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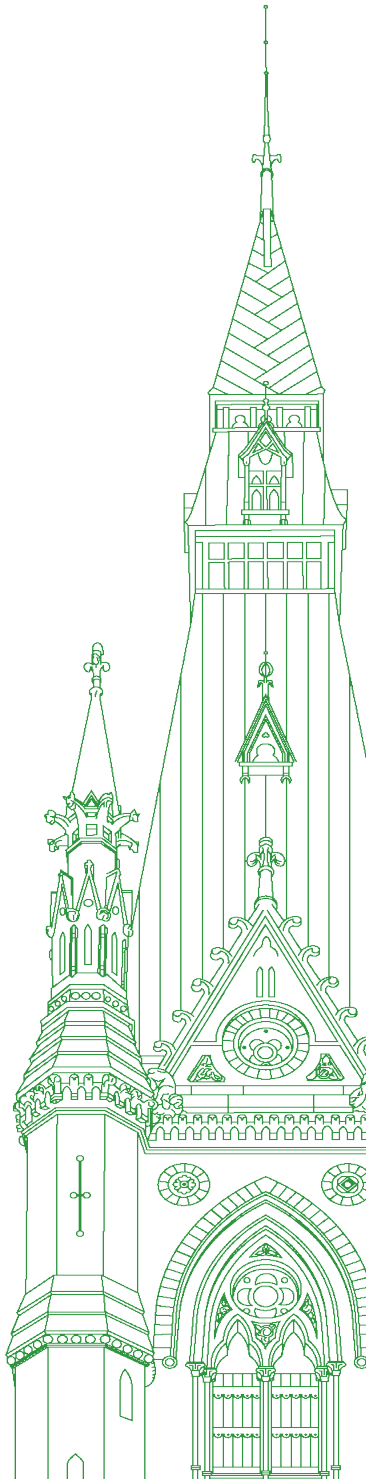

Chair: Mr. Sean Casey

Standing Committee on Health

Thursday, October 10, 2024

● (1530)

[*English*]

The Chair (Mr. Sean Casey (Charlottetown, Lib.)): I call this meeting to order.

Welcome to meeting number 132 of the House of Commons Standing Committee on Health.

Before we begin, I would like to ask all in-person participants to read the guidelines written on the cards on the table. These measures are in place to help prevent audio and feedback incidents and to protect the health and safety of all participants, including the interpreters.

In accordance with our routine motion, I'm informing the committee that Dr. Powlowski has completed and duly passed the required connection test in advance of the meeting.

Pursuant to the order of reference of June 12, 2024, the committee will resume its study of Bill C-277, an act to establish a national strategy on brain injuries.

I would like to welcome our two witnesses today.

We have Alistair MacGregor, the member of Parliament for Cowichan-Malahat-Langford. Representing Brain Injury Canada, we also have Michelle McDonald.

Thank you both for being with us. You'll have five minutes each for an opening statement.

Congratulations, Mr. MacGregor, on getting to this stage with your private member's bill. We're going to start with you. You have the floor.

Mr. Alistair MacGregor (Cowichan—Malahat—Langford, NDP): Mr. Chair and members of the Standing Committee on Health, thank you for inviting me to appear today.

This is a momentous day for me as the sponsor of Bill C-277, and it is truly a highlight of the journey I began six years ago in 2018, when I first discussed the idea of a national strategy on brain injuries with my constituent Janelle Breese Biagioni, the excellent witness you met last Thursday.

I also want to acknowledge and thank Tim Fleiszer of the Concussion Legacy Foundation of Canada, Elisabeth Pilon from Concussion Café Yukon and Professor Miriam Beauchamp of the University of Montreal, who appeared as witnesses and provided incredible testimony in support of the bill.

The first version of this bill appeared as Bill C-323, which I introduced in the final days of the 43rd Parliament. That bill immediately received the attention of Michelle McDonald and Brain Injury Canada. She is sitting with me here today and deserves a lot of credit for how far we've come.

After the 2021 federal election, we partnered together to craft the bill you see before you today, Bill C-277. Although I'm here as the sponsor of Bill C-277, I can in no way take sole credit for its success. The campaign supporting this bill has been the result of the efforts of people across Canada—those living with a brain injury, their friends, families and support networks, researchers and brain injury support organizations. They are the ones who have shared their personal stories, written to MPs across the country and pushed for action to deal with what is truly a national problem.

Municipalities that are on the front lines of the mental health crisis gripping our country have also been proactive. We received early support from Vancouver Island communities, and this has continued to grow. Recently, the Union of BC Municipalities endorsed a resolution in full support of Bill C-277. This passionate and committed advocacy resulted in the unanimous support of 324 votes in the House of Commons at second reading on June 12 earlier this year. I want to again thank members from all parties for this overwhelming support. The brain injury community has been watching, and they are feeling hope.

Why do we need a legislated national strategy? Colleagues, you've all seen the statistics. You can appreciate what a devastating impact brain injuries have had on Canadian society. While an immediate concern might be directed towards the lack of proper health care resources, we know that brain injuries affect our communities in much wider ways. We know that there is a high degree of brain injury among the homeless population. We know that people with brain injuries have become victims of toxic street drugs and that overdoses from these same drugs have caused brain injuries, resulting in a vicious cycle. We know that many people involved in the revolving door of our criminal justice system have brain injuries.

There are many cognitive, emotional and behavioural symptoms from brain injuries: anger management, processing information, high-risk behaviours, inappropriate emotional responses, lack of impulse control, memory impairment and poor judgment. You can all imagine how even a few of these symptoms can lead to negative interactions and problems in society if the cause is not understood. There is a poor understanding of brain injury and its consequences for both health and social care systems.

This is a problem that is bigger than any one province or territory can handle on its own. People are suffering. There is a desperate need for services right across the country. The enormous societal and economic costs of the status quo demand that we rise up to the challenge of the moment and meet it with a strong national framework and strategy that will help guide, not dictate, collaborative federal and provincial policies to support and improve brain injury awareness, prevention and treatment as well as the rehabilitation and recovery of persons living with a brain injury.

By legislating this requirement for a national strategy, we can truly start treating this major societal problem with the urgency and resources it needs. With proper treatment and support, many people with brain injuries can return to productive and engaging lives. Bill C-277 will provide a legislative framework to help with this goal.

Thank you very much.

● (1535)

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

Next, on behalf of Brain Injury Canada, we have Michelle McDonald, chief executive officer.

Thanks for being with us, Ms. McDonald. You have the floor.

Ms. Michelle McDonald (Chief Executive Officer, Brain Injury Canada): Thank you so much for inviting me to speak with you today, and for the committee's support of Bill C-277.

A brain injury can impact every aspect of a person's life. This includes changes to their independence, abilities, work, and relationships with family, friends and the world around them.

An outdated statistic cites that there are approximately 1.5 million individuals living with the effects of brain injury. The true number is likely much higher.

A brain injury is not just a one-time event. For many, it marks the beginning of a chronic condition that they must navigate for the rest of their lives. Thanks to advancements in diagnostics and treatment, we are now able to keep people alive after severe injuries. However, we do not have a health care system that is built to support their needs over the long term.

While many people living with a brain injury are falling through the cracks, there are also many people who lead stable lives, yet still lack access to the services and supports they need to live well. The invisible nature of brain injuries poses significant challenges, as many face judgment, stigma and isolation. This invisibility can hinder access to necessary supports and accommodations, making it difficult for affected individuals to navigate daily life.

A brain injury is deeply intersectional, influencing and being influenced by a range of personal circumstances and systemic barriers.

In terms of mental health, individuals with a brain injury are at a higher risk of developing mental health issues, including depression, anxiety and PTSD.

The unemployment rate for individuals with brain injuries is significantly higher than the national average. This can lead to poor psychosocial outcomes, decreased community integration and economic dependence.

Stable and appropriate housing is a driving issue. Depending on the area, the wait time for brain injury-specific housing is anywhere from 10 to 20 years. Families often shoulder the care for a loved one when there are no appropriate housing options, and this is often done with little or no financial support.

For many, these barriers lead to homelessness. A recent meta-analysis found that 53% of homeless people report having experienced a brain injury in their lifetime. These people are not receiving any care or rehabilitation for their brain injury.

A brain injury can lead to opioid use, and an opioid overdose can cause a brain injury. There is an urgent need for a comprehensive strategy that promotes prevention, rehabilitation and support for these affected individuals, who are often younger in age, with a normal life expectancy, but face long-term challenges that are not adequately addressed.

There is also growing awareness about intimate partner violence and brain injuries. Up to 92% of women survivors of intimate partner violence may also experience a traumatic brain injury.

It is also essential to highlight the prevalence of brain injuries as higher among indigenous, first nations and Métis peoples in Canada when compared to the general population. They often face systemic barriers that limit their access to health care services, including geographical and financial barriers as well as cultural and language barriers.

A coordinated national approach to prevention, treatment and recovery in the form of a national strategy is long overdue for Canada. Accurate data is essential for saving lives and informing decision-making, yet Canada urgently lacks comprehensive long-term data. This gap hinders our understanding of the ongoing challenges faced by individuals living with brain injuries. A strategy would improve data collection and health care tracking and would provide valuable insights to shape effective policies at the provincial and territorial levels.

A national strategy would boost research funding, leading to better diagnosis and treatment and a deeper understanding of brain injuries as a chronic condition. This would facilitate the development of effective long-term interventions and robust community supports.

A national strategy would enhance awareness and education, equipping health care providers with the necessary knowledge, while raising public understanding to reduce stigma.

A national strategy would establish coordinated national guidelines for prevention, diagnosis and management, ensuring equitable access to quality care for all Canadians.

A national strategy would provide essential support for individuals and families navigating the health care system, including sustainability support for the 50-plus brain injury associations filling the gaps in the health care system.

Finally, a national strategy would allow us to leverage reliable data while prioritizing prevention and early intervention, ultimately enabling us to significantly reduce health care costs through proactive measures and community supports.

Investing in a national strategy is not only a moral imperative, but also a wise economic decision that could yield substantial savings for the health care system. Canada needs a national strategy on brain injuries to ensure that every Canadian has access to the resources they need to recover and thrive after a brain injury.

Thank you.

● (1540)

The Chair: Thank you, Ms. McDonald.

We're going to proceed with the rounds of questions, starting with the Conservatives.

Dr. Ellis, you have six minutes.

Mr. Stephen Ellis (Cumberland—Colchester, CPC): Thank you very much, Chair.

Thank you, Mr. MacGregor, for being here, and Ms. McDonald.

We've heard from expert witnesses on this issue. We've identified some knowledge gaps as well. One of the things that we asked many witnesses was to present to the committee with respect to symptoms that individuals may suffer, regardless of the type of injury they received, and it seemed difficult to present that.

One of the things we heard from witnesses was specifically related to children who have had head injuries. It doesn't matter the cause, whether it be birth-related or related to injuries. Sadly, sometimes it's related to things like shaken baby syndrome or, moving on through the years, to sporting injuries.

Is it part of the hope that we'll be able to unpackage some of those symptoms for parents and/or caregivers to enable them to better identify when children may have had a head injury, for instance, or simply, but not so simply, also be suffering from a mental health issue? Sometimes there is significant overlap.

I wonder if both of you might comment on that. You can decide between yourselves who's going to go first.

Ms. Michelle McDonald: Thank you very much.

Children do experience brain injury, and for the very young, it's hard to vocalize their symptoms, and it's often subjective; you look at the symptoms to diagnose it. However, those with more severe injuries are going to....

As I mentioned, it's a chronic condition. This injury is happening to a developing brain, and that will impact their long-term trajectory, so we need long-term care for them, not just until they're 18, when they come out of the pediatric system. We need to support them over the long term, and that support needs to be individualized, not a one-size-fits-all. It needs to be customized to that individual as well as to their family. Their families need customized supports as well to help these children through these conditions over their lifespans.

Mr. Alistair MacGregor: There's a lot of expertise out there in the field, Dr. Ellis, and I think we've heard it earlier at this committee. My job with this bill was really to try to create that legislative space that helps them do their job in a coordinated fashion.

We're a big country. We're very regional, and some provinces may have more resources than others, but they're all feeling the effects. With children, because they have a developing brain, the long-term consequences can be quite profound. In addition to what you just heard from Ms. McDonald, Mr. Fleiszer last week was also talking about the work his organization has been doing, especially with respect to kids in sports.

Thank you.

Mr. Stephen Ellis: Thanks very much for that.

I had the opportunity to speak to Mr. Adrian Dix, who's the provincial minister of health in British Columbia. As we know, it's the epicentre for the safe supply drug experiment, which we're talking about in this committee as well.

That said, one of the concerns he raised was related to hypoxic brain injury for individuals who suffer from substance use disorder and who have perhaps been, very sadly, revived many times. I know that both of you spoke about that particular type of injury, which, sadly, is becoming more prevalent. Is that something that you'll be very directive towards with this framework, in terms of asking people to look at this burgeoning new type of brain injury?

The other difficulty is housing those individuals. It's not appropriate to house those individuals with senior or geriatric patients suffering with things like dementia. Do you have any hopes that housing will specifically be a part of the framework?

Maybe we'll go in the reverse order. Mr. MacGregor, maybe you could start.

● (1545)

Mr. Alistair MacGregor: Thank you for the great question, Dr. Ellis.

This is truly an issue that is gripping so many communities right across Canada. I know we've had some very passionate debate in the House of Commons and at various committees on this subject.

As I said in my opening remarks, it can be a vicious cycle. You can look at the symptoms that many people with brain injury exhibit, and they can have poor judgment and poor impulse control and other things that may lead them on a path towards drug use as a way of managing what's going on inside their own bodies. If they get a hypoxic brain injury, then we have this vicious cycle starting.

With Bill C-277, I wanted to provide a positive legislative measure that, so far, we can all get behind to tackle some of the spinoff effects from this. From what I've heard around this table and in the House of Commons, we seem to have a lot of people in agreement that this could be helping that very serious problem in so many of our communities.

Ms. Michelle McDonald: Opioids can cause brain injury, and brain injury can lead to opioid overdose. We need integrated care models that address both the substance use and the brain injury. We can't treat one without the other. These people fall into a grey area. They'll be treated for their overdose, but they are not always treated for their brain injury over the long term. They don't know where they're going for support.

We need to treat this over the long term.

Mr. Stephen Ellis: Thank you.

The Chair: Thank you, Dr. Ellis.

Next we'll have Mr. Naqvi for six minutes.

Mr. Yasir Naqvi (Ottawa Centre, Lib.): Thank you very much, Chair.

Thank you both for being here.

Mr. MacGregor, I'll come to you in a moment, but I want to ask a few questions of Ms. McDonald.

You mentioned a data point in your opening remarks: 53% of people who are homeless have a brain injury. That number is staggering.

Can you talk to us about that study and what they found?

Ms. Michelle McDonald: I can, absolutely.

It is staggering. This was done out of the University of British Columbia. They looked at a series of Canadian data on homelessness. That 53% is a staggering number, and 25% of those are moderate to severe brain injuries.

These people are living on the street. They don't have access to care. Most of them don't even have health cards. How are they supposed to get treatment and recover? We need to understand the path to homelessness. A brain injury can lead to homelessness, and homelessness can lead to brain injury. We need to understand how people with a brain injury get there and then develop supports and preventive strategies so they don't get to that point.

We also need to decrease the stigma around homelessness and support these people where they're at. We need housing programs geared towards people with brain injuries. They're often excluded because of behaviour impairments. We need to create programs specifically built for people with brain injury, rather than trying to house them in long-term care settings, where they're not getting the supports they need. Really, how can we expect someone to seek addiction services, or any kind of service, if they don't have a place to shower, clean clothes or a bed to sleep in?

We need to address it at its core. This needs to be a community effort, with many different stakeholders.

Mr. Yasir Naqvi: Thank you.

I've been told by many folks who work in the housing sector and deal with homelessness that we have more of a health care crisis on our streets than a homelessness crisis. Brain injury is a big part of it.

Can you quickly tell us about the breadth and scope of Brain Injury Canada as an organization? What kind of work do you do? I'm assuming that you work in collaboration with other organizations across the country and perhaps internationally as well.

● (1550)

Ms. Michelle McDonald: I can respond, absolutely.

We're the national charity. There are 50 brain injury associations that are all independent, and we all work together in a network. Brain Injury Canada is overseen by a scientific advisory group of 35-plus researchers and clinicians from different academic institutions and hospitals across Canada. We bring all that knowledge into one hub.

We also have a 600-page resource website that was funded in part by the Government of Canada. That's what people come to us for. We're a knowledge mobilizer for the brain injury community. We act as that connection. There are so many different stakeholders; our role is to bring everyone together to ensure we are communicating—clinical, research, allied health and all of these community supports.

Our role is to bring everyone together so we're furthering the cause of brain injury and prioritizing it within the health care system and among policy-makers.

Mr. Yasir Naqvi: Thank you.

I'll come to you, Mr. MacGregor.

First of all, congratulations. We've spoken about this bill. I'm supportive of it. I want to thank you for highlighting this very important gap in our health care system.

I noticed that in the legislation—it's kind of rare—you named Brain Injury Canada as the source, in terms of websites and information.

I'm wondering why you chose to do that in this bill. What about other organizations, as Ms. McDonald mentioned, that also contribute to the work and the repository of information that exists when it comes to brain injuries?

Mr. Alistair MacGregor: I chose Brain Injury Canada because they have been doing phenomenal work. I don't want to double up on what Michelle already answered, but when I came out with the first version of this bill in the previous Parliament, it immediately got her attention. We've had a collaborative working relationship every step of the way in the development of Bill C-277.

I think part of the reason the bill has been so successful to date is that through Brain Injury Canada's contacts right across the country, they've been able to mobilize an incredible base of support. The brain injury community has been mobilized. They're aware of this bill and they're aware of what this bill hopes to do, in large part because of what Brain Injury Canada has been able to do.

I felt they were an organization that deserved to be named in this bill because of the work they're already doing and because of the close collaborative ties they have with so many other organizations.

Mr. Yasir Naqvi: Are there other organizations or information sources, whether academic or community-based, that you have referenced in your bill, or is it just Brain Injury Canada?

Mr. Alistair MacGregor: It's just Brain Injury Canada, because we believe that they act as an important hub for all of those other organizations and researchers. It really has been a great organization to bring everyone together. Through my relationship with Brain Injury Canada, I have personally been introduced to so many of those other individuals and organizations that are doing this important work from coast to coast to coast.

Mr. Yasir Naqvi: Thank you.

My last question is in terms of consultations.

Assuming this bill will pass and get royal assent and that the important work of developing the framework will happen, in your vision, what kind of consultations are needed to develop this framework when it comes to the provinces, territories and indigenous peoples? All of those unique elements are extremely important, and in my view, it is important that they be considered a factor in the development of this framework.

Mr. Alistair MacGregor: That's a great question. That's why I felt it really important in clause 2 of the bill to spell out exactly what is going to be expected of the federal minister of health. While we do have a fairly prescriptive list of what we'd like to see included in the national strategy, I think a lot of those sections are still open enough to interpretation to allow some wiggle room, because we know not all parts of the country are the same.

I feel very confident in terms of the consultation that I've done. This bill actually came about as the result of consultations. Janelle Breese Biagioni had done lots of consultation. This was one of the recommendations from some of those conferences, but even since this bill has been tabled, through Brain Injury Canada, I have met with people from right across the country who are heavily involved in this work and are absolutely supportive of all the measures that are contained in this bill.

The Chair: Thank you, Mr. MacGregor.

[*Translation*]

Mr. Thériault for six minutes.

Mr. Luc Thériault (Montcalm, BQ): Thank you, Chair.

Mr. MacGregor, you know that, ultimately, we agree on the need to better understand all the problems associated with brain injuries. More work also needs to be done in the area of prevention and awareness.

I'd like to ask you a question of principle. How is legislation to develop a national strategy on brain injuries more effective or essential than, say, a strategic action plan?

● (1555)

[*English*]

Mr. Alistair MacGregor: There is one thing that I think every member of Parliament goes through when they're contemplating the drafting of a bill. When it came to raising awareness about brain injuries, the recommendation that was put to me through Janelle's work was to develop a national strategy. In terms of what that looks like, it's very open to interpretation. If you look at the first version of my bill, you see that this version is very different because of the collaboration with Brain Injury Canada.

Mr. Thériault, what's important to remember with a national strategy is that we're not seeking to dictate. It's really seeking to build an atmosphere of collaboration with all of the stakeholders who are named.

The reason I chose a legislated national strategy is that this issue is incredibly important. I wanted to have those legislative guardrails in place so that no matter the political persuasion of the government of the day, this would still be a requirement that would be in place in law for a federal government to follow.

I think the brain injury community has been waiting long enough. We know what the gaps are like. We know how this problem is affecting our communities. I wanted this to be a committed action plan for the federal government to act upon in consultation with provincial governments and everyone else who is listed there. That is why I chose this particular method and listed all of these details.

[*Translation*]

Mr. Luc Thériault: We recognize the need for an action plan. But does that mean we need a law? I'll leave that question there for now.

I'm not sure your answer has convinced me. That wouldn't prevent me from voting for a bill. The provinces and Quebec also have action plans in place. So it's about coordinating, so to speak, and sharing best practices, and that's what's going to enable us to better respond to this problem.

There is one aspect of the bill that I consider to be key, and which I stressed during our discussion with Ms. Beauchamp, who recently appeared before committee. I'm talking about research. However, it falls under federal jurisdiction.

We absolutely need to know more about brain injuries. In my opinion, research is one aspect of the national strategy that really needs to be front and centre. The more we invest in research, the more we'll know. That way, we'll be better able to reduce stigma and better understand the problems people face in general.

Furthermore, paragraph 2(2)(b) of the bill, which is part of the section outlining the national strategy, mentions that this strategy must include measures to "identify the training needs". Given what you've just told us about collaboration—and I'll take your word for it here—I'm sure you'd be open to the moving of an amendment specifying the need to collaborate to identify training needs.

In my opinion, this would make this national strategy a little easier to swallow for those provinces that are currently struggling to provide care, because they don't have the necessary resources, which the federal government should have transferred to them.

If we want the strategy to succeed, the provinces need to be treated as partners right from the start and not feel like, suddenly, choices will be made for them by the omniscient federal government.

The success of this strategy depends on collaboration. So let's work together to identify needs, rather than determining them for the provinces. They will have things to tell the federal government, because they're the ones on the ground.

Finally, I wonder why an organization is targeted in a bill. I've rarely seen that. I'm not saying the organization is irrelevant or isn't extremely relevant, but why put its name in a bill?

● (1600)

[*English*]

Mr. Alistair MacGregor: I think that if you go to my exchange with Mr. Naqvi on that, you'll see that it's because Brain Injury Canada has had such an incredible number of relationships with so many people who are doing this work right across the country, and they were extremely important in helping me draft the version of the bill that you see today.

I have always seen Brain Injury Canada as a natural hub for this kind of discussion. They have been incredibly important in allowing me to meet with some of the people who are working on the front lines of dealing with this crisis.

The Chair: Thank you.

Mr. Julian, please go ahead. You have six minutes.

Mr. Peter Julian (New Westminster—Burnaby, NDP): Thank you very much, Mr. Chair.

Congratulations, Mr. MacGregor. You've beaten the odds in terms of getting private members' legislation to committee, so congratulations are in order. There is still a way to go for sure.

I'll come back to you in a moment. I want to start with Ms. McDonald.

You've talked about the issues around prevention, treatment and recovery, and admittedly those are very complex issues. What do you hope this bill achieves in terms of getting it passed and the next steps?

Ms. Michelle McDonald: That's a great question.

I hope brain injury achieves the same recognition that cancer or diabetes has as an impactful and lifelong condition requiring dedication and attention from our federal, provincial and territorial health care systems.

We need standardized data, so I hope it would lead to standardized data on the incidence and the prevalence of brain injury so that we can inform policy and improve the allocation of health care dollars to where they're needed most.

We need more education and awareness specifically with regard to brain injury about prevention and treatment, and more education for newcomers to Canada and newcomers in the health care realm on the challenges faced by those living with brain injuries so that they can provide more informed and customized care.

Research dollars need to be dedicated specifically to brain injury rather than to the brain as a whole; we need to differentiate. Research should be focused across the lifespan, from acute to chronic, and should be multi-centred, and we need more research into community-based interventions.

We need to address the intersections of mental health, homelessness, legal systems, education, prevention and the implementation of prevention measures.

Most importantly, all of this has to be driven by those with lived experience. They are the true experts, and often we forget that when we're developing policy and programs. Everything we do needs to be developed with the individuals who are living with it every day and with the family members who are caring for them.

Mr. Peter Julian: That is very eloquent.

You talked earlier in your presentation about brain injury impacting every aspect of the person's life. I know from personal experience, with a member of my family who's been living with a brain injury, how exact that is. It does touch on every aspect. I appreciate your response on what the bill should achieve.

We've also talked a bit about other questions around toxic drug use. We have a substance use crisis in this country.

Can you discuss how this issue intersects with brain injury and how a national strategy could play a role, both in prevention and in effective treatment?

Ms. Michelle McDonald: Yes, very often we talk about the stats, but there are real people behind these numbers. I want to talk briefly about Jacob Wilson.

In August 2018, Jacob was 21. He was hit by a pickup truck as a pedestrian and suffered a catastrophic brain injury. In the three years that followed, he struggled with psychosis and turned to drug use. In November 2021, Jacob died of a fentanyl overdose after having been turned away twice from the hospital in the 48 hours before he died.

To quote his mother, Shirley, the same health care system "that rescued him and stabilized him" and kept him alive when he was run over "turned him away at the emergency department when they could have saved his life." If we're going to save people, we need a health care system that's going to treat them well and ensure they can live well afterward.

We need integrated care models, as I mentioned, that address both the substance use and the brain injury. They need to be built to be accessible for people with brain injury. They need to take into account the information processing challenges, the memory impairments. For example, 12-step programs are effective, but if someone can't remember two steps in a sequence, then that is a huge barrier.

We need more community support. We don't want to wait until people are in crisis. We very much do crisis medicine, crisis reaction, but we need to not wait until people get there. We need to provide the supports and services that they need so that they don't get to that point and they don't have to turn to drug use to feel better.

Then we also need to have more data and research on this specific topic for those who do survive. We focus on the deaths, but those who do survive are living most likely with hypoxic brain injuries and are not always getting the care they need. We need to create a health care system that provides that care. A lot of it can be done in the community, which is cost-effective. It keeps people in the communities where they have their networks, their social systems and the resources that are going to help them thrive.

● (1605)

Mr. Peter Julian: Thank you very much for that.

In your presentation you referenced some of the population groups that have a higher incidence of brain injury. Could you speak more to that now, the disproportionate impacts of brain injuries on certain groups in Canada?

Ms. Michelle McDonald: Yes, I can, absolutely.

I mentioned that indigenous people have a higher representation in brain injury and are not getting the same health care. They have poorer health outcomes. They have a low income, and it can lead to brain injury. They live in riskier environments, less safe environments, but they also don't have access to sustained care and supports.

In terms of women, there was this parallel pandemic that happened during the COVID-19 pandemic of women who suffered intimate partner violence. We also know that women have different health outcomes because of hormonal challenges and just having to be caregivers.

Also, newcomers to Canada don't have the same access to resources. They don't perhaps have the same knowledge of our health care system or of brain injury.

There are so many groups. We're probably almost at our time. It is so impactful.

There are the homeless and people in the prison system. Statistics have said that over 80% of people within our prison system have self-reported brain injury. That is an astonishing number.

The Chair: Thank you, Ms. McDonald.

You were right when you said we're at time.

Voices: Oh, oh!

The Chair: Go ahead, Ms. Goodridge, please, for five minutes.

Mrs. Laila Goodridge (Fort McMurray—Cold Lake, CPC): Thank you, Mr. Chair, and thank you to both of our witnesses here today.

I have one really quick question, and I think I will build off some of the good points that were raised by Mr. Thériault.

My one question to you, Mr. MacGregor, is what would happen if Brain Injury Canada ceased to exist if they're designated as a partner?

Mr. Alistair MacGregor: Yes, that's a good question.

Certainly, this bill is in your committee's hands to figure out the language.

One thing I would like to note is that last week, when we had Tim Fleiszer here as a witness from the Concussion Legacy Foundation of Canada, I believe he said that he, representing his organization, supported the bill as written. That's another major organization that does incredible work across Canada, and even they recognize that the wording of the bill is good as is.

Mrs. Laila Goodridge: I'm simply asking that as a question, because that is the one question I had. Clearly, everyone around this room supports this bill. I'm simply asking a question.

Ms. Michelle McDonald: Yes, absolutely. I think that if you look at the wording of the bill, you see that Brain Injury Canada is a partner in a knowledge hub. The Government of Canada has already invested in a three-year grant on the development of our resource website. We developed this through a grant from Employment and Social Development Canada. We developed this because people were using Google to do research, and there's so much marketing and keyword finessing. We've already developed this. It's 600 pages. It's available in English and French. It's overseen by a scientific advisory committee. Every page of the site has been overseen and has been reviewed by a clinician or a researcher, so I guess it's this: Why reinvent the wheel? We're getting over 16,000 visitors per month. It's already there. We want this to be something that's adopted nationally.

Mrs. Laila Goodridge: I appreciate that. It's just that I have very little time.

You've talked about how many are treated for overdoses but not necessarily for their brain injuries. If someone has a brain injury and an addiction issue, what is the best course of treatment?

Ms. Michelle McDonald: It's programs that are built to support both. That would be a program that is built to treat their addiction but is in a format that's accessible to someone with memory impairment, with cognitive processing challenges. It is customized to their needs and is done in the community setting so that this person doesn't have to leave the supports that they have.

It also has to be long term; it's not just for a few weeks. It needs to be something through which they're supported. There are brain injury associations that are ready to step up. They need better funding and they need more support, but they're ready to step up to fill this gap.

● (1610)

Mrs. Laila Goodridge: Given your experience, would giving large quantities of opioids to people who have both brain injuries and addiction issues be a good idea?

Ms. Michelle McDonald: Do you mean as a form of treatment?

Mrs. Laila Goodridge: Yes.

Ms. Michelle McDonald: I'm not a doctor. I don't feel comfortable answering that. I'm not a physician.

Mrs. Laila Goodridge: I was just curious if you were aware of what the research says on this. You guys have compiled 600 pages' worth of research.

Mr. Alistair MacGregor: I'd just like to add that this is such an important issue for so many of our constituents and communities, and that's why I'd like to draw your attention to paragraphs 2(2)(h) and 2(2)(i), which specifically make reference to the mental health crisis and addictions. We identify those as key components of this national strategy, given how important they are and how important the intersection is with brain injuries.

Mrs. Laila Goodridge: I appreciate that.

My next question is about diagnosing brain injuries. They are hard to diagnose for many people at the best of times, and they're really difficult to diagnose if you don't have words. In the case of little kids, how can a parent spot a brain injury, especially in children who perhaps don't have the ability to share because they don't have their speech yet?

Ms. Michelle McDonald: That's a good question. Anything that's outside of their typical behaviour may be a sign: disruptive sleep, irritability, loss of appetite. There are more serious symptoms such as vomiting, but anything that is atypical of their normal behaviour can be an indication.

More severe brain injuries you are able to see on medical imaging, but we don't have a test at the moment to be able to diagnose concussion through medical imaging, so it is symptom-based. It's up to parents to see the signs, and we need wide-scale educational campaigns to get that information into the hands of parents so that they know what to look for.

Mrs. Laila Goodridge: Okay. Really quickly, what should a parent look for?

Ms. Michelle McDonald: They should look for abnormal behaviour. If a child has fallen, then maybe they're crying irrationally or not eating. There's a change from their normal behaviour.

The problem with concussion and brain injury is that if you've met one person with a brain injury, you've met one person. If you suspect that your child has a brain injury, then visit your physician. However, we need to get that information into people's hands more widely so that they know to look out for this.

The Chair: Thank you, Ms. McDonald.

Thank you, Mrs. Goodridge.

Next we have Ms. Sidhu, please, for five minutes.

Ms. Sonia Sidhu (Brampton South, Lib.): Thank you, Mr. Chair.

Thank you, Mr. MacGregor and Ms. McDonald, for being here with us, and thank you for the work you are doing for the community.

My first question is for Ms. McDonald.

I'm from Peel Region. In Peel Region, there are 3,000 emergency room visits and hospitalizations for neurotrauma every year.

What is the most effective way to bring those numbers down and prevent brain injuries before they happen? You talked about early intervention.

Ms. Michelle McDonald: That's wide-scale prevention. Not every brain injury can be prevented, but let's prevent those that we can prevent,.

For sports injuries, we need really stringent concussion protocols. We have those, but we need to make sure that they're in the hands of everyone.

In mitigating the brain injuries that we can, as I said, car accidents are a huge contributor. Over the lifespan of children, as one of the MPs mentioned earlier, there is child abuse and there are sports injuries. For youth, it's also sports injuries. For adults, it's car accidents.

Seniors have the highest incidence of concussion at the moment. That's going to get worse as this population ages. We need fall prevention strategies. When a senior comes in with a broken hip or a stroke, we should be looking for a brain injury. That's not always noticed. The diagnosis may be in favour of a broken hip, and these seniors often have poorer health outcomes.

We need to prevent the brain injuries that we can and then effectively treat, over the long term, the brain injuries that do happen so that people do have better health outcomes and are able to live well after their brain injury.

Ms. Sonia Sidhu: Thank you.

My second question is for you, Ms. McDonald.

In 2018, the Ontario government passed Rowan's Law to improve concussion safety in sports. What do we know about its effectiveness so far? What lessons have we learned from it that can we implement on that side?

● (1615)

Ms. Michelle McDonald: That's been an incredible program. Unfortunately, we had to lose Rowan to get to that point. Now all sports teams....

My son plays hockey, and we have to do the Rowan's Law concussion course. It's put some formality into youth sports. Coaches have to follow it. A program like this—maybe not Rowan's Law, but something like it—should be adopted in every province to ensure that all of those touchpoints, like teachers, coaches and parents, are familiar with the signs and symptoms, because we know we can't rely on youth.

We also need to follow the return-to-learn and return-to-play protocols. We also need to follow return to life. Sport is very important when you're in high school, but when you're 27 and living with the effects of multiple concussions, maybe that sport you were playing in high school isn't as important. We need to make sure that we're prioritizing brain health rather than the sport. Make it okay for kids to walk away from the sport they love and still feel okay about that.

Rowan's Law has done an exponential job of creating this awareness within this community and among these various stakeholders. We need more of that across Canada.

Ms. Sonia Sidhu: Thank you.

My next question is for Mr. MacGregor.

I know data is very important. As Ms. McDonald said, we need comprehensive data. I know you're working with the brain injury organization. You must talk to other organizations too. How are you getting the comprehensive data to make the best policy?

Mr. Alistair MacGregor: That's a great question.

Of course, good data is so important to back up all of our policy decisions at whatever level of government we're at. As Michelle and other witnesses have alluded to, in so many areas there is a lack of clear data. It may not even be of the same level or quality, depending on what region you're obtaining it from.

One centrepiece of this national strategy is creating guidelines to have in a national strategy that allow for good data collection. Then all of our researchers, all of the people who are involved in this field, and the people living with a brain injury and their immediate support networks will be getting good policy that's based on the best available evidence.

When we crafted this bill, I think data was top of mind for us. That's why you see reference to it in a lot of the sections in the bill.

Ms. Sonia Sidhu: Thank you.

Mr. Chair, do I have more time?

The Chair: You have about 15 seconds. Say “thank you for coming”.

Voices: Oh, oh!

Ms. Sonia Sidhu: I will pass. Thank you for working on the bill.

Today is World Mental Health Day. I think it's a good thing that we're all coming together on your bill.

Mr. Alistair MacGregor: I appreciate it. Thank you.

The Chair: That was well done.

[*Translation*]

Mr. Thériault, you have two and a half minutes.

Mr. Luc Thériault: My next question is for Ms. McDonald, who is extremely eloquent.

Bill C-277provides the following:

> (j) maintain, in collaboration with Brain Injury Canada, a national information website providing current facts [...]

How would you achieve that goal?

[*English*]

Ms. Michelle McDonald: I'm sorry, but....

[*Translation*]

Mr. Luc Thériault: What would your editorial policy be, and where would you get information from?

I also wonder why your organization was chosen instead of Health Canada. It's not that I particularly like Health Canada. I find that its sites are often very poorly designed.

How would you ensure relevant and accessible information? Do you already have a strategy in place?

[*English*]

Ms. Michelle McDonald: We are members of the Canadian Traumatic Brain Injury Research Consortium and the Canadian Concussion Network. We work with the brain injury associations. Everything we do is evidence-based. We take that and we translate it to the people who need it.

That's part of the research that has to happen. We can do all this phenomenal research, but if it's not getting into the hands of people who need it or if it's not being translated into programs, then we have a problem. We work with stakeholders across Canada, other non-profits. We want to work with the provincial, territorial and federal governments to ensure that everything that needs to be pushed to the brain injury audience is done. We work with the clinical side, the research side, allied health, physiotherapists, occupational therapy, speech and language....

● (1620)

[*Translation*]

Mr. Luc Thériault: You know that, when Health Canada officials call officials working for another level of government, a series of interventions have already been organized.

As an organization, you'll need to communicate with a provincial minister of health or ministry officials to ask them whether they have information to share with you, for example.

To ensure your approach is relevant and to meet the mandate set out in this bill, do you have anything to say about the development of your strategy?

[*English*]

The Chair: Give a brief answer if you can. He used all his time to pose the question.

Ms. Michelle McDonald: This has to be developed with all of those stakeholders. This has to be developed with provincial and territorial governments and with indigenous leaders. We're working with the Public Health Agency of Canada to get better numbers to tie incidents to prevalence—what's happening to people with brain injury. That's also why brain injury needs to be designated as a chronic condition. It's so that we have that data over the long term to help to create those decisions.

Very many stakeholders need to be involved to develop it in order to make sure it is relevant to the different communities in Canada, because a lot of areas, such as Atlantic Canada and the north, don't have a lot of services. We need to make sure we're bridging that gap.

The Chair: Thank you.

Mr. Julian, please go ahead for two and a half minutes.

Mr. Peter Julian: Thank you very much.

Congratulations on getting a unanimous vote in the House, Mr. MacGregor, to bring it here to the health committee.

I have two questions for you.

First off, as you see the bill moving forward, what are your concerns? What are you thinking about? What keeps you up at night?

Second, do you have any final messages to the health committee before we consider the bill?

Mr. Alistair MacGregor: Thank you very much for that question, Mr. Julian.

I'd probably say I have two concerns.

I know this bill is in the committee's hands, but when this committee goes through clause-by-clause analysis of this bill, please understand that this bill was crafted very carefully and in consultation with a lot of people. I truly hope the committee honours the spirit and the intent of all the items listed in this strategy. They have had a tremendous amount of support.

Please know that the brain injury community is watching. They are, for the first time in a long time, filled with some hope, because an issue that is so personally important to them is finally getting the attention it deserves.

Second, I have a concern, as do many members of Parliament who have private members' bills in the mix right now, with the standoff we have in the House of Commons. I hope we can find some way to break that logjam, because there are good Conservative, Liberal, Bloc Québécois and NDP private members' bills. I think a lot of Canadians would like to see the business of the House continue so that those bills can get their due.

I'm sorry. Could you repeat your final question? Was it just about a final message?

Mr. Peter Julian: What is your message to the committee?

Mr. Alistair MacGregor: I'll end with this, committee members.

You must have a lot of patience in this business, in politics. I think that's exemplified by my own personal example. This idea first came across my desk all the way back in 2018. It started with a simple conversation with a constituent. Through the weeks, months and years of collaboration and work, we've arrived at where we are today.

My message to you is just this: Know that a lot of people are watching this work right now. I know through Brain Injury Canada's campaign and through the many people involved in this with personal lived experience—you've all received the emails from right across the country—this is a deeply personal and important issue. I would urge the committee to really keep that in mind as you undertake your important work.

I'd like to thank you. You've afforded me and everyone who cares about this issue a lot of grace. I appreciate everyone's incredible support of the bill as it has progressed to this point.

The Chair: Thank you, Mr. MacGregor.

We have about four or five minutes left before we suspend for the next panel, so we're going to do two short rounds: two minutes for the Conservatives and two minutes for the Liberals.

Go ahead, Mr. Doherty .

Mr. Todd Doherty (Cariboo—Prince George, CPC): Thank you, Mr. Chair, for that.

I want to thank Mr. MacGregor and Ms. McDonald for bringing this bill forward.

My uncle suffered a traumatic brain injury in the eighties. I saw first-hand how a national-level athlete was turned into somebody who struggled not only with brain injury but also addiction. We know that right outside the G.F. Strong rehab centre in Vancouver, dealers prey on those who struggle with brain injuries. We have to do more for this, so I want to say thank you for bringing this forward.

I also want to thank Ms. McDonald for her testimony regarding intimate partner violence. Through an organization, I met two ladies last week in my riding, and I was shocked to learn that their brain injuries came from intimate partner violence. What they're living with is horrific. What you brought forward is critically important.

Further, regarding the work I do with mental health, we know post-traumatic stress disorder can come from traumatic brain injuries. That is not necessarily a knock, or what have you; it's what somebody experiences as well.

I would offer you this, Mr. MacGregor: Perhaps when we're revisiting my own bill, Bill C-211, which passed in 2018.... It's the national framework on post-traumatic stress disorder as it pertains to those who serve our country and our community, such as first responders. Is there a way we can tie this together? I'm not sure if it's through another amendment, but take a look at the brain injury component side of it.

With that, I'll turn it over.

I think the only question I would like to ask Mr. MacGregor is this: I know through the bills I've done that once you've written it and it goes through the processes, there are a lot of things that come up that you didn't consider at the first writing. Is there anything you would advise this committee, should you get...? Are there any amendments you would like to see added to it, so we can get this through drafting, or what have you, and get it done?

● (1625)

The Chair: Be as succinct as possible, please.

Mr. Alistair MacGregor: I think one thing that would help me in answering you, Mr. Doherty—and thank you for your words—is looking at the difference between the first version of this bill in the 43rd Parliament—Bill C-323—and what you have before you today. There is an incredible difference. I'm not sure if I have any amendments to suggest, because we did an incredible amount of amending of my first version. I'm very proud of what I have before me.

Of course, it is your job as committee members to take all the evidence before you and make some decisions. I appreciate your dedication to this cause, so thank you.

Mr. Todd Doherty: Thank you.

The Chair: Thank you.

The last two minutes go to Dr. Powlowski.

Mr. Marcus Powlowski (Thunder Bay—Rainy River, Lib.): I'm going to pull a Doherty here and ask a very long question, then give you two seconds to answer.

You're NDP and from B.C. There have been much-publicized statements by the B.C. government about mandatory treatment under the Mental Health Act. I spoke to one psychiatrist specifically about this in B.C., who said, “No, this is a subset of the population.”

This is how it pertains to the bill: It's a subset of the population that has brain injury, mental illness and substance abuse—concurrent disorders. They would be using the B.C. Adult Guardianship Act to require that people get treatment or that their treatment be monitored.

Alistair, you did a great job on this bill.

Do you know anything about what B.C. is doing on this? If you don't, maybe your colleague Mr. Julian can get someone from B.C. to talk more about this and its applicability to brain injury cases.

Mr. Alistair MacGregor: I'm sorry. I don't have direct knowledge.

All I can speak about, Dr. Powlowski, are the provisions contained in this bill.

What's important to remember is that this is a federal piece of legislation. It spells out very clearly that there's going to be an expectation of collaboration between the federal minister of health and his or her provincial counterparts. I know there's a lot of provincial jurisdiction we always have to be concerned about, especially when we're dealing with health policy. However, I still believe this federal bill works in a collaborative measure and respects provincial jurisdiction.

I'm trying to treat this issue with the national urgency I think it deserves.

The Chair: Thank you to you both, and thank you for being with us.

This concludes the verbal testimony that we are going to hear on this bill. The next stage for us will be clause-by-clause consideration, which will happen on October 24. Members will be aware that there's a 48-hour cut-off for any proposed amendments, so get your amendments in by October 22 at noon.

Thank you so much to Brain Injury Canada and to the sponsor of the bill, Mr. MacGregor, for being with us today. We're going to suspend while we get ready for the next panel, and—

Mr. Peter Julian: I have a point of order.

The Chair: Go ahead, Mr. Julian.

● (1630)

Mr. Peter Julian: Mr. Chair, because of the unanimous nature of the bill being referred to our committee, would there be an appetite from committee members to adopt it by unanimous consent without amendment on division?

The Chair: No, I don't think so.

Mr. Peter Julian: That's fine.

The Chair: There are two problems: raising a motion on a point of order and the fact that there is no consent. No, we're out of luck.

We're suspended.

● (1630)

_____(Pause)_____

● (1630)

The Chair: I call the meeting back to order.

Pursuant to the order of reference of May 29, 2024, the committee will start its study of Bill C-368 an act to amend the food and drugs act with regard to natural health products.

I'd like to welcome the sponsor of the bill, Mr. Blaine Calkins, member of Parliament for Red Deer—Lacombe.

I don't think we have time for other formalities, Mr. Calkins, except to give you the floor for the next five minutes to introduce your bill.

Welcome to the committee, and congratulations on getting your bill to this stage.

You have the floor, sir.

Mr. Blaine Calkins (Red Deer—Lacombe, CPC): Thank you very much, Chair.

Members of the committee, thank you for inviting me here to discuss my private member's bill, Bill C-368, which was passed at second reading on May 29.

Bill C-368 is, by design, a bill that is meant to undo the changes made to the definition of natural health products in Bill C-47, a budget implementation act passed by the Liberals and the NDP. The omnibus bill brings natural health products under the legislative and regulatory rubrics of Vanessa's Law, a bill that was intended to only affect therapeutic chemical drugs.

The Liberal government, supported by the NDP, snuck these changes in without consulting the industry, shrouding their actions under the cover of a budget bill, hoping no one would notice. However, Canadians did notice.

Over 80% of Canadians rely on products such as protein powders, vitamins, probiotics, electrolytes, etc., every day in their daily lives. They would like to have their say on this bill. Bill C-368 is finally their opportunity for them to have that say.

The changes introduced in Bill C-47 are unacceptable and will lead to irreparable harm to the natural health product industry and the 32 million consumers in Canada. Eighty per cent of Canadians use natural health products. Businesses will close, innovation will be stifled, investment will dry up and Canadian products will disappear from shelves. Made-in-Canada choice will be replaced with unregulated foreign mail orders.

We are talking about a $5.5-billion industry that generates over $200 million in GST. It employs 54,000 people directly, from manufacturing to retail, and this does not even include the members working indirectly in the industry's packaging and shipping and so on.

I believe that Canadians have the right to make the health choices that are best for them and their families. I also believe that businesses should not shoulder the heavy cost of an ever-growing bureaucratic empire. We know that existing regulations on health supplements already keep Canadians safe. This additional red tape is about giving more power to Ottawa, not protecting Canadians.

That's why I've introduced my bill, Bill C-368, which amends the Food and Drugs Act and takes us back to the laws and regulations prior to Bill C-47. It aims to safeguard the rights of Canadian consumers and ensure the availability of safe and beneficial natural health products that Canadians rely on.

By supporting this legislation, you will be pushing back against governmental overreach and protecting the rights of entrepreneurs and consumers in the health product market. Together we can ensure that Canadian businesses are competitive and that Canadians' access to safe supplements is protected.

Before we go to the round of questions, I would like to refute some claims that some of the detractors of my bill have stated.

The first is that the industry is not a safe one. If anything, our existing regulatory system is one of the best in the world. I would like to quote the IADSA, the global association for the food supplement sector. In a letter they submitted to this committee, they stated:

> Up to now, Canada has been a world leader in the regulation of dietary supplements. We fear that the proposed changes to Canada’s regulatory framework for natural health products risk creating an environment that could stifle the industry and limit Canadians' access to high-quality supplements.

> IADSA has always promoted the Canadian model as a global reference point for governments across the world who are creating or redeveloping their regulatory systems. This Canadian model is recognized as providing consumers access to products which are safe and beneficial while fostering innovation and supporting investment in the sector.

They're not talking about the Bill C-47 changes; they're talking about before Bill C-47.

Next, Health Canada has paraded out an Auditor General's report that claims that hundreds have become sick from natural health products, notwithstanding the fact that therapeutic drugs harm a magnitude more people than natural health products. This statistic is simply not true. Deloitte conducted an audit of the industry, and it shows that in fact very few people have had adverse effects from natural health products.

There's a general theme to be observed here. Health Canada makes claims they cannot support and provides no documentation to support their claims, which are quickly debunked in the absence of any real data.

Another line of attack on my bill was that the changes to the Food and Drugs Act were necessary to stop the sale of nicotine pouches. This is simply not true. Nicotine pouches should never have been categorized as a natural health product, nor did Health Canada need to give them a natural health product number. The Minister of Health already has the powers needed to fix these issues, including issuing a stop order. Why the need for these ever greater powers?

The last claim is that the self-funding model is needed to pay for the expanded bureaucracy. The directorate at Health Canada is now $50 million. This industry generates over $200 million in GST alone. One could assume then that the self-funding model is nothing more than a tax grab.

If I am to leave you with one salient point, it's that the minister has given himself unchecked power with Bill C-47 and Bill C-69 to deem many products non-compliant, even if the scientific evidence does not support that claim. When we couple this with the fact that under Vanessa's Law non-compliance can result in $5-million daily fines, natural health product small and medium-sized enterprises are understandably feeling the chill of a government with unchecked power.

This once stable, safe and renowned industry is being destroyed. As MPs, it is our duty to fix the mess that Bill C-47 has created.

● (1635)

I urge all of you to go through the study, pass my bill unamended and send it back to the House of Commons as quickly as possible.

Thank you, Chair.

● (1640)

The Chair: Thank you, Mr. Calkins.

We'll begin rounds of questions with Dr. Ellis. You have six minutes.

Mr. Stephen Ellis: Thanks very much, Chair.

Thank you, Mr. Calkins. Obviously, you came very well prepared. That is the testimony that I think we heard back during the original debate around Bill C-47. We heard that exact testimony.

I hope that all members of the committee have had the opportunity to read this report by Deloitte. It's a telltale report, of course, underlining very clearly that they were unable to find any deaths due to natural health products. In my reading of it, there were perhaps 32 hospitalizations in three years due to natural health products, so their safety record, as you outlined very clearly, Mr. Calkins, is quite excellent.

That said, one thing that we all receive as members of Parliament is a considerable amount of correspondence from Canadians. Maybe you could talk a bit about that.

The other important part, I think, is related to how many female entrepreneurs are actually in the natural health product industry and how important that is to their success as individuals.

Mr. Blaine Calkins: The Deloitte report, I think, debunks many of the claims that were made.

Look, natural health products are proven to be safe and effective. You don't have to go very far to find somebody who's concerned about this. As I said, 80% of Canadians rely on and use natural health products. Colleagues, every one of us received, I would imagine, countless numbers of cards from the various industry associations, urging and encouraging us to do our job, which is actually to serve their interests and not serve the interests of a bureaucracy that, frankly, should and does have the resources it needs. It's just a matter of the government making it a priority and finding out whether or not they're effectively managed within their own department to keep this industry well regulated and moving forward.

Mr. Ellis, you're hard-pressed to find anybody.... I've been a member of Parliament for 19 years. I can count on zero fingers how many letters I got from people saying that we need more protection from natural health products. However, I can tell you that it's going to take a whole lot of fingers to count the number of Canadians who are very concerned right now about this new regulatory regime that's coming in—the self-care framework that Health Canada wants to implement—which directly opposes all of the advice that Parliaments were given, including the report from back in 1998 that natural health products are more closely aligned with and should be treated like food, not as therapeutic drugs.

I just leave that with the committee: Do what the Canadians who wrote to you have asked you to do and support the bill.

Mr. Stephen Ellis: Thanks very much, Mr. Calkins.

If I could direct back to the number of female entrepreneurs....

Mr. Blaine Calkins: Yes, with regard to those female entrepreneurs, 54,000 Canadians work directly in the industry, but there has been no gender-based analysis on this. Over 80% of the consumers of natural health products are women, 90% of practitioners in the industry are women, well over 50% of the micro-businesses are female-owned and 84% of direct sellers are women.

Here's the part that's particularly obnoxious about the way this has all happened: Bill C-47 and Bill C-69 give the Minister of Health the power to make direct orders. When the minister has the ability to make a direct order, they don't have to go through the gazetting process. When you don't go through the gazetting process, you actually don't have to do the gender-based analysis the government set up when it came into office in 2015, so no gender-based analysis was done on this particular issue of changing natural health products under the rubric of Vanessa's Law, and I think that's particularly galling, since this government claims to be a feminist government. It's going to disproportionately affect women—women-owned businesses, women consumers, mothers who want to look after the health of their families and their children. People who are looking after their own health should have choices and options available to them.

The community's frustrated, Mr. Ellis.

Mr. Stephen Ellis: Thanks very much, Mr. Calkins.

It's interesting to look at some of the research. These are perhaps older statistics, but 3,300 seniors died due to prescription pharmaceuticals, and millions are hospitalized and harmed every year. If we look at those numbers in comparison to natural health products, we see, as I mentioned, that 32 people from all walks of life and all age ranges may have been harmed due to natural health products in three years, which, if we want to do the math, means there are about 10 a year, as opposed to at least 3,300 seniors who died due to pharmaceuticals.

Do you think it means, then, that the government should make an attack on the pharmaceutical industry and make the restrictions there more stringent? Is its approach misguided?

● (1645)

Mr. Blaine Calkins: I find it odd that we want to do to natural health products the same type of regulatory approval process that the therapeutic drug process undergoes right now, which has resulted directly in the deaths of over 3,000 seniors every year in Canada.

As I said in my opening remarks, natural health products should be closely aligned with food. If you talk to the industry associations and everyday Canadians who use these products, they will tell you the same thing.

Mr. Ellis, there's no reason for this to happen. Nothing that Parliament's ever done, such as parliamentary reports, has suggested that they do this. Fifteen years after a previous government fell into the same trap, this government is doing the same thing all over again. The problem is that this time there's no course correction other than through my private member's bill.

The Chair: Thank you, Mr. Calkins and Dr. Ellis.

Next is Dr. Hanley, please, for six minutes.

Mr. Brendan Hanley (Yukon, Lib.): Thanks very much, Mr Calkins, for appearing today. I salute your accomplishment in getting this bill to committee. I'm hoping we can use this committee to really talk about what this bill does and does not do.

I'm thinking of a case report I read in the Canadian Medical Association Journal last year, describing a 39-year-old woman presenting with severe anemia, abdominal pain and a cluster of other symptoms. She was found to have lead poisoning from taking an Ayurvedic medication. The article says that of 15 types of pills seized at the practitioner's clinic where these medications were obtained, there were high levels of arsenic, mercury or lead in 14 of the samples. Also, three pills contained prescription medications, including diclofenac, dexamethasone, progesterone, norgestrel and cetirizine.

I have to say that when I read cases like this, I'm greatly concerned by this bill and its intent and the correspondence, conversations and briefs that I've received, not so much from industry but from health and health care experts. Statistically, Health Canada received reports of over 8,000 suspected harmful reactions to natural health products, 5,000 of which were serious, from 2004 until 2021. Between 2021 and 2023, out of 1,019 reports of harmful reactions, 772 were serious enough that those Canadians had life-threatening reactions and/or were hospitalized.

You may call it overreach, but I would call it proper oversight and protecting Canadians, which I think is one of the key roles of Health Canada and of government.

Additionally, I think it's important for anyone observing to note that this bill does not have any influence on some of the concerns that I have been hearing about natural health products, such as the proposed policies from Health Canada on cost recovery or improved labelling requirements. That has been a primary point of contention and focus of stakeholder scrutiny through campaigns.

I want to reflect that if passed, this bill would roll back the ability for Health Canada to subject natural health products to recalls. Also, I want to point out that many of your colleagues, or at least some, realized that natural health products lacked the regulatory protection of recalls that other products such as food and pharmaceuticals have, according to testimony such as this from Mr. Lawrence. Do you not find this disturbing? Are there any products out there right now that are supposed to be recalled and are not?

Another point of testimony from Mr. Patzer is about how we make sure that Canadians can be confident in the products they're buying when there are so many holes, gaps or issues, including knowing whether they are contaminated products or expired products or even knowing where these products are manufactured or where they're coming from.

Your stance contradicts that of others within your party, although perhaps this is another example of a somewhat whimsical policy according to which way political winds are blowing.

I also want to point out that at the government operations committee, Shawn Buckley of the Natural Health Products Protection Association testified, “I am familiar with the bill; I wrote the first draft for MP Blaine Calkins.”

It sounds like, with this bill, you're the spokesperson for the natural health products industry. Would that be accurate, Mr. Calkins?

● (1650)

Mr. Blaine Calkins: No, it wouldn't be accurate at all, Mr. Hanley.

Mr. Buckley has his own opinions about things. I had a bill drafted by the legislative drafters here. I asked Mr. Buckley if he would send me what he thought the bill should be. When he sent me his bill, it looked virtually identical to what the legislative drafters here at the House of Commons presented to me.

To suggest that I work for Mr. Buckley would be not only wrong.... As a matter of fact, the first contact I had with Mr. Buckley was when I asked him to send me what he thought the bill should be. That's when I compared. He has experience as a legislative drafter previously in his career, but I believe you'll have plenty of time to cross-examine Mr. Buckley.

Look, Health Canada already has more powers than its ability to recall. The industry is asked many times to have product recalls. I'm not aware of anybody in the industry having refused a voluntary recall, but let's review the powers that Health Canada had before Bill C-47.

They had the ability to stop a sale. That would stop the problem with the Ayurvedic medicine that you're talking about. They have border power for personal-use imports, where they have the ability to seize any product that they want. They can revoke a site licence for any of the sites that would have had Ayurvedic medicine that was being sent out. That includes manufacturers, packages and labels, and importers. They can mandate a label change any time they want and add any warnings they want to products. They can inspect any site licence. They can inspect any product. They approved every natural product number that's out there, and they can revoke a natural product number and cancel the product.

If it's not being done—

Mr. Brendan Hanley: Mr. Calkins, I only have a minute left, so I'll—

The Chair: Dr. Hanley, you asked a very lengthy question.

You have another 45 seconds, Mr. Calkins.

Mr. Blaine Calkins: The mandatory recall, as far as I'm concerned, Mr. Hanley, is a red herring. The existing protocols are already in place. The real question you should be asking your minister is why the staff in his ministry aren't actually using the powers they have to bring non-compliance into compliance.

Mr. Brendan Hanley: Thank you.

In my last 30 seconds, I want to point out the concerns of many who have written to me or who have written briefs to this committee.

This is from the Canadian Medical Association, from Dr. Joss Reimer, whom I actually just met with yesterday.

> Canadians should be able to make decisions about their health care, including having access to natural health products that are safe and live up to any claims they make regarding health benefits.

She goes on to say:

> ...which is why we recommend leaving [natural health products] under the definition of therapeutic products. The alternative is far too risky.

The Chair: Give a brief answer, if you could, please, Mr. Calkins.

Mr. Blaine Calkins: Look, the international association says that Canada, prior to Bill C-47, was the gold standard that the rest of the world should be achieving. Why would anybody at this table want to undermine that, Mr. Hanley?

The Chair: Thank you.

[*Translation*]

Mr. Thériault for six minutes.

Mr. Luc Thériault: Thank you, Chair.

Thank you for your remarks, Mr. Calkins. I also thank you for introducing this bill.

I've been here for nine years, and I think I'm known for my honesty and intellectual integrity. I wanted to tell you that, when we studied the issue and called in people from the industry, including the Chief Science Advisor of Canada, Mr. Davies agreed wholeheartedly with our very harsh criticism of the government's plan to apply the pharmaceutical model to natural health products. I say this because, at the outset, you said the Liberals and the NDP had voted in favour of Bill C-47. By the way, I'm not saying that for the benefit of the colleague sitting next to me.

When you introduce a private member's bill, you have to try to get everyone on board. When it comes to Bill C-47, it's unfortunate that provisions such as this have been hidden in an omnibus bill. Governments often do that. You've been in Parliament for 19 years, and I'm sure you've seen the Conservatives do that too.

I'm also saying that because people on this side of the table offered constructive criticism. They had pretty much the same opinion of that attempt to apply the pharmaceutical model to natural health products, which the Chief Science Officer of Canada failed to prove was relevant.

That said, I have a concern. I hope that you're open to the idea of amendments, because I don't believe that nicotine is a natural health product. It's a serious drug. I wonder, then, whether you are open to the idea of excluding all nicotine-based products from the bill.

● (1655)

[*English*]

Mr. Blaine Calkins: Thank you, Mr. Thériault, for your question.

My preference would be for the bill to pass as expeditiously as possible, unamended. I can't speak for the organizations that represent the industry, but I would think that if you had a conversation with them—the Health Food Association, the Natural Health Products Protection Association, and so on—you would hear them say that nicotine is not part of their concern.

What appears to have happened is that because nicotine comes from a natural source and because the claim is that it is a smoking cessation product, it falls into the natural health—

[*Translation*]

Mr. Luc Thériault: That's true of opium and cocaine as well.

[*English*]

Mr. Blaine Calkins: My point is that it accidentally ended up here. I don't know why nicotine would be here when it could be more properly regulated under the same legislation that looks after tobacco and so on.

My recommendation would be to pass this bill in its current form and find a solution elsewhere to deal with nicotine, or something to that effect.

The reality is, Mr. Thériault, that the bill was only in my care and control up until I tabled it in the House of Commons. It is now the property of the House of Commons and this committee. I would recommend that we find a different way to do it.

I'm not suggesting that your concerns are invalid, but I would suggest that there are other places and other powers that the minister has. Bogging down the progress of Bill C-368 and stopping a $5.5-billion industry simply for nicotine pouches I think might be the wrong approach. I think there's a better way or another way to do it.

[*Translation*]

Mr. Luc Thériault: I understand then that you aren't open to such an amendment.

That's one of the arguments being made by opponents of your bill. We're going—

[*English*]

Mr. Blaine Calkins: I'm not excited about an amendment, but it's up to you guys to decide if it gets amended. I'm just stating my preference.

[*Translation*]

Mr. Luc Thériault: Understood.

I'll undoubtedly introduce that amendment, because it's one of the main points of contention about Bill C-368.

There's a lobby opposing the bill. People are coming to meet with us to tell us that the bill makes no sense. They'll tell us that we're going to allow the unrestricted sale of products like Zonnic because, among other things, there's no mechanism for recalling products.

Mr. Chair, how much time do I have left?

The Chair: You have 45 seconds remaining.

Mr. Luc Thériault: All right.

Mr. Calkins, what is your understanding in relation to recalls?

When we want a bill to achieve consensus and be adopted, we seek ways to get everyone onboard and we identify what we can agree on.

I think people in the industry are very concerned about and protective of the quality of the products they put on the market. I doubt they have any concerns about the issue of recalls, should a problem with their products be reported.

In that regard, I think we should be open to the possibility of ensuring that recalls aren't just voluntary. In any case, the industry has no problem when it comes to voluntary recalls.

Since my time is up, I'll stop there. I'll come back to that later.

The Chair: Thank you, Mr. Thériault.

[*English*]

Next is Mr. Julian for six minutes, please.

Mr. Peter Julian: Thank you very much, Mr. Chair.

I congratulate you, Mr. Calkins. You have a long experience in the House; it's almost 20 years, I believe. The fact that you've brought the bill this far is an exception in terms of private members' bills. You're obviously responding to a very clear need. There is no doubt that the issue of natural health products bears much closer examination. That is why I and the NDP voted for the bill to get to committee so that we can do this more extensive examination.

You didn't mention in your introduction—but I think it's fair enough to reference—that this is the third time since we've been in the House of Commons that we've had bills that have an impact, or a potential impact, on natural health products. I'm referencing, of course, Bill C-51. That was brought forward by the Harper government. It was, in the end, not adopted. Then there was Bill C-17, Vanessa's Law. Those were both under the Harper government. We now have the most recent legislation that's been brought forward.

In your preface to your initial statement, I think your very eloquent reference to the importance of the industry and the importance of natural health products was absolutely valid. We've been going around in circles on this issue. The industry obviously needs some assurance that what will be put into place will benefit the industry and will benefit consumers. I count myself as one of the consumers of natural health products. In fact, I take magnesium because my doctor prescribed it; it makes a difference on the long hauls that we take, which I will be taking shortly to go back to B.C. This is important.

We've had a number of different iterations of the bills. How do we get the balance right to ensure that we are actually benefiting the industry and making sure that consumers have access to important natural health products, while also making sure that there is some oversight?

● (1700)

Mr. Blaine Calkins: That's a good question. Thank you, Mr. Julian, for your question. You're exactly right.

Here's how it played out: Bill C-51 was brought forward. I don't think the industry responded well to Bill C-51 back when that happened. The right thing to do when Parliament or a government in the House of Commons makes a mistake is to step back, ask "What have we done?", and then consult with the industry, consult with stakeholders, and consult with people who are going to be affected by this.

Mr. Julian, if the claim that 80% of Canadians.... You asked me during the debate on Bill C-368 whether I take these products. You and I are part of the 80% of Canadians who take them. As a matter of fact, you and I both take magnesium, which is very understandable, considering the lifestyles and the work demands that we have.

That's how you do it. You do it by engaging. What's missing in this particular case is that the government did make a misstep with Bill C-47. The misstep is that it didn't consult with the industry and that it was tucked into a budget implementation act. It passed basically with no discussion. I don't recall anybody in the debate on Bill C-47 even raising the issue, because it was just four little lines in this great big omnibus piece of legislation, until people figured out what was actually going on with the implementation of the self-care framework. Then the industry came forward and asked the government, similar to what it did with Bill C-51 and Bill C-17, to take a step back and to consult the industry before moving forward. That's how you do things in a constructive way.

What I've seen happen here is that the government has not only dug in on Bill C-47 but has also doubled down on it in Bill C-69, the next budget implementation act, giving the power to Health Canada and to the minister to make immense changes to the industry.

To my knowledge, to this day the industry has not been consulted by the minister, who's been responsible for making those last two changes.

How can you build goodwill and get to a place where everybody is happy, where Canadian consumers are happy, where the industry is happy and where the government can provide adequate oversight? Nobody's arguing that there should be no oversight. We're simply saying, the industry is saying and Canadians are saying that there was not a really big problem with the way things were, and if there are a few small flies, we don't need to swat them with a sledgehammer. That seems to be what's happening.

My recommendations would be to pass Bill C-368 and take it back, and then, if the government does have some legitimate problems, start all over again. Start working with the industry on a broader level. Do consultations before making this kind of a misstep again, because we've riled up thousands—millions—of Canadians with this, as has been evidenced by the cards we've received, and rightly so, Mr. Julian.

Our job, as members of Parliament, is to work on behalf of Canadians, not to work on behalf of the government.

● (1705)

Mr. Peter Julian: Thank you for that response.

Mr. Thériault asked you about nicotine-based products. You've obviously heard the concerns that have been raised with this committee and more broadly about nicotine-based products. You have said that this bill has been given to the committee to work on. We acknowledge that you're saying you'd prefer no amendments, but you understand why we might be considering amendments of that nature.

The Chair: Answer briefly, please, Mr. Calkins.

Mr. Blaine Calkins: I'm sure there will be some people who come forward and propose that this is the place to do it. However, what happens, Mr. Julian, if we make amendments now to make a carve-out for something like nicotine pouches—I don't want to get into the pros and cons of nicotine pouches—is we set an entrenchment of the changes that have been made in Bill C-47 into law.

I think what we really should do is just pass the bill, go back to the drawing board, have a conversation with the industry and let the industry decide which way it wants to go at the fork in the road—or at least have a say in the matter.

As you said, I don't speak.... You'll have them as witnesses. The industry will come and tell you. I don't think they're going to defend nicotine pouches per se. My recommendation would be to go back to the drawing board by passing the bill and then going in a direction where the natural health products that are used for the health and well-being of Canadians can be separated from nicotine products.

The Chair: Thank you, Mr. Calkins.

Mr. Doherty, you have five minutes.

Mr. Todd Doherty: Thank you to my colleague for bringing this bill forward.

Prior to Bill C-47, were there mechanisms in place to deal with the bad actors in the industry?

Mr. Blaine Calkins: Yes, of course. As I said in response to a question from Mr. Hanley, Health Canada....

As a matter of fact, if you take a look at the Auditor General's report, they basically said that Health Canada isn't using the powers it already has, so the response from Health Canada is that if it's not using the powers it already has, it needs more powers. That's not a reasonable response. It needs to use the powers it already has.

Health Canada has the ability to stop a sale. They can immediately go to the retailers, the distributors and the manufacturers and say, "Stop the sale."

They have powers at the border for personal use imports. They have the ability to seize products anywhere along the supply chain. They can revoke a site licence for a manufacturer. They can revoke a site licence for anybody involved in packaging and labelling. They can revoke a site licence for an importer. They can mandate a label change any time they want. They can add warnings and clarification, for example. They have the ability to inspect anybody who has a site licence any time they want. They can do an inspection on any product. They can go to the store, buy the products they want and send them to the lab. They can do any of these things.

They are responsible for approving natural product numbers. They've created the entire mechanism that is in place to do that. They can revoke a natural product number if somebody's out of line. They have the ability to issue recall notices. I believe the recalls are voluntary at this particular point, but ask the industry. I don't know of anybody who has not actually complied with a voluntary recall.

I don't know what problem we're trying to fix here, and I think Health Canada has a different, ulterior motive on this. They're just using nicotine pouches as an opportunity to justify the massive cash grab and power grab that they want.

Mr. Doherty, when I walk into a natural product store, like an organic grocery store that sells organic foods and health foods, and natural health products are on those shelves, I'm not afraid of anything on that store's shelves, and I don't think any other Canadian is either. We should be encouraging consumer choice and allowing consumers to make the choices that are the best for them.

Mr. Todd Doherty: Thank you for that.

When Bill C-47 was before this committee, the chief medical adviser at Health Canada used the case of 19-month-old Ezekiel Stephan as a prime example of why Bill C-47 was needed.

Are you familiar with that case at all?

● (1710)

Mr. Blaine Calkins: I am not.

Mr. Todd Doherty: Ezekiel Stephan was a young boy of 19 months old who fell ill. His parents treated their son with natural health products and—

Mr. Blaine Calkins: Was it vitamin D?

Mr. Todd Doherty: I'm not sure what exactly it was that they used.

When he died—ultimately Ezekiel died—

Mrs. Laila Goodridge: It was garlic and hot peppers.

Mr. Todd Doherty: It was garlic and hot peppers.

This young couple was charged in Lethbridge, Alberta, in the death of their son because they failed to do what was right. They used natural health products.

The reason I'm bringing this up is that the young boy did not die from the use of natural health products—he died because he had viral meningitis and he died from lack of oxygen—but the chief medical adviser stated this case as a prime example as to why Bill C-47 was so needed. Despite my multiple attempts to give her the opportunity—I was very familiar with this case—to correct the record, she refused to do so.

Mr. Calkins, why do you feel the chief medical adviser would have done that?

Mr. Blaine Calkins: First of all, it's a very tragic story. I think what you would find, Mr. Doherty—and I'll just speak in general terms here—is that when push comes to shove, Health Canada has been not very forthcoming with the actual data and facts that they should be publishing to make their case. The Deloitte audit is very clear about some of the deaths that Health Canada used and the audit has debunked most of the claims that Health Canada floats out there without actually providing what I would consider to be documented evidence to support their claims.

What the motives are of a particular individual, I'll leave to the discretion of everybody here, but as I said, I haven't seen anything from Health Canada that would convince me that Bill C-47 is justified.

The Chair: Thank you, Mr. Calkins.

We go now to Mr. Naqvi, please, for five minutes.

Mr. Yasir Naqvi: Thank you very much, Chair.

Welcome, Mr. Calkins.

Let me start by saying that I support natural health products. I've spoken to many constituents who expect that there are rules and regulations in place that ensure natural health products are safe, and that for the product they're buying, as for any other product they buy, whether it's food or other medications, there's a regulatory scheme in place that ensures Canadians with are safe with products.

My concern with this bill is that it undermines the safety of these products.

It is clear to me that if your bill were adopted, it would increase the risk of unsafe products remaining on the market. That would mean Canadians would be left in the dark without warning labels or the information available for them to make an informed decision on their health and the health of their families.

Let me give you an example. In September 2021, Health Canada found unsafe levels of methanol in a hand sanitizer. Methanol is poisonous to humans. Despite Health Canada's request for a recall, the company refused to comply and kept the product available for sale for months.

Do you think this is acceptable? How would the government ensure the safety of Canadians if your bill is to be adopted?

Mr. Blaine Calkins: Mr. Naqvi, it was the Government of Canada that would have issued the licence for that product to be on the shelf in the first place. They could have simply ordered a “stop sale” of that product. That would have put anybody who sold that product immediately into non-compliance. That would have given Health Canada the powers they needed, and then the appropriate fines would have begun to be levied against that company. This is how I would presume that would happen.

The idea that the industry would somehow be unregulated without Bill C-47, which I think is the perception you're trying to leave with people who are watching this committee, is simply not the case at all. There is a very well-defined process that natural health product companies have to go through and schedules they have to follow, monographs they have to follow, in order to get a product to the market. Some 50,000 products that are currently on the market have natural product numbers, and, as I said, the industry is very well regulated.

As a matter of fact, Mr. Naqvi, as I said in my opening remarks, the international organization that watches all of these things said the pre-Bill C-47 laws and regulations we had in place made Canada the gold standard. We were attracting and drawing businesses from around the world to Canada in order to have Canada's regulatory reputation attached to their product so that they could distribute it not only within Canada but around the world.

● (1715)

Mr. Yasir Naqvi: Okay, but, Mr. Calkins—

Mr. Blaine Calkins: Right now, Mr. Naqvi, states in the United States of America—

The Chair: Mr. Calkins, let him pose the next question, please.

Mr. Yasir Naqvi: It's my time, so thank you for running the clock. I appreciate that you're a seasoned parliamentarian.

Here's a scenario: What your bill does is take away the power of recall from Health Canada. On one hand, the power exists for Health Canada to recall a spoiled head of lettuce, let's say, but it will not be able to recall, if your bill is passed into law, a health supplement that poses some serious detriments to health. How do you justify that discrepancy?

Mr. Blaine Calkins: Well, you're comparing food to a hand sanitizer, as I've already said.

Mr. Yasir Naqvi: No, I'm talking about any of the supplements and the natural health products too.

Mr. Blaine Calkins: Health Canada—

Mr. Todd Doherty: I have a point of order.

Mr. Naqvi asked the question. He should allow our guest the time to answer the question.

An hon. member: [*Inaudible—Editor*] just having a conversation.

The Chair: I agree.

The question lasted 30 seconds, and you have 30 seconds to answer it, Mr. Calkins.

Mr. Blaine Calkins: I'm sorry. Well, I'll do my best.

Look, the reality is that more people die from prescription medications and actually from food than from natural health products, according to the data that I've been able to glean from the public sphere, so, Mr. Naqvi, to suggest that natural health products are actually problematic.....

There is not enough data or research, and Health Canada, I don't think, has been forthright with that information. As I've listed, it has massive powers already to stop sale and to issue fines and levies for non-compliance wherever it deems fit, and those existed prior to Bill C-47.

Mr. Yasir Naqvi: Let me also get this on the record: Your bill doesn't address the topic of cost recovery or labelling changes, yet you consistently point to those issues. The only thing your bill does is take away government's ability to protect Canadians from products that could cause serious risk to human health. Do you think you are misleading Canadians about what your bill will actually accomplish?

Mr. Blaine Calkins: Mr. Naqvi, the ability for Health Canada to—

Mr. Yasir Naqvi: No, answer my question. What will your bill accomplish?

The Chair: Mr. Naqvi, please. He's trying to answer your question, and he—

Mr. Blaine Calkins: Health Canada has had the ability, prior to the passing of Bill C-47, to mandate a label change. It can revoke the site licence of anybody who refuses to put that label change on. That applies to manufacturers, packagers, labellers and importers. Those powers existed prior to Bill C-47, so whoever told you that Bill C-47 has given Health Canada those powers has not been genuine with you, Mr. Naqvi.

The Chair: Thank you, Mr. Calkins.

That's your time, Mr. Naqvi.

[*Translation*]

Mr. Thériault for two and a half minutes.

Mr. Luc Thériault: For the benefit of those listening, I'll explain why we're discussing this issue.

The government wasn't doing its job. It didn't carry out inspections or share existing standards with the industry. There were a few problems, even if, compared to the pharmaceutical industry, there were far fewer related to adverse reactions. All of a sudden, we're told that the situation absolutely needs to be fixed and give the impression that there are controls in place. But there are no controls.

You said the industry was extremely rigorous. If the minister requests a product recall, it won't be a problem if the industry is rigorous. It's the same for food recalls. In the absence of a recall mechanism, there must be inspections and companies need to be provided with the standards to ensure they can act accordingly. But Health Canada has been complacent for years.

I see people taking offence on the other side of the table. I think we need to find common ground on this bill. I'm prepared to give the minister the power to issue recalls. We do it for food, so why shouldn't we do it for this? Even so, he needs to be able to put a real inspection process in place, and not blame the industry for problems related to the safety of certain products, when for years there has been complacency. The industry is self-regulating, and that's why we need to tone down the rhetoric when we say that this industry can be harmful to people's health.

That's the point I wanted to make. I'll give you the floor if you wish to comment.

● (1720)

[*English*]

Mr. Blaine Calkins: I would encourage you to explore the site licensing regulatory process, because my understanding from touring various manufacturing facilities as I've learned immensely about this wonderful industry is that the industry itself actually helped Health Canada develop the regulations for what needs to happen in order for a site to be properly set up for safety.

My understanding now is that Health Canada doesn't provide the guidelines back to the very companies to know how they can follow and be in compliance with the Health Canada regulations. I would really encourage you.... My understanding from the industry and the people I've talked to is that they've been more than helpful in trying to help Health Canada come up with best practices and give it guidance and advice on how the industry could be regulated and on how sites should be set up, operated and run. The reward coming back is that Health Canada now wants more powers and wants to take a lot of money away from these companies under the self-care, self-funding framework.

The Chair: Thank you, Mr. Calkins.

Mr. Julian, you have two and a half minutes, please.

Mr. Peter Julian: Thanks very much, Mr. Chair.

I've been listening very carefully to your testimony, Mr. Calkins. There were a number of cases, rare cases, of products that were harmful to people. In your testimony, what you are saying to us today is that there are a number of alternatives that exist already for Health Canada. What I understand you're saying is that you can issue a stop sale order, and there are fines and the possibility of revoking a licence. You are basically saying that there are a number of other measures that can be taken by Health Canada now in the rare case of something that is harmful to the Canadian public. Is that...?

Mr. Blaine Calkins: I'm happy to revisit the list with you, but this is my understanding and interpretation of what Health Canada already has the powers to do.

I talked with industry actors, and Health Canada already has the ability to issue a stop sale order: Anybody who doesn't comply with a stop sale will automatically be non-compliant and subject to the fines prior to Bill C-47. Health Canada has the power at the border to stop the importation of any personal use import.

I don't want to advertise this, but, as you know, anybody can order products from around the world through Amazon or whatever the case might be. Health Canada has the ability, if it wants, to restrict products coming across the border that don't have the same rigorous standards that the Canadian regulated products already have; to seize any product at any time that it wants from any of the sites or stores; to revoke a site licence for a manufacturer, a packager, a labeller or an importer if they're engaging in some practice that's inappropriate and is causing harm or potential risk to Canadians; to mandate a label change, add warnings or do whatever it needs to do to get the label to come into compliance with the rubric for labelling requirements; to go to any manufacturer, packager or importer and inspect that site, and the site must comply; to inspect any product that they want; to either buy it off the shelf and send it to the lab; and to go into the site itself and collect whatever it needs to.

Furthermore, Mr. Julian, everyone I witnessed in the manufacturing side of the equation usually has access to labs or even their own in-house labs to make sure that what's in the product is what's on the label. Health Canada approves every natural product number for sale, which means it also has the power to revoke any natural product numbers. Health Canada already has broad, sweeping powers.

The Auditor General's report said that the issue isn't that Health Canada doesn't have the powers but that Health Canada wasn't appropriately using the powers that it already has.

The Chair: Thank you, Mr. Calkins.

We have about five minutes. We're going to divide it evenly between the Conservatives and the Liberals.

Next up, for two and a half minutes, is Ms. Goodridge.

Mrs. Laila Goodridge: Thank you, Mr. Chair.

Thank you for your leadership on this bill, Mr. Calkins.

As members of Parliament, we often receive notes, letters, emails and correspondence. I was actually surprised by the amount of correspondence I received so quickly—initially on the change to the legislation, and then very quickly on your legislation—and by the number of people who actually stopped me in the community to tell me that this is such a serious problem and that they have very serious concerns about it.

I've been on this committee for nearly three years; I have never seen the gallery full, and here we have a full gallery. I'm assuming these people aren't just sitting here at 5:30 because they want to. I'm assuming they're here because they're trying to show some support.

My question to you is this: Why is it so important for Canadians to have choice in natural health products?

● (1725)

Mr. Blaine Calkins: Thank you, Mrs. Goodridge, for that question.

Canadians who rely on natural health products—and there are many—don't have to go very far. Go to any health food store or natural product store and you will find Canadians buying these products to supplement their health. As I said, over 80% of the consumers are women trying to look after their own health or their family's health. The ability for them to have choice and to put some semblance of health care into their own hands is a wonderful thing.

In terms of benefits, the government brings up a few of these rare cases in which something's gone wrong. Has anybody done an analysis of what would happen if 70% of the products disappeared from the shelf? Has anybody even asked that question? How less healthy will Canadians be if one in five businesses goes out of business, for example? The industry will tell you about the fear that is out there. Canadians are rightly afraid they're going to lose the ability to make those health care choices on their own.

The irony of all this, Mrs. Goodridge, is that in the name of safety, the government is going to extend so deep into this that they will drive businesses to the United States. There are states right now that are incentivizing Canadian businesses here, which are regulated with natural product numbers from Health Canada, and are offering to take them to the United States, where they don't have the same regulatory framework. Then Canadians are going to buy those same products. The jobs and investment are going there. The lack of regulations in the United States compared with Canada is going to be what they get. They'll be trying to buy that same product. They'll ship it in across the border and make Canadians more exposed to risk, with less control over the products they're putting in their bodies.

This is not the approach to take for health. You don't bring in this kind of law and regulatory oversight to drive the business away over a couple of cases. The effect will be opposite to what the government claims it will be.

The Chair: Thank you, Mr. Calkins.

The final questions for you will be posed by Dr. Powlowski for the next two and a half minutes.

Mr. Marcus Powlowski: Blaine, it is very good to see you, though I vehemently disagree with you.

You said, one, that natural health products are basically safe. Two, you said that even with this law, there are adequate protections in place, but you've admitted that if we enact your law, we will lose the power to have mandatory recalls. We would also lose the power to require reporting of adverse drug reactions, which is Vanessa's Law. I think, in total, that this bill would reduce protection for Canadians.

Now, although many of these products may be safe, as one surgeon friend of mine used to say, “What can happen does happen and will happen. If you haven't seen something, you haven't seen enough.”

I've certainly worked in developing countries, where I've seen a lot of people die from traditional medicines—kids, unfortunately. You'll say, “That may be so in Africa, but that's not Canada.” However, in North America, we had ephedra alkaloids between 1997 and 1998. They were used for weight loss. They caused hypertension, myocardial infarction, strokes and seizures. They caused 10 deaths and 13 permanent disabilities. The plant alkaloid pyrrolizidine causes liver toxicities, including cirrhosis. There was kratom, a natural health product used for opioid withdrawal, causing seizures and psychosis. We've already talked about heavy metal poisoning from Ayurvedic medicines. In many case reports, including in Canada, St. John's wort had adverse interactions with commonly used drugs like Imitrex and Maxalt, which are used in migraines. It can cause serotonin syndrome, which can be deadly.

These are not necessarily benign products. A lot of natural products have been the sources of medications, like aspirin and artemisinin, which is used for the treatment of malaria. A lot of these are drugs, and you're proposing they be less regulated. I can see how the Conservatives are perhaps more interested in supporting the businesses that produce natural health products than they are in preventing unwanted adverse effects in Canadians. I'm a little surprised the NDP feels the same way.

Blaine, I'll give you an opportunity to respond.

● (1730)

Mr. Blaine Calkins: Thank you, Mr. Powlowski.

I find it very rich that a government that legalizes crack, meth and heroin wants at the same time to crack down on vitamin D and St. John's wort. Some 40,000 Canadians have died so far from opioid drug overdoses. You know, if you want to improve the health and well-being of Canadians, maybe you should look at spending a little more time and effort there, instead of worrying about a few hundred cases, over three years, of people who might have had an adverse reaction to a natural health product.

The Chair: Thank you, Mr. Calkins.

Thank you to all of you for a very interesting meeting.

This is the first of a few meetings on this bill, Mr. Calkins, as you know. After the constituency week, we will be hearing from some others.

I have one housekeeping matter before we adjourn, colleagues, regarding the U.S. delegation that asked to informally meet with us. We have been able to secure resources to meet with them for one hour on October 22 between 3:30 p.m. and 4:40 p.m. You'll be formally notified of that. For whoever can make it, it would be nice to have a decent turnout.

Is it the will of the committee to adjourn the meeting?

Some hon. members: Yes.

The Chair: We're adjourned.