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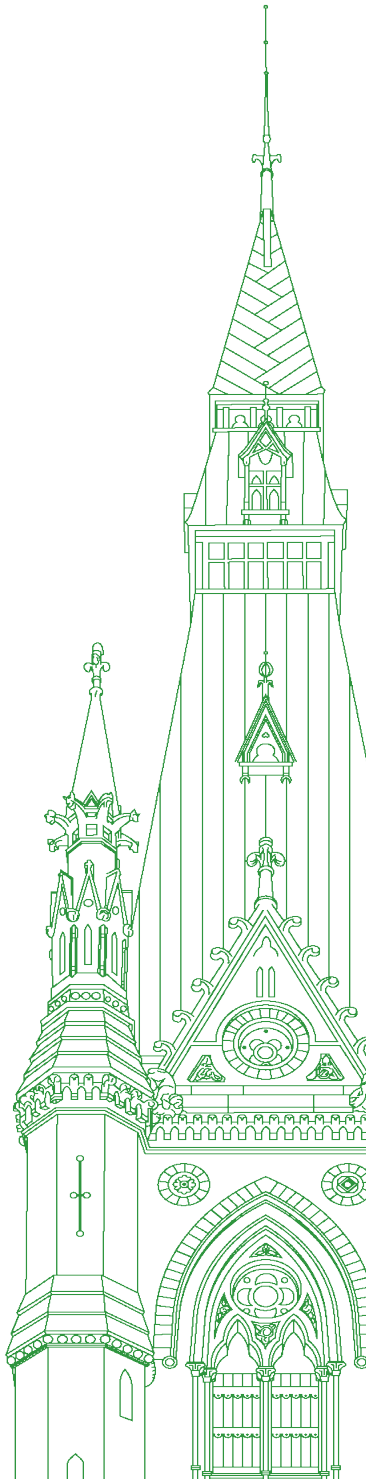

Chair: Mr. Sean Casey

Standing Committee on Health

Tuesday, October 29, 2024

● (1100)

[*English*]

The Chair (Mr. Sean Casey (Charlottetown, Lib.)): I call this meeting to order. Welcome to meeting 135 of the House of the Commons Standing Committee on Health.

Pursuant to the order of reference of May 29, 2024, the committee will resume its study of Bill C-368, an act to amend the Food and Drugs Act—

[*Translation*]

Mr. Luc Thériault (Montcalm, BQ): Mr. Chair, I have a point of order.

[*English*]

The Chair: Go ahead, Mr. Thériault.

[*Translation*]

Mr. Luc Thériault: I'm sorry for interrupting you, but the sound is very bad. I don't see anyone in the booth. Where is the interpreter?

[*English*]

Mrs. Laila Goodridge (Fort McMurray—Cold Lake, CPC): If you get the other earpieces, then they can hear better.

[*Translation*]

Mr. Luc Thériault: Have tests been done with the interpreters?

I'll try another earpiece.

The Chair: Okay. To answer your question, we don't have any online participants, so we didn't do the usual sound tests.

Mr. Luc Thériault: I've put in a new earpiece, and the sound seems better.

[*English*]

The Chair: Okay.

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

Welcome to our panel of witnesses. Joining us today for the first hour we have the Honourable Mark Holland, Minister of Health. We also welcome the officials accompanying him today from the Department of Health: Dr. Supriya Sharma, chief medical adviser; and Linsey Hollett, assistant deputy minister, regulatory, operations and enforcement branch. Thank you all for being with us here today.

Minister Holland, this is familiar territory for you. You have five minutes for your opening statement, and you now have the floor.

Hon. Mark Holland (Minister of Health): Thank you, Mr. Chair, for the opportunity to be back at this committee and to talk about this bill.

Let me say, on the first order, that natural health products are an extremely important part of the choices Canadians have as they make choices about their health and the products they wish to consume, but, as with all other products, it is essential that we make sure they're safe. We can recall a tube of lipstick or a head of lettuce, but this bill would gut our ability to recall natural health products.

Folks, this is a cuckoo bananas bill, with all due respect. Let me just give you an example. The U.S. FDA detected the presence of filth, including animal feces, coloured fibres, white paint chips, white material, plastic-adhering products—

● (1105)

Mr. Todd Doherty (Cariboo—Prince George, CPC): I have a point of order.

The Chair: Minister, just hold on a second.

Mr. Doherty has a point of order.

Mr. Todd Doherty: I'm just going to ask whether the minister can turn down his volume a little. It is awfully loud for those of us who use the earpiece quite frequently. I can't imagine how loud it is for the interpreters, so can he just be a little less loud into the mic?

The Chair: Thank you.

Go ahead, Minister.

Hon. Mark Holland: Thank you.

Todd, like me, you have a good outdoor voice. I'll push the microphone away. I appreciate the note.

Can I rewind the tape a little bit? Let me go back, if I could. I'm going to hit the timer here.

The U.S. FDA indicated to Health Canada the presence of filth, including animal feces, coloured fibres, paint chips and a plastic-adhering product in a gummy dietary supplement produced in Canada. Health Canada did a report, an investigation, and found rodent droppings and urine.

Let's be really clear about what this bill would do. This bill would mean that if a product contains rodent droppings and urine, we have no ability to pull it from the shelves. Folks, if you want feces-contaminated natural health products sitting on shelves, with Health Canada having no ability to pull them, then this bill is for you. If you don't want your natural health products contaminated with things like fibreglass, paint chips, feces or urine, then I would suggest that giving Health Canada the ability to pull those products is essential.

I've heard the committee say things like, “Well, you could do a stop-sale.” Absolutely, but a stop-sale doesn't allow us to pull them from the shelves. The idea that we can pull lipstick off the shelf but not a natural health product is a bananas notion.

The other thing that has been brought up is fines: “Oh, my goodness, there are going to be $5-million fines.” It's not Health Canada that imposes these fines. It is the courts. Right now, the maximum fine is $5,000 dollars. Do you want to say to a plant like the one I've just described here, with rodent droppings, urine and paint chips, that their maximum fine from the court is $5,000? The strangest part is that this is coming from a party that purports to be all about law and order. This is about giving the courts, not Health Canada, the tools they need to impose proper fines.

I just want to go over some of the things that are found, like mould and lead. In the example of lead, we have somebody who was hospitalized with lead poisoning. Can you imagine leaving that on the shelves and not having the ability to pull it off? People talk about vitamins. Let's talk about how in February 2021 a product with high levels of undisclosed vitamin D resulted in a teenager being hospitalized for 10 days and how, after we find that, this bill would take away our ability to take that off the shelf. Folks, that makes no sense.

The other thing this bill does is deal with precision regulatory powers, so that we can be nimble. I know this committee has been talking about nicotine replacement therapy, and I'm glad the committee agrees that we should have the ability to protect our youth in that way, but what about pseudoephedrine? It's a precursor to making meth. We need to have the ability to protect human health.

Let's talk about what this bill does and doesn't do. This bill isn't about labelling. This bill isn't about cost recovery. It has nothing to do with that. I'm happy to come back to this committee and have conversations on that topic. Those are good and important conversations that I want to have, but this bill has nothing to do with that.

What this bill has to do with is killing Vanessa's Law. Vanessa's Law only comes into effect when there is a serious human health concern that is present.

I have been disappointed that there has been reference to a Deloitte study that was commissioned by industry and only looked at vitamins and minerals, and only in hospitals, but the Auditor General's report was ignored. The Auditor General is talking about how serious this is. The Auditor General's report is ignored, but an industry study in a very limited way, done by Deloitte and paid for by industry, is suddenly what we're listening to.

In terms of consultations, since 2016, there have been 4,500 consumer and health care consultations. In 2019 alone, 70 different companies met. I'll end on this point, Mr. Chair. I met with companies like Jamieson, fantastic Canadian companies that are doing incredible things, that are hiring Canadians and where “made in Canada” means something. The cost to people who comply or try to comply is zero dollars.

When it says “made in Canada” and you sell that around the world, it means something. It means that product is safe. It means it doesn't have feces in it. It means it doesn't have lead in it. It means it doesn't have undisclosed amounts of something in it that could make you sick.

● (1110)

If we can recall a tube of toothpaste, a lipstick or a lettuce, why in God's name would we not be able to recall a natural health product?

The Chair: Thank you, Minister.

We'll now have rounds of questions from members, starting with the Conservatives for six minutes.

Dr. Ellis.

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

Minister, we've been down this road before with you. Let's start with some simple questions. You like to use some very emotionally charged language.

How many Canadians don't have a family doctor? Just give us the number.

Hon. Mark Holland: According to the most recent report that was just released by CIHI, it depends on the province, but Ontario, say, is at 88%—

Mr. Stephen Ellis: Just the number—

Hon. Mark Holland: —and the lowest province is at about 79%. The territories are lower, particularly Nunavut—

Mr. Stephen Ellis: Minister, I'm going to interrupt you because, again, you and I have gone down this road many times.

You said you read the report. I'll say it perhaps more slowly and clearly for you: How many Canadians—

Hon. Mark Holland: Across the country, it's known to be about 82% who have a—

Mr. Stephen Ellis: Excuse me, Minister.

Hon. Mark Holland: Okay.

Mr. Stephen Ellis: Don't interrupt me. This is not your time for questions. You'll have lots of time when you're in opposition to ask questions if you so desire, or if you're able to keep your seat.

That being said, how many Canadians don't have access to primary care in Canada? Just give us the number.

Hon. Mark Holland: It's estimated at 6.5 million.

Mr. Stephen Ellis: Actually, if you read the CIHI report, it says 5.4 million adults. Is that correct?

Hon. Mark Holland: That's correct.

Mr. Stephen Ellis: Is that number going up or going down?

Hon. Mark Holland: In every province and in every territory—with, I believe, one exception—the access to a doctor is improving. There have been more doctors added, more nurses added. That's in the baseline CIHI report, so that's actually before our investment of $200 billion.

Mr. Stephen Ellis: Again, Minister, I don't think that's what I asked you.

Is the number of Canadians who do not have access to a primary care physician going up or going down?

Hon. Mark Holland: Access is going up. In the baseline report, we see that evert province and every territory accessed more doctors and more nurses in almost every jurisdiction. That's a baseline report. That is before the interventions of our signed agreements with every province and every territory, $200 billion being applied—

Mr. Stephen Ellis: But we know very clearly—

Hon. Mark Holland: —and I could talk about all the different ways that we're improving that circumstance, but Conservative cuts certainly aren't going to help.

Mr. Stephen Ellis: Excuse me, Minister. I didn't ask you any of that.

Again, if you don't want to be respectful, why do you even bother coming here?

Hon. Mark Holland: I'm sorry. I don't find your questions or your demeanor respectful, so I don't know why I should reciprocate something that is not extended.

Mr. Stephen Ellis: If all you want to do is continue to ask and answer your own questions, then why do you bother coming?

Mr. Yasir Naqvi (Ottawa Centre, Lib.): I have a point of order.

The Chair: There is a point of order from Mr. Naqvi.

Mr. Yasir Naqvi: Thank you, Chair.

I'm patiently listening to Mr. Ellis's questioning, and I'm failing to see any relevance to the topic at hand, which is this particular bill dealing with natural health products, so unless he has a long-winded way of getting to the presentation that we heard and the bill that we are reviewing, I'd like him to focus on the bill that we're talking about.

Thank you.

The Chair: I think it's valid. I'm not sure that there's a connection between access to family doctors and this private member's bill. This is not an examination of estimates, where it's much more wide open.

I do hope and expect that Dr. Ellis will get to the point, and I think it is a valid point of order.

Mrs. Laila Goodridge: I have a point of order.

The Chair: Did you have another one, Mrs. Goodridge, or is it on this point?

Mrs. Laila Goodridge: I have a point of order on this point of order.

The minister just very clearly said that he doesn't plan on respecting my colleague because he has decided that is not something he's going to do. I don't think that is befitting a formal committee meeting.

The Chair: I think it's reciprocal, quite frankly, and it's too bad. The witness merits respect, as does the person posing the question. Why don't we treat everyone with respect around here, please? I wouldn't pin it on one side or the other, based on what I've heard so far.

Did you have something you wanted to say, Minister?

● (1115)

Hon. Mark Holland: Mr. Chair, my reflection was simply that if I'm attacked and treated in the way that I am, I'm going to respond. Absolutely, I am here to answer questions, but—

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

Hon. Mark Holland: —I would suggest, Mr. Chair, that perhaps we could start with things germane to this bill.

Mr. Stephen Ellis: Excuse me, Chair, on a point of order, who controls this committee? Is it you, or is it the minister? This is ridiculous.

The Chair: Please, Dr. Ellis. The minister has the floor.

Mr. Stephen Ellis: It's ridiculous.

The Chair: The minister has the floor.

Hon. Mark Holland: I can tell you that.... Look, I was in opposition. I've been in the position they are in, where you ask questions. I am saying that not only is the conversation not relevant, but I don't think that it's at all respectful.

The Chair: Thank you, Minister.

Mr. Doherty has a point of order.

Mr. Todd Doherty: Mr. Chair, it is commonplace within this committee, as well as other committees that I've sat on, that the length of a question is applied to the length of the answer. Where the frustration comes, with this minister, is that he tends to go on beyond the length of the time that it took to ask the question.

As you know, members are given a specific allotment of time. It is frustrating when you have ministers appear, not just this minister, but other ministers.... I know that this minister is well versed in the art of what we call ragging the puck, and so are other ministers, taking up the time of each member. When my colleague and others ask simple questions about a number, that's all they look to receive. If we wanted the statistics for each province, I would offer that it would then bode the answer that the minister was going for.

I can see that my colleague has done research and has a number of questions that he would like to ask, so I would ask, through you to the minister, that if and when he can be concise, to please be concise.

Mr. Stephen Ellis: I have a point of order, Chair.

The Chair: Yes, Dr. Ellis.

Mr. Stephen Ellis: I know this is painful for you. I understand that, but since when does a witness get to direct a committee? All I suggest to you—and I know you won't like this—is to do your job.

The Chair: Ms. Sidhu, do you have a point of order? Do you want to intervene on this one?

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

Mr. Chair, we invited the minister. Let's be respectful. When asked a question, the minister has the right to give the answer. That's my point.

Thank you.

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

The Chair: You have three minutes and 37 seconds.

Mr. Stephen Ellis: Thank you very much, Chair.

Minister, after all of the bombast, we'll go back to the questioning here.

When we begin to look at Canadians, we see that, because of your mismanagement of the health file, they have to look after themselves by virtue of turning to things such as natural health products. Your ineptitude has led many Canadians we've heard from to use natural health products.

That being said, how many Canadian seniors are hospitalized every year because of pharmaceutical products?

Hon. Mark Holland: I believe that I am here for natural health products. I don't blame the member for not wanting to ask questions about this terrible bill. I wouldn't want to talk about this terrible bill either. I understand his desire to talk about anything but this awful bill.

I could tell him—and I'll bring it back to the bill—that there were 772 severe adverse reactions from natural health products. This member is supporting a bill that would not allow our ability to recall products that have those kinds of—

Mr. Stephen Ellis: Once again, Minister, I'm going to interrupt you, as is the convention of this committee—

Hon. Mark Holland: The types of hospitalizations—

The Chair: Minister, excuse me, please.

Go ahead, Dr. Ellis.

Mr. Stephen Ellis: Thanks, Chair.

Clearly, what we're seeing here is an aversion to answering questions. Very simply, this will connect. I know it's difficult for you.

How many Canadian seniors are hospitalized every year due to pharmaceutical products?

Hon. Mark Holland: I understand that it's—

Mr. Stephen Ellis: Just give us the number, Minister.

Hon. Mark Holland: Do I get the same amount of time as he had to ask the question? Is that the rule?

The Chair: Yes.

Hon. Mark Holland: I understand that it's difficult for you to understand that I'm here on natural health products. That is the purpose of this study, and I understand why you wouldn't ask questions on it—

Mr. Stephen Ellis: Thank you very much, Minister. I will interrupt you once again.

Just give us the number. How many?

Hon. Mark Holland: I'm here to talk about natural health products. It is the purpose of this study. I want to talk about it.

I'm not going to let you off the hook to not talk about your own bill.

Mr. Stephen Ellis: Thank you, Minister. Once again, I'll move along, because you clearly have no clue how many Canadian seniors are hospitalized every year due to pharmaceutical products, which again is under your purview.

Would you care to answer that on behalf of Canadians? It's a simple answer. If you don't want to, if you don't know the answer, it's okay.

● (1120)

Hon. Mark Holland: What I'm not going to do is engage in an attempt to not talk about this bill. You have not asked any questions related to this bill, because you don't want to talk about how deadly this bill is—

Mr. Stephen Ellis: Thank you very much, Minister.

Hon. Mark Holland: —and about the fact that you would leave products on the shelf that are dangerous to Canadians' health.

Mr. Stephen Ellis: I'll interrupt you there.

The difficulty is, Minister, that 13,000 Canadians are harmed by pharmaceutical products every year. There were 13,000 seniors hospitalized. People need a reference.

All you want to do is talk down to Canadians about feces and lead, with all of your fantastical words. That's what you're attempting to do.

Minister, I have a very simple question. How much does the NHP industry contribute to the GDP of Canada on a yearly basis?

Hon. Mark Holland: Enormously. It is a booming, multi-billion dollar industry.

Mr. Stephen Ellis: Just give a number, Minister.

Hon. Mark Holland: Am I allowed to answer the question in the same time that he took to ask the question?

The Chair: Yes. You have another 25 seconds to answer the question.

Hon. Mark Holland: Thank you.

It is a booming industry. It's a growing industry. It's a multi-billion dollar industry. One of the things that will protect that industry is ensuring that the industry is afforded the protection of being able to recall bad products—

Mr. Stephen Ellis: Thank you very much, Minister. Your time is up.

Once again, I'll ask you just for the number—

Hon. Mark Holland: Mr. Chair, do I still have 10 seconds?

The Chair: Yes, go ahead.

Hon. Mark Holland: You're talking about the adverse effects of pharmaceuticals and the idea that there are adverse effects of pharmaceuticals, so do you not do anything about natural health products? Do you just leave the people who have adverse effects from natural health products with nothing?

Mr. Stephen Ellis: It's interesting how you draw your own conclusions.

That being said, because of your negative effects on the natural health product industry, how many businesses are saying they're considering shuttering operations in Canada?

Hon. Mark Holland: Vanessa's Law does not affect any compliant business or any business attempting to be compliant at all. The cost for businesses that are compliant or attempting to be compliant is exactly zero dollars.

Mr. Stephen Ellis: Thank you very much, Minister.

The Chair: Thank you, Minister.

Thank you, Dr. Ellis. That's your time.

Mr. Naqvi, go ahead for six minutes.

[*Translation*]

Mr. Luc Thériault: Mr. Chair, I have another point of order.

The Conservative Party had six minutes. It's now 11:25. I want to remind the committee that we had scheduled an hour with the minister, and I want us to have an hour with him. I want it established now. I have serious questions for him, and I want to be able to ask them. I'd like us to be able to have the minister for an hour. There are about 25 minutes left in the meeting. We need a commitment from the minister to stay for an hour for questions and answers. Thank you.

[*English*]

The Chair: Mr. Naqvi, please go ahead for six minutes.

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

Minister, thank you for being here.

I am quite interested in this bill. I've done a fair bit of research on this bill, and I'm really concerned about its impact on the health and well-being of Canadians.

Let me just start by making it very clear and by hearing from you directly that this bill does not cover the issues around labelling and cost recovery. It only covers the issue dealing with the recall of products that are unsafe for Canadians. Am I correct?

Hon. Mark Holland: Yes. That's along with the ability to use precision regulating powers to deal with things like what we did with nicotine replacement therapy or what I was talking about with pseudoephedrine as a precursor to meth, as an example.

Mr. Yasir Naqvi: Given the very focused purpose behind this bill, Bill C-368, what concerns do you have if this were to be passed into law? How, in your view, is it going to increase the risk to the health of Canadians?

Hon. Mark Holland: This is an absolute threat to the health of Canadians. This bill is a terrible, awful bill. Look, I get it. If I were a Conservative, I wouldn't want to ask questions or to talk about it either.

Here's the problem. I've gone through the example of the rat feces and the urine, but let me go through some others. Let's talk about a young woman, in 2021, who was taking natural health products that had unacceptable levels of lead. They should have no lead. It led to her being poisoned. This really endangered this person's health. I talked about this vitamin D case, also in 2021, with undisclosed levels of vitamin D. A teenager was hospitalized for 10 days. I just pick these out as some of the 772 serious adverse effects from 2021 to 2023; that's a two-year period.

No one is disputing the importance of natural health products. They're incredibly important, and they should be available to Canadians.

What does it mean when it says “made in Canada”? It means you can trust it. It means that you're not going to leave something on the shelf that's contaminated by rat feces or contaminated by fibreglass or contaminated by lead. The idea that we would take away our ability to recall that would be frightening to most Canadians.

One of my objectives is to pull this out of the subreddits, where this has been lingering, where there's a lot of false information, and to pull it out into the light of day. I am certain that most Canadians would be horrified at what this bill would do.

● (1125)

Mr. Yasir Naqvi: I know my Conservative friends love to talk about common sense. At a common-sense level, with the current law, Vanessa's Law, if the product is unsafe, it allows Health Canada, from a compliance perspective, to be able to take that harmful product off the shelves, so that somebody who's looking for that product is not able to use it because it will be detrimental to their health. That's something Canadians expect of their government, and that's what Vanessa's Law does.

Hon. Mark Holland: Absolutely.

As health minister, the safety of Canadians is my number one concern, as I know it is for every member here. We have a duty of care to ensure that anything that is ingested or used by Canadians is safe and is not going to make them sick. This bill would jeopardize that.

Mr. Yasir Naqvi: There's a narrative building out there that in the the absence of Vanessa's Law, somehow Health Canada already has some powers, like stop-sale powers, that would allow for that. We heard that from Mr. Calkins, the sponsor of the bill, repeatedly. Can you walk us through how that power does not work and how Vanessa's Law—which this particular PMB guts—helps ensure safety for Canadians?

Hon. Mark Holland: Let me give you a specific example of where it could have been used. In 2019, Health Canada received a consumer complaint about an adverse reaction leading to hospitalization after taking an unlicensed kratom product. Health Canada requested that the firm stop the sale of the product. That's the power we had at the time: to say that it had to stop selling this product.

The problem is that we have no power to pull it from the shelves, so it just sits there on the shelf, dangerously contaminated. That leaves us to beg and plead for the individual to take it off the shelf, to chase down the places where it might be and to ask them, pretty please, to take it off the shelves. Nowhere else exists where we would allow that kind of thing to happen.

What Vanessa's Law does, then, is make sure of two very important things. First, with regard to that plant I was talking about that was contaminated with animal feces and urine, we can recall those products, so that nobody is using those products that are contaminated, and we can also empower the courts—not us—to be able to determine, in a judicial process, what is an appropriate fine for the negligence and to ensure that there is a penalty associated with that negligence.

Now, the last point—and this is an extremely important point—is that if you are compliant or trying to be compliant, this never gets triggered. For a company that's a good actor, the cost of Vanessa's Law is exactly zero dollars. In fact, I would argue that undermining the made-in-Canada brand by creating a circumstance where there is uncertainty about whether or not products on the shelves are safe makes Canadian products worth less and puts Canadian companies at risk in terms of their global brand recognition.

When you talk to a company.... I'm sorry to pick on Jamieson; I was there recently. Jamieson is an amazing company. When they sell around the world, they will tell you that the Canadian, made-in-Canada and Health Canada-regulated brand is worth so much to them as they export around the world. We have to protect that.

The Chair: Thank you, Minister.

[*Translation*]

Mr. Thériault, you have the floor for six minutes.

Mr. Luc Thériault: Thank you, Mr. Chair.

I'm a bit surprised by the minister's tone and openness on this issue, since we're discussing Bill C-368 because the government included these obligations in its mammoth Bill C-47. I sincerely believe that he covered it up during his discussions with the industry to try to make it possible to distinguish natural health products from products offered under the pharmaceutical model. I'm not going to pursue this because I only have six minutes, but that's the basic argument.

Forgive me, Mr. Minister, but your attitude and comments have been quite contemptuous towards committee members. If I were a member of the pharmaceutical industry, I wouldn't be too happy. You're using fairly specific arguments so that the industry looks poorly organized.

According to Health Canada, 350 natural health products have been recalled in five years. Again, according to Health Canada, 31 public health advisories have been issued as a result of these recalls. When we issue such opinions, it's because we consider the problem to be really dangerous.

What was the reaction and collaboration of the businesses concerned following those 31 public health advisories?

● (1130)

Hon. Mark Holland: Thank you for the question.

I'm angry because—

Mr. Luc Thériault: I don't want to know if you're angry, I want you to answer my question.

Hon. Mark Holland: I'll answer it, but I think I'm entitled to the same amount of time as you to answer it.

The Chair: Your question lasted more than a minute, Mr. Thériault.

Hon. Mark Holland: Thank you very much.

First, yes, I am angry because Bill C-368 threatens the health of everyone in this country. This is a ridiculous bill to be debating. There's a lot of misinformation. The reason I'm here today is to make it clear that this bill is a threat to our health care system.

Second, there is a difference between the bill we are currently studying and the need to protect the possibility of removing products containing contaminants. Yes, the bill raises other concerns, such as the possibility of improving the way natural products are managed. However, that's another matter, which isn't the one under consideration today.

Mr. Luc Thériault: Mr. Minister, you want the right to recall products. Then I'll give it to you. I'm going to move an amendment to the bill. Once this amendment gives you your right to recall, will the bill be as despicable in your eyes?

Hon. Mark Holland: I'm genuinely open to all types of amendments that address the concerns I've mentioned.

For example, if it's possible to remove products that threaten the health of people and to propose amendments that protect the health of people across the country, then I'm very open to that. That's a whole other conversation. I'm very open to that as a result of our conversation.

Mr. Luc Thériault: Mr. Minister, I'm announcing that I'll be introducing this amendment. I do think that natural health products have nothing to do with Vanessa's Law. So this will allow you to continue your conversations to find the points of convergence between the industry and the desire, which it shares by the way, to clean up the less good products, if you want to put it that way. It's in our interest to get this cleanup right.

Having said that, I have another question for you. Nicotine products are the source of major objections to the bill. If I put forward an amendment stating that nicotine products aren't covered by the bill, does that meet your public health objectives? I think nicotine is a drug, and I consider it a hard drug in terms of addiction. Therefore, it shouldn't be considered a natural health product.

Would that make the bill more palatable to you?

[*English*]

Hon. Mark Holland: In the first order, I think I've talked clearly about the things that really worry me about this bill. I spoke very forcefully about that because I need it to be heard. This is a real danger.

In the second order, on conversations around the management of things like nicotine replacement therapies, which don't have tobacco, using an act that's really for tobacco and vaping.... I'm willing to have that conversation. I understand your objective, but I would ask, what about the precision regulatory ability to go after pseudoephedrine, which is a precursor to methamphetamine? We need to have the ability writ large to act in an agile way to an ever-evolving environment. Unfortunately, in the manufacturing of illicit drugs, for example, a lot of things that can seem very innocuous can suddenly be used in very dangerous ways. Maintaining that precision regulatory power is something that is very important to protect the country, but I would say to your other point.... Every conversation you and I have had, Luc, has been centred in very reasonable positions.

I apologize for speaking in English, but things like “pseudoephedrine” and “precursors to methamphetamine” are not words I'd say well in French.

● (1135)

The Chair: Thank you, Monsieur Thériault.

Thank you, Minister.

Next is Mr. Julian, please, for six minutes.

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

We all understand that the natural health products industry is an important industry and that so many Canadians—millions of Canadians—depend on natural health products. I count myself among them, so I have some questions about the bill.

However, before I come to that, I couldn't resist, given Dr. Ellis's line of questioning, asking you to dispel a couple of myths that have been passed around the health committee table. The first is that the dental care program the NDP pushed for and successfully worked on doesn't exist. The second is that pharmacare has no future.

My questions for you are simply these. First of all, how many Canadians have benefited from the Canadian dental care program to date, in the first 24 weeks of the program? Second, how many provinces have indicated an interest in signing up to the pharmacare program, which will cover diabetes medication and devices—

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

The Chair: We have a point of order from Mr. Doherty.

Mr. Peter Julian: You have to be kidding.

The Chair: Go ahead, Mr. Doherty.

Mr. Todd Doherty: I'm not kidding.

Respectfully, Mr. Chair, what's the relevance to this? Next, you're going to have the minister talking about Canadians gargling with gasoline, which we know is a complete falsehood. At least Dr. Ellis had relevance in his line of questioning, comparing pharmaceuticals to natural health products.

Far be it from the NDP to want to cover all the bases and keep whatever semblance of a coalition they have with their friends there, but, Mr. Chair, I ask you.... I won't be as blunt as my colleague. Please, there has to be some relevance to the topic we're talking about here. If our friend from the NDP wants to wax on and on and use his time to ask these types of questions, there has to be some relevance.

Mr. Naqvi spoke eloquently about relevance, so we're doing the same.

The Chair: Sauce for the goose comes to mind.

Hon. Mark Holland: Mr. Chair, I'm sorry—

The Chair: No, this is a procedural point of order, Minister, and I'm going to rule on this. We're going to move on, and you'll be able to provide evidence.

Mr. Naqvi was right. Mr. Doherty was right. It didn't change the fact that there was a line of questioning that wasn't related to the bill earlier in the day. There is a large discretion when it comes to relevance in any parliamentary proceeding.

This is the first question coming from Mr. Julian. I trust that he will either tie it into the bill or dispense with this and move on. I'm going to give the floor back to Mr. Julian, just so that we see where he's going before doing anything more drastic. It is normal to afford some latitude before intervening.

Hon. Mark Holland: On another matter, Mr. Chair, there was an assertion that a lie occurred—

The Chair: No—

Mr. Stephen Ellis: I have a point of order.

The Chair: Minister, please wait. Mr. Julian has the floor.

Hon. Mark Holland: His name is Rylan. It's a real story. You can visit him at Dalhousie University.

The Chair: We'll go back to Mr. Julian, please.

Hon. Mark Holland: He's at Dalhousie. His name is Rylan.

The Chair: Excuse me, Mr. Julian has the floor. I recognize Mr. Julian.

Mr. Peter Julian: I asked two questions, and I'd ask the minister to respond.

Hon. Mark Holland: I think the facts are so clear in this case. I agree. It doesn't make a lot of sense to talk about this bill. It's an awful, terrible bill. I'm happy now, at this point, to take other types of questions.

It's true. The Conservatives said that the dental care program didn't exist, and we're about to hit a million people who've received care on the precipice of it. The last time I checked, a million people is a long way off from not existing.

In terms of pharmacare, just as we've been getting it done on dental care, we're going to do it on pharmacare. We have a lot of very interested provinces. We'll be signing deals.

I'll tell you why this is big. Take something like diabetes. Diabetes costs us $30 billion every single year, and it's going up every single year. People getting their medication matters. We have to be upstream. We have to be preventing, and—I'll bring it back to this bill—that includes preventing adverse outcomes that are entirely preventable. Vanessa's Law allows us to prevent people from getting sick by making sure that products that aren't safe are pulled from shelves.

Why on earth would we want people winding up in hospital from something that was entirely avoidable?

● (1140)

Mr. Peter Julian: Thank you.

You didn't actually answer my second question, but hopefully you can do that a little later on.

Coming back to the bill now, Blaine Calkins, who's the originator of the bill, came forward at this committee and said the following in terms of the powers that Health Canada already has:

> They [have] the ability to stop a sale.... 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.... 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.

That was his testimony. How do you respond to that? Are those all powers that Health Canada has now? If so, why aren't those powers being used?

Hon. Mark Holland: That's a great question.

The answer is that they are being used, but the problem is that we can't stop at retail. What Vanessa's Law allows us to do.... Let me use the example.... You talked about a foreign jurisdiction identifying a contamination problem. When the U.S. FDA said that there is a plant that is full of feces and urine....

It's right here, Dr. Ellis. It's a real case. This is a situation where—

Mr. Stephen Ellis: I have a point of order, Mr. Chair.

Interestingly enough, the characterization the minister makes is that a plant was “full of feces”. I would like to have him actually table the evidence of the plant full of feces.

The Chair: When you get the floor, you'll get a chance to ask him to do that.

Go ahead, Mr. Julian.

Hon. Mark Holland: Maybe there's an acceptable level of rodent feces and urine that Mr. Ellis has for a natural health product facility. I don't have that. If rat poop and urine are in a facility, then you can debate how much it was. Maybe if there's only a certain amount of rat poop and urine, that's enough for you. It's not enough for me.

There's an instance that, when the U.S. FDA tells us this, yes, we can stop importing any more, but anything that's on the other side of the border and that's on store shelves, we can't do anything about it. Vanessa's Law allows us to take those products off the shelves. That's what's so critical. We lack the ability today.

Here's the second most important point. Let's talk about that facility. The maximum fine the courts can issue right now is only $5,000. I would say that's a cost of doing business. Why have a clean or healthy site producing products if the worst thing a court can do to you is to give you a $5,000 fine? The courts need the ability to scale those fines to make sure that bad actors are appropriately punished.

Mr. Peter Julian: How much time do I have, Mr. Chair?

The Chair: You have one minute and 20 seconds.

Mr. Peter Julian: I want to come back to revoking the natural health product number and cancelling the product, and the impacts that Health Canada has already—the abilities, the powers. I also want to follow up on Mr. Thériault's question about the 350 recalls that were voluntary in nature. Of those recalls, in how many did the company not co-operate? In how many was the company non-compliant? With regard to this bill and the impacts of this bill, I think we need to make sure that there is a problem, and part of that is whether or not companies have been compliant with voluntary recalls that have been issued.

Hon. Mark Holland: I'll turn to officials for the exact number; I can say that there's largely been compliance. The concern is that when there isn't, we lack the ability to do anything about it. As you could appreciate, if there is a really flagrant violation—and I just gave you an example of one right here that was very flagrant, and there are other examples that are flagrant—and if we don't have the ability in court to have a penalty that's commensurate with the size of what they did.... For example, you know, you may only have a very small number of cases where somebody commits a crime, but you still need a mechanism to deal with it when they do commit a crime. That deterrent effect is extremely important, and our ability to protect consumers when there is a flagrant violation is extremely important.

I don't know if you want to speak to the specific number.

The Chair: Be very brief, please.

Ms. Linsey Hollett (Assistant Deputy Minister, Regulatory, Operations and Enforcement Branch, Department of Health): As the minister mentioned, the industry is very compliant and very co-operative, most regulated parties. What we have had are instances.... They are a small number, but they are serious instances where the time taken to convince a company to undertake a recall is weeks into months. Also, if a company refuses—again, a small number—we need to find a workaround, someone else in the supply chain who is willing to work with us.

● (1145)

The Chair: Thank you, Ms. Hollett.

That's your time, Mr. Julian.

Next, we have Mr. Moore, please, for five minutes.

Hon. Rob Moore (Fundy Royal, CPC): Thank you, Mr. Chair.

Thank you, Minister.

Minister, does Health Canada commission studies?

Hon. Mark Holland: Yes.

Hon. Rob Moore: Does Health Canada expect Canadians to take value from those studies?

Hon. Mark Holland: Absolutely.

Hon. Rob Moore: Does Health Canada contract with Deloitte?

Hon. Mark Holland: Yes.

Hon. Rob Moore: Okay. So, you expect the studies that you have commissioned with Deloitte to add value to Canadians. However, if anyone else commissions a study—maybe with Deloitte, maybe with someone else—you completely undermine it. You came in here this morning and started your remarks by saying, "with all due respect". Then you completely dumped all over an industry for which, according to this Deloitte study—which I have no reason to doubt—"new labelling restrictions are likely to add substantial costs." The study continues: "The results show that the new legislation will have dire consequences for the sector and the broader economy. The sector is mainly dominated by small businesses of less than 50 employees." The sector "has grown from...$4.3 billion in [total] sales in 2007 to approximately $13.2 billion in [total] sales in 2021".

So, as is so often the case, you and your government are going to be bringing the hammer down, as only a Liberal government can, on hard-working entrepreneurs and small businesses, all the while turning a blind eye to criminals, for example. This Deloitte study, which I referenced and have no reason to doubt, shows that 20% of the businesses I just mentioned would move their operations outside of Canada with regard to your government's heavy-handed approach. Why would you want businesses to move to the U.S., where Canadians would continue to purchase their products online, but Health Canada would then not have any ability to have oversight?

Hon. Mark Holland: In the first order, I didn't dump on the industry; I dumped on the bill. Those are two very different things. The industry's fantastic. The point that I made is that the bill is awful.

The second point is that my criticism of the Deloitte study is that it only dealt with vitamins and minerals and that it only dealt with hospital settings. It was very, very narrow in scope, and yes, it was commissioned by the industry.

The third point is that most of the issues that you're talking about that affect industry deal with labelling and with cost recovery, which this bill has absolutely nothing to do with. The exact cost.... I'll go back, to be very clear, because you talk about turning a blind eye to criminals. A blind eye to criminals would be giving a $5,000 fine to an incredibly negligent firm. If you are compliant, sir, you have absolutely nothing to fear from this bill. In fact, if you're working to be compliant, you have nothing to fear from this bill. It is only in cases of egregious negligence that these measures kick in. It is not us who adjudicate the penalty, but the courts. I would suggest to you that negligence resulting in potentially a death or somebody being hospitalized is a gross form of negligence that needs to be dealt with in the courts. It would, in fact, be blind—to use your nomenclature—to leave the system in place that would allow that kind of gross negligence to occur.

Lastly, in terms of the Canadian brand, why would you go and buy something from any country other than one that has the best regulatory regime to make sure that it's safe? Whether it's smoke-free Ontario or seat belts, I've heard these arguments again and again: that if you do something that creates safety, you're going to kill business; 10 out of 10 times, that is not the case. There's improved business, improved safety and improved outcomes.

Hon. Rob Moore: Minister, I took note of one very loose thread you mentioned here about a precursor to meth. How do you reconcile that?

I would think everyone acknowledges that you have been defending the indefensible as of late, including defending this Prime Minister. Four out of five Canadians want him to step down, but you continue to defend him. Now you're defending your government's heavy-handed approach that targets small business while turning a blind eye, as I mentioned, to real criminals.

You will recall your government's Bill C-5. You introduced the subject of meth into this discussion, so I am going to ask you a question on this. How do you reconcile your government's legislation? For importing and exporting schedule I drugs and for producing schedule I drugs in Canada—that means running a meth lab, for example—it says that an individual convicted of running a meth lab or importing meth or a precursor product for meth, cocaine or heroin can now serve their sentence from the comfort of their home.

I think Canadians now know with hindsight that your government got it wrong when it comes to illegal drugs, but how do you reconcile coming down—

● (1150)

Mr. Marcus Powlowski (Thunder Bay—Rainy River, Lib.): I have a point of order.

I'm seldom one to do this, but this has come up repeatedly. How is this relevant at all to the private member's bill—a Conservative private member's bill—we're here to discuss?

The Chair: Numerous questions of questionable relevance have come up. As I indicated before, I'm going to be consistent and allow latitude on this.

The problem with allowing latitude on this, Mr. Moore, is that you're out of time. If you could bring your question to a conclusion, we'll allow the minister 30 seconds to respond, and then we'll go on with the next person on the list.

Go ahead.

Hon. Rob Moore: Thank you, Chair. I was just about to conclude.

The minister mentioned meth. How does he reconcile coming down with a heavy hand on hard-working New Brunswick small businesses while allowing those who run meth labs to serve their sentence, if they're caught and convicted, from the comfort of their own home?

The Chair: Give a succinct response, please, Minister.

Hon. Mark Holland: I wouldn't want to ask questions about this horrible bill either.

In the first order, the only people we're coming down hard on are the people who are negligent and wildly out of compliance. That's the only thing that Vanessa's Law does. If there's anybody in New Brunswick who is being come down hard on, it's because they're wickedly negligent. That's what we're dealing with here.

With respect to the policies you talked about on crime, Newt Gingrich proposed the same approach on crime that you're talking about. He called it the greatest disaster of his career. Every place where it's been tried, it's been an abject and total failure.

I will stick to science. I will stick to data. I will stick to evidence. I will not follow approaches that sound good for a slogan but have no basis in evidentiary truth.

The Chair: Thank you, Minister.

Ms. Sidhu, you have five minutes.

Ms. Sonia Sidhu: Thank you, Mr. Chair.

Thank you, Minister and your whole team, for being with us.

Approximately 70% of Canadians use natural health products. You talked about sticking to data and sticking to evidence, but removing natural health products from the definition would remove Health Canada's ability to recall natural health products. Health Canada would be able to recall a head of lettuce contaminated with E. coli or milk contaminated with listeria, but unable to recall a natural health product contaminated with feces. You named a few things.

How is it fair for all Canadians' health? Can you explain that?

Hon. Mark Holland: It's a great question. Of course, it isn't fair, and it is dangerous.

Moreover, I've had the opportunity to meet with all kinds of companies, and what they tell me is that they want a fair and level playing field. I think it's deeply unfair to create a circumstance whereby good actors that respond quickly to stop-sale orders and voluntarily comply are left to compete with companies that don't. That's what would happen here. If you're a bad actor, all you'd face is a $5,000 fine. That's a cost of doing business. Basically, you can operate however out of control you want, and we're put in the terrible position of trying to comply and create fairness.

I can tell you that the companies I talk to don't want that. We have a lot of fantastic Canadian companies employing people and growing their business to multiple billions of dollars. What they're asking for is to make sure that Health Canada has the powers to keep a level playing field so that the good actors—the ones trying to keep people safe, be a good business and have good business practices—aren't put in a disadvantaged position because there are weak regulations to deal with bad actors. That's what this is about. To me, that's fundamentally fair.

Ms. Sonia Sidhu: Thank you.

The public accounts committee, including CPC members Jeremy Patzer and Philip Lawrence, requested that Health Canada revise the fines and penalties, in their NHP 2022 report. The government agreed with the public accounts committee, as lack of a proper deterrent has led to “high levels of industry non-compliance” within the NHP industry.

Why do you think the CPC members have flip-flopped on this issue? Can you talk about that?

Hon. Mark Holland: I don't know. In fairness, there's been an enormous amount of misinformation, and that misinformation has created a lot of fear in businesses.

When I actually talk to small businesses that are in this space, I explain Vanessa's Law: If they're compliant, or even trying to be compliant, they have nothing to fear. This is good for their business, and they're fully supportive of it.

This is one of the reasons I'm talking so plainly today. We have to cut through the misinformation. It's really doing an enormous amount of damage. By the way, the false and misleading claims are.... We have to have a conversation at this committee regarding all the claims about products that cure cancer. Just to pick on that as an example, there are people who take products thinking they will cure their cancer, and they avoid traditional treatments. I don't mind you using something in conjunction with your traditional treatment, but you should be talking to your physician about that. When companies are making boldfaced false claims, that can change consumer behaviour in a way that's injurious to their health.

That's what I'm concerned about here. This false argument that somehow it hurts the economy to have strong regulation is malarkey. We know the natural health products.... I hear from consumers all the time. They like to buy their products from Canada, because they know they're well regulated. They know that what's in the bottle is going to be safe, and that they can trust what's in there. What a marketing opportunity. What an advantage over other countries. Why would we want to lose that? Why would we ever do anything to undercut that? We would be taking away one of the greatest competitive advantages that we have, which allows so many different Canadian companies in this space to be booming.

I am their biggest ally. I want them to succeed. I want them to be selling more all around the world. It is my deep and heartfelt belief that having strong regulations and protecting those products is exactly how we get it done.

● (1155)

Ms. Sonia Sidhu: Thank you.

Do you want to add anything else? Do you want to provide a message to Canadians?

Hon. Mark Holland: The big thing here is that there's.... I get frustrated with the attempt to use misinformation to confuse these businesses, which are just trying to make a living. They're getting letters and false information, being spun left and right, and told things that are completely false.

Most of the issues they're being told to worry about have nothing to do with this bill. I would welcome it if the committee wants to have a conversation in a more in-depth way about how we can do a better job with natural health products and supporting them. I'm totally open to that.

Luc asked a very fair question, whether there is a way to amend this bill in a way that isn't injurious to people's health and improves the industry. I'm absolutely open to that, but killing Vanessa's Law and the ability to recall, that's just not smart. That is actually going to hurt industry, as well as public safety.

The Chair: Thank you, Minister.

[*Translation*]

I now give the floor to Mr. Thériault, so that he can ask more reasonable questions.

Mr. Thériault, you have the floor for two and a half minutes.

Mr. Luc Thériault: Mr. Minister, let's not exaggerate. We're not talking about repealing Vanessa's Law. It will continue to apply to pharmaceuticals and other products.

With respect to methamphetamines and precursors, I recommend that you reread section 7.1 of the Controlled Drugs and Substances Act, which gives you ample power to intervene.

What I'm going to say now isn't directly related to the bill, but I'll take advantage of it since you're before me, and it will facilitate your interactions with the industry. At a previous meeting, I asked you a question about the expert panel that wrote the final report on the legislative review of the Cannabis Act. That committee recommended revising packaging and labelling rules to allow for QR codes for cannabis. You told me that you were going to do so and that there would be a QR code for cannabis products.

If it's good for cannabis products, is it also good for natural health products?

Hon. Mark Holland: I think it's important that there be equal treatment for any type of product in order to protect the public. We have to make sure that all the regulations are logical and useful. In fact, I'm very open to having a conversation about that.

In your example, it might be a good idea to contrast the information for both. If there isn't equality, if the answer isn't good, I'm really open to having a conversation about that.

Mr. Luc Thériault: However, you answered that you were moving forward with a QR code for cannabis products. I imagine that natural health products could also work with proper use of a QR code. Is that a “yes”, a “no” or a “maybe”?

● (1200)

Hon. Mark Holland: It's a “maybe”, and I would say I'll answer with a lot more information quickly if it's not—

Mr. Luc Thériault: So for cannabis products, it's not a “maybe”, but a “yes”. For natural health products, though, it's a “maybe”. Okay. I appreciate that.

Do I have any time left, Mr. Chair?

The Chair: That's all the time you have.

Mr. Julian, you have the floor for two and a half minutes.

[*English*]

Mr. Peter Julian: Thanks, Chair.

I'd like to come back to the question about non-compliant companies. I asked about the 350 recalls, and I understand the issue around delays. Putting aside the issue of delays, though, how many of the 350 recalls were with non-compliant companies? Was it one actor, or a number of companies?

Hon. Mark Holland: I'm not sure we have the exact number. If we have it, I'll allow it to be given.

However, I want to say up front that part of the problem, of course, is this: When we encounter a situation like the one I talked about, where the U.S. FDA flags something and we don't have the power to pull it from the shelves, those are real situations. They have happened. They don't need to happen a lot to be very dangerous.

I'll pass it over.

Ms. Linsey Hollett: The 350 recalls that were mentioned—a member mentioned this previously—led to 31 public advisories. Of those 31, we had three companies that were simply uncooperative, so it's 10%.

I would ask members not to forget that what's missing in that number is those that took a lot of time, energy and hours.

Mr. Peter Julian: I understand the delays.

I'll come back to the issue of non-compliance. Was it three cases of non-compliance or three companies having more than three cases of non-compliance?

Ms. Linsey Hollett: Of the 350, 31 were serious enough that we had to do public risk comms—

Mr. Peter Julian: Yes, I understand that.

Ms. Linsey Hollett: —and, of the 31 where risk comms were required, three were uncooperative.

Mr. Peter Julian: Are those three different companies?

Ms. Linsey Hollett: Yes.

Mr. Peter Julian: Okay. Thank you. That's helpful for us.

I'll come back to two other questions that weren't answered.

As Mr. Calkins testified, every natural health product number is approved by Health Canada, and Health Canada has the ability to "revoke a natural product number and cancel the product." I want to come back and ask you about that, Minister.

With a few seconds left, as well, could you answer my question about the number of provinces that have stepped up on pharmacare or are interested in the program?

Also, thank you for the information that a million Canadians have benefited from dental care. I think that's something that, hopefully, Conservative MPs will send out to their ridings, as well.

Hon. Mark Holland: The problem is that it's not immediate, so those products continue to exist out there in a retail landscape. Even after you exercise the power to arrêt it, it continues to exist out there. Every day that it exists, somebody could be hospitalized.

I will say that, while there were three that were intransigent and very difficult in terms of compliance, 31 were in so serious a state that we had to issue the advisory. Our circumstance was that those products were staying on shelves for an unacceptable length of time, risking human life in the way I talked about, with people being hospitalized for lead poisoning or for having too much vitamin D. These are people going to hospitals in those instances.

I'll have to come back on the others.

The Chair: Thank you, Minister.

We're past the top of the hour, but there's been a lot of wrangling. If you can stay for 10 minutes, we could get in one round each for the Liberals and the Conservatives. That would take us to the end of the second round.

Do you have 10 minutes?

Hon. Mark Holland: I have a press conference I'm supposed to prep for. Could we just do three minutes each? Is that okay?

The Chair: Okay. If that's the time you have, we'll take it.

Next up is Mrs. Goodridge for three minutes.

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

Was there a gender-based analysis performed prior to the omnibus bill through the Budget Implementation Act of 2023, yes or no?

Hon. Mark Holland: Yes. With respect to using the budget implementation act, the regulation is normal practice. It's done by Conservative and Liberal governments.

Mrs. Laila Goodridge: Yes, I'm fully aware.

Was a gender-based analysis specifically done on the natural health product piece?

Hon. Mark Holland: The answer is yes. We'd be happy to provide it to you.

Mrs. Laila Goodridge: Please table it with the committee.

Hon. Mark Holland: I'd be happy to.

● (1205)

Mrs. Laila Goodridge: My next question is this: Did you look at the impacts on traditional indigenous medicines and how this will impact them? This is going to be devastating to traditional harvesters.

Hon. Mark Holland: No, it won't be, because it only deals with non-compliance and those who aren't trying to comply, so it would in no way affect those who are trying to comply with Health Canada regulations.

Mrs. Laila Goodridge: Minister, you are using effectively a sledgehammer rather than a rubber mallet when it comes to natural health products. You are treating people like they are criminals before they've done anything wrong. Precisely, you say you are supportive of this industry, and you talk at length about feces and other things. That is a very small minority of situations and bad actors.

You have other tools at your disposal. If you really wanted to deal with them, you could create specific, rubber mallet sort of solutions to deal with them, but you sit there shaking your head and playing politics with this rather than working with people.

Why won't you look at common-sense solutions to create ways to keep Canadians safe but allow access to natural health products?

Hon. Mark Holland: First of all, in the deepest part of my soul, I believe that repealing Vanessa's Law is bad for human health. It has nothing to do with politics; it has to do with safety.

Second, with respect to a sledgehammer versus rubber mallet, this only comes into effect where there's a serious violation and where human health is at risk. I don't have any ability to use these powers until we are in this situation—

Mrs. Laila Goodridge: Minister, I have three minutes in total—

Hon. Mark Holland: I'm sorry. Was there equivalency in that question?

The Chair: You have 20 more seconds. Go ahead.

Hon. Mark Holland: It's really important to make that distinction. These powers only come into force when there is a serious human health risk. You're right that most of the time that doesn't arrive, thank God, but when it does, that's when these powers—

Mrs. Laila Goodridge: Minister, your 20 seconds are up.

Hon. Mark Holland: —are triggered. That's why these powers must stay.

The Chair: Thank you, Minister.

Mrs. Laila Goodridge: Minister, you've been in power for nine years. You didn't decide to make a single change to this until last year. Why take such a long time if you claim that this is such a serious, egregious issue? We have now heard that there were 350 issues, 31 that had public advisories and only three that were uncooperative. Why not come up with a policy that will deal with those three, rather than thousands and thousands of Canadian female entrepreneurs? This industry is primarily female entrepreneurs. I've been shocked by the number of constituents who have reached out to me, people from across the country who are really concerned about this, and they are primarily women.

Hon. Mark Holland: If they had the right information—that this doesn't affect compliant businesses—then they wouldn't be concerned, and hopefully you would help spread that.

There was an attempt in 2014 to do this, which was shot down by the then Conservative government. That's too bad.

In 2016, we began negotiations as a government. You can't have it both ways. You can't attack us for not having enough consultations, and then attack us because the consultations were too long. I mean, you have to pick one. Since 2016, we've been having consultations and, because of all the misinformation being thrown around, yes, unfortunately, it's taken this long. You are attacking me for not having enough consultations, and now I'm being attacked for having too many.

Mrs. Laila Goodridge: I never attacked you for too many consultations.

The Chair: Thank you, Minister.

Thank you, Mrs. Goodridge.

The last round of questions, for three minutes, will go to Ms. Kayabaga, please.

Ms. Arielle Kayabaga (London West, Lib.): Thank you, Chair.

I know a lot of time has been wasted, time to actually ask questions that can answer some of the concerns that people who are in this sector in our communities have. Could you tell us things that we should know? For example, there's been a question around whether or not this is going to increase costs for Canadians. Is there anything you can talk about that I may not have five minutes to be able to ask about, including the cost for Canadians? If you could debunk that, that would be great.

Hon. Mark Holland: I hope that people in the industry watch this and know that I'm cheering for them. I want them to succeed. It's just like when we had the Smoke-Free Ontario Act come in, and people told me that this was the end of restaurants. It was going to destroy everything, and everybody was going to move elsewhere. It didn't happen, folks. You can go back and watch the videos on seat belts, which were going to destroy industry and make everything terrible.

This is what happens. Conservatives use these arguments, this fearmongering, that the end is going to happen and that, if you keep people safe, you're making this terrible choice that's going to destroy industry.

I would say to anybody in the industry that having the power when there is a serious human health issue, and only then, to recall products and have fines determined by a court, to make sure that the court can appropriately disincentivize that bad behaviour and punish those who do it, is just good common sense, and it makes the Canadian brand strong.

If you're a compliant business or you're a business that's even trying to be compliant, this will cost you exactly zero dollars. If you're a consumer, you're going to be able to see that “made in Canada” and know that the product you're taking is safe. That's worth a lot. When we sell that product around the world and they see “made in Canada” and see that it's safe, that's worth a lot. We need to protect that.

One of the reasons I'm being so forceful here today is that there's been so much misinformation that we have to spike through that misinformation so that people hear the truth. If you are a compliant business or a business trying to be compliant, you have no cost and nothing to fear here, just like if you're not committing crimes, you don't have to worry about the punishment for a crime.

● (1210)

Ms. Arielle Kayabaga: Why do you think the Conservatives did not want to ask questions today specifically on this bill they put forward?

Hon. Mark Holland: The misinformation on this thing existed in a very small quarter, and there have been some people who are very invested in spinning misinformation. I think some people have been caught up in it. It's too bad that has occurred—

Mrs. Laila Goodridge: I have a point of order.

The Chair: On a point of order, I have Mrs. Goodridge.

Hon. Mark Holland: —because the truth and the facts on this are completely separate and apart, and there's—

The Chair: Minister, please. We have a point of order from Mrs. Goodridge.

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

I very specifically asked all of my questions directly on this bill, so being characterized as avoiding questions on this bill is completely misleading to Canadians.

The Chair: Mrs. Goodridge, a point of interruption is not a point of order, and it doesn't take precedence over the questions and answers. Quite frankly, you know better.

You have 30 seconds, Minister.

Hon. Mark Holland: I'll end on this. Right now, we're seeing a return of measles, tuberculosis and syphilis, and it's because of misinformation. It has to stop. We can cross swords in a lot of places, but misrepresenting health and misrepresenting what is happening in health costs lives. We can't afford it, so let's have a straight conversation about what is and is not happening, and let's stop the nonsense of peddling misinformation.

The Chair: Thank you, Minister.

Thank you for the extra time you've afforded us. Good luck with your press conference. I hope this is the most challenging thing you have to do today.

We're going to suspend for three or four minutes to allow the minister to take his leave and have Mr. Lee join us. We'll suspend for about three or four minutes to get ready for the second panel.

We're suspended.

● (1210)

_____(Pause)_____

● (1215)

The Chair: I call the meeting back to order.

We're going to continue with the second part.

Please allow me to welcome, from the Department of Health, David Lee, chief regulatory officer of the health products and food branch.

I don't anticipate that you have an opening statement. I propose we proceed directly to questions with the Conservatives.

Dr. Ellis, go ahead.

Mr. Stephen Ellis: Thank you very much, Chair.

Thank you to the witnesses for being here.

Obviously, you were all part of this. I find it fascinating to hear the minister say he's such a fan of the industry but characterize factories as “full of feces”. I know he found that quite humorous, but I would suggest to all of you, sitting there in a $13.2-billion industry.... We'll have a chance to hear from industry folks on Thursday, thankfully.

For Canadians, could you tell us how many factories full of feces were actually found? That's a direct quote from the minister. How many factories full of feces were found? Just a number is great.

Ms. Linsey Hollett: Thank you for the question.

I do not have a number specific to rat feces.

Mr. Stephen Ellis: Thank you very much.

Let's scale it back a bit from the rhetoric delivered by the minister. How many factories were found to have feces?

Ms. Linsey Hollett: We have statistics on what we found of a variety of natures that were of very serious concern to us. I can certainly provide some data in that respect. I do not have a number specific to feces.

Mr. Stephen Ellis: I find that very concerning, and I would suggest our industry folks would find it very concerning that the minister went on at length about rat feces, urine, lead, fibreglass and all kinds of other incredibly specific things, but when you look at that, you're telling me you don't have any evidence to say that is actually true.

Ms. Linsey Hollett: No, that is not true. We have evidence. We have been undertaking proactive inspections of facilities in this industry.

I want to underline that we have very compliant players in this industry, but, for example, in one year, after undertaking proactive inspections, we found that 42% of sites had non-compliance or conditions that were of serious concern for us.

Mr. Stephen Ellis: Thank you very much, Ms. Hollett.

Again, I'm asking very specific questions here, sadly, on behalf of an industry that, again, contributes $13.2 billion to Canada's GDP and creates 92,000 jobs. Approximately 70% to 90% are female entrepreneurs in small and medium-sized businesses.

We just had a minister here, in his bombast and utter foolishness, suggesting there were factories full of rat feces and urine, and you're saying you can't even tell me how many of these factories...or if it's even actually true.

Ms. Linsey Hollett: I can say that we have seen feces and urine in sites. Exactly how many, I can endeavour to find out. I do not know the exact number. I do think the example the minister was given was an attempt to illustrate the high bar where we would want to use a tool like mandatory recall. It would be in very exceptional circumstances.

Mr. Stephen Ellis: Thank you very much.

With all due respect, of course, that's the expectation that folks would have. You would expect.... I suspect, in your own home, that you don't want any rat feces or urine. That sometimes may happen. That doesn't mean that you're a bad person or that you're unclean, etc.

I agree with the fact that the recall power would be very important. Once again, with all due respect, I have asked this now the third or perhaps the fourth time, and the minister quoted these things very specifically. What you're telling me is, “Well, I think it existed, but I can't tell you how many times or how many places of manufacture were actually affected by it.” You can't give us a number. Is that true?

Ms. Linsey Hollett: With all due respect, I did not say “I think”. We have had instances.

How many? I would want to go back to my team and look at inspection reports. I do not want to give you an inaccurate number. We have found these problems on site. There is no “I think” or confusion on that point.

● (1220)

Mr. Stephen Ellis: Right. You have these reports, so we would expect you to table them to this committee by Friday.

Ms. Linsey Hollett: I will talk to my team about the contents of an inspection report, including such things as confidential business information. I will table whatever we are able to table.

Mr. Stephen Ellis: I guess, once again, we're back to this issue of production of documents, aren't we?

It is my understanding, of course, that we're actually here to shed some light on things. We're not here, much as Dr. Sharma did last time, to make some wild allegations. Again, what we were told, when we asked for those documents to be tabled, was to go find them ourselves. That is when the industry, of course, used the esteemed company Deloitte to create a report to suggest how many injuries actually happened or, as Dr. Sharma would have suggested, the hundreds of deaths.

That being said, once again, you're stonewalling a committee that is asking you for documents. You have never actually said, "Yes, I will provide those." Just tell me. Provide those reports, please. Give a simple answer, yes or no. Table them here to this committee.

Ms. Linsey Hollett: There is no attempt to stonewall. I will provide whatever I can. In fact, I have already asked my team to start working on that.

Mr. Stephen Ellis: Once again, we hear this language, "I'll provide what I can." Provide the reports on, as the minister states—

Mr. Yasir Naqvi: I have a point of order, Chair.

Mr. Stephen Ellis: —the factories full of feces. This is ridiculous.

The Chair: We have a point of order from Mr. Naqvi.

Mr. Yasir Naqvi: I don't understand how Mr. Ellis feels that he is effective—

Mr. Stephen Ellis: I don't think this is a point of order, Chair. This is just a—

The Chair: I'd like to hear it, and then I'll decide.

Mr. Yasir Naqvi: —by being rude and by taking a belligerent tone to really hard-working members of the public service. They are doing their jobs. They are not partisan actors in this endeavour. They are subject matter experts who are here to assist this committee to have thoughtful deliberation. I don't think attacking them in the manner in which Mr. Ellis is doing right now, and has done in the past, really helps any one of us.

The Chair: Thank you, Mr. Naqvi.

Although I agree with you, it isn't a valid point of order. If that's the way Dr. Ellis wants to comport himself, it's not against the rules of Parliament or the rules of procedure.

Dr. Ellis, you have 30 seconds.

Mr. Stephen Ellis: Thank you very much, Chair.

When trying to get answers on behalf of Canadians, I don't think it is inappropriate.

I'll turn the rest of my time over to Mr. Doherty.

Mr. Todd Doherty: Really quickly, to our witnesses, the minister said that he was interested in a robust discussion regarding this, and I believe he said that over 4,500 consultations have been done. Was the Canadian Health Food Association part of those consultations?

Dr. Supriya Sharma (Chief Medical Advisor, Department of Health): Yes. Certainly, the Canadian Health Food Association is one of our key stakeholders with respect to natural health products. Beyond the formal consultations that we have with larger groups, there are a lot of direct conversations.

Mr. Todd Doherty: So they were consulted.

Dr. Supriya Sharma: Yes, they were. This is the department and the deputy minister, and then individual consultations as well.

Mr. Todd Doherty: Thank you.

The Chair: Thank you, Mr. Doherty.

Next, we will go to Dr. Powlowski, please.

You have six minutes.

Mr. Marcus Powlowski: The Conservatives wanted to spend their whole time talking about rat shit in factories and about how much is acceptable to them.

Let me ask you another question regarding this PMB. My understanding is that it removes the applicability of Vanessa's Law to natural health products, which removes the ability to recall natural health products and to impose higher fines when there are violations of safety requirements, and it also removes the requirement of mandatory reporting.

Is that not only mandatory reporting for adverse effects of the actual drug, but also mandatory reporting of harmful interactions with other drugs?

Dr. Supriya Sharma: As you noted, we have authorities under the natural health products regulations. These deal with the authorities under Vanessa's Law. Currently, under the natural health products regulations, a company is required to provide adverse reaction reports within 15 days if they are serious domestically, or serious and unexpected internationally. The reporting in Vanessa's Law, which is not in effect yet—you need regulations to bring that into effect—would be mandatory reporting of adverse reactions in hospitals, the way we do for prescription and non-prescription drugs.

If I could use this opportunity, there was one comment made in committee previously about Health Canada already having the authority to make a label change—to add, for example, a serious warning to a label. That is something in Vanessa's Law. It is not in the natural health products regulations. If you take this out of Vanessa's Law, we lose the ability to make a change to a label in order to add a serious warning in the case of a serious or imminent health risk.

● (1225)

Mr. Marcus Powlowski: The Conservative perspective on this is that these are overwhelmingly safe products, and that there are not many, if any, adverse effects caused by natural health products. I think both of us know that's not the case. There are certainly lots of case reports in the literature of lead poisoning, including in Canada, from ayurvedic medicine.

Mr. Stephen Ellis: I have a point of order, Chair.

The Chair: We have a point of order by Dr. Ellis.

Mr. Stephen Ellis: I have incredible respect for Dr. Powlowski, but I'm not sure with which testimony he's putting words in the mouths of Conservatives, where we said these were overwhelmingly safe products. I don't think anybody ever said anything about that.

Please, could he conduct himself with comport?

The Chair: That is not a point of order.

Dr. Powlowski, it's back to you.

Mr. Marcus Powlowski: I will accept Dr. Ellis's advice on that matter.

Let me cite another study. A NIH-funded study looking at drug-induced liver injury concluded that 16% of cases of liver injury were caused by herbal and dietary supplements.

Do you want to talk a bit about other examples of adverse effects from natural health products?

Dr. Supriya Sharma: In terms of natural health products, I think we're all in agreement. They are an important part of the health care system. It's important for Canadians to have products they can use to treat minor ailments, and for prevention. Over 75% of Canadians use them. That's the first part of it.

As to the risks associated with them, they are overall, as a category, lower-risk than prescription products, for example. That does not mean there are no risks. There are the risks of the products themselves. There can be risks of problems with manufacturing. We talked about contamination. The risk of bacterial contamination in a natural health product would be the same as in a non-prescription drug or a prescription product for someone who, for example, has an immune system problem. The last section of risks we alluded to is when there is an erroneous impression about the use of the product. There could be risk in using products and potentially not seeking care.

In all three categories, there are examples we can offer.

Mr. Marcus Powlowski: Do you want to briefly talk about drug interactions?

I saw a Canadian Medical Association journal article that estimated that only 10% of adverse reactions are reported. The frequency of drug interactions, and Dr. Ellis referred to this early on in his questions.... I know there are quite a few drug interactions with natural health products. For example, they can affect the INR of Coumadin. It's less well known on newer anticoagulants like dabigatran. Some natural health products, like St. John's wort, can affect the plasma concentration of cyclosporine with organ transplants or antiretroviral levels.

Can you talk a bit about drug interactions between natural health products and other medications?

Dr. Supriya Sharma: I think those examples are very salient.

I'll give you another example with St. John's wort. It's a product often used for mood disorders or anxiety, but it can change the levels of some antidepressants in the body. As you noted, there are also some vitamins that can predispose people to increased clotting. There's a lot of interaction.

Again, it's not just in natural health products. We have foods with interactions. Grapefruit juice is the classic example. There are a lot. Any product that can have an effect in the body could potentially have a negative effect. Then there's a whole series of products that could have interactions with other pharmaceuticals as well, or other health products.

Mr. Marcus Powlowski: This came up earlier, but I think it's an important point. Do you want to just reiterate the difference between a stop-sale, which the Conservatives say currently exists, and the ability to recall products? Also, how would this PMB affect that?

Ms. Linsey Hollett: Actually, I welcome the opportunity to explain the difference.

We, as the regulator, can order a stop-sale for any parties that we directly regulate. If we issue a licence to a party, if we have regulatory oversight, we can issue a recall: manufacturers, distributors, packagers, labellers. That does not apply to the retail level. It is not within our mandate to regulate retail. We have that stop-sale power, but it does not apply to the retail space. We had a gap. Vanessa's Law for NHPs filled that gap with the ability to order a recall, including at the retail level.

● (1230)

The Chair: Thank you, Dr. Powlowski and Ms. Hollett.

[*Translation*]

Mr. Thériault, you have six minutes.

Mr. Luc Thériault: Thank you, Mr. Chair.

Dr. Sharma, you're a scientist. Do you consider pharmaceuticals and natural health products to be similar in nature?

Dr. Supriya Sharma: Thank you for the question.

[*English*]

Natural health products and pharmaceuticals, prescription or non-prescription, are the same in that they are things that are used for health purposes.

[*Translation*]

Mr. Luc Thériault: That's not what I asked you. I'll repeat my question: Do you consider pharmaceutical products and natural health products to be similar in nature? It's simple. I'm asking for a quick answer.

[*English*]

Dr. Supriya Sharma: In terms of their nature, they're used for health purposes, so that's similar. However, they are different products. They are used for different purposes and have a different risk profile.

[*Translation*]

Mr. Luc Thériault: I've asked you in the past to submit information to the committee on adverse drug reactions. You haven't done that yet. Why?

[*English*]

Dr. Supriya Sharma: We have submitted to the committee a 10-page document with adverse reaction reports, and we've received receipt of the fact that we've tabled that, so I'm not sure.

Mrs. Laila Goodridge: I have a point of order.

As this is something that my colleague has asked for that I think is very relevant to the study we're taking on, when can we expect to receive that?

The Chair: When you have the floor, you'll get a chance to ask that question.

Go ahead, Mr. Thériault.

[*Translation*]

Mr. Luc Thériault: Isn't it true that pharmaceutical products have a lot more adverse effects than natural health products?

Dr. Supriya Sharma: Yes.

Mr. Luc Thériault: Okay.

Is there a requirement for some over-the-counter products that everything be written down? For example, isn't it true that more than frequent use of a product like Tylenol causes liver damage?

Dr. Supriya Sharma: I didn't quite understand the question. Can you repeat it?

Mr. Luc Thériault: Is it possible that more than frequent use of a product like Tylenol could lead to liver damage?

[*English*]

Dr. Supriya Sharma: Yes, certainly Tylenol, or acetaminophen, has quite a narrow safety profile, so it is quite easy to go beyond.... If you go beyond the prescribed or the recommended dose, it can result in very severe liver toxicity.

[*Translation*]

Mr. Luc Thériault: Did you require that adverse reaction to be mentioned on the packaging?

[*English*]

Dr. Supriya Sharma: Yes.

[*Translation*]

Mr. Luc Thériault: So if I buy Tylenol, I'm going to see that more frequent use can cause liver damage.

[*English*]

Dr. Supriya Sharma: The acetaminophen label is very specific in terms of the dosing. We've done a lot of education, and we put out advisories on the concerns of exceeding those doses. There's been a lot of work on acetaminophen specifically.

[*Translation*]

Mr. Luc Thériault: That's what I was getting at.

When it comes to drug interactions, isn't it Health Canada's role to do everything in its power to educate people and anticipate problems? This would prevent a number of adverse effects related to drug interactions. Obviously, there can be interactions between highly toxic pharmaceuticals and natural health products.

What are you waiting for to do that?

[*English*]

Dr. Supriya Sharma: Chair, at the base, the appropriate use of any health product is something that's shared across different players in the health care system. At Health Canada, from our perspective, we take our role very seriously in terms of the regulation of the products, in terms of sharing that information, and in terms of openness and transparency.

We do have information on the website regarding the way natural health products are regulated. Part of that does include some of the risks that are associated with them. We do make reference to interactions. Also, on each product, with respect to whether it's in a product monograph information, there's information around—

● (1235)

[*Translation*]

Mr. Luc Thériault: However, there's been no targeted public awareness campaign.

I've asked you before about the methodology. The minister was talking about misinformation. Isn't it true that there was a problem with the methodology? Did you question the methodology that was used for the report?

Indeed, they weren't random inspections, but targeted: Inspections were conducted where problems were known. Subsequently, the figure that was given in connection with the industry suggested that everyone or a large percentage of people were non-compliant and had problems with inspection.

Why did you publish figures that didn't mention the methodology used?

[*English*]

Ms. Linsey Hollett: In any inspection program.... We regulate quite a few different commodities at Health Canada, as you know. One common basis of all inspection programs is that we make our decisions on a risk basis. Nowhere is that more evident than in inspection programs. We look at what we call the risk profile of entities. Many factors go into that risk profile. That is how we decide where we need to inspect. Especially in a sector where we haven't been inspecting for a long time, it is not at all unusual, and in fact it was quite intentional, that we would go where we thought the risk was highest.

The Chair: We'll go to Mr. Julian, please, for six minutes.

Mr. Peter Julian: Thank you to our officials for being here. We appreciate your service to the country. I apologize for some of my colleagues who have taken a very aggressive and inappropriate tone.

I want to come back to the issue of non-compliant companies, because this is really at the heart of the debate and discussion that we're having around the bill itself.

We were talking about 350 recall notices. From what date to what date is that?

Ms. Linsey Hollett: That's approximately the last five years, from 2019.

Mr. Peter Julian: That's similar for the 31 public warnings, which come down to three companies that were not complying. Okay.

Are those three companies still in operation?

Ms. Linsey Hollett: I'm sorry, Chair. I would have to check that, but I can commit to getting that answer to the committee.

Mr. Peter Julian: Those companies are subject to approval by Health Canada. In any of those three cases, was there a revocation of the natural health product number or a cancellation of their product, or were any other measures taken against those three companies?

Ms. Linsey Hollett: In all three cases, plus some of the additional 350, yes, other measures would have been taken, everything from intent to suspend a licence to revocation or stop-sale. With many of those tools, what is often the case is that something can be put in place temporarily or, as I said, some are on the basis of intention.

To give you a complete answer, I would want to check what the current status is of any additional tools that we used, keeping in mind that some of these go back to 2019.

Mr. Peter Julian: Mr. Calkins did testify before this committee. He wasn't wrong to say that there are other provisions and tools that Health Canada can take.

I think it would be very helpful for this committee to understand each of those three cases, which seem to be the egregious ones. No one disagrees that the vast majority of companies in Canada work in a very responsible way. They believe in the natural health product industry. They want to make sure that they're offering the best-quality product. In the vast majority of cases, they comply voluntarily.

I think it's important for the committee to understand and for us to know, in those rare cases—one in a hundred, from the statistics that we seem to have before us—what other tools Health Canada has employed against the companies that simply refuse to be compliant and essentially stain the reputation of all the other companies, which are complying.

I want to come back to public notices, because you spoke earlier about the impact of delays. In those 31 cases, it appears that there were delays in the companies that were voluntarily complying. Can you give us a sense of the average length of time when a company didn't comply with an initial voluntary recall but then did comply once Health Canada provided a public warning?

● (1240)

Ms. Linsey Hollett: With respect to the first question, about what a norm would be, in the world that we're speaking of, we have three different types of risks: type I, II or III. They're all based on an imminent risk to health, and then it flows from there.

A type I risk, for example, is the most serious and carries the most possibility of negative health impacts or risk to Canadians. Our expectation is immediate action on the part of the company. They let us know of an issue or we let them know—it really doesn't matter—and if it is type I, we expect immediate action.

Mr. Peter Julian: When you say “immediate”, is that 24 hours? Is it one week?

Ms. Linsey Hollett: We have a standard internally on what time to engage the company. When I say that we would expect immediate action, it would be an agreement to a plan and beginning the implementation of that plan in 24 hours or 48 hours.

I'll provide an example. I said that there were delays when potentially dangerous products were remaining on the market. We did have one instance when we asked multiple companies to recall. The majority of companies agreed. One company did not. We had to find another way to have the dangerous products removed. What we did in that instance, as I mentioned earlier, was engage other parts of the supply chain—in this case, distributors. It is not their responsibility; it is the licence holder's responsibility. By the time we were able to find someone else in the supply chain willing to do a recall, it was weeks, three or four weeks. We have another instance of six weeks.

Mr. Peter Julian: Okay, so coming back—

The Chair: I'm sorry, Mr. Julian; that's your time.

Mr. Peter Julian: I still have 30 seconds, Mr. Chair. We have six-minute rounds.

The Chair: Did we start late? Okay.

The clock I was looking at had you at time, obviously.

You have 30 seconds. Go ahead.

Mr. Peter Julian: I'll take the 30 seconds. Thank you.

In the 772 cases of adverse reactions in natural health products, how many of them would you attribute to those 31 public warnings?

Ms. Linsey Hollett: We do track the origins of what leads to compliance action, whether it's a trade complaint or an adverse drug reaction report. Specific to those 31, I will need to confirm the number. We do track that information, and I'll be happy to share it.

The Chair: Thank you, Mr. Julian.

Next is Mr. Doherty, please, for five minutes.

Mr. Todd Doherty: Thank you, Mr. Chair.

I want to give our witnesses another opportunity. I want to ask Ms. Hollett and Dr. Sharma again on the record: Was the Canadian Health Food Association consulted, either for Bill C-368 or for Vanessa's Law?

Dr. Supriya Sharma: Yes, it was for both.

Mr. Todd Doherty: I'd like to introduce Aaron Skelton, the CEO of the Canadian Health Food Association, as well as two executives, Sonia Parmar and Jules Gorham, who will provide testimony later this week. They were not consulted. They are in the audience. Perhaps after this meeting, I can introduce our witnesses to them, because they were not consulted on either Bill C-368 or Vanessa's Law.

With that, I'll cede the floor to my colleague, Mrs. Goodridge.

● (1245)

Mrs. Laila Goodridge: Thank you, Mr. Chair, and thanks to the witnesses.

To follow up on what Mr. Julian was bringing forward, out of the 31 that were found to have public advisories notices, three were uncooperative. Of those three that were uncooperative, how many led to negative health outcomes?

Ms. Linsey Hollett: I would not have a line of sight to be able to give you a 100% accurate answer. Of those, was there a potential that, despite our risk communication and despite a recall, there were negative outcomes? We would need 100% assurance that all negative outcomes are reported to Health Canada, which unfortunately we do not receive.

Mrs. Laila Goodridge: I fully understand that you're not going to be able to gather all this data, because there are imperfect circumstances. Is there anywhere in the behemoth that is Health Canada any data on how many negative health outcomes there were from the 350 that were flagged as problematic, the 31 that had public advisories issued, and the three that were uncooperative?

This is germane to the conversation we're having. The fact that you don't have these statistics readily available for us says, to me, that there was a failure in preparing to come to this committee today.

Can you send this information to us as soon as possible, regarding the information that Health Canada knows? I understand that it's not going to be complete and that not every negative interaction will be reported to Health Canada, but we need to know what Health Canada knows, because right now we're basically being told, “Just trust us.”

Ms. Linsey Hollett: As I mentioned in response to MP Julian, we will table the information that we have. It will include the adverse drug reactions that were reported to us that were linked to the 31 products we're talking about, for which we publicly communicated.

Mrs. Laila Goodridge: This becomes part of this complicated space. I had asked the minister earlier about the gender-based analysis that was done in the budget implementation act. Could you table that information with us, or share more information about the specific findings of your gender-based analysis?

Dr. Supriya Sharma: Certainly, we can table it. I will just note that there are different aspects of the GBA. One is, obviously, the impact on the companies, but also, with respect to Vanessa's Law, when you look at natural health products, the users of natural health products are disproportionately women, indigenous populations, people of the LGBTQI population, and ethnic groups. In part of that assessment, Vanessa's Law provisions also contribute to the safety of those products and benefit those groups. It's both, on both sides.

Certainly, we can table the analysis with the committee.

Mrs. Laila Goodridge: This goes back to the fact that the minister went on at length talking about possibly the most egregious circumstance that was found, which, from the testimony we've heard throughout the rest of this meeting, sounded like a one-off, a very rare circumstance, not the standard that you guys see. However, he painted it like that was a regular occurrence with which you guys were dealing.

Canadians need to know, how often are you seeing those exceptionally egregious circumstances that were described by the minister as if that was the common practice?

Ms. Linsey Hollett: Again, we commit to share information with this committee on those most serious incidents.

What I would add is that although not all rat urine and feces.... What you can tell from the stats we've already provided is that, in the last five years, there were at least 31 where, whatever the circumstances were, whether it was contamination or sanitary conditions, we believed the bar was met to warn Canadians about products, conditions and risks. That's 31 in five years.

The Chair: Thank you, Ms. Hollett.

Next, we have Dr. Hanley, please, for five minutes.

Mr. Brendan Hanley (Yukon, Lib.): Thank you.

Thank you for being here, and thank you for your service.

Dr. Sharma, the 2021 Auditor General's report said:

> Overall, Health Canada's oversight of natural health products available for sale in Canada fell short of ensuring that products were safe and effective. The department did approve products on the basis of evidence that they were safe and effective. However, gaps in the oversight of manufacturing sites and in the monitoring of products once on the market left consumers exposed to potential health and safety risks because products were not always manufactured or marketed according to licence conditions.

Do you feel that now, with applying Vanessa's Law to natural health products, the regulatory gaps referred to in the Auditor General's report will be addressed?

● (1250)

Dr. Supriya Sharma: Certainly, the Auditor General did take a comprehensive look at the system with respect to natural health products and raised a number of issues. We've accepted all of those and have endeavoured to make improvements.

Vanessa's Law goes part of the way to improving the system. I think the ability to mandate a recall in exceptional circumstances for serious and imminent threats and the ability to compel a change to a label, again, if it's serious, are very important. Having fines and penalties without having regulatory requirements, without having that regulatory backstop of appropriate fines and penalties, which before Vanessa's Law were only $5,000, makes the system rather toothless. There are also other provisions that we haven't yet put into force with respect to reporting adverse drug reactions, terms and conditions, and other tools.

With those tools, it does go a certain way to improving the system. I think there are still other modifications and improvements that can be made. We've talked to the committee about some of those other initiatives. That's separate from what we're talking about today.

Certainly, Vanessa's Law does move the bar in terms of bringing the regulation of natural health products up to a minimum standard that we would expect for all therapeutic products in Canada.

Mr. Brendan Hanley: Thank you.

I recall Mr. Calkins saying, if I can paraphrase him, that we already have everything we need in place with existing regulations to address non-compliance or to remove contaminated or high-risk products. What are your thoughts on the potential consequences if Bill C-368 were to pass and we were to revert to existing mechanisms?

Ms. Linsey Hollett: In essence, this is not even a theoretical question, because we lived it prior to adding Vanessa's Law authorities to NHPs. There are many consequences, but maybe I can highlight three that are top of mind for me.

Number one—and there's been a lot of discussion about this today—when we have the most serious of situations and we do not have a co-operative entity, a co-operative company—again, I will stress that this is the minority of cases—we will not have a way to remove products from retail shelves. I firmly believe that Canadians think their health regulator has that ability, but we would not.

Two, if someone were to disobey a mandatory recall or in some other way be in strong non-compliance with the regulations and the act, and we wanted, after we had mitigated the risk, to move to punitive measures, our stick would be very small—you heard, $5,000 in fines. In Vanessa's Law, we also have injunction authority, which hasn't gotten much attention today. If someone was willfully non-compliant, we would be very hard-pressed to follow that up with the tools we have in a meaningful way.

Mr. Brendan Hanley: Thank you.

I think we all agree that natural health products are at the heart of an important and I would say cherished industry for Canadians. We all recognize the value of small businesses that are the front line of natural health products. What would you say about the projected impact of Vanessa's Law on small businesses that sell natural health products?

Dr. Supriya Sharma: It depends on which study you look at, but, definitely, more than 60% of the natural health product companies are small or medium-sized. Overall, with respect to Vanessa's Law, there would be minimal impact because, again, these are only circumstances where you have a serious safety risk and you have a company that's not complying with that safety risk.

The example that was used in the Auditor General's report was actually a tea extract. It was contaminated with something called mycophenolate, which is a pharmaceutical product that's used for immunosuppression in people who have had organ transplants. It was first noted in 2017. By 2018, the company still hadn't recalled it. By 2020, it was back on the market online, selling these products. Exposure to mycophenolate for women who are pregnant can cause miscarriages and birth defects. That was the example in the Auditor General's report.

I think a company that is small or medium-sized in this environment would want companies that are not compliant and not abiding by the rules to have some corrective action and to have circumstances whereby we can create a level playing field.

Again, if you're making a quality product, you're abiding by the regulations. This would not have an impact. Actually, there are provisions in Vanessa's Law that get into the technicalities for the corporations I referenced, which would actually be advantageous for businesses to help them in terms of standards and—

● (1255)

The Chair: Thank you, Dr. Sharma.

[*Translation*]

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

Mr. Luc Thériault: Dr. Sharma, among the order-making powers of Vanessa's Law, you mention the prohibition against individuals making false or misleading statements or providing false information to the department. I find it hard to believe that you need Vanessa's Law to impose these bans. Am I wrong?

[*English*]

Dr. Supriya Sharma: There already are provisions in the Food and Drugs Act around advertising. For example, subsection 9(1) of the act says you can't make an erroneous or untrue representation of a product. However, if NHPs were not in Vanessa's Law, the maximum fine if a company did not then remove the advertising or misinformation would be $5,000.

That's one example of how Vanessa's Law provisions with respect to fines and penalties would directly help us with enforcement on the misinformation and disinformation side of things.

[*Translation*]

Mr. Luc Thériault: Since you believe that you can't come to an agreement with the pharmaceutical industry so that bad companies have harsher penalties than those that currently exist, we really need Vanessa's Law.

Earlier, I asked you whether there were more adverse effects for pharmaceutical products, and you answered yes. By placing natural health products in the same category as therapeutics, prescription drugs, gene therapies and vaccines, do you really consider that the level of risk is equivalent?

[*English*]

Dr. Supriya Sharma: Natural health products are treated differently from other products through the natural health products regulations. The Vanessa's Law provisions do not change that. There's a different set of assessments for approvals for natural health products. There are requirements for good manufacturing processes and there are a lot of provisions, and those are staying.

Vanessa's Law, just for the purpose of serious and imminent threats on specific issues, like recalls or mandating a label change for something serious, brings them into the therapeutic product category, but it doesn't mean they're treated the same way.

[*Translation*]

Mr. Luc Thériault: So, if we amend the bill, you recognize that natural health products need to be treated separately, and the objectives are being met.

The Chair: Do you want to respond, Dr. Sharma?

[*English*]

Dr. Supriya Sharma: I think it's up to the committee members if they want to provide some amendments.

We're really here to speak to the technical questions.

The Chair: Thank you.

The final round of questions for this panel will come from Mr. Julian for two and a half minutes, please.

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

I just wanted to reiterate what I've asked for and what you've committed to bring back.

First, I've asked for the results of those three companies that were non-compliant, whether those companies are still in business or whether they've had their licences suspended. What actions and tools were used by Health Canada over that period with these three companies that were non-compliant? What's the number of adverse impacts connected to natural health products among the 31 warnings that were issued? It would all be very helpful, I think, for members of the committee to consider.

Now, Ms. Hollett, you were speaking earlier about the three categories. You spoke to category I, which was immediate, with a 24- to 48-hour reaction time. I would like you to speak to categories II and III as well. I'm assuming that the 31 public warnings were all category I, but I just wanted to clarify that and get your confirmation.

● (1300)

Ms. Linsey Hollett: To start with the last part of your question, usually—and by that I mean the vast majority of the time—if we are publicly communicating on a risk issue, we are talking about type I. However, we do communicate on type II on occasion. I will just give a quick example: If the risk is specific to or heightened for a vulnerable subpopulation, then we communicate on type II as well. We very rarely, if at all, communicate on type III.

There are two things that we're talking about in tandem. When I talk about type I, II and III, I'm speaking of risk. With colleagues, scientific experts at Health Canada, we determine the level of risk. Then that correlates to what I was speaking about earlier, which are service standards or the time that we take, for instance, to first action or to expecting action on behalf of the company.

In type II, it can be quite a range because, again, even if a risk is determined in general to be type II, if we have a vulnerable subpopulation that we're speaking of, then the timelines and what we deem reasonable could be very similar to type I in terms of its immediacy. Therefore, really, in that type II category there are a lot of factors. I can tell you that the criteria that go into what we deem reasonable are, obviously, the nature of the risk, vulnerable subpopulation, how much of a product has been sold in Canada and how widespread its use is.

Then, in type III, definitely the lowest of risks, we have more time—perhaps two, three weeks—but we still look for progress on the part of the regulated party: What is their plan? What is the critical path for implementing that plan? Even though the timeline is expanded, there are milestones along that timeline when we would expect to see certain progress met.

The Chair: Thank you, Ms. Hollett.

That concludes our rounds of questions.

Please don't run away, colleagues. We have a couple of housekeeping matters to deal with.

To all of our witnesses, as always, thank you for your patience and professionalism in presenting to us today. Thank you for your service to Canada. You're welcome to stay, but you're free to leave.

Colleagues, there are three things.

Because we didn't get to the breast cancer screening report last week, it has been postponed to November 28.

We have two more meetings left for the opioid study. The witness panels for both have been confirmed, but we should set a date for the submission of briefs. I suggest Friday, November 22, for the submission of briefs on the opioid study. Is everyone okay with that?

Some hon. members: Agreed.

The Chair: Thank you.

Finally, as this is something that should be dealt with in camera, I don't propose to raise it here, but I simply alert you that you're going to be receiving an email with respect to a group called “advancing cervical cancer screenings international consensus group”. It includes a professor from France who wants to meet with us in some format. Please pay attention to the email and get back to us, because it is time-sensitive but also sensitive enough that we shouldn't be discussing it in public.

That's all I have for you. Is it the will of the committee to adjourn the meeting?

Some hon. members: Agreed.

The Chair: The meeting is adjourned.