's over 150 pages long. It goes through all the details of structure-function claims. It says that implied disease claims, such as “prevents joint pain”, cannot be made because that is closely associated with arthritis, in the FDA's view. The final rule also permits a manufacturer to cite, in brochures or catalogues, ancillary labelling studies that make the dietary ingredient and disease connection.

● (1540)

The Chair: Could slow down, please? You have to speak slowly so that the translator can translate it into French.

Mr. P. Scott Polisky: Oh, certainly. Would you like me to repeat anything? I can certainly provide this to you.

The Chair: No. You can slow down for the rest of it, please.

Mr. P. Scott Polisky: Very well.

The Chair: Go ahead.

Mr. P. Scott Polisky: Over the course of time, the FDA may also go one step further and authorize a health risk reduction claim, showing the link between a food or dietary ingredient and a health-related condition, where there's significant scientific evidence and the FDA passes judgment on that, such as folic acid and the decreased risk of neural tube birth defects. Many women had birth defects, and the FDA was originally slow, before they passed the DSHEA to enact this kind of law permitting this kind of claim.

In turn, the DSHEA provides a rapid response mechanism if there's any injury from a supplement, and a rapid review process for any new dietary ingredient. The FDA can attack a supplement on grounds of adulteration if it presents significant or unreasonable risk of injury. Secondly, the FDA may declare that a supplement poses an imminent threat to human health and safety.

Today the FDA and industry are working together in three other areas to strengthen public safety: adverse event reporting if any problem is discovered with a supplement; FDA-mandated warnings where appropriate; and good manufacturing practices that assure the quality of the supplements.

On the subject of safety, my client, Mr. Jarrow Rogovin of Jarrow Formulas Inc. of Los Angeles, notes that standard product liability insurance is readily available for marketers and manufacturers of supplements at a reasonable cost. If products were not inherently safe, such policies would not be available. Mr. Rogovin also notes that for those who point out that the U.S. supposedly represents an anomaly compared to the rest of the world in the regulation of supplements, the correct response is to note that few nations have health food stores, much less any sort of supplement industry or market at all. They have few products, high prices, and more often than not, poor quality. As for Europe, especially Germany, there's been a decline of 40% to 60% in supplements over the last few years. Overregulation has really stifled the industry in many other nations.

We feel the United States system has worked to protect the consumer, allow access to supplements, allow the dissemination of truthful and not misleading information, and very much protect the safety of the public.

Thank you so much.

The Chair: Thank you, Mr. Polisky.

We'll now go to the Canadian Alliance of Health Retailers. We have Croft Woodruff, vice-president, retail, who is also past president of the Canadian Health Food Association.

Mr. Woodruff.

Mr. Croft Woodruff (Past president of the Canadian Health Food Association; Vice-President Retail, Canadian Alliance of Health Retailers): Thank you, honourable chairman and honourable members, for the opportunity and privilege to be able to come to speak with you today.

I can speak as a retailer of some 37 years. I have been a member of the Canadian Health Food Association for the same number of years, and was also president of that organization. I served in various functions as a director, and did different projects on behalf of the association.

I'm afraid the Canadian Health Food Association today is not the association I belonged to when it was founded and of which I was part for all those years. Unfortunately, it's going in the wrong direction. It seems to think that a third category.... We suddenly find that vitamins and dietary supplements can be turned into a subclass of drugs, unfortunately subject to what I consider to be arbitrary actions without foundation.

As you very well know, the actions of Health Canada in the past have raised the wrath of over a million Canadian consumers over this issue. I can speak as a consumer, as well as a member of the industry. Our mission has been to serve not only the industry but the interests of the consumer, because without the consumer there is no industry. So I certainly urge this committee to recommend that Bill C-420 go forward to third reading without amendment.

● (1545)

The Chair: The Canadian Coalition for Health Freedom is our other association here. We have Libby Gardon, the president; Phil Anderson, the director; and Esther Côté.

We welcome you.

We ask whichever one of you is going to speak to please do so.

Mr. Trueman Tuck (Consumer rights advocate, Canadian Grassroots): Nick was going to speak. There were supposed to be two speakers from the alliance.

The Chair: I didn't realize that.

Go ahead.

Mr. Nicholas Morcinek (Manufacturer, President of Faunus, Canadian Alliance of Health Retailers): Thank you very much.

My name is Nicholas Morcinek, and I'm the owner of Faunus Herbs. I represent one of those 80% of companies that Health Canada, in one of their business impacts surveys, cooly and callously says will go out of business if their new NHP regulations are brought into force. I have been in this business for over 25 years. I have 15 full-time staff and up to five part-time staff, all in a rural and economically depressed area of Ontario.

In the last 20 years, we have contributed over $15 million in taxes towards our country and our community. As primary producers, we are a farm-based company. We have contributed to the rebuilding of the rural economy in our region. As StatsCan readily indicates, for our 15 primary producer jobs, there are five to seven times more jobs further down the line. My staff are all the main breadwinners in their homes. Most of them have husbands who farm full-time. I brought with me—to put a personal face on this—pictures of three children of three of my staff members. Here are some pictures of my staff members outside the barn. One is the child of the janitor; another, of the account manager; the other is my daughter.

It is clear to me that Health Canada's new NHP regulations are far more dangerous to me and my staff than a fire or a work accident—either of which might consume any of the now potentially dangerous herbs and supplements being redefined for NHP regulations. There are hundreds of small businesses across this country just like mine. With over 1,000 products, my company, according to Health Canada, will need to spend between half a million and one million dollars to prepare documentation to permit the sale of products that we have sold worldwide for decades. Many consumers who now pay $200 a year for their medication will suddenly have to find $2,000 per year. More than a third of the products we produce will simply disappear. How does this help Canadians? Bill C-420 is supposed to rationalize things and remove the absurdities of the new NHP regulations.

Let's talk about herbs and products safety. We're a farm-based business and we grow many of our own herbs. Did you know that the new NHP regulations actively proposed to drive me out of making and selling herbal products? Yet, Health Canada is not stopping me from growing herbs. No one is inspecting my tractors or checking worker training. Yet farm worker fatalities represent 13% of all occupational deaths in Canada. Does that mean all farming should be regulated or shut down? Under the NHP regulations, I cannot grow an herb and sell it without a trained and approved on-site scientist authorizing its safety. This is after growing these herbs for decades.

I must submit them for approval, providing dozens of pages of technical information and proof of safety—this for a food product that has been used for hundreds of generations. Yet I can allow a child to drive the tractor through the fields of these restricted herbs any time of the day or night. Will they have to wear a respirator to harvest them? How about someone walking along the highway and breathing in echinacea fumes? Perhaps they will pick some flowers. Will I have to post warning signs? Is it okay for my 10-year-old daughter to pick the herbs without a permit? How about the herbs you can buy at the grocery store? What about parsley, sage, rosemary, and thyme? Yet the minute I want to process these herbs into simple products involving no change in the structural quality—other than drying them, putting them into bottles and capsules, and putting the name of the herb on the label—I must submit to regulations that are designed to protect Canadians from dangerous synthetic chemical drugs.

I have asked Health Canada at two public meetings, “Can I still sell my processed and packaged herbs without submitting the packaging and product for approval? Surely these regulations are absurd and nonsensical.” Twice they have told me I would be breaking the law. I guess they think it's okay for me to be a good peasant farmer, but not okay for me to prosper and profit by vertical integration of my farm business. Oh, wait a minute. Now I've got it. They want to turn me into the equivalent of a third-world grower and raw materials producer.

Of course, this duality of food and drug regulations in Canada is not new. I could go on for hours pointing out the contradictions. Bill C-420 is an excellent, down-to-earth and sensible attempt to provide all Canadians with a common-sense regulatory framework for all these products. It gives no one an advantage; it merely enshrines into law our common citizens' rights.

● (1550)

Why should you listen to me? Well, I have 25 years of practical experience in all sections of this industry. And don't just take my word for it. My company has thousands of medical doctors, chiropractors, and naturopaths that we sell these products to every day. They have used them for tens and tens of thousands of patients and we have never, in 25 years, had a single issue in regard to safety and quality control. Most of our medical clients have been with us for over 15 years.

Bill C-420 will ensure that Canadians get the best benefits and the lowest cost for their health care supplements.

The health care system is in a cashflow and systemic crisis. The only feasible way to deal with this problem is to promote prevention of illness, and promote good diet and food choices and supplements. So why are the current NHPs, which everyone knows will dramatically raise health care costs, even being considered? Those people who most need supplements and availability of these products are low-income families and working poor. Bill C-420 gives citizens the most freedom, at the lowest cost, to accept some personal responsibility for their health. Billions of dollars could be saved by the health care system with the implementation of Bill C-420.

Thank you.

The Chair: Thank you, Mr. Morcinek.

We'll now go to the Canadian Coalition for Health Freedom, Ms. Libby Gardon.

Ms. Libby Gardon (President, Canadian Coalition for Health Freedom): Good afternoon. My name is Libby Gardon and I am appearing here today as president of the Consumer Health Organization of Canada, a non-profit, membership-based organization founded in 1975. Through our newsletters, workshops, and conferences, our purpose is to help educate the interested public about learning ways to improve their health using non-invasive natural modalities, including herbs, supplements, amino acids, etc.

It is important that natural health products remain available and accessible and that they are not regulated as a drug, in order to allow small and medium-sized companies to remain active by qualifying our natural health products as food and creating regulations similar to DSHEA, or Dietary Supplement Health Education Act, presently effective in the United States, to stimulate cross-border exchanges, allowing for a diversified range of products. In the United States there is no maximum dosage level in effect, permitting the consumer to take full control of his or her daily intake. We insist that our government allow us, as consumers, full authority over our own health and well-being without any interference.

I recognize the importance of the pharmaceutical industry and modern medicine. However, there is severely disloyal competition, with serious impact on the natural health product industry as well as on Canadian consumers. By removing natural health products from under the regulations applicable to drugs, this will bring a halt to the unfair game played by the multi-billion-dollar pharmaceutical corporations. There are many more deaths occurring from the use of pharmaceutical drugs than there are from natural health products. Unfortunately, the deaths aren't categorized, so we do not know whether they are incurred due to the use of natural health products or by the misuse of prescription drugs. I request in your recommendations to Parliament that you emphasize the need for a nationwide adverse events record.

The biggest mistake that was ever made by the government was classifying our garden herbs as drugs and having us believe that they can potentially be harmful to our health.

I am in favour of Bill C-420, as written. Please receive the wishes of your constituents.

Thank you.

● (1555)

The Chair: Thank you, Ms. Gardon.

We'll move on to the Friends of Freedom, Diane Miller, council member and international lawyer, and Chris Gupta, council member and consumer rights advocate.

Ms. Miller.

Mr. Trueman Tuck: We had a second part to that delegation. Sorry, Madam Chairman. Phil was a second part of that Canadian Coalition.

The Chair: Go ahead, Mr. Anderson.

Mr. Phil Anderson (Director, Canadian Coalition for Health Freedom): Bonjour, and good afternoon. My name is Phillip Anderson, Phil to my friends. You may call me Phil.

I am appearing on behalf of the Friends of Freedom and as a director and treasurer of the Consumer Health Organization of Canada, which has been the producer, for the last 27 years, of the Total Health Show in Toronto, now the largest alternative health show in North America. We represent about 1,500 members. I've also been active with the Canadian Organic Growers, and I'm still an active member on their advisory board. That's just to give you some background.

I've been using food supplements for a long time and have been involved in both the food ends, from organics and from using supplements. I'm 77 years old, and I'm in relatively good health, which I attribute largely to eating, as much as possible, organically grown foods and using food supplements like vitamins, minerals, herbs, and food-based derivatives, like CoQ10, which I use steadily to make sure my heart stays in good shape.

I wasn't always healthy. I didn't start off with a great start. From age 12 to 16, I had continual bouts of jaundice because my blood cells were round instead of oval and my spleen kept taking them out and turning them into bile, which gave me the jaundice and also made me damn ill, at times. The MDs resolved it by taking out my spleen, and since they didn't know very much about the situation in those days, in the 1940s, they said, well, you'll be okay; you should be able to live to 65. That's when I determined that maybe I should take care of myself a little bit better. I didn't until I was in my forties, and I was busy actively developing a business in the recording industry and becoming a public company and working 16 hours a day and under a lot of stress. All of a sudden, my health started to fall apart.

Fortunately, around the corner from our plant in those days there was a health food store, and that was a novelty in those days. I wandered over there to see if there was something else besides medicine and patented drugs around. He put me on a program and my health started to improve from then. And though I stayed in business for another almost 20 years, my health improved and I was able to function under considerable strain for that period of time. At 60, I retired and sold the business.

I decided I wanted to find out, since I'd been in the theoretical end of being an organic grower, what it would be like to be in the practical end. I bought a farm outside of Toronto, in Uxbridge, and started to farm organically. I have some practical knowledge of organic farming. To me, it is going to save the world in terms of health, because everything that you need in your body comes from your food, it you're eating good food. If you're eating organic food it will be high in all the trace minerals and vitamins and substances. Still, that's a long way off. We're still growing organic food that isn't that nutritious because it's hard to convert chemical land into organic land in a short period of time. It takes a number of years to get the organic matter built up and the bacteria and fungi that you need to do that.

I'm still using and have used food supplements. I think most of the country is going to do the same thing if they want to stay relatively healthy. I strongly appeal to you, as members of Parliament, to pass Bill C-420, in its original form, so it will be in step with our biggest trading partner, the United States. I know from ordering food supplements, particularly new ones, like Galatamine, which isn't available in Canada, but I can get it from the States and it's very good for your memory and I need to keep my memory in good shape, because it's deteriorating faster than I like to see it....

● (1600)

The Chair: Mr. Anderson, I'm afraid the time is up for your organization. Thank you very much for your input.

And now we'll go to the Friends of Freedom, Ms. Diane Miller. Are you taking the ten minutes, Ms. Miller, or are you splitting your time?

Ms. Diane Miller (Council Member, Friends of Freedom): I'm splitting it, six and four.

Good afternoon, Madam Chair and members of the committee. I am honoured to be here today, and thank you for the opportunity.

My name is Diane Miller. I'm a native of Minnesota in the United States of America. I came to Canada to go fishing when I was a young girl, and I haven't been back since. It's really great to be here today with you.

I was raised on a farm in southern Minnesota, and those Canadian trips were very special to me. I'm an attorney licensed to practise law in the United States, in Minnesota. I also have a degree in chemistry and medical technology, and I've studied hematology and immunology and am a trained mediator. My current position is as the legal and public policy director for the National Health Freedom Coalition.

I came here today to speak for Friends of Freedom, a non-profit corporation. Its mission statement is to help people live healthier lives by ensuring that individual freedoms are protected. I've been asked by Friends of Freedom to give you my perspectives as a leader of the international health freedom movement.

The majority of my work involves working with advocacy groups to envision, articulate, and craft new solutions that reflect a world where governments, regulations, and laws can accomplish what they intend to accomplish while fully acknowledging and protecting the personal health freedoms of a people. This role is often called the architect of the language of health freedom.

My work involves protecting personal health freedoms. When we are sick, we expect to have the freedom of choice on how we get well. We expect to have the freedom to eat what we want, speak with whom we want, and do what we want to do. We are the decision-makers of our own survival.

I know that in your positions as leaders of your country you are very aware that the interplay between government, regulations, and personal freedoms is an age-old issue common to all cultures. Governments are continually challenged to be especially vigilant of how laws impact personal freedoms, especially when issues bring forth groups that have large economic interests. When governments make laws that impact health freedom, we ask that the laws are necessary and that they use the least restrictive means possible.

My work has involved four levels of work. One is the local level. I defended a poor farmer in Minnesota who was being charged criminally for practising medicine without a licence because he told people that colostrum was good for their health. We had two hung juries, and then the charges were dismissed, but it was three years of trial for this man.

On a state level, I work as the director of the National Health Freedom Coalition to craft the laws that allow homeopaths, naturopaths, and herbalists to practise their trades with proper disclosures without getting shut down criminally.

On the federal level, I supported the passage of DSHEA. I've studied it and have even crafted draft improvements for it with other attorneys.

On the international level, I have attended the Codex Alimentarius meetings in Switzerland and have made powerpoint presentations and educational presentations on the impact of Codex to our personal freedoms.

I understand that the United States is unique in the health freedom world because we have a very successful and well-loved law—promoted by the people of the United States—entitled DSHEA. This act originated from the people because Americans love and use natural products and because there were hostile charges brought against upstanding citizens who were successfully manufacturing, selling, or providing high-quality, unadulterated, properly labeled health food products to American citizens, which were never shown to have any risk of harm to the public.

I'm going to skip through this because I know we have a time limit here. I know that the representatives who were here earlier talked about DSHEA.

Formerly we had a definition of a drug that was based on the intent of how a substance was used. So even if it was a food, like melaleuca oil, if it was intended for use to cure a disease, it would turn into a drug.

● (1605)

The passage of DSHEA supported the presumption that dietary supplements are generally regarded as safe. DSHEA made it possible to have foods and dietary supplements that were simply intended to affect the structure and function of the body to be regulated as foods. Vitamins, minerals, herbs, botanicals, amino acids, dietary substances for diet, they were all in DSHEA. It embodies health freedom concepts that are being promoted by health freedom advocates around the world because it provides an appropriate balance between the government and the people.

Countries and cultures are not all the same, and in the case of the international community, many countries have a history of treating dietary supplements as drugs, placing the burden of showing no harm on the citizenry. In the case of DSHEA, the language was the beginning for the placement of health freedom principles into trade law. In DSHEA the FDA bears the burden of proof in determining that a dietary supplement ingredient presents a significant or unreasonable risk of illness or injury, rather than the burden being on the people.

In my closing comments, I would like to say the most important aspect of balancing these freedoms is to remember that whenever we can, we want the people to be free and strong and to make their own choices, and we want the government to help the people make decisions. In DSHEA you're doing that and in Bill C-420 you're doing that, and that freedom builds character, builds strong societies.

Thank you.

The Chair: Thank you.

Mr. Gupta, about three and a half minutes.

Mr. Chris Gupta (Council Member, Friends of Freedom): Good afternoon.

My name is Chris Gupta. As a consumer and an advocate, I should like to speak in favour of Bill C-420. This important bill expressly addresses our ability to choose nutrients without interference from governmental regulatory bloat and abuse.

It is clear from the downward spiral of our health care system that regulations are more about protecting farmer monopolies than about protecting health. The purported benefits of regulation in fact have become the greatest health hazard of all. My questions, specifically on Health Canada's strange behaviour for promoting absurd and illogical drug-style regulations for safe dietary supplements, demonstrate this amply.

Let me start by providing you with data from an independent risk and policy analyst, Ron Law, on the relative safety of dietary supplements in comparison to that of other causes of death in the U.S.A. The percentage for dietary supplements is 0.0001%, or one death in 100,000. For foods it is 240 deaths per 100,000, and for properly prescribed and used drugs it is over 5,000 per 100,000. In the Canadian context, MP Colin Carrie stated in Parliament on March 9, 2005, that allergies to peanuts alone "...result in approximately five to ten deaths in Canada each year. By comparison, since 1960 not one death in Canada has been attributed to a natural health product".

A tablespoon dose of salt or cayenne is far more dangerous than a tablespoon dose of vitamin C or a magnesium supplement. I invite those who don't agree to try this for themselves. Dietary supplements are the most benign segments of food and should never have been separated to begin with. Bill C-420 will restore these to their original rightful food category. It is abundantly clear that nutritional supplements are far safer than foods, let alone drugs; hence, why the urgency and insistence to regulate them?

In a new book, *Death by Medicine*, Dr. Dean reports, for example, that the billion-dollar drug advertising machine is supported by a mere 6% of actual, verifiable medical research. Only 10 to 20 of all standard drug therapies, surgery, and chemistry that form the basis of the entire modern medical system have been found to be supported by any published science. These findings come from leading peer-reviewed medical journals.

Given that the current regulations are not able to prevent the thousands of deaths from medical drugs and procedures, why and how is Health Canada getting and wasting inordinate resources and funds to protect us from non-existent dangers of dietary supplements when these resources are so badly needed for their mandate to protect the public by regulating known toxic drugs and untested procedures?

The scientific literature is replete with nutrient deficiency attributed to drug use. For example, painkillers like NSAID, including aspirin, deplete the body of the B vitamin folic acid. Folic acid deficiency is already one of the most common vitamin deficiencies. This deficiency increases the risk of heart attack and stroke. The statin cholesterol-lowering drugs deplete the body of coenzyme 10. A deficiency of coenzyme 10 will lead to congestive heart failure. Yet Health Canada does not seem to know or ignores these facts and does not inform the public about the serious health-impairing side effects due to nutrient deficiencies from drug use. Why?

If lay people like me can find these facts, why won't or can't Health Canada, whose role it is to do just that, ensure such serious deficiencies are addressed when people are taking drugs? Instead, we see Health Canada squandering its resources and our tax dollars by unlawfully and abusively interfering with the sale of safe natural products containing only vitamins, minerals, and herbs like garlic, products such as Truehope bipolar disorder supplement and Strauss Heartdrops. Could the phenomenal success and use of these nutrients be a factor? Who exactly are they protecting? It surely is not the consumer.

The absurdity of their excuse that dietary supplements prevent the use of proper medical care is the height of arrogance, given the death and carnage from improper medical care. Why would people turn to other non-medical solutions at their own expense if essentially free medical care worked in the first place?

● (1610)

The Chair: Mr. Gupta, I'm afraid your group's time is up.

Mr. Chris Gupta: It does not take rocket science to understand that nutrient deficiency, not drug deficiency, causes disease. With so many safe non-drug solutions available that in the main can get to the roots of a disease, why then are the generally harmful disease-masking and often disease-causing drugs foisted on the unsuspecting? Bill C-420 will address all these issues if it's left intact.

Thanks.

The Chair: Thank you very much.

We'll move on now to the Live Longer Educational Foundation, represented today by its vice-president, Mr. David Rowland. Mr. Rowland.

Mr. David Rowland (Vice-President, Live Longer Educational Foundation): I'd like to have Esther speak first for about three minutes, and I'll take it from there.

The Chair: Thank you.

Ms. Côté.

Ms. Esther Côté (Canadian Coalition for Health Freedom): Madam Chair and members of the committee, I thank you for this opportunity to present my position on this matter of great importance.

[*Translation*]

I appear here before you not to advance the interests of a company or discredit one government body or another but to formally request that you consider the following points in your decision-making process and when making your recommendations.

I am the child of a generation that did not know very much about taking care of its health and had too much confidence in the curative methods of the health care system. Cigarettes, products high in caffeine, malnutrition and disregard for calories, combined with a sedentary lifestyle, led to severe health difficulties.

Victims despite ourselves, mirroring our ancestors, we made the same health mistakes. Unfortunately, we have now all seen the consequences of these repeated actions afflicting the people closest to us with debilitating illnesses. Faced with this reality, some of us, children of the so-called baby-boomers, made the decision to take our health in hand and explore traditional methods of prevention and therapies in order to avoid premature deterioration of our physical well-being.

We have not only changed the kind of consumers we were but also expanded our knowledge so that we could take more personal charge.

Turning to the question of nutrition, it goes without saying that supplements play an important role in providing daily vitamins and minerals. Since the environment in which our food products grow is increasingly impoverished and production methods aim at quantity rather than quality, it is essential now to take supplements every day to maintain optimal health.

I cannot speak for all the people in my age group, but I do reflect a constantly increasing number of them. Placing all this in the context of bill C-420, it is clear that I favour its passage without changes. I want to have as many health products available as possible, in sufficiently high dosages and at realistic prices for the average consumer.

There is scientific proof now regarding the reliability, safety and low toxicity of natural health products.

In short, I am asking that in your recommendations you include the categorization of natural health products as a food so that the regulations are representative of this type of product. In this way, the production and consumption costs will not increase and the final product will therefore remain accessible. I suggest regulations in accordance with the Dietary Supplement Health and Education Act, DSHEA, in order to encourage trade with the United States and provide consumers with a variety of available products.

I would like to thank you for this opportunity to address you.

[*English*]

Thank you very much for this opportunity.

● (1615)

The Chair: Thank you.

Mr. Rowland.

Mr. David Rowland: Thank you.

I'm Dr. David Rowland, PhD, vice-president of Live Longer Educational Foundation, and I'm appearing in that capacity.

I've been a consumer of food-based medicines for over 60 years, and for the last 25 years I've been a health educator.

There's a lot of confusion between what's a food and what's a drug, and the Food and Drugs Act doesn't help. So let's go to a standard medical dictionary.

A food is “any material that provides the nutritive requirements of an organism to maintain growth and physical well-being”. A nutrient is any “food or substance that supplies the body with elements necessary for metabolism”. In other words, foods supply natural molecules to the body that the body is accustomed to handling and requires for its health and well-being. That's why foods are so safe.

Taber's Cyclopedic Medical Dictionary states that the word “drug” comes from the French word meaning “chemical material”, and it's defined as “any substance that, when taken into the living organism, may modify one or more of its functions”. There are two key aspects to this definition: first, it's a chemical material; and second, it modifies functions. The only thing that can modify function is a poison. Drugs interfere with the body's functioning in order to achieve a desired result, and that's why drugs aren't safe, because they introduce foreign molecules that the body then has to do something with, and it has an untoward response in many respects.

Eli Lilly.... The president of one of the largest drug companies of the world has stated publicly that the only safe drug is an ineffective one. So drugs and foods behave in very different manners.

Now, medicine can be either a food or a drug. This is the confusing part. The Food and Drugs Act says no, it's either a food or it's a chemical. It's either a food or it's a pharmaceutical is more or less what the act is saying. You've all read the definition: “any substance or mixture of substances”...“for use in”... “treatment, mitigation or prevention of a disease, disorder or abnormal physical state, or its symptoms”...”restoring, correcting or modifying organic functions”.

They've lumped together functions of foods and drugs in the same definition. Now, dehydration is an abnormal physical state. Therefore, water is a drug because it relieves dehydration, it prevents dehydration. That's how nonsensical the statutory definition of “drug” is.

Bill C-420 makes sense out of this. If it's a food-based medicine, treat it as a food. Hippocrates said “Let your food be your medicine.” Food-based medicines existed for thousands of years before the chemical drug-based medicines, and they're incredibly safe.

I would like to give you an example of the differences in the way things are from the two perspectives. I'm going to take a nutrient, magnesium. Magnesium is a mineral our body needs. It's a natural molecule. If you don't get enough of it you die. It becomes part of our tissues and it assists in a lot of biochemical processes in the body. There are 15 common symptoms of magnesium deficiency, including muscle spasms, irregular heart beat, irritable nerves, painfully cold hands or feet, excessive body odour, loose or sensitive teeth, anxiety, confusion, nausea, dizziness, mental depression or apathy, hypersensitivity to noise, poor coordination, cravings for chocolate, insomnia, restlessness, hyperactivity, bone spurs, and high blood pressure.

Say a pharmacist or a medical doctor is looking at this and says that the patient has anxiety, and therefore you have to give a drug to calm him down. He has high blood pressure. We have to give a drug for that. He has an irregular heart beat, so there's another drug for that. This person is going to be on a tranquilizer with a half a dozen different prescription drugs. It is treating the symptoms, but doing nothing for the cause.

Whatever faulty nutrition has caused, good nutrition can correct. There's no drug that can do that. Magnesium is a nutrient. It can also be used as a medicine, but it's a natural molecule. It is a food substance without any side effect.

Now, magnesium has been studied a lot in the medical literature. There are 41 diseases that are documented with scientific references related to magnesium, including AIDS, alcoholism, allergy, atherosclerosis, bronchial asthma, cancer, candidiasis, cardiac arrhythmias, and so on—many of the diseases that are in schedule A, and a whole lot more besides. Eventually you'll get a copy of these notes.

● (1620)

My point is very simple. Somebody is trying to confuse the water. You either have foods or drugs. If it's used as anything to treat the body, it must be a drug. No—a drug is a synthetic artificial molecule that the body has great difficulty in dealing with. It disrupts metabolism. Food-based medicines provide nutrients that assist the body's metabolism. They are two totally different things.

Bill C-420—

The Chair: Excuse me, Mr. Rowland, but you're well over time.

Mr. David Rowland: Thank you.

Bill C-420 will restore sense to the definitions from a scientific point of view and a common sense point of view, and will stop the turf war over profit that is costing human lives.

Thank you.

The Chair: Thank you very much.

Now, from Canadian Grassroots.... Canadian Grassroots what? Canadian Grassroots Association?

Mr. Trueman Tuck: It's Canadiangrassroots.ca. All the Reform people, or the original Conservatives, know what it is.

If it's okay, I would like to share the first five minutes with Fred Bergman, Madam Chair, as he didn't get a chance earlier.

The Chair: Mr. Bergman.

Mr. Fred Bergman (President, Ecomax Nutrition Inc., Tucks Professional Services Canada): Thank you for hearing me today.

I am the president of Ecomax Nutrition, a company specializing in the wholesale distribution or marketing of approximately 1,000 dietary supplements to health food stores and health practitioners across Canada.

Since most suppliers of our products do not sell in sufficiently large volume to justify the costs and inconvenience of compliance, we will effectively be deprived of 90% of our present product line if enforcement continues to block entrance of non-compliant products into Canada.

In over 14 years of operation, there have been no reports of any adverse effects from any of the products we have sold. In fact, the large number of products we distribute, which are listed in the NHP regulations, are naturally occurring substances that have been used without any adverse effects for extensive periods of time, and in some cases for hundreds of years.

The lack of any coherency or rational basis for the arbitrary inclusion of certain products in the regulation is perhaps best demonstrated by fish oils, which are now classified as drugs. Bromelain, a naturally occurring enzyme found in pineapple, is now classified as a drug. And carnitine, which is mandatory in infant formula, is banned for use in adults in Canada.

Since most suppliers' volumes do not reach sufficient levels in the Canadian market for these suppliers to go to the expense of seeking licences, the companies with the resources and the experience in drug compliance, such as the pharmaceutical companies, will ultimately succeed in dominating the market. With fewer suppliers and a market dominated by large pharmaceutical companies, there is a significant risk of price increases, to the point where consumers will be significantly affected. To the extent that millions of Canadians are presently benefiting from these natural health products, once the prices become prohibitive, such as we have seen with the prices of certain prescription drugs, Canadians may forgo purchasing these beneficial products and their health may suffer accordingly.

Since the vast majority of the items covered by the regulations are in fact naturally occurring foods and have been available publicly for long periods throughout history, if any of these food supplements pose any risk to the public, they should be regulated in the same manner as other foods. Food processing and packaging have existed without the kind of compliance framework imposed on food supplements now for over a hundred years. The mere fact that certain food supplements may contain a higher concentration of these food substances should not justify the imposition of a legislative framework that will only cause serious harm to a network of wholesale distributors and retailers throughout Canada.

Where is the evidence of any risk to Canadians that would justify the destruction of my business and those of hundreds of other wholesale distributors? Certainly if there were any evidence of adverse effects, the customers of thousands of retail outlets would complain, and we would have some medical evidence in the medical literature. Placing the onus on the supplier to establish that the product is safe appears to reverse the burden that has existed for a hundred years in Canada without difficulties.

That's really everything I have to say.

Thank you.

● (1625)

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

And now Mr. Tuck, for six and a half minutes.

Mr. Trueman Tuck: Thank you.

You asked me, Madam Chair, what Canadiangrassroots.ca was. Like a lot of things in our lives....

I used to work in the federal government. I'm from a mandarin family, so I was raised in the halls of power in Ottawa. I was supposed to be a deputy minister. My father was Charles Cecil Tuck. So Canadiangrassroots.ca is a lifetime exploration of myself in the Canadian government.

It's a rather interesting story. I had a very good career in the federal government and I decided that the place was a little bit corrupt and a little bit too strange to stay in as a career, so in 1973 I resigned. I bought into a health food store in Hamilton. I began to explore nutrient-based medicines. I'm not a believer in medical doctors. It's not that I have anything against a good medical doctor; it's just not a choice I want to make for myself.

Part of the problem I had as a Canadian citizen all my life, having been raised in Ottawa, is which political party could I trust? I'm aware of the enormous influence that big business and special privileges have on Ottawa. I used to answer ministerial inquiries. I used to do regulatory work in the federal government. Thirty-some years ago I was dealing with directors and assistant directors. I know how the red files work and stuff like that. So I made a choice that I didn't like the degree of influence that large corporations and other people had on the running of government.

I've spent a lifetime now trying to assist individuals who are not wealthy and who are not well connected to protect themselves against abuse by government and large corporations. So Canadian Grassroots grew out of an effort for me to find a political home.

I joined the Reform Party. It was the first party I ever joined in my life, because I didn't trust the Liberals or Conservatives. Then what happened is I was a riding president. I was campaign manager. I was many different things. So Canadian Grassroots actually started as a riding president. I was president of the Reform riding association. It started on that basis.

The Chair: The thing is, did you want to speak in favour of the bill, or are you trying to kill it?

Mr. Trueman Tuck: No, I'm going there, Madam Chair. You asked the question.

So the point I'm trying to make here—

The Chair: I really wanted to know how many members there were to Canadian Grassroots, paid-up members—or is this just a website that you've created?

Mr. Trueman Tuck: It's a website that grew out of the presidents' groups of the riding associations fighting for democracy within that. The website itself has over 100,000 subscribers to it. Does that answer your question?

The Chair: No. I'm asking for the number of paid-up members.

Mr. Trueman Tuck: We don't do much in membership.

The Chair: So you're speaking for yourself, essentially.

Mr. Trueman Tuck: No, I'm speaking based upon the input we get to that site on a daily basis from over 100,000 consensual e-lists. They're who I'm speaking for.

I'm also speaking for myself as a concerned citizen and saying that it's important that the laws be made to serve the people, not the Canadian Medical Association, not the large business interests. This is a serious problem. A group of us, ordinary people, got together and drafted and designed Bill C-420 to bring freedom of choice in health care to the individual consumers in Canada. We very sincerely ask each of you to look at the truth of the matter.

My brief is here, which I've circulated in French and English. It's a poor translation, but we'll try to improve on it. We would respectfully ask that you look at the details.

We've also provided a binder. These are the legal references on the foundation for the Food and Drugs Act and other things. We provided one copy, which we're not sure what to do with because of the translation issues. It was too expensive for us to translate.

The other thing I've done is that Dr. Carolyn Dean and I have published a book called *Death by Modern Medicine*. We will offer it. Unfortunately, they wanted $7,000 to translate it into French, so we weren't able to bring it to the committee. But we would like to put this copy on file. Any members of the committee who would like a copy of it to read about the current situation on how a million-plus consumers feel about the issue....

I represent 140,000 signed petitions in Parliament already this time. Last time we had over 225,000 signed petitions. Those are the people who authorize me to be here to speak on their behalf. That's actually more votes than anybody here had in their ridings, but that's another point.

I appreciate the opportunity to speak to this and would ask you to pass Bill C-420 as written, please, and harmonize it with the DSHEA. It is critical for small business and consumers that we have the same regulatory environment for food-based medicines in Canada and the U.S.

Thank you very much.

● (1630)

The Chair: Thank you, Mr. Tuck.

Now we'll go to BIE. I'm not sure what that stands for, but we have the president, Mr. Richard Beemer.

Mr. Beemer, the floor is yours.

Mr. Richard Beemer (President, BIE): Madam Chair, committee members, thank you for allowing me to appear before this committee today to provide witness on my small-business story of ongoing regulatory and bureaucratic abuse by Health Canada and Customs, which has resulted in a successful coordinated attempt by federal authorities to destroy my Burlington, Ontario, based company.

My company had annual sales of over $1.5 million taxable, and it has been deliberately destroyed unlawfully by Health Canada and the Canada Border Services Agency over the last 18 months or so. These agencies did this by simply cutting off our cashflow, by threatening my advertisers, and unlawfully stopping all personal imports of my product to Canadians.

Health Canada and the Canada Border Services Agency and senior Liberals responsible, including the Honourable Paul Martin and the Honourable Deputy Prime Minister Anne McLellan, and their staff have been refusing to meet with us, answer our letters, or take any responsibility, and have denied us a fair and timely hearing, and later denied us the built-in appeal process, which they have attempted to hide from us.

Health Canada, by design, and without notice to us, created the perfect storm in our office, as clients jammed our phone lines demanding the product or their money back. Our national advertising program had to be shut down, which took months. Our legal and political advisers told us to continue taking orders for legal damages, which are in excess of $300,000 and are still coming in today. The storm went on for months, as new clients phoned back demanding explanations. By then we had 50% repeat business, so they all phoned back too. We did the honourable thing. Instead of pulling our phone lines, we stretched the limit of our ability to endure and do the right thing and fight back and demand justice.

The year before our unannounced shutdown by Health Canada, we were subjected to a campaign of intimidation and misrepresentation designed to get us to close our company voluntarily. An ever-changing series of officers with an ever-changing series of tactics phoned and wrote to us, demanding that we stop advertising and later that we discontinue our involvement with our product, for which there was no demonstrated harm to anyone.

A furious letter exchange ensued and we refuted one ridiculous allegation after another. Tiring of this bogus attack, we demanded a resolution by Justice Canada. They were silent for a while and this time they began using the tactic of not answering selected letters and phone calls from us.

We provided this committee with a detailed briefing binder on our company's issues, but to date no committee member has in writing acknowledged or replied to our pleas for a rule of law or constitutional protection. The federal authorities continue a poison-pen campaign—contacting my advertisers, misrepresenting their jurisdictional authority—to scare off my advertisers from publishing our ads as well as my website. As time went on, they did this mostly by telephone call to avoid exposing themselves to liability, as I learned from damage control with our advertisers. They shut down 40% of my advertising this way.

Much to Health Canada's astonishment, we refused to go quietly into the night. I'm a law-abiding Canadian small-business owner, and I request your committee's assistance to protect my constitutional rights. Our legal and political advisers intensified their efforts to bring them to the table or to even answer our letters, but they were not interested. After all, they had already won.

Then they found out our American advertising efforts were successful, and as our legal efforts escalated we were able to defend ourselves. Over this period of time we asked them to lay charges three more times. They became infuriated. They wrote to the FDA and the FTC about our product and our advertising, hoping to once again cut off our funds so we could not demand justice. We began issuing legal warning letters to at least six individuals at Health Canada about possible criminal behaviour or personal responsibility and telling them not to further interfere with our business. On legal advice, we would send testaments occasionally. Everyone at Health Canada ignored our legal warnings and continued unlawfully to interfere with our shipments. Again, they also refused to meet us or answer our letters.

This really begs the question, who is protecting them, ordering them? How high up does this go that they can act with impunity, with total disregard of our constitutional property and civil rights?

Our legal, food-based supplement is widely distributed and advertised. The Americans, being professional, ignored Health Canada and have never contacted us about our national advertising program there. Failing that, Health Canada, in my view, conspired with Customs to interdict our American document mail in another effort to disrupt our cashflow—holding cheques and money orders for a month, passing them to Health Canada for inspection, opening them, marking them “not inspected” and causing another storm for Americans in our office. Customs continues to regularly open my company and personal mail.

● (1635)

Lately the federal authorities have been inventing new reasons why GHR should be banned in Canada. First it was playing the mad cow scare, as our product contains some beef glandulars. Our product with bovine content comes from Argentina now. Argentina is designated a BSE-free country. We had to point out to them that on the World Health Organization website, the FDA website, and Health Canada's own website, Argentina is designated a BSE-free country and that bovine content is FDA-inspected.

Apparently this was the last straw for them, and they quickly declared our product a type one health hazard, like anthrax. Upon being challenged to produce their assessment, they reduced it to a type two health hazard. What Health Canada produced were some quotes from a couple of medical journals construed to support their bogus claim that our product represents some sort of health hazard to Canadians, including the supposition that people might go after growth hormone drugs and take this product instead, or would have a choice. They endorsed this by saying that there's no proof our product works. Yet we give our customers a money-back guarantee.

Health Canada cut off a lot of 80-year-old people and others who felt like living again. Imagine what it's like to have an 80-year-old crying on the phone, begging and pleading with you. There's nothing you can do. This happened several times. There were many other upset people as well, but it was the elderly that affected me the most.

Health Canada, in my view, has become little more than a hit squad for big pharma to stamp out competition to toxic chemical drugs. This health hazard nonsense we regard as some sort of tobacco science and a non-tariff trade barrier.

Please fully investigate my case and help protect my rights under Canadian law, and pass Bill C-420 as written to prevent unlawful federal regulatory activities like this happening in Canada.

Thank you for hearing me.

The Chair: Thank you, Mr. Beemer.

We'll begin the question and answer session now with Mr. Carrie.

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

I'd like to thank all the witnesses for coming here today. You can rest assured that as a committee we are concerned about the government using regulations to shut down small businesses. I think I'm speaking for everyone when I say we feel very badly that this has happened to the gentleman here at the table today.

I wanted to start by talking a little bit about DSHEA, because we've been told in the committee here that DSHEA in the United States is not working. I was wondering who exactly is opposing DSHEA in the United States. We were told that certain claims can't be made under the food-style directorate. I was wondering if you could address those issues about DSHEA.

Mr. P. Scott Polisky: Certainly.

Well, I think DSHEA has worked quite well in the U.S. over the past ten years. As I indicated in my remarks, there have been very few incidents of illness or injury or deaths as a result of supplements in comparison with the pharmaceutical industry, which has had so many problems with Vioxx, Bextra, Celebrex, and the like, and the conventional food industry, which has problems with junk food, artificial sweeteners, and the like, which are causing osteoporosis, diabetes, cancer, and an epidemic of health problems. Really, supplements have been so remarkably safe in comparison to those other industries. Those industries are opposing, of course, the proliferation of supplements. The fatter and sicker we are, it seems the more money they make. So there is opposition.

I do feel DSHEA is working quite well, and as I indicated in my remarks, there are so many regulations that have been implemented since 1994, like the structure-function rule, which was 150 pages long, like the GMPs, like the adverse event reporting requirements that are working to strengthen DSHEA even further for public safety.

● (1640)

Mr. Colin Carrie: One of the arguments we're hearing is that with the present regulations in Canada we'll be able to make more claims and better claims about a product, whereas if we go to a food-style directorate, these claims would not be possible in Canada. Can somebody comment on that?

Ms. Diane Miller: Could you repeat that question?

Mr. Colin Carrie: We've been told as a committee that because of how natural health products are being regulated in Canada, we can make more claims, and if we regulated natural health products as foods, we wouldn't be able to make the same types of claims on the products.

Could you comment on that, Dr. Rowland?

Mr. David Rowland: Sir, I can comment from the Canadian perspective. I was at another presentation where two of the representatives were saying they had to have this third category in order to make claims for these products, because if they're foods, they wouldn't be able to make claims for them.

This is circular reasoning. The reason they can't make claims for foods now is because the act of making a claim makes the food a drug, according to the act. The act prevents claims. As soon as you make a health claim, it becomes a drug; therefore, you can't make it. So that attitude isn't looking at the bigger picture.

In Bill C-420, a food is a food is a food. Why can't the cereal manufacturers say that All-Bran relieves constipation, or why can't they make structure-function claims as they do in DSHEA in the United States?

It's just opening the door to common sense.

Mr. P. Scott Polisky: Very briefly, what happened in the U.S. is that the conventional food industry—and rightfully so—said they should be able to make the same kinds of claims that supplements make, and vice versa. So if calcium and osteoporosis is a valid connection, then let everyone from all segments of the industry make that claim.

What's happened with structure-function claims is that as more science has accumulated, the process allows for the FDA to finally recognize that there is significant scientific agreement that there is a relationship between a certain dietary ingredient like calcium and a certain disease like osteoporosis. Then you are permitted to have that kind of health claim on a food, whether it be a conventional food or a dietary supplement.

The same thing with folic acid and neural tube birth defects. This languished for many years, until DSHEA, and it helped improve women's health greatly once that claim was permitted.

So once science reaches a certain level, you can submit a petition to FDA. The FDA will have these qualified health claims, where the scientific evidence may not be conclusive but may be at a certain level, and you are permitted, then, to report as such on your labelling. But there are a lot of regulatory checks and balances in this process, contrary to what many say about the industry being unregulated.

Mr. Nicholas Morcinek: I'd like to make a point specifically about claims and information. It's really important to remember that all the information about natural products is in the public domain. It belongs to us. It's not proprietary information.

Companies—and particularly people who look for this third category—want to own this public domain information to attach it to a product. It's public knowledge that eating more fibre in your diet is going to result in less colon cancer. It doesn't belong to a company to make a claim for it.

That's the beauty of Bill C-420: it gets rid of all these inconsistencies.

Mr. Colin Carrie: Okay, thank you very much.

Mr. Woodruff, I wonder if you could comment for me. You were the past president of the Canadian Health Food Association, I believe, at the time when it was decided you really didn't want health food products to be under a drug-style directorate, and now it seems the Health Food Association is going that way, to a third-category or a drug-style type of directorate.

I was just wondering what's changed. What happened there?

Mr. Croft Woodruff: Well, I hate to say it, Mr. Carrie, but I think our association has been co-opted by the larger companies that are involved in our industry. For years, our association was, you could say, living a hand-to-mouth existence, until the 1990s, when money was infused into it and it took a different course.

I have to say, we've been co-opted by the larger companies, which have pharmaceutical connections, I might add, and it is to their interest to have a third category. They have the money to put into the demands of the natural health products regulations to meet these onerous requirements, and it means a threat to small companies, such as you've heard from Mr. Beemer and from this gentlemen.

It's incredible that this has happened, and we have people who just won't listen. They're on a set course. They have conflicts of interest, and some of them were here earlier, appeared before the committee, without revealing their conflicts of interest.

I am a small independent businessman. As I said, I've been in this industry since the middle 1960s, and I can tell you, I've made it my business to know about health and nutrition. I've been to many conferences. I've attended the American College for Advancement in Medicine, one of the foremost research organizations, which teaches medical doctors about the fundamentals of good nutrition and the prevention of disease.

This industry, as far as I'm concerned, made it because people found their health through supplements. They realized they could make a living out of it by spreading the information and selling product to their friend and neighbours, and it grew like Topsy.

Of course, many great people came along who were pioneers in nutrition research—the Shute brothers in London, Ontario, with their research on vitamin E. I can think of other great scientists and physicians who did great work with vitamin C and the B vitamins. We have Dr. Abraham Hoffer, based in Victoria, the foremost researcher in B vitamins and mental stability. He's a man without honour in his own country. He should have had an Order of Canada given to him many years ago, much less the Nobel Prize.

● (1645)

Mr. Colin Carrie: Okay. Thank you very much.

We've had some comments on Codex, that if we adopt a food-style directorate in Canada, there will be restrictions due to Codex. Is this going to be a problem in the States, with DSHEA? What are the ramifications or restrictions that would happen under a food-style directorate, if we went that way?

Ms. Diane Miller: Codex is an international body under the UN, and it's voluntary. They are setting guidelines for vitamins and minerals. The guidelines reflect trade laws between countries, not domestic laws, internal to countries.

We have actually adopted a law, under the WTO adoption. We have a law that says our country will not harmonize our laws with international standards that have something to do with DSHEA. So we have a special exemption in the harmonization adoption laws in our country because we are a member of the WTO. The World Trade Organization has cited the Codex guidelines as international trade guidelines for international countries. So if you're a member of the WTO, it could be a way, supposedly, that you could be mandated to abide by Codex guidelines when you're exporting and importing countries.

The Vice-Chair (Mr. Rob Merrifield (Yellowhead, CPC)): Okay, the time is up.

Monsieur Bigras.

[*Translation*]

Mr. Bernard Bigras (Rosemont—La Petite-Patrie): Thank you, Mr. Chair.

First, I would like to thank you for coming. I think that your testimony shows a real passion for natural health products. I would like to say off the top that I too have used natural health products for years. I am convinced that they have had a beneficial effect on my health over the last few years.

That being said, I agree pretty much with you that the Food and Drugs Act is illogical in certain respects. I think that if this bill is being studied in committee today, it is because we think that natural health products are neither drugs nor foods in many regards and should have their own definition and be recognized as such in a third category.

I would like to know what you think about how important it is to create a third category in the act.

Second, I would like you to tell us about the *Codex Alimentarius*. Just a while ago, I was reading a submission from Nature's Sunshine Products of Canada, which said that if we amend the act to include natural health products in the food category, the *Codex Alimentarius* might then apply. I have the impression, therefore, that these rules will be more stringent. It should be recalled that the *Codex Alimentarius* was established in 1962, if I am not mistaken, largely by the pharmaceutical industry.

If these natural health products are included in the food category, are we not just playing the game of the pharmaceutical companies? This would mean that international standards might apply to natural health products.

Although Canada would not be forced to apply the *Codex Alimentarius*, I would like to know from Ms. Miller whether rules exist that could result in penalties being imposed on countries that refuse to comply with the *Codex Alimentarius*.

I think that we should try to ensure the public availability of these products, while being aware that there are international rules that might apply, whether we want that or not.

● (1650)

[*English*]

The Vice-Chair (Mr. Rob Merrifield): I see three who want to answer, and there are two and a half minutes to go.

Mr. Trueman Tuck: I'll answer the first part, the third category, and let Diane answer the Codex, because she's more familiar with the structuring.

I was active in 1995 and 1997 when this battle last came up in Canada. I was the secretary—as I still am—of the Canadian Coalition for Health Freedom, which worked closely with the Canadian Health Food Association, the Canadian Naturopathic Association, the Canadian Chiropractic Association, and other stakeholders. We spent many hours debating where dietary supplements and functional foods should sit. What should be the definition? It's an excellent question.

There were about six or eight of us consumer groups around. There are only about six or eight groups in Canada. Some of the consumer groups wanted to have the foods in a pure food category. This was 60% or 70% of the marketplace, consumer-wise. Others wanted to have a third category in a food style, but similar to the DSHEA. This opinion was held by 30% or 40% of the consumers.

There's been a misinterpretation. Creating a new definition called “natural health product” is not part of the consensus process we went through last time. That's where this thing has gone off the rails. If I take a lime and tell someone it will treat and prevent scurvy, I'm making that lime a drug in Canada under the 1920 definition. The intent is to make sure that when I take that lime and tell you it can treat and prevent scurvy, it's still a food. That was the intent of Bill C-420, and it was the intent of the consumers last time. To create three choices—to put the lime into a drug category, a natural health product category, or a food category—would make things much worse.

Ms. Diane Miller: With Codex, it's a complicated answer. If Codex passed and the United States had a food export coming into your country, and they abided by Codex guidelines, and your natural health products were drugs, then we would be able to force our exports inter-country and there would not be a competitive market for you.

Does that make sense?

Maybe we can talk about this point in detail; it's a very complex question.

The Vice-Chair (Mr. Rob Merrifield): Yes, maybe we'll get some follow-up questions.

Thank you very much.

Mr. Savage.

Mr. Michael Savage (Dartmouth—Cole Harbour, Lib.): Thank you, Mr. Chair.

Thank you all for taking time to come in to talk to us about this topic.

I want to ask you this. We heard from a number of other organizations, and we certainly heard from Health Canada, about the process that led to these regulations, the work of the transition team. It's been indicated to us that it was a very extensive, open, and consultative process. Were some of you involved in it? And if you were, can you tell me about your participation in it?

Mr. Trueman Tuck: I was the one most actively involved. What happened is, the Honourable David Dingwall was the first minister who had the issues. As consumers and small businesses, we were having trouble getting him to meet with us and respond to us. Basically we targeted him in the election for defeat and were successful. It's amazing how well that works.

As soon as he took over, the new minister, the Honourable Alan Rock, called our groups, wanting to meet with us and work with us to sort out this very complex issue and all the different questions, in a way similar to what Mr. Bigras has raised.

Because the minister's office told us there were five or six different consumer groups coming at them in different ways, they asked us to create a lead group that would help get through this. That lead group was the Canadian Coalition for Health Freedom, of which I was then secretary, and I am today as well. That group very specifically combined consumer, trade, and other interests. The whole intention of our presentations to that standing committee in 1998 and all of our efforts there was to stop the drug-style category that was going into effect for July 1, 1997, and that's what we achieved.

We needed to have legislative renewal. We were promised improved access, reasonable prices, good quality—all of those things. There was never any intent, in any of those discussions with the minister's office or our groups, to have a drug-style category. The intention was to have a third category, but it was translated into the wording “natural health products”. The consumer and small businesses were relating to DSHEA in there being a third category. This is where it went wrong. If you study DSHEA, that's what the million-plus consumers want in Canada, and wanted then, and still want today.

● (1655)

Mr. Michael Savage: A number of you were involved in that consultation process, and others were involved in it as well. You represented a lot of the folks at the table at that meeting, Mr. Tuck. Is that correct?

Mr. Trueman Tuck: Yes. There was a split. Libby's group was against any third category, because they said it would become a drug category and we'd all be hung out to dry. There was a split in the consumer movement between the two groups Health Action Network and the citizens. I was trying to be the compromiser. I was wrong, and they were right: you can't compromise. It has to be food; otherwise we're all hung out.

Mr. Michael Savage: We've heard from a number of organizations in the industry who in a lot of cases have said you have to get rid of schedule A, you have to look at possibly changing subsections 3(1) and 3(2), but we think it's right not to have NHPs classified as a food. These are people who are also in the industry. Is there just a genuine disagreement among people in the industry? Why would they be supportive of this?

Mr. Nicholas Morcinek: Can I answer that question?

As someone who owns a manufacturing company—I've been in this industry since 1972—one of the things that has intrigued me in the development of the industry.... I was involved with the Canadian Health Food Association in the 1990s. I worked directly with the then-executive director. I built their entire information and computer systems and developed the processes for building membership. One of the things that's quite fascinating about our industry is the way it has developed over time. It's developed not because of regulation or because of any support from the health care industry sector, but in spite of it.

Perhaps I can give you an interesting example. Back in the mid-1990s I had a little meeting with one of the vice-presidents of Pfizer Corporation. I work with Pfizer Corporation. I purchase from them empty capsules that we fill with product. I asked them quite genuinely, can you tell me what percentage of your capsules go into drug products and what percentage go into natural products? He sort of smiled and laughed a bit and said, well, you know, it's about... well, you know.... So I let it slip, and about a year later I asked him the question again.

To be honest, sales of natural products, herbs and supplements, are actually starting to exceed sales of drugs. They have been doing so, in fact, for those companies since the mid-1990s. If I owned a pharmaceutical company and I saw that my sales were being whittled away, slowly and surely, I would be working my ass off to try to prevent that from happening. I'd do it through lobbying; I'd do it through every way I could.

The current president of the Canadian Health Food Association has worked for GM companies, all kinds of multinational and mass market corporations. The entire organization bears no resemblance whatsoever to what it did when I helped to build it ten years ago, and when Croft was involved with it a further ten years ago. People are consumed by the desire to enter the mass market and make a vast profit. What they should be looking for—

● (1700)

The Vice-Chair (Mr. Rob Merrifield): I don't want to have to get rude, but I will.

Mr. Nicholas Morcinek: Oh, I'm sorry. I do apologize. I've got a hearing problem.

The Vice-Chair (Mr. Rob Merrifield): Okay, I'm sorry.

Ms. Crowder, you have five minutes.

Ms. Jean Crowder (Nanaimo—Cowichan, NDP): I thank you for appearing today.

Mr. Rowland, I have a question for you. You had mentioned, and I may have misunderstood it, that in your definition of drugs it said something about chemical material. I went back to the Food and Drugs Act, and it actually doesn't talk about that. It says that "'drug' includes any substance or mixture of substances manufactured, sold or represented for use in (a) the diagnosis, treatment, mitigation or prevention of disease, disorder or abnormal physical state...". It doesn't specifically say in the Food and Drugs Act anything about chemical.

Mr. David Rowland: You're absolutely right. That's what the Food and Drugs Act definition says. That wasn't the definition I was referring to when I mentioned chemical material. I took the definition out of *Taber's Cyclopedic Medical Dictionary*, which says that the word is derived from the French word meaning chemical material.

Ms. Jean Crowder: That's okay. I have limited time, so I don't want to go too far into this. I just wanted to clarify that in the Canadian Food and Drugs Act it does not specifically say chemical.

Mr. David Rowland: It says "modifying organic functions", which refers back to the definition—

Ms. Jean Crowder: It says "restoring, correcting, or modifying organic functions in human beings or animals".

Mr. David Rowland: That's right. It lumps together both food-based medicines and drug-based medicines.

Ms. Jean Crowder: My point is simply that it does not say "chemical" in the Food and Drugs Act.

I want to go on to Codex. Ms. Miller, this may be an unfair question, because you are from the United States, and you practise law in the United States—is that correct? Okay. I asked for an opinion from our parliamentary library on Codex Alimentarius and its effect in Canada. They specifically said that this code "is intended to guide and promote the elaboration and establishment of definitions and requirements for foods to assist in their harmonization and in doing so to facilitate international trade".

I asked for an opinion around the impact of Bill C-420. If we went with Bill C-420, what would happen under Codex for Canada? Their opinion was that these guidelines are specifically referring to the Codex committee on nutrition and foods for special dietary uses, which specifically addresses issues related to vitamin and mineral supplements. They felt that if Bill C-420 from Canada fell within this category, and was brought within the category of food, it would then come under this particular piece of Codex regulation.

I wonder if you could comment on that. Again, I recognize that you're commenting on it from the States' perspective rather than a Canadian perspective, but it would be interesting to hear your comment on that. They also indicated that if Canadian standards for vitamin and mineral supplements are more stringent than Codex, Canada would have to provide adequate scientific justification, if brought before the WTO for violation of international trade law. If our standards were higher than what's currently recognized under Codex, we would have to let those standards go, according to the interpretation that I got on this. I wonder if you'd comment on those two issues.

Ms. Diane Miller: I could comment on those two issues, but it would require more time than a couple of minutes, because you asked the essential questions that many countries are asking about Codex. I would be happy to write to you or give you an opinion.

I'm not an international trial lawyer, but I go to Codex meetings. I'm a Friends of Freedom lawyer, and I've studied this in depth. I have my own opinions on it, as does our organization. I'd be happy to share that information and answer your question.

Ms. Jean Crowder: Okay.

The Vice-Chair (Mr. Rob Merrifield): It would be good to actually file it before the committee. We'd all be very interested, because it's pivotal to the debate and what we're looking at here. That would be fine. Thank you.

Ms. Diane Miller: Yes, I would be happy to do that. Thank you.

The Vice-Chair (Mr. Rob Merrifield): Thank you.

Ms. Jean Crowder: How much time do I have left?

The Vice-Chair (Mr. Rob Merrifield): You have one minute.

Ms. Jean Crowder: I actually wanted Mr. Woodruff to comment.

In answering a previous question, you had alleged that some of the previous witnesses had conflicts of interest that were not declared. In fairness to the other witnesses who appeared, if there are allegations of conflicts of interest, first of all, the committee should be informed of what those conflicts of interest are.

Mr. Croft Woodruff: Yes. Lionel Pasen is a trade consultant to the industry. To me, this instance reflects his opinion, because it's to the advantage of the company that he represents to have a third category. He makes reference that people who are opposed to it, who would say that food is not drugs, are either ignorant or lying. Of course, he has a position of bias.

That's my position. I'm sure there are others here who can confirm that.

By the way, I'd like to address the Codex issue. Why should we lower our standards to suit somebody else, in this case the Codex Alimentarius Commission?

I see that Rolf Grossklaus, the Codex chairman, is a Merck operative. He has connections with the Merck corporation, one of the largest pharmaceutical giants. He's reducing the available potencies, at least for Europe, to levels that probably wouldn't keep a grasshopper hopping. I find it ludicrous that we would accept Codex standards as our own.

● (1705)

The Vice-Chair (Mr. Rob Merrifield): Your point is well taken.

Mr. Thibault.

Hon. Robert Thibault (West Nova, Lib.): Thank you, Mr. Chairman.

I have a couple of comments and then a question for Mr. Polisky.

First, Mr. Tuck mentioned that he has 100,000 or so subscribers to his site and therefore speaks for them. I subscribe to my phone book, newspaper, and cable TV, but I don't think they speak for me. I'm interested in the information they provide, and therefore I subscribe, but I see a bit of a difference.

Second, political scientists in Nova Scotia would point to mine closures, cutbacks in 1997, and many other things for David Dingwall's election loss. They'd be very interested to find this out. I'm sure they'd re-do their studies.

More to the point, you mentioned the American system for health claims for natural health products. You mentioned that these health claims have to be substantiated. You said that they don't have to be proven beyond a reasonable doubt, but they have to be substantiated. There has to be some evidence that these claims can be based on. Is this evidence scientific evidence? Is it evidence that is submitted on application? Can you describe how this evidence is identified?

Mr. P. Scott Polisky: There is an approach of several tiers. When you're making a basic structure-function claim that gingko helps to promote brain health, for example, it's a claim that you can make without submitting scientific data to the government. It's a claim that you make based on your own conclusions.

You must keep a file, a dossier, at your corporation describing the research that permits you to make such a claim. You must notify FDA within 30 days of making the claim. They have an opportunity to object, but you don't.

Hon. Robert Thibault: Is there a standard of evidence that you must use to make that claim?

Mr. P. Scott Polisky: That's a good question.

There are regulations. Again, those are voluminous and too complicated to go into here, but I could submit those to you.

There are debates now on the degree of consensus for the scientific standards that you would need to assert a particular health claim, particularly when you are trying for an FDA-sanctioned health claim, such as calcium and osteoporosis, folic acid and neural tube defects, and things like that.

Hon. Robert Thibault: If I take the information that you've provided, and I take into consideration most of the presentations that I've heard suggesting that we eliminate schedule A and the two articles that bring it into effect and permit health claims for all those areas, we'd be very close to what is presently being applied under the DSHEA in the U.S. Is that correct? It would bring us into a similar type of regulatory realm, where products could be on the market and could make health claims, as long as they were substantiated by some standard form of evidence.

Ms. Diane Miller: The difference between having it under drugs and having it under food, instead of establishing a third category, is the legal architecture of the presumption of safety, as opposed to the presumption of toxicity. The DSHEA is a subset of the food category because there is the presumption that they're not drugs. So constitutionally, when you're trying to have the least restrictive means possible and the least amount of regulation so it doesn't drive up costs—

● (1710)

Hon. Robert Thibault: Yes, but in the Canadian example, from the evidence that's been provided and with the system we have now, if we brought it to food there are many that are now available on the market, meeting the requirements and going through the transition, that would find themselves in a bit of a void. One example that is always given is the natural product suppository. I have a hard time with that being under food.

Included in the natural products are also concentrates—folic acid or amino acids—that aren't necessarily food substances. They're derived from food but they're concentrates. It's very important that there are good manufacturing practices, proper labelling, and dosage information. All of those apply more to the medication side or the drug side than to the food side, where you might get an upset stomach or heartburn from over-eating sugar, or something like that.

The Vice-Chair (Mr. Rob Merrifield): A very short answer, please.

Ms. Diane Miller: It goes to the presumption.... You can define your subset of the DSHEA however you want with whatever you want to put in there. You don't have to include the suppositories. But the key issue is how you want to subset the DSHEA under what category.

The climate of a drug application law is definitely different from all the regulations you already have for food. You have wonderful regulations. I was reading through some of your law. I don't understand it totally, but you have very good regulations on food, truth in labelling, safety of food, and claims.

Hon. Robert Thibault: Thank you.

The Vice-Chair (Mr. Rob Merrifield): Thank you.

We have Mr. Lunney for five minutes. He sounds like he could use some nutraceuticals, but we'll forgive him for that.

Mr. James Lunney (Nanaimo—Alberni, CPC): Thank you very much, Mr. Chairman.

I'm going to croak my best here. I'm hoping the interpreters can pick up my croaks. In the meantime, trust me, I've been getting lots of good advice on which natural health products can help me with my laryngitis. My colleagues have been quite abusive.

Putting that aside, I wonder if Mr. Bergman could join us at the table again. We have three small manufacturers with us here today who have specifically brought forward concerns. One of my concerns in addressing this bill is that in our attempt to provide a framework for regulating natural products, we don't shut out a lot of participants in the industry who are producing very beneficial products that may well be doing a lot of good for people, but that may not be their biggest sellers yet.

I want to get the point out that good manufacturing practices and site inspections are not your concerns. It's the product pre-approvals that require a drug-style pre-approval before you can market your product that's really causing the problem at this stage with the current regulations. Is that correct? Would you care to expand on your own experiences as producers?

Mr. Fred Bergman: The danger here, first of all, is that a lot of cutting-edge products are not being allowed into Canada at this time. Most if not all of the corporations we represent in Canada do have GMPs, and are operating their laboratories pretty close to the way drug companies operate their manufacturing practices.

A lot of the companies we represent cannot bring themselves to bring products into Canada because for the low volume of certain of their products they have to pay prohibitive costs to get products in. So it just doesn't pay for them to manufacture these products for Canada. That's one of the main reasons.

On what's going on right now, I'll just give you my case in particular. I've had ten pallets with $200,000 worth of product stopped at customs for non-compliance for four weeks. I'm losing customers and laying off people because these foods are being classified as drugs. The American companies are now having difficulty complying with these products, so my company is close to going out of business, and these American companies will no longer ship into Canada.

● (1715)

Mr. James Lunney: So are you saying these are ingredients that you use in making your products?

Mr. Fred Bergman: No. All these products and ingredients are available in Canada, but they're being stopped at the border. So the law isn't being applied at the border as it is in all health food stores in Canada. So many Canadian corporations have these products or ingredients that are existing in Canadian health food stores, but the Americans are being stopped at the border.

Mr. James Lunney: I see.

Mr. Nicholas Morcinek: I would like to comment on that as someone who manufactures products from imported ingredients, as well as ingredients we grow on our own farm.

No, we have no objection to inspections. In fact, we've been inspected by the local, the provincial, and the federal health departments. We were such a popular site for the Department of Consumer and Corporate Affairs that four or five folk would come up in a car, because we were the only farm they had, and some of them even brought their hunting equipment, rather than spend more than five minutes looking at our facility. They had no problems with the quality of our work and what we were doing.

Any of these ingredients we can obtain and manufacture in Canada, provided they're marked for further manufacturing, and we can export. The new NHP regulations that are coming out prohibit me from selling a product I might make in Canada, but I have no problem exporting it to the United States. I export 40% of my production to medical doctors in the United States.

The problem with the NHPs and why Bill C-420 will solve that problem is that if I want to make a product, it is so onerous to submit every ingredient. Even a dandelion that I would pick out of the field, I would have to get someone from Health Canada to come in and personally guarantee that it's a dandelion. I mean, gee, this is what we're going to have to do.

Consumers can purchase these products from the United States or any country they like, quite legally. You can buy six weeks' worth of any product from the United States, where they don't have to follow any of these NHP regulations. So that cuts my Canadian business right out of the equation.

I don't mind being inspected. I don't even object to a site licence. We follow GMP. We can recall any product going back 20 years. We keep strict records on materials. But we're using food products that we grow on a farm. I think we're doing enough.

The Vice-Chair (Mr. Rob Merrifield): Thank you very much.

I have no other questioners. I want to thank the witnesses for coming in. I appreciate your perspective as small manufacturers and small producers of pharmaceuticals and natural health products compared to what we've heard in other testimony. You add to the debate and to the deliberation that this committee has to make with regard to this bill.

We do have a little bit more time. If you have one more question, I'll entertain that, and then we will adjourn the meeting.

Mr. Colin Carrie: One of the problems we're hearing is the regulatory burden on companies. Hardly anything is getting passed. I think there are 40,000 to 50,000 products there, and what was it, some 300...?

Mr. Nicholas Morcinek: It's three hundred and change.

Mr. Colin Carrie: Yes. It's getting to the point of ridiculousness. Even if the Natural Health Products Directorate speeds up 5,000%, it's still something that's going to end up being a failure. They just can't do it all. They're saying they can, but there's not a lot of optimism there.

Mr. Croft Woodruff: It might be in time for the B.C. Winter Olympics, if they get through it all.

Mr. Colin Carrie: It just seems that the premise we're working on here is that in the U.S., the FDA must show harm, and in Canada, it seems that we must show that they're safe. These products seem to be so inherently safe, why would we be going about this in this backward fashion?

If we moved it into a food-style directorate, as I'd like to do with Bill C-420, what is your opinion on how it would be speeding up the process of getting these products to the market and getting them okayed, if we transferred it over to the Food Directorate?

Mr. David Rowland: If it's presumed to be safe as a food, there's no reason to get pre-market approval. There's no reason to have to get a product licence for that product.

The product licence is a great vehicle for a drug company because they have foreign molecules that they can get patents on in their drug industry, and that gives them a huge profit margin. You can't patent natural ingredients, but a product licence is the next best thing. So this is a push to get more control over the marketplace by excluding competition.

If it's a food that's presumed safe, you don't need product licences. You don't need pre-approval. You just go ahead and do it, and you make a claim that you can substantiate.

We have in the Food and Drugs Act sections 4 and 5, which protect the safety of foods and prevent fraudulent claims for what's in the product. We have truth-in-advertising laws. We have criminal laws against fraud. We have all the protection we need. It's insane to have to require committee approval to bring a safe product to the market. This is censorship. This is what's killing this industry.

● (1720)

Mr. Colin Carrie: This doesn't make sense.

Okay, sorry about that, but thank you.

The Chair: Thank you very much.

We'll thank the witnesses again for your participation and the work you do in the health field. Thank you very much for coming.

My colleagues on the committee, I'd like you to wait for a minute, because we have some process issues we have to resolve before the end. Thank you very much.

I'm going to ask the clerk to pass out the schedule as it now exists, but while you're looking at it, I've had a further request from the bill's sponsors to have more hearings on Bill C-420. So I'm going to ask you to consider that question while the room clears.

I have a request for more witnesses on Bill C-420. People are still phoning. I want to see the will of the committee. Those in favour of more witnesses, please raise your hands. Those in favour of just sticking with what we have...?

We already have two more meetings of witnesses, plus a clause-by-clause meeting.

Monsieur Ménard.

[*Translation*]

Mr. Réal Ménard (Hochelaga, BQ): Madam Chair, if you permit, I have a proposal to make. I think that we have heard a lot of witnesses and gathered much information. It should be recognized, though, that the members have not gathered much additional information during the last two hearings.

The clerk told me that there would be witnesses from Brussels and the United States. I think that we could reserve a hearing for these witnesses, on May 16. However, I do not think that we should spend more than one more hearing on witnesses because it becomes redundant, there is a game of musical chairs, and we already familiar with the information that we are being given.

We have heard very little today that was new, even though the testimony was interesting. I think that we should not spend more than one more hearing on witnesses. We will have the witnesses coming from Brussels and the United States, but we should not spend more than one hearing on them. I think that all the parties are ready to vote and everybody is aware of the respective positions on this bill.

[*English*]

The Chair: The clerk does not yet have final confirmation of those international guests—one American and one Belgian—so we're not even sure they're coming. You wanted to have a special meeting just with them. The clerk had actually put them in the second half of the meeting on the 16th, if they can come. But we're not sure if they're coming.

The researchers tell me that the Assisted Human Reproduction Implementation Office, which is due to come tomorrow, is really just giving us an update on where they're at. It's really just a briefing, and I'm thinking we could do that in the first hour, or maybe even in the first 45 minutes.

Then I'm going to suggest that we bring in Bill C-28. And the reason I'm feeling free to do that is because there have been no amendments submitted, which suggests to me that people are either going to vote for it or against it, and it should go fairly quickly, because it's not a very long bill.

Do I have agreement to bring in—

● (1725)

Mr. Réal Ménard: Agreed.

Mr. Rob Merrifield: So that's tomorrow.

The Chair: It's tomorrow, in the second half of the Tuesday meeting, from eleven to one. Okay, good. That's the Bill C-28 clause-by-clause.

I notice Madam Demers and Ms. Dhalla are not here, and they are regular members, so I will ask their colleagues from those parties to make sure they're aware, and if they can't come, to bring replacements. Thank you very much. So that's settled—Bill C-28.

Now, it looks to me, if you move down the page, like we could probably do the clause-by-clause of Bill C-420 next week, on the 17th.

Mr. Colin Carrie: Madam Chair, could I see the list of proposed witnesses that still want to come? Is that possible?

The Chair: Well, that's why I wanted to get this cleared up from the beginning. I want to know if you want to hear more witnesses on this, other than those listed on this sheet you've just been handed, or if you don't. Those who want to hear more witnesses, please raise your hands. Those who don't, please raise your hands.

Okay, well it's a pretty sure thing that nobody else wants to hear more witnesses, so whoever is on that list becomes redundant.

Mr. James Lunney: Can I speak to this?

The Chair: Mr. Lunney.

Mr. James Lunney: I think I heard a request that we hear fewer witnesses.

The Chair: I'm hearing that about every day.

Mr. James Lunney: The witnesses here on May 12—Dr. Hoffer, Dr. Dean, and Dr. Saul—are highly educated and skilled. I think we need to hear from them. It would be a big mistake to exclude the Truehope people on May 16, because you guys have heard about this for a long time. These people have wanted a voice at committee for ages. The treatment of Empowerplus is part of the impetus for Bill C-420.

Hon. Robert Thibault: We agreed to that.

The Chair: We've agreed to schedule these witnesses for May 12 and 16.

On May 17, is it okay with everybody if we have clause-by-clause on Bill C-420?

Hon. Robert Thibault: On May 16, you have three people in a panel and there's one additional witness. I'd appreciate it if we could invite Mrs. Oxby to be on the panel. She is the mother of a child who's successfully used Empowerplus.

The Chair: The only problem is that we have invited the National Nutritional Foods Association, from the United States, and the International Alliance of Dietary/ Food Supplement Associations, whose representative might come from Brussels. I was going to fit them into that meeting.

Maybe Truehope would be willing to split their time with this witness.

Mr. James Lunney: Debra Oxby and that boy, I've met with them since he was five years old.

The Chair: Most of us are aware of this whole case, because they've been writing us for years.

Mr. Rob Merrifield: At most, you're asking for an extra five minutes for the boy and Debra Oxby. Is that what you're saying?

Hon. Robert Thibault: She might still choose not to appear. But she has asked to, and she's quite articulate in the matter.

Mr. Rob Merrifield: That'll be fine.

The Chair: If we can fit it in, okay.

So if we are going to do clause-by-clause of Bill C-420 on May 17, the deadline for amendments would have to be this coming Thursday at 5 p.m.

Hon. Robert Thibault: I have one more point. I don't want to ask for another witness, but when the department officials made their presentations they suggested that the schedule be modified rather than deleted. Could we ask them to provide arguments in writing for why we shouldn't knock out the schedule? They appear to be the only ones with this position.

Maybe the committee would benefit by seeing it again.

The Chair: No, there were lots of people who didn't want us to put out the schedule, lots of witnesses. The vast majority were for it, because they were for the bill. They were witnesses submitted by the sponsors of the bill. Naturally, they're going to do whatever the bill suggests, but some of the other witnesses said no.

As a matter of fact, Dr. Joel Lexchin said it would be very dangerous to get rid of schedule A.

Mr. Steven Fletcher (Charleswood—St. James—Assiniboia, CPC): I would have no problem with getting a written submission from Health Canada. What's the harm?

The Chair: The other thing is that it is a very short bill. If we're having clause-by-clause on May 17, maybe they could come in and answer questions on that day.

● (1730)

Mr. Rob Merrifield: We could have the department and the mover of the bill that day, and then go to clause-by-clause. It's short. Why don't we do that? Is that fair enough?

The Chair: Okay, people, I think that's enough. We've done our business now, and I thank you for your attendance.

This meeting is adjourned.

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