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Chair

Mr. Bill Casey

Standing Committee on Health

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• (1610)

[English]

The Chair (Mr. Bill Casey (Cumberland—Colchester, Lib.)): I'll call the meeting to order. Welcome to meeting number 98 of the Standing Committee on Health.

We are continuing our study on the order of reference made on Monday, October 30, on Bill C-326, An Act to amend the Department of Health Act (drinking water guidelines).

We have two panels today, with three witnesses on the first panel. Then we'll take a break and go to the next panel. Our first panel will have opening statements of 10 minutes maximum.

I'll introduce the witnesses. First, I believe it's Mr. Francis Scarpaleggia, Member of Parliament, who instituted this motion. With him is Ecojustice Canada's representative, Amir Attaran, Professor in the Faculties of Law and Medicine, University of Ottawa. Thank you.

By video conference, we have Dr. Steve Hrudehy, Professor Emeritus, Faculty of Medicine and Dentistry, University of Alberta. I like your backdrop, Dr. Hrudehy. It looks very good.

Dr. Steve Hrudehy (Professor Emeritus, Faculty of Medicine and Dentistry, University of Alberta, As an Individual): That's great.

The Chair: We're going to open with Mr. Attaran. I understand that you are on a time limit, so we'll begin with your 10-minute statement.

Professor Amir Attaran (Professor, Faculties of Law and Medicine, University of Ottawa, Ecojustice Canada): Thank you. It's good to see you again, Mr. Chair.

Thank you all for inviting me and having me around to discuss Bill C-326. As you've just heard, I'm a Professor in the Faculties of Law and Medicine at the University of Ottawa. I'm a biologist by background, educated abroad at Berkeley, Caltech, and Oxford, and then I said "enough of that", and I became a lawyer and got my law degree at UBC.

My work at the University of Ottawa—and before that in other faculty positions I held at Yale and Harvard—has to do with law, public health, and human or environmental security. That is the focus of my research and my litigation. It is also a set of goals shared by Ecojustice, which is a really quite remarkable environmental law organization. It's a charity, the largest of its kind in Canada and one that is partnered with our law school at the University of Ottawa.

In Canada, a simple glass of water, like the one before me now, should be safe to drink anywhere in the country. If Canada were a perfect country, it would be safe to drink this anywhere, but we're not perfect. Our country is definitely not perfect on water. Most Canadian cities have relatively sophisticated water treatment facilities. Many rural parts of the country or first nations communities do not, and they rely on untreated or minimally treated water. That said, here in the national capital region, just a few days ago there was a boil water advisory up in the Pontiac, so it presses in on our cities as well.

For Canada 150 last year, a time of celebration for most of us, there were also over 150 first nations communities with boil water advisories, which is a disappointing fact. The longest of those boil water advisories had been going on for over 8,000 days—over 20 years. I can honestly say from my research that there really is no other developed country as lagging and as backwards as Canada is on drinking water, and that's a tragedy.

Ecojustice, the charity, has a long-standing interest in this area through representing groups in litigation or regulatory proceedings, but also in research, and particularly in publishing a series of reports call "Waterproof". I'm going to take you through the highlights of the 2014 report.

In that report, Ecojustice looked at the Canadian guidelines for drinking water quality, which are basically the maximum levels of chemical, radiological, or microbiological contamination that are tolerable in drinking water in Canada. Ecojustice compared those Canadian safety levels to the standards in the United States, the European Union, and Australia, and also to the global standards from the World Health Organization.

They found that the Canadian standards quite frequently lag behind. While Canada has reached first place or tied in first place in 24 instances, more often than not we're in last place for 27 different substances compared to the U.S., the EU, Australian, or WHO standards. In fully 105 cases of substances that those others regulate, Canada does not have a water safety standard at all—nothing. There are well over 100 cases where Australia, the EU, and the U.S. have standards and we simply don't, of any kind or of any level.

An example is a herbicide called 2,4-D, which is very widely used. In those countries I mentioned, the safety threshold is up to three times more stringent than it is in Canada. In Ontario and Quebec, for example, there's a ban on using 2,4-D as a cosmetic herbicide, for instance to make golf courses pretty. It's prohibited. However, there's no standard for it in our drinking water at all.

•(1615)

Let's take styrene, the key ingredient in polystyrene, which I'm sure you've heard of. We have no safety standard for styrene in drinking water. The World Health Organization classifies styrene as possibly carcinogenic in humans. A derivative of it, Styrene-7, 8-oxide, is classed by the World Health Organization as probably carcinogenic in humans. Those are found in drinking water at unregulated levels because we have no standard.

Along with poor safety standards—and I've just given you two examples—Canada also has no requirement to treat surface water, or groundwater that is mixed with surface water. Other countries directly or indirectly legislate to require such treatment. We do not. No wonder we are up to our eyeballs in drinking water advisories and boil water advisories. It's as simple as that.

With regard to what to do, the “Waterproof” report has a number of recommendations. It's good reading, if you'd like to see it.

However, for today's purposes, the most important thing to discuss is the special review policy in Bill C-326. What that bill calls on the minister to do is conduct a special review any time that an OECD country passes up Canada with a newer or tougher safety standard in drinking water. The basic idea there is that the minister has to watch the OECD. We would tend not to fall into last place if we were watching what the rest of the OECD is doing. You get in first place in a race by watching the guys a little behind you and trying to run a bit faster. That's the philosophy behind the special review requirement in the bill. If the minister thinks it's in Canadians' best interest to adopt a tougher OECD-inspired standard, she has the option of doing so. She has the option of adopting that, and making a recommendation in an annual report that she gives to Parliament.

Now, as for my thoughts on this, the idea of comparing us to the OECD is very good. Parliament has done this before. We have used the OECD as a comparator for pesticides and toxins in the Pest Control Products Act and in the Canadian Environmental Protection Act. However, here's the difference. Those laws make it mandatory for the minister to take action on a special review when Canada is behind its OECD peers; Bill C-326 makes it optional. This is obviously an area of potential improvement. The ministerial action could be mandatory instead of optional.

That said, do I urge the committee to recommend the passage of the bill? Of course I do, but with amendments, if you'd like to, including the amendment I just discussed. That's an option, as well. That's what you do here.

I'll leave it there. Thank you for making time, and I look forward to your questions.

•(1620)

The Chair: Thanks very much. We'll go to Mr. Scarpaleggia.

In the meantime, I'd like to welcome Grand Chief Joel Abram from the Association of Iroquois and Allied Indians, who just arrived by video conference from Guelph.

We have two more speakers before you, and then you'll have a chance to speak, Chief Abram.

Mr. Scarpaleggia, the floor is yours, for 10 minutes.

[*Translation*]

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

I will begin by sort of echoing Mr. Attaran's comments in saying that, in Canada, drinking water is generally of good quality, with the exception, of course, of the drinking water in many rural or first nations communities.

Bill C-326 does not address the issue of boil water advisories in first nations and other communities. Resolving these issues requires a political will, a significant commitment of financial resources and highly likely, in my opinion, new governance structures in some cases. Fortunately, the government is dealing with this challenge with great determination, and so far, the results have been promising.

When any changes are made to the drinking water standard development system, we must make sure not to unduly increase the burden on Health Canada or, perhaps more importantly, on public water services and their operators. To do otherwise would be counterproductive to achieving the objective of Bill C-326, which aims to reduce Canadians' exposure to harmful contaminants in drinking water. Interfering in how Health Canada and public water services are fulfilling their mandate of providing quality drinking water unintentionally compromises the quality of our drinking water.

[*English*]

Bill C-326 aims to be a small practical step. Its objective is to modestly increase the rigour and accountability of the process of developing Canada's guidelines for drinking water quality, hopefully resulting in Canadians being able to access the best drinking water in the world on an ongoing basis, even as new contaminants are identified over the long term.

The bill seeks to do this by requiring Health Canada to systematically scan the international environment to compare Canada's drinking water guidelines with those of other comparable nations, and report on discrepancies. Such an exercise would provide the public, NGOs, and the media with the information needed to judge whether the government is being timely and thorough in recommending maximum allowable concentrations for contaminants in drinking water.

Bill C-326 is inspired by the work of the environmental NGO Ecojustice, namely by its report entitled “Waterproof”, which is a report card on Canada's drinking water guidelines in comparison to those of the U.S., Australia, and European Union countries and guidelines recommended by the World Health Organization.

According to the report, published in 2014, there are 189 substances regulated in other countries for which Canada has no standard. This gap, however, is justifiable in 84 cases, where Canada has either banned a particular substance or the substance is otherwise not in use here. That leaves 105 substances that are regulated in at least one other country, but for which a guideline does not exist in this country. For example, Canada lacks a guideline for styrene, a possible human carcinogen, but the U.S., Australia, and the World Health Organization have set maximum allowable limits for this substance in drinking water.

Furthermore, according to the Ecojustice report, there are 27 substances for which Canada has the weakest standard of the countries that do have standards, or is tied for the weakest standard. For example, the standard for the herbicide 2,4-D is 1.5 to 3 times stronger in other countries than it is in Canada.

It is important, in my view, to note the distinction between microbial pathogens known to cause human disease through drinking water, and contaminants that, because of their low concentration, pose very little risk to human health. This doesn't mean that low-risk contaminants should not be assigned maximum allowable concentrations. This should be done on precautionary grounds, in my view. However, care must also be taken to avoid diverting plant operator attention from those pathogens that provide a clear, quick, and certain risk of harm if not properly monitored and controlled in drinking water systems.

There may be legitimate reasons why a Canadian guideline remains weaker than that of another comparable country. Guidelines are a function of risk, and risk depends on many factors. A contaminant's presence—arsenic would be an example—may pose an insignificant risk in a particular geographic area, and thus, pouring large sums into eliminating that risk could come at the expense of other important health priorities. To quote Dr. Steve Hrudehy in a paper he wrote for the C.D. Howe Institute:

...there needs to be acceptance...of the reality that all risks to drinking water safety are not equal and that drinking water treatment strategies must address the important risks before limited resources are substantially diverted to dealing with the hypothetical issues.

●(1625)

Some believe we should move further in the direction of a cookbook or numerical approach to regulating drinking water as in, for example, the U.S. with its stricter emphasis on legally binding standards for drinking water contaminants. However, it may be better, and in line with emerging international practice, to put a strong emphasis on ensuring the highest operational standards in water utilities. To again quote Dr. Hrudehy, speaking of over 70 case studies of outbreaks since 1974 from 15 different affluent nations:

Despite having the most detailed and onerous regulatory regime for drinking water in the world, the US accounted for 23 of the 70 disease outbreaks....

[*Translation*]

Owing to our constitutional division of responsibilities with respect to drinking water, where the provinces select guidelines to enforce, our system of regulating drinking water has built-in flexibility that prevents an over-reliance on a rigid numerical approach at the expense of focusing on ensuring good operational standards in drinking-water plants. While stricter guidelines can be recommended, provinces can decide on their relevance given local conditions and other factors to be considered in evaluating risk.

Canadians have the right to know how Canada's drinking-water guidelines measure up against international standards and whether there are valid reasons for any observed discrepancies. Such analysis could prove transformative for the process of updating Canada's drinking-water guidelines.

Bill C-326 thus imposes a statutory requirement on the government to conduct a comprehensive analysis of Canada's drinking-water guidelines in comparison with international standards and report on the results.

[*English*]

Specifically, Bill C-326 would require the health minister, within three months after the end of each calendar year, to conduct a review of the drinking water standards in OECD member countries in the previous year, and prepare a report on the review. The minister would be required to table the report before the House and Senate essentially within 15 days of the report's completion. The report would also have to be published on the department's website within 30 days from the day the report is laid before the House and Senate. If the Minister of Health is of the view that standards in an OECD country provide for a higher level of water quality than the Canadian guidelines and that it would be in the interests of Canadians that those guidelines be amended accordingly, the minister would be required to include such a recommendation in his or her report.

Bill C-326 creates a process analogous to the one by which pesticide regulations are updated in Canada. Subsection 17(2) of the Pest Control Products Act states:

...when a member country of the Organisation for Economic Co-operation and Development prohibits all uses of an active ingredient for health or environmental reasons, the Minister shall initiate a special review of registered pest control products containing that active ingredient.

Thank you, Mr. Chair.

The Chair: Thanks very much.

Now we'll go to Professor Hrudehy for 10 minutes.

Dr. Steve Hrudehy: Thank you.

Honourable members of Parliament, I truly appreciate this opportunity to share with you my experience and knowledge about drinking water as you review Bill C-326. I've outlined my qualifications and experience in my written brief, so I won't repeat them here. My evidence is based on authentic experience with drinking water safety. I hope to make a case that you'll want to ask questions about. My written brief contains many published references that elaborate on the evidence for the case I'm going to argue.

Bill C-326 appears to aim at ensuring safe drinking water for Canadians. That aim is praiseworthy, but based on a substantial body of evidence, I am obliged to testify that Bill C-326 is most likely to be misinterpreted and, as currently drafted, may only distract from achieving its noble aim.

Almost 18 years ago in May 2000 in Walkerton, Ontario, Canadians witnessed seven consumers die and over 2,400 made ill—many seriously so—because their public drinking water became contaminated. If it had been law before May 2000, Bill C-326 would not have prevented that disaster. You may well ask why not? Walkerton was a failure to meet the numerical regulatory limits that were specified. Requiring a more stringent numerical limit would have made no difference.

Justice O'Connor, in his landmark inquiry reports, recognized that ensuring operational competence is the critical factor for ensuring safe drinking water, not specifying more stringent numerical limits. Justice O'Connor was informed in his judgment by parallel international advances made by the World Health Organization and the Australian National Health and Medical Research Council. These are now captured in what's called a "drinking water safety plan" approach that focuses on operational competence rather than just tightening numerical limits. Those numerical limits are already set with considerable margins of safety. Failures like Walkerton are caused by inadequate operational competence to ensure safe operations.

Despite the Walkerton incident being 18 years in the past, such fatal operational errors have continued to occur in affluent nations. Just last year I was retained by Water New Zealand to give evidence to a government inquiry into a drinking water disaster in a community called Havelock North that caused four deaths and 5,500 cases of illness in August 2016. This disaster occurred in a modern, suburban community of about 15,000 residents for reasons similar to Walkerton's disaster—because the operational personnel responsible for drinking water failed to do what needed to be done.

In my evidence for New Zealand, I reported on case studies of 38 outbreaks of serious drinking water disease that have occurred in 13 affluent countries: nine in the U.S.; seven in Canada; six in England; three in Finland; two each in Denmark, Norway, Sweden, Switzerland; and one each in Australia, Ireland, Japan, New Zealand, and Scotland. These resulted in a total of 77 fatalities in nine fatal outbreaks and caused over 460,000 cases of gastrointestinal disease.

While the majority of Canadians are routinely provided high-quality drinking water that is safe by any international standard, assurance of that achievement is less secure as we move to smaller and more remote communities, including first nations communities. The bottom line for ensuring safe drinking water is the competence

—the training, knowledge, public health awareness, commitment, and functional capacity—of the water provider. The smaller the entity charged with providing public drinking water, the more difficult it becomes to ensure adequate competence.

Consider the following example to illustrate my point. Would you be comfortable as a passenger travelling in a plane flown by a pilot being paid minimal wages and who has minimal training and negligible technical support? I expect not. Yet, in many small communities in Canada we place responsibility for delivering safe drinking water upon personnel who are often undertrained, and are mostly underpaid and undersupported for the enormous public health responsibility they must discharge. Adopting more stringent numerical criteria in the guidelines for Canadian drinking water quality, which are already intentionally cautious, will do nothing to improve drinking water safety in these communities.

I'd like to thank member of Parliament Scarpaleggia for the references he made to some of my writings. We had a discussion on these issues, and I'm pleased that they've been taken note of. However, I'm commenting on what's in the bill.

Thank you for your attention to this important matter. I welcome your questions about what is needed and what will improve safety.

• (1630)

The Chair: Thank you very much.

Now we'll go to Grand Chief Abram with a 10-minute opening, please.

Grand Chief Joel Abram (Grand Chief, Association of Iroquois and Allied Indians): [*Witness speaks in Oneida*].

That was a greeting in my language of the Oneida Nation.

I'm the Grand Chief of the Association of Iroquois and Allied Indians. We're an advocacy organization. We serve the seven first nations of the Batchewana in and around southwestern Ontario. The members we serve are Batchewana First Nation in Sault Ste. Marie, Hiawatha First Nation near Peterborough, Oneida Nation of the Thames near London, Delaware Nation near Chatham, the Wahta Mohawks north of Orillia, the Mohawks of the Bay of Quinte near Belleville, and also as far south as Caldwell First Nation near Leamington. We represent around 20,000 first nations members.

Thank you, committee members, for hearing me today.

With regard to Bill C-326, it appears to have few teeth in raising national drinking water standards, besides the Minister of Health justifying why the standards are where they are. Also, because it's a provincial jurisdiction constitutionally, except for first nations, there are already drinking water standards for first nations passed in the Safe Drinking Water for First Nations Act. That act is not adhered to either, due to lack of capacity in first nations, as our previous speaker alluded to. Also, there is the failure of any legislation to include guaranteed funding triggers for first nations when water does not meet the standards.

We recently lobbied the federal government on the water issue. There's a lot of concern among first nations. Three-quarters of the boil water advisories in first nations are within Ontario, yet the Ontario region receives only 12% of the capital nationwide.

If this bill is passed, it will not have an impact on first nations drinking water. That is worth raising in itself, as first nations' drinking water standards are a federal responsibility. Once the national drinking water standards are raised, the standards in the first nations drinking water act will also go along with that. We think it probably should, in having a bare minimum that the rest of the country is going to enjoy. First nations should hopefully enjoy that too, as drinking water is a basic human right.

Right now, as it stands, the drinking water of several of our first nations does not meet the drinking water standards of the province; it's not even close. For instance, Oneida Nation of the Thames and Delaware Nation both have GUDI water systems, meaning ground-water under the direct influence of surface water. Our aquifers flow underneath the Thames River. We're downstream from London. Every time they have a storm surge, millions of tonnes of partially treated sewage goes directly into the Thames, which also affects the aquifer we take our water from. The filtration doesn't meet the standards to take a lot of that stuff out, so there are a lot of odours in the water and some.... There's a lot of concern about that.

We are looking to co-develop a new regulatory framework for drinking water that would ensure that funding for first nations is triggered as soon as the water does not meet quality standards. We saw a situation with the Municipality of Swan River where they had an issue with their drinking water facility, and within 24 hours a federal-provincial task force was looking into solving the issue. Within 48 hours, they had it identified and a solution was well under way. Another criterion is that you have to be on a boil water advisory for at least a year to even get on the page for possibly getting funding sometime in the future. In the meantime, other first nations who do have treatment facilities but do not meet the provincial drinking water standards are left in the lurch. By the time funding appears for them, they may be on boil water advisories also.

•(1635)

Federally there is not enough of a press forward to address first nations issues. We understand that there should be a good minimum drinking water standard federally, but how does that tie into first nations drinking water standards? Right now it doesn't appear that it does through this bill or through the Safe Drinking Water for First Nations Act either.

We need to remove the federal ranking system as a formula for capital allocations. It's very unclear. We established a needs-based budget to ensure safe drinking water in all first nations. Also, we need established budgets again for operation and maintenance to ensure that the water standards are maintained. Again, there is very little support in terms of the human resources needed. Right now in Ontario, the Ontario First Nations Technical Services Corporation does provide training to first nations water operators. However, the funding to actually pay the water operators does not exist in a lot of cases, and so first nations are forced to rob Peter to pay Paul in order to have a good number of drinking water operators so that they can have safe water. Again, that impacts other areas of our budgets.

Those are the main issues I have, and there are first nations that may want to enter into municipal partnerships for drinking water. Again, we'd like to raise our first nation issues with Bill C-326, because if a national drinking water standard is raised because of this bill, the first nations drinking water standards need to at least go along with that. The province doesn't really have much to do with first nations in terms of their drinking water right now as it is.

I remember in Oneida that we tried to have the Ontario Clean Water Agency come to do an assessment of our treatment facility. They declined, saying that we were a federal responsibility. We kept pressing them on the issue, and they agreed to do it and to just issue a report to us to let us know where the plant was in relation to the provincial standards. Again, the report came in that the plant did not meet the standards, basically due to redundancy, in terms of having any type of backup system, and because the filtration system was getting quite old as well.

There are a lot of infrastructure needs that first nations have with regard to water, and this bill doesn't seem to do a whole lot in terms of being able to enforce anything. I do think human capacity is an issue, but for first nations, it's more about the infrastructure monies that are available, and about making sure that the standards within a first nation drinking water act match what's happening nationally and provincially.

•(1640)

The Chair: Thank you very much for all of your contributions.

Now we'll go to our first round with seven-minute questions.

Mr. Oliver.

Mr. John Oliver (Oakville, Lib.): Thank you very much.

Thank you for being witnesses and testifying today.

Thank you, Mr. Scarpaleggia, for your bill. My questions are going to be directed to you mostly. The department has some proposed amendments they would like to see made to your bill, and I just want to talk to you briefly about them to see what your reaction would be.

The first one is to the preamble, in which you make reference to the federal-provincial-territorial committee on drinking water. There's a concern that it doesn't report to the minister; it's not a federal entity; and it shouldn't be referenced in a Department of Health act.

If that were deleted from the preamble, would that offend you? Do you have any reaction to that change?

Mr. Francis Scarpaleggia: No, I don't think that would be terribly consequential in terms of undermining the objective of the bill.

Mr. John Oliver: The second issue is a bit more substantive, I think. You're proposing that the OECD countries be the countries that the minister would turn to for a review of best practices and new guidelines to ensure that Canada is staying abreast of best practices standards.

There may be international agencies that are setting standards, and there's a question about whether it would need to be limited to OECD countries. The proposal would be that the minister would identify any foreign government or international agency that in the minister's opinion has standards or guidelines respecting the quality of drinking water that should be compared to the guidelines respecting the quality of drinking water being developed in Canada. It's moving your bill's intent away from the OECD countries to any identified foreign government or international agencies. Some of these agencies are important because they're part of the EU, for instance, and there are bigger entities.

Do you have any reaction to that change?

Mr. Francis Scarpaleggia: That's a good question. I'm not sure what the practical impact would be. If the practical impact were essentially to get away from looking at countries that are comparable to Canada and that have strict standards, then I would be a little more reticent. I'm not sure which agencies you're referring to, or the government would be referring to. I understand that some countries' situations may not be truly comparable to Canada's. For example, we may be talking about tropical countries that, in some cases, have different situations with regards to contaminants that may be linked to climate and so on. I can understand where it would not be useful to make comparisons with those countries. However, my only caveat is not to provide the minister with so much discretion that the bill really has no teeth. I don't know if there's a workable compromise that could still allow the bill to have meaning, but I understand that we don't want to overburden Health Canada with making comparisons that are not necessarily relevant.

• (1645)

Mr. John Oliver: Thank you for that.

There seems to be tension here between the witnesses. We have the issues of operational competence and securing indigenous communities' water supply versus setting, reviewing, and improving overall standards. I used to work in hospitals. Unfortunately, there would be times when a nurse or a doctor would not practice at the professional standards currently before them, or even a hospital itself might have systemic failures and fail to meet the standards as a hospital, but that would not stop the professional bodies or the hospital groupings from pushing for continual review of clinical standards in moving forward. Personally, I don't see these as competing agendas. They're complementary, but I'm hearing that they are competing agendas. Could you reflect on that? Do you have any views?

Mr. Francis Scarpaleggia: I agree that they're not mutually exclusive at all. Yes, we need to make the investments in first nations water systems that will eliminate boil water advisories. Typically, when you're looking at boil water advisories in first nations, you're not dealing with the long-term contaminants that are low risk. You're dealing with the contaminants that can cause sickness very quickly and they tend to be microbial contaminants, of course, so they're not mutually exclusive at all. To Dr. Hrudehy's analogy, yes, if I'm going to fly in a plane, I want the best pilot, but I also want the plane to have been built to the highest standards, even for those items on the plane that are maybe not essential to keeping it in the air. You know that when the audio visual system goes down, you sometimes

wonder what else is wrong with the plane, so I don't think they're mutually exclusive at all.

Mr. John Oliver: Okay. Do I have any time left?

The Chair: Yes. You have another minute.

Mr. John Oliver: In terms of identifying and working with stakeholders, did you have any other concerns? Besides what you've heard here, which seems to be a competing agenda concern, are there any other stakeholder issues that you heard or anything else that you would want to reflect in the bill that you're proposing?

Mr. Francis Scarpaleggia: The main issue is not to compromise the operations of drinking water systems—and this is to Dr. Hrudehy's point—by imposing so many numerical standards to meet that somehow these become overwhelming for operators. I think that's a very good point, but I think the beauty of our federation, if you will, or our constitutional division of powers, in this particular case, is that the federal government can make recommendations and provinces can decide whether to adopt certain standards based on a number of factors. There's flexibility built into our system that should prevent this bill from having unintended consequences.

The Chair: Thank you very much.

Now, we'll go to Mr. Webber for seven minutes

Mr. Len Webber (Calgary Confederation, CPC): Thank you, Mr. Chair.

Thank you, witnesses, for being here today.

Thank you, MP Scarpaleggia, for your bill. An important issue here is our water.

I represent a riding in Calgary, and we're fortunate not to have too many major concerns with our water or boil water advisories. We do have some flooding now and then in my riding, but we certainly are dealing with that now.

A few years ago our city council had stopped using herbicides and fertilizers to prevent dandelions and weeds in our city, which is a great thing. Our Bow River's water quality now has been testing a heck of a lot better downstream than in the past, and I'm very happy about that. I can deal with my dandelions and weeds, and Calgarians can as well.

One issue that does come up quite often in city council every few years is the use of fluoride in our water. When I raised my kids in Calgary, there was fluoride in the water, and my kids didn't have any cavities at all. A recent study by the U of C, done back in 2016, stated that children's cavity rates have now increased substantially since the City of Calgary took the fluoride out of the water. As a result, kids are now getting cavities.

Perhaps Professor Attaran or Professor Hrudehy can comment on this. Is it a good thing to take the fluoride out of this water? Probably in some ways it's not, because kids are getting cavities. In other ways, there are harmful effects to the human body, apparently.

Can you talk a little bit about that, Mr. Attaran? Then I'll go to Professor Hrudehy.

• (1650)

Prof. Amir Attaran: I'm happy to, sir.

The overwhelming weight of evidence is that fluoridation of drinking water is safe and not harmful to human health. There is an overlooked fact in this debate. People think that the worst that can happen to you if water is not fluoridated is that you will get cavities. Do you know, for example, that oral health is connected to heart health? Do you know that there's a linkage between those? There are non-obvious risks to having bad oral health, and fluoridation is a key part of it. I'm certain I'm not going to please everyone by saying this, but I think those people who are adamantly against fluoridation are not too different from those who are adamantly against vaccination, and I don't have terribly polite words for that.

Mr. Len Webber: That's interesting.

Professor Hrudehy, do you have any comments on this?

Dr. Steve Hrudehy: I would agree entirely with Professor Attaran's comments, and would go a step further. I think the fluoride case is a fantastic example of the complexity of chemical risks in drinking water. Fluoride is one of only a handful of substances for which we actually have reliable proof that excess levels above appropriate standards cause human health effects via drinking water exposure. That whole statement needs to be taken together. There is a limitless list of chemicals that will cause you harm. Do they cause you harm via trace-level exposure in drinking water? No. Fluoride needs to be controlled in the levels that are applied. How do we know that it can cause harm to human health via drinking water? There are places in the world, including places in Alberta, where fluoride is naturally high and does cause tooth mottling and, at very high levels, can cause bone problems. However, in terms of the controlled levels that are applied in drinking water for public health purposes, it is extremely beneficial.

The decision by Calgary City Council to remove fluoridation was a regrettable one, I think, but it points to a broader issue in our society that is best described by the term "chemophobia". We believe that all of these chemicals are somehow killing us, and at the same time I'm looking at cases like the one in New Zealand I talked about. People there didn't want to chlorinate their water, and there were local politicians involved, and there's a big national debate there about chlorination. They fear that chlorine is doing them harm, while the failure to chlorinate killed four people and made thousands ill.

Mr. Len Webber: Interesting.

Have there been any recent studies or any studies at all on fluoride and its effect on aquatic life in our rivers? Do you have any ideas or thoughts on that at all?

Prof. Amir Attaran: I'll defer to Professor Hrudehy on that. It's not my area.

Mr. Len Webber: Sure.

Dr. Steve Hrudehy: The main point is that what's good in drinking water is not necessarily the same as what's good for fish, because they live in the water.

However, I'm unaware of any studies indicating that at the levels that would be applied in drinking water, and therefore find their way into sewage, there's any harmful impact on the receiving waters from fluoride content. There are far more things to be concerned about in waste water than that.

•(1655)

Mr. Len Webber: Very interesting.

We received a submission from Dr. Hardy Limeback, who wrote to this committee that having fluoride in our city waters is not the way to go. He said, "In my opinion, the harm from fluoride accumulation in Canadians exceeds the claimed benefit." He is saying otherwise.

Mr. Attaran, perhaps he's not for vaccinations either. I don't know.

Anyway, I found that interesting. There are conflicting thoughts on fluoridation.

I know that my colleague Mr. Lobb has a couple of questions, so I'm going to share my time with him.

The Chair: You only have 10 seconds left.

Mr. Len Webber: Okay, next time.

The Chair: We have to go to Mr. Davies.

Mr. Davies.

Mr. Don Davies (Vancouver Kingsway, NDP): Thank you, Mr. Chair.

Thank you to all the witnesses for being here.

Grand Chief Abram, I would like to start with you.

The Association of Iroquois and Allied Indians' 2018 water report, "Bad Water is Bad Water", has set out a number of very stark and startling, and frankly disconcerting, facts about the state of water in indigenous communities in this country. The report says that "The Government of Canada is not only in violation of its legal obligations to First Nations, it is actively denying a basic human right."

I have two questions. In your view, why has the federal government failed to fulfill its obligation to ensure safe water in first nations communities? Can you give this committee a bit of an idea of the scope of the problem and how extensive it is or is not?

Grand Chief Joel Abram: I think it's mainly budgetary. I'd like to think that it's not intentional, and there may be some capacity and remoteness issues involved that may affect the cost in certain areas. However, that doesn't speak to first nations who are not remote and don't have any treatment facilities either. For instance, one of our communities, the Mohawks of the Bay of Quinte, has the fourth-largest membership of first nations within Ontario, with just over 9,000 members. Their community did not have water treatment facility until quite recently, and thankfully they were recently approved for a water tower and a distribution system, in terms of waterlines.

Previously most of the residents were on a well system. Because of the algae problem within Lake Erie—they had a lot of blue algae coming in due to the flooding and climate change, flooding the wells making the water undrinkable—they had to shut a lot of their wells down.

It's pretty endemic across Canada. I'd like to think that it's not an intentional thing, but we do view it as a basic human right, as an indicator of good public health, and that we are just as deserving of clean water as anybody else. I'm hoping it's not intentional. I'm thinking it probably is more a budgetary matter, but I can't think of any other place where a significant portion of the population, based solely on their ancestry, would be denied the proper funds to do this public function of ensuring clean drinking water.

Mr. Don Davies: Thank you.

Dr. Hrudehy, according to research that I read from 2014, Canada is one of only two countries in the OECD that fails to comply with WHO recommendations and does not have legally binding drinking water guidelines.

Do you believe that compliance drinking water guidelines should be legally binding rather than voluntary?

Dr. Steve Hrudehy: It depends on what you're talking about as guidelines. In Canada we have 12 different jurisdictions—I guess 13 now—that implement drinking-water controls, and places like Alberta have adopted the health-based Canadian guidelines as regulatory requirements. As I understand the requirements in Ontario, the Ontario drinking water objectives are legally required. I can't argue that drinking water is safer in Alberta than it is in Saskatchewan. But ultimately, it comes back to—and I hate to sound like a stuck record—the focus on operational competence. If you can legislate that, then go for it, because that's what we need. We need to have the support of the systems, the resources, to make sure the job gets done right. Having an open-ended list of chemicals with the most stringent standards in the world will not provide you with safe water.

• (1700)

Mr. Don Davies: I'm going to follow up on that, Professor Hrudehy. If I heard your testimony correctly—and excuse me if I don't have it exactly—you feel that this bill may distract from its noble aim. I heard Chief Abram say that he didn't think this bill would have an impact on indigenous lands. We heard testimony at our last meeting from Mr. Leonard, a lawyer who has represented four Alberta bands in challenging water problems in that province. He called this bill at best a distraction and a waste of time, and at worst something that will place un-meetable burdens on first nations.

I'm just wondering why you said that this bill might distract from its noble aim.

Dr. Steve Hrudehy: The simplest thing is to look at numerical standards and say that a smaller number per contaminant must be safer than a higher number. But if both of them have safety factors of a 100-plus, reducing a number that already has a safety factor of 100-plus to make it 200-plus achieves nothing. That's the simple interpretation that will likely be put on things.

I accept the intentions of MP Scarpaleggia in wanting to have safer water. Guidelines could focus on...as I've talked about in the drinking water safety plan approach and have outlined in some detail with many references in my written brief. That is the international best standard that Ontario, Alberta, Australia, and the World Health Organization have adopted. If you call that a drinking water quality criterion—it's not numerical; it's operational—then you can ensure safer drinking water. It's a question of where your focus is. Simply

lowering the numbers doesn't accomplish much. That implies that we have evidence that the numbers we have right now are causing ill health, and I don't believe that's true.

Mr. Don Davies: Professor Attaran, I'm just trying to figure out what this bill does. My understanding is that it amends the Department of Health Act to require the Minister of Health to conduct a review of drinking water standards in member countries of the OECD and, if appropriate, to make recommendations for amendments to national guidelines with respect to drinking water.

Is there anything in this bill that requires anything to be done to improve water quality, or are we talking about review and recommendations?

Prof. Amir Attaran: We are talking about review and recommendations. I made the point that although the step taken in this bill is a good one, and I certainly support it, I think it would be advisable to perhaps be more ambitious—if the committee is comfortable being so. The way to do that is to emulate the more rigorous model in the Pest Control Products Act, where a special review does lead to certain mandatory action on the minister's part.

The Chair: Okay, thanks very much.

That completes our first round. We have to make a decision. We were late because of the vote. My understanding is that the bells will ring in less than 15 minutes. If we want to hear from our departmental officials, we'll have to change panels now.

What is the direction of the committee? Do we carry on with our current panel, or hear from the officials?

Ms. Marilyn Gladu (Sarnia—Lambton, CPC): I move that we change them up.

Mr. John Oliver: Change them up.

The Chair: Is that the consensus?

Mr. Don Davies: I prefer to keep the witnesses here.

The Chair: It looks like the consensus—or the majority, at least—is to change the panels now.

I really want to thank the presenters very much for their contributions. We've all learned a lot in that short time. We're going to change panels now. We'll suspend for a minute, as quickly as we can, and have the officials come forward.

Thank you very much.

- _____ (Pause) _____
-
- (1705)

The Chair: We'll try to keep moving because we have very limited time. We've asked our presenters to shorten their opening statements.

As an introduction, we have from the Department of Health, Mr. David Morin, Director General, Safe Environments Directorate, Healthy Environments and Consumer Safety Branch; and Greg Carreau, Director, Water and Air Quality Bureau, Healthy Environments and Consumer Safety Branch.

Are you both going to make opening statements, or just one of you?

Mr. David Morin (Director General, Safe Environments Directorate, Healthy Environments and Consumer Safety Branch, Department of Health): Yes, we have opening statements. Thank you.

The Chair: Okay. If you could keep them as brief as you can, we would appreciate it.

Mr. David Morin: Good afternoon. Thank you for this opportunity.

Drinking water is an important issue for Canadians. The responsibility for ensuring the safety of drinking water is shared between provincial, territorial, federal, and municipal governments. The responsibility for providing safe drinking water to the general public generally rests with the provinces and territories, while municipalities oversee the day-to-day operations of treatment facilities. In first nation communities, the Government of Canada works in collaboration with first nation band councils on the safety of drinking water.

While drinking water is primarily under provincial and territorial jurisdiction, the Government of Canada plays a central role in drinking water safety by providing the scientific basis for guidelines for Canadian drinking water quality and by leading their development. This consensus-based process provides a national basis for federal, provincial, and territorial requirements for drinking water safety.

[Translation]

For over 50 years, Health Canada has played a leadership role in undertaking scientific assessments of pollutants in Canadian drinking water to identify potential risks to Canadians. These assessments take the form of guidelines for Canadian drinking water quality. Health Canada works very closely with provinces, territories and other federal government departments, such as the Department of Indigenous Services Canada, to develop these guidelines and to support their implementation.

[English]

Canada's guidelines for Canadian drinking water quality are based on up-to-date, credible, peer-reviewed scientific studies. In developing these guidelines, we also take into consideration the science behind new or updated drinking water standards and guidelines developed by leading agencies around the world when they are

relevant for Canadian drinking water. That is to say, Canada develops guidelines needed to address drinking water pollutants that may affect Canadians.

As part of its assessment process, Health Canada routinely monitors and reviews drinking water guidelines and standards developed by leading international agencies, including the European Union, the World Health Organization, and the United States Environmental Protection Agency, not to forget the Australian National Health and Medical Research Council.

The science supporting these international standards and guidelines is taken into consideration when identifying which substances are priorities for establishing future guidelines. The science is also taken into consideration in the development of those guidelines.

The development of standards and guidelines has evolved over the past 50 years in Canada and internationally. Throughout these changes, Health Canada has continued to work on establishing evidence-based guidelines to help ensure the safety of Canadian drinking water. Evolving scientific methods and studies can now provide a much better understanding of how pollutants behave in the body, enabling scientists to more accurately determine potential health risks.

As the science behind assessments of pollutants in drinking water gets more precise and sophisticated, the value of international collaboration becomes increasingly significant. All leading international agencies rely to some extent on the work of others, including Canada. All agencies consider the key studies that have been used by other agencies on pollutants of concern. However, each jurisdiction maintains its own considerations that are specific to its country.

- (1710)

[Translation]

Bill C-326 highlights the need to consider improvement to Health Canada's drinking water program by proposing to amend the Department of Health Act.

If adopted, this bill would, for the first time, set out in legislation the role of the minister with respect to drinking water quality. Specifically, the bill would require the Minister of Health to prepare and table a report in Parliament that reviews the drinking water quality standards in OECD member countries.

[English]

Health Canada, however, already focuses on reviewing leading international agencies' standards and science for pollutants that may be of concern in the Canadian environment, such as those of the U.S. EPA. This is because the quality of drinking water standards depends on the quality of water in the environment. A drinking water contaminant in Australia, for example, is not necessarily a concern in Canada because of differences in industry and geology. This means that the substances needing guidelines or standards will vary internationally.

We identify the issues that are specific to Canada and take them into consideration when developing guidelines designed to protect the health of Canadians. The science generated as well as standards developed in other global authorities are not ignored. However, many of the other international agencies rely heavily on the work of the World Health Organization, and the risks from drinking water in these areas are very different from those in the Canadian context.

From a reporting perspective, Health Canada currently identifies which guidelines were finalized, which of them underwent public consultation, and which were in progress in the Canadian Environmental Protection Act's annual report that is tabled each year by the Minister of Environment and Climate Change. However, we do recognize that there is an opportunity to enhance the transparency of drinking water information through existing reporting mechanisms. In particular, information from international comparisons could be added to the report.

Internationally, Canada is considered to be a leader in the development of drinking water quality guidelines. Health Canada is recognized as a collaborating centre for water quality by the World Health Organization. This highlights Canada's international prominence and expertise. As part of this role, the department has been a contributor to all of the World Health Organization's drinking water quality guidelines for the last several decades. We also collaborate with Australia and the United States Environmental Protection Agency, and in particular, our collaboration with the the U.S. EPA has resulted in risk assessments that form the basis for standards or guidelines in both countries.

In conclusion, Canada's collaborative, science-based, and consultative process for developing drinking water quality guidelines is among the best in the world. However, we recognize that the drinking water program in Canada needs to continue to evolve, given how important safe drinking water is to Canadians. In particular, we need to continue to consider the standards and guidelines from other leading international organizations, and also to assume a leadership role by developing new science and sharing it with other organizations. For example, our science has formed the basis for 12 of the World Health Organization's drinking water quality guidelines in the past 10 years. The program also needs to continue to find ways to enhance transparency and communication with stakeholders.

[*Translation*]

This is why we are very much looking forward to the discussion on Bill C-326 that is aimed at considering ways in which the drinking water program in Health Canada can be improved to ensure that we continue to safeguard the quality of drinking water for Canadians.

Thank you very much.

[*English*]

The Chair: We're going to go back to questions.

I believe you're up next, Mr. Scarpaleggia.

Mr. Francis Scarpaleggia: Thank you very much, Mr. Chair.

You really put your finger on it when you said that Health Canada does an excellent job at developing standards, or recommending standards, but that its transparency can always be enhanced. I think that's really the purpose of this bill. It's not to cast doubt on the good work that Health Canada does; we know that Health Canada is an international leader. But we need a way of keeping a check on the level of Health Canada's excellence, if you will, so that Canadians, NGOs, and the media can see whether it is operating up to its own standards of excellence. One could see a situation where funding constraints may lead to Health Canada's work being, perhaps, a little less rigorous, and so on.

The point of this bill is really to require some accountability on the part of Health Canada as to whether it's fully carrying out its mandate to do international comparisons. That's really the purpose. It's not to cast doubt on Health Canada.

I would like to comment on your remarks on the U.S. system. I know that the U.S. system relies a lot on legally enforceable contaminant guidelines, but that's not really what I want to look at. They have a different system in that respect, but they do have a system wherein they have what's called the "contaminant candidate list". Every five years the EPA is required to select at least five contaminants from the contaminant list and make decisions on whether to regulate those contaminants—and they can decide not to. It's a way of keeping the system dynamic and forward-looking.

I'm wondering whether you think this bill, by just requiring Health Canada to look more closely at the comparisons it's making internationally, would not set in motion that kind of forward-looking process or outlook.

• (1715)

The Chair: Before we go any further, the bells are ringing. I need an indication from the committee. Do we want to go for a few more questions? We need unanimous consent.

Some hon. members: No.

The Chair: All right, then that ends the meeting.

Thank you very much.

Sorry for this. This is the result of an earlier vote and another vote now. That's our system.

The meeting is adjourned.

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