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Chair

Mr. Larry Miller

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● (1605)

[*English*]

The Chair (Mr. Larry Miller (Bruce—Grey—Owen Sound, CPC)): I call our meeting to order.

I know Mr. David McKeown from Toronto Public Health was here a minute ago, and I'm sure he'll be right back.

Welcome to Ms. Allen, Ms. Badiani, and Mr. Williams from Ontario Ministry of Health and Long-Term Care.

We'll open our presentations. Each organization or individual will have 10 minutes or less.

Mr. Williams, are you starting out?

Dr. David Williams (Chief Medical Officer of Health, Ontario Ministry of Health and Long-Term Care): I believe so.

The Chair: Okay, then, you have 10 minutes or less, please.

Dr. David Williams: I'll start off with some general comments and my introductory part.

Good afternoon, and thank you for the opportunity to address this committee on the management of the 2008 listeriosis outbreak in Ontario.

Today I'd like to talk about my report on the outbreak, released publicly on April 17, 2009, basically on what we did right, on what we could do better, and the lessons learned for the future. Copies of the report, in both official languages, I have heard, have been provided to the members.

As you know, the outbreak that began last summer was first detected in Ontario and eventually spread to seven provinces across Canada. By the time the outbreak was declared over, 57 confirmed cases were reported across Canada and 22 people died. Ontario suffered the brunt of the outbreak. Sixteen people died, most of them elderly and either living in a long-term care home or hospitalized. Ultimately, our goal is to strengthen the public health system to protect Ontarians from food-borne illnesses that cause such suffering.

Any time there's an outbreak affecting so many people in so many communities, it's important to engage in a thoughtful analysis of the way we respond to and manage these situations. That's why I established a provincial listeriosis outbreak review committee. The report I released in April, of which you have copies, outlined the committee's key findings and my recommendations to help us improve how we respond in future.

Ontario's priority has been to build on existing resources to create a more coordinated, better-resourced, and more responsive food-borne outbreak surveillance and response system. Since this outbreak affected so many Canadians, I shared the report's recommendations with our federal, provincial, and territorial partners so that others might benefit from Ontario's analysis.

Let me now turn to my report's findings and recommendations.

First of all, detecting the outbreak.... The Integrated Public Health Information System, or iPHIS, as some people say, is a web-based system into which all public health units enter case information on all reportable diseases. It was put in place after SARS and it continues to prove its worth. Ministry staff analyze data from iPHIS every day with the help of another system called EARS, the early aberration reporting system. EARS detects and raises flags when there are statistically significant increases in the number of cases above a given norm. Thanks to iPHIS and EARS, the small number of listeriosis cases at the outset were linked together and allowed us to detect the outbreak before many people fell ill.

Although the iPHIS system works well, there is sometimes a lag between when a public health unit is aware of a case and when the data on the case is entered into the system. My report therefore recommends that public health units be vigilant about providing timely, comprehensive data to ensure the full effectiveness of the surveillance system. At the time, we need to make sure that local health units as well as the ministry have the necessary skilled staff and resources to investigate and respond to signs of possible outbreaks.

Confirming the outbreak. The symptoms of listeriosis are not specific. Vomiting, nausea, severe headaches, and fever can be symptoms of many other illnesses. Also, historically, only a relatively small number of people fall ill with listeriosis. That's why lab testing is essential to help identify and confirm an outbreak. For the 2008 outbreak, molecular typing, or what is often referred to as fingerprinting, was conducted through a complex test called the pulsed-field gel electrophoresis, or PFGE, for short, for this presentation. It was PFGE testing that confirmed that the listeriosis cases across the country were in fact linked, and that the source of the contamination was packaged luncheon meat from the Maple Leaf Foods plant in Toronto. This molecular typing was done in federal laboratories, at the National Microbiology Laboratory in Winnipeg, and at the Listeria Reference Laboratory in Ottawa.

The federal government should consider the need for greater regional capacity for this testing as molecular typing moves from being a research tool into a more standardized use. I also recommend in my report that the Ontario Agency for Health Protection and Promotion develop a plan to increase the Ontario Public Health Laboratories' capacity to conduct a wider range of tests, to monitor strains of bacteria and other organisms that pose a threat to public health, and to educate public health units about optimal and quality sampling techniques. Because time is crucial during an outbreak, the Ontario Agency for Health Protection and Promotion should also assess the potential to improve testing timelines.

Managing the outbreak. Today, foods are processed and packaged in a few large plants, then shipped across the country, and even abroad, either to be sold as a packaged product or made into other products. For example, the two lines that were contaminated at the Maple Leaf Foods plant made products that were shipped across Canada and marketed under more than 200 different brand names or labels, and that's not unusual in the industry.

In that light, when food-borne outbreaks occur, more and more of them will be cross-jurisdictional, with a national or even international perspective. To ensure a better response to such outbreaks, roles and responsibilities need to be clarified among local, provincial, and federal agencies.

In a provincial outbreak, I recommend that the chief medical officer of health should establish an outbreak coordinating committee to provide information and advice in managing the outbreak. The committee should include all lead provincial and federal food inspection, regulation, and public health agencies, including labs. Despite the differing mandates of these agencies, the committee's overarching priority needs to be to protect the public's health.

In the case of a national or international outbreak, I recommend that the federal chief public health officer establish a similar committee on the national level with participation by the chief medical officers of health of the provinces and territories. The role of the federal chief public health officer would allow for the integration of information so as to inform decision-making by the provincial and territorial chief medical officers of health.

Communications. There is no doubt that effective, timely communication is essential in managing an outbreak and in maintaining public confidence. Effective communications in a cross-jurisdictional outbreak can be challenging. Frankly, during the listeria outbreak, there was a lack of effective communications among some of the partner agencies, and this created a sense of lack of coordination.

Communications to the public were not well coordinated. Each level of government provided communication within their own jurisdictions. There was no clear public spokesperson for the outbreak or food recall. Once Maple Leaf Foods announced a voluntary recall of its products, the media turned to the company for information. In my view, it would have been more appropriate to have a government spokesperson take the lead to ensure that appropriate public health messages were communicated to the public.

This was a national outbreak, but it was not clear whether the federal chief public health officer had a mandate for leadership at the federal level in this cross-jurisdictional outbreak. I therefore recommend that in a province-wide outbreak, the provincial chief medical officer of health should be the official media spokesperson. In a national outbreak, on the other hand, the spokesperson should be the federal chief public health officer.

My report also recommends that all agencies involved in managing the outbreak should adopt the 24-hour information cycle that is an integral part of our emergency response plans. This would encourage a coordinated sharing of information among partner agencies and clear, more timely communication to the public.

Overall, I was pleased that the public health system in Ontario worked well during this outbreak, but there are indeed ways we could improve in the future. I want to emphasize that this review was not merely an academic exercise. Our mandate is protecting people's lives, and we take that responsibility very seriously. We recognize that we must continue to do our utmost to strengthen and enhance Ontario's public health system.

Thank you. I'm prepared to answer your questions.

● (1610)

The Chair: Thank you very much.

We'll now move to Mr. McKeown. Thanks very much for being here. Ten minutes or less, please.

Dr. David McKeown (Medical Officer of Health, Toronto Public Health): Thank you very much, Mr. Chairman, for the opportunity to join you here today.

My name is David McKeown and I'm the medical officer of health for the city of Toronto. For context, Toronto Public Health—the organization that I lead—provides public health services to the 2.6 million people in the city. Our responsibilities include surveillance for food-borne illness, delivering local food safety programs, and of course, responding to outbreaks. We're the largest organization of our type at the local level in Canada.

In April of this year, I issued two reports on food-borne illness and on food safety in Toronto. In these reports, I made a number of recommendations for improving food safety. Those recommendations were adopted by the Toronto Board of Health and they have been sent to the organizations and governments to whom they are directed. I have copies of the reports here for you today that I hope you will find helpful.

In my time here today, I'd like to talk about the issues and recommendations that I raised in these reports, which pertain to the food safety role of the federal government and its agencies. But first, let me very briefly outline the burden of food-borne illness in Toronto, which I think is broadly representative—

Mr. Bev Shipley (Lambton—Kent—Middlesex, CPC): Could we have your presentation?

Dr. David McKeown: I can provide a copy.

The Chair: It would have to be in both languages. Otherwise, it would have to go to the clerk and be distributed later.

Dr. David McKeown: I'm happy to provide a copy. I didn't provide translated copies.

Mr. Bev Shipley: Okay. Thank you very much.

The Chair: Go ahead, Mr. McKeown.

Dr. David McKeown: Thank you very much.

Food-borne illnesses, of course, are legally reportable in Canada, but most, as you know, go unreported, either because they're not brought to medical attention or because the diagnosis is not confirmed by laboratory testing. In my reports, we estimated the true burden of food-borne illness in Toronto using methods developed by the Public Health Agency of Canada to fill in the missing unreported cases, and the results indicate that Toronto residents experience over 400,000 cases per year, or to put it another way, about one in six Torontonians gets a food-borne illness each year.

Now, although most of these illnesses are mild, they nonetheless are responsible for direct and indirect cost to the health care system and the economy, which we estimated to be in the range of about $500 million annually just within our city.

The food safety system in Canada is designed to prevent and respond to this large burden of illness, and it's a system that has important roles for governments and government agencies at all three levels of government, as well as for food producers, manufacturers, distributors, and retailers. Food safety is regulated at virtually every stage, from grow it to throw it.

Now, although the food safety system has many strengths, there are also some opportunities for improvement. I'd like to focus briefly on three areas that are within federal jurisdiction.

The first concerns transparency. Since about 2001 in Toronto, we've had a program of public disclosure of food safety performance. The results of all public health inspections of the 16,000 food premises in Toronto are available to the public at the door of the food premise when you walk in, they're available on a searchable public website, and they're available by telephone for those who don't use the Internet.

This program, which is called DineSafe, has promoted public awareness of food safety and provided a very strong incentive for food service operators to maintain good food safety practices and to quickly address any deficiencies that are identified during inspections. The DineSafe website, in fact, is one of the most frequently visited websites of the City of Toronto, and I would invite you to take a look at it. Based on our experience in our city, I would recommend that all federally regulated food facilities be subject to the same degree of public disclosure as those in Toronto.

The second area I'd like to speak to is food notification and recalls. The Canadian Food Inspection Agency is the national lead for notifying the public of potentially hazardous food products and for recalling products from sale. The decision to notify the public and recall a product is an important food safety intervention that can prevent illness and can even save lives. Timeliness is critical, as a hazardous product may still be leaving store shelves or being consumed in homes and restaurants as the outbreak investigation is proceeding.

Now, in our experience with several large-scale multi-jurisdictional outbreaks over the past several years, the Canadian Food Inspection Agency has generally waited for conclusive evidence that a specific product is responsible for documented human illness before taking action. Two examples come to mind. In a large salmonella outbreak in 2005, epidemiologic evidence pointed to bean sprouts produced at a Toronto facility as the probable source. In my assessment at the time, there was sufficient evidence to take action to protect the public. The CFIA, at that time, was not prepared to notify, so I closed the plant since it was within my jurisdiction to do so.

The second example concerns the 2008 listeriosis outbreak, in which at one point in the process the manufacturer notified customers not to use certain implicated products, and Ontario public health officials, at the provincial level, issued their own notification to consumers. Both actions were taken several days before the CFIA confirmed that the products had caused human illness based on finding matching strains of listeria from ill individuals and from unopened packages of food. In my view, in general, during the investigation of a food-borne outbreak, public health officials should have a bias toward health protection and should take action whenever there are reasonable and probable grounds to believe that a food product poses a health hazard. This is the standard that is included in Ontario public health legislation.

Finally, I think there are some practical steps that can be taken to improve inter-agency cooperation in the case of a large multi-jurisdictional outbreak. Existing protocols, such as the Foodborne Illness Outbreak Response Protocol, or FIORP, should be updated, and there should be substantial training in the protocol for all parties who may have to collaborate during an outbreak. During the 2008 listeriosis outbreak, it did not appear to me and my colleagues that the protocol was being used to guide the investigation and response, and some participants were apparently unaware of its status or its existence. It would be very useful to conduct simulation exercises, such as are used to prepare for other large emergencies—influenza pandemic comes to mind—to give responding agencies from all orders of government more experience in working effectively together during a large outbreak.

Thank you very much for your attention and for the opportunity to raise these issues with the committee.

● (1615)

The Chair: Thank you very much, both of you, for being brief.

We'll turn to our questioning. Mr. Easter, seven minutes.

Hon. Wayne Easter (Malpeque, Lib.): Thank you, folks, for coming.

Certainly, Dr. Williams, when you tabled this report, it got quite a reaction from Ottawa very quickly, with press conferences being called and accusations going back and forth.

I might as well tell you in the beginning that we have some concerns, on this side of the committee anyway, that the concern of the government at the time over the political fallout may have caused some delays, and I use the word "may". We're not saying it did, but it may have caused some delays, and neither the minister nor CFIA is willing to accept responsibility. I find it remarkably strange that the head of a meat processing plant, Michael McCain, seems to have had to accept all the responsibility, when I believe governments are responsible for food safety in this country.

The other critical area that we should inform you of as well is that when CFIA was before this committee, president Swan said that they are not responsible for food safety, industry is. I personally don't accept that, but that's what was said.

On page 8 of your remarks, you do say, "...it would have been more appropriate to have a government spokesperson take the lead to ensure that appropriate public health messages were communicated to the public". I can tell you that we agree with that recommendation. There needs to be an independent public voice out there.

My question, though, relates to the evidence when we were trying to find the chronology of events. CFIA claims that the first they were notified was on August 6, and there seems to be some discrepancy about that. In fact, in the letter reacting to the report, this is what the president of CFIA; the chief public health officer, Dr. Butler-Jones; and the Deputy Minister of Health had to say, and I want your response to this. I'll quote it to you. They do talk about reports, conclusion, and coordination agreeing with that.

They go on to say, and I quote:

> The need for better coordination also extends to laboratory testing - a critical element of the outbreak response. Since the CFIA was not advised of sampling on July 21st, opportunities were missed that may have reduced the timeframe for confirming the source of contamination. For example, samples taken by Toronto Public Health were sent to Health Canada's Listeria Reference Service (LRS) laboratory in Ottawa for testing, rather than to the CFIA regional laboratory in Scarborough.

Then they go on to say:

> Based on the initial advisement received on August 6 from Toronto Public Health, the CFIA acted swiftly to launch a food safety investigation...

In discussions we've had with your people, you folks claim that CFIA should have known on July 29. Can you respond to that?

● (1620)

Dr. David Williams: Thank you.

Speaking through the chair, we did respond to the letter, with my response on the 29th back to the group. There are two points to make.

First of all, when Toronto Public Health was investigating two cases in a nursing home in Toronto, there was no outbreak at the time. Health units are continually doing investigations and submitting food samples. They do that through proper channels, and they did so in this case too. To say that if they had been doing it correctly in the midst of an outbreak they would have submitted it to a regional lab.... There was no outbreak at that time, on July 21. They were doing their normal sampling.

Our lab itself will get 20 to 100 samples a day. There are processes that go through us; there's all sorts of food sampling being done and going on to the labs accordingly. The correct place to send it was to Health Canada's lab, which is the Listeria Reference Laboratory. That would not be out of order, and it was not inappropriate for them to send it there.

One would wonder, if it went to that lab and there were cases detected...we talk about laboratory surveillance. If there were indications of increased numbers of cases that are of concern at the laboratory level, especially from one federal authority, you would assume there would be some networking or discussion to alert the other side if there was something in their mind that was remiss or of concern. That's with that level. I don't how that worked or should work.

On the aspect of when they're notified, part of our process in the past in working in conjunction with the Foodborne Illness Outbreak Response Protocol has been that we notify our partners in a fairly prompt time. On July 29, we put out a kiosk report—the kiosk report is how we are proactive in notifying our public health partners both in the province and across the country—to our federal counterparts, including the Public Health Agency of Canada, Health Canada, and the Canadian Food Inspection Agency, who monitor these reports and are alerted that we are undertaking an investigation. It gives the context of it, so that our other partners—and, we now hear, some American counterparts—can look at it and assess or ascertain whether they need to be aware of it or ask us any further questions to clarify it. So we had done our part to alert the wider sector on July 29.

As for the comment about whether someone was on a teleconference or not on the 30th, when we call for a teleconference and there are anywhere from 40 to 100 people on, we can't do the full roll call to know whether someone is at it or has walked away from the microphone. So in that sense of "report", we checked the records and couldn't document whether this person was on during that teleconference or not, but we had already notified everybody of the fact that we were undertaking this investigation on July 29 through the kiosk system.

● (1625)

The Chair: You time has expired, Mr. Easter.

Mr. Bellavance, you have seven minutes.

[*Translation*]

Mr. André Bellavance (Richmond—Arthabaska, BQ): Thank you very much.

Mr. Williams, I would like to congratulate you on the exhaustive report you've prepared since the crisis. It's the report on the management of the listeriosis outbreak that is the most exhaustive. It also contains specific points that are very useful to the committee.

However, I would like to go back to certain remarks you made in the media after the report was tabled. You said that this tragedy would not be the last. In an article in the April 18 issue of *Le Soleil*, you are reported as saying:

> In view of increasingly large-scale food processing methods, it is likely that outbreaks of diseases originating from food will occur increasingly often.

You've no doubt seen the reports of the Canadian Food Inspection Agency and Health Canada and the measures the government and even Maple Leaf Foods decided to put in place after the crisis occurred. Do you still maintain that we should expect crises of this kind to occur increasingly often? If so, why?

[*English*]

Dr. David Williams: Thank you for that question.

I think the point I emphasized at that press conference is that in the new reality of our food services, where we're having more products than ever before from ever larger organizations of international scope—products that are often made offshore and over which we have very little control—and a wider population with importation coming in, it behooves us to look at how we can survey that even more effectively and appropriately, or we will be left with further outbreaks, such as we experienced with listeriosis.

So the first issue or problem is the extent and breadth of the change in the food retailing market that we're experiencing in Canada as part of the global community.

The second aspect that listeriosis did bring out is that we have an ever-increasing vulnerable population. The success of our medical health care system is that we have an ever-aging population, and a very mobile and active octogenarian and nonagenarian group that is out there moving around. We have more people who are living long term from having survived either cancer or a transplant by taking medications for the long term that are immuno-suppressive. So unlike healthy people, who could have listeriosis and normally just pass it off and not become ill, this ever-growing group in the population is there and very susceptible.

I believe it's our responsibility to put in place the surveillance methods that can provide quick alerts to protect this group from the consequences of food-borne illnesses—as Dr. McKeown has alluded to in his talk—which are quite prevalent out there.

This means that if we don't improve our surveillance systems and our laboratory surveillance systems as well, and our coordination at all levels—because it is becoming a more complicated global issue—we will face these issues even more in the future, because they will not go away. The organisms are ubiquitous in our environment; they can enter easily into our food chain. And especially when products are coming from afar, we may not be as well versed on what's in those products, and what we have to cautious about, and the preparation systems.

So our surveillance, coordination, and communication have to be much improved in the future for this.

● (1630)

[*Translation*]

Mr. André Bellavance: Your report contains the most information on the deficiencies in Canada's food safety system. Obviously you focus on the unfortunate event that occurred at the Maple Leaf plant, but I think that's symptomatic of all the other issues that fortunately don't necessary cause the deaths of 22 persons or make a number of people sick.

You emphasize in particular that the Canadian Food Inspection Agency was the only intermediary between Maple Leaf Foods and public health officials. Toronto's public health officials were unable to take part in the investigation, even though they had asked to participate. You had to make a special request to involve the audit team. Ontario inspectors did not have access to the plant. In fact, they did have access, but only three weeks after the Canadian Food Inspection Agency had established that Maple Leaf Foods was the manufacturer of the product that had produced positive results.

I get the impression there were some obstacles in your path when you tried to do your job. At the same time, the Canadian Food Inspection Agency wrote you a letter blaming you for not sending the tests to the right place. You talked about coordination, but the protocol that was followed during the crisis likely did not work well.

[*English*]

Dr. David Williams: That's one of my concerns in my recommendations in the report. We should be seeking ever better levels to bring our key stakeholders and the key partners together—local, provincial, and federal—to respond quickly, with timeliness, effectively, and efficiently. That's correct.

I think the listeriosis outbreak is one that went very well and very quickly. From that, it's a good one to evaluate the system, because you can look at the system blockages that are there, and we can analyze and ask how we can improve the system. That was the main purpose of the report: that we'll do our part at the Ontario level, but we do need to have strong coordination with our other federal, provincial, and territorial partners as well if we're going to carry out a consistent response.

On the issues you're raising that did come up, in fact, I was caught by surprise that there was some difficulty for the Toronto inspectors to gain access to the facility. As I understand it, they did the proper thing and informed that they were coming over as a matter of courtesy, because we tried to take the high road and to work in a cooperative and coordinated way. I only learned after a day or so that there was some need for some letter and a request, and I wasn't sure why that was required. Perhaps Dr. McKeown could answer some of that further. But that was not under our fiat or protocol.

While that's not binding, there is a recommendation for a committee where, if an inspection is required, all inspectors are invited in to work together. That includes federal inspectors. In our case in Ontario, our Ministry of Agriculture, Food and Rural Affairs inspectors and our local public health unit inspectors are not to be in competition but to work as a team to quickly gather the information you need to inform each sector and to inform each other on a rapid coordinated response.

That is one of my main concerns from the recommendation. What kind of forum can we have? I recommended a coordinating committee, an outbreak one at the local level, the provincial level, and the federal level. That would require the key heads of each one to be there to be forthcoming with information, to solve those problems, and to encourage a level of coordination and communication. Because in these cases, much as we've seen with water and in the past with blood-borne infections, the public expects a higher level of performance. Jurisdictional issues should not be a factor. The public's protection is paramount, and we need to be striving towards that.

● (1635)

The Chair: Thank you, Mr. Williams.

Mr. Allen, seven minutes.

Mr. Malcolm Allen (Welland, NDP): Thank you, Mr. Chair.

Thanks to all of you for coming.

If I could, Dr. Williams, I will continue on in that vein. There's the sense of the public's perception about its protection versus a jurisdictional dispute between one or the other...or not a dispute, because maybe that's a harsh word. But there is a sense that one jurisdiction is here and one jurisdiction is there, like a couple of ships with their lights out passing in the dark. They don't necessarily see one another, nor do they communicate effectively sometimes.

After you wrote your report, as we all know, we've seen the reply that came from the federal departments, from CFIA and the Public Health Agency of Canada. After that particular letter was sent to you, have either CFIA or Public Health made any communications or overtures to you or to your department in any way other than that letter?

Dr. David Williams: Prior to the letter, we did have a meeting with some officials, facilitated by our Ontario Ministry of Agriculture, Food and Rural Affairs. We talked on a high level about going forward with more coordination. That was prior to receiving the letter. Prior to the letter, I also had a phone conversation with CFIA officials on just some general questions they wanted to ask.

Again, the sense of this was that we need to be looking at how we can work better together and cooperate and coordinate better. It was more a setting of the stage for that. We said that's certainly what we're interested in, and we asked what we can establish that would move us into what I would say is the new phase and the more enhanced level of food-borne illness surveillance outbreak management and coordination.

Mr. Malcolm Allen: But post-letter, have you received any other communications from them about going forward with the things you talked about?

Dr. David Williams: No, not since the letter and our response back to them. In Ontario, we've been consumed with issues around H1N1, so that may be a reason there. But we haven't received any formal correspondence as a follow-up to our letter back.

Mr. Malcolm Allen: I don't know whether you can comment on this. It may be difficult or I may just be putting you on the spot.

From the jurisdictional perspective of understanding—and I know you understand your office and its responsibilities—are you able to describe for us the potential similarities or differences between your office as the chief medical officer of health for the province of Ontario and the office of the chief medical officer for Canada? Are you aware of the differences or are you able to describe those to us in any way?

Dr. David Williams: Overall, I haven't had the opportunity, because the Public Health Agency of Canada is relatively new and the legislation, roles, and responsibilities are ones that we're interested to understand well from the chief public health officer of Canada.

While we have been involved and we look at our public health legislation—it's been there for a long time and modified under the Ontario Health Protection and Promotion Act, which lays out the roles and responsibilities of my role as a chief medical officer of health in an acting capacity and that of local medical officers of health—we have that shared dynamic, the one between the chief public health officer and how his or her authority works with the other agencies.

In Ontario, when there is a public health crisis or situation, the chief medical officer of health has leadership in that and, through our emergency response systems, can then work with the other ministries to coordinate a province-wide response when necessary. There's a way to layer up on that with leadership, because when it's public health leadership, it's the public health concern that is paramount, first of all, on a precautionary basis. We assume the same may occur at the federal level, but I am personally not sure how that works regarding the structures at the federal level, how the chief public health officer of Canada has authority and jurisdiction to lead that process with other federal agencies and ministries. I'm hoping that through this I might be better informed on that matter as they go through their review process.

● (1640)

Mr. Malcolm Allen: When it comes to jurisdictional pieces, I realize we have to deal with legislation, and it may have been more difficult for you to answer.

I think there is a short answer to this. In your role, do you feel you have a great deal of autonomy to act in the public's interest when it comes to their health when we deal with crises, or do you have a sense that you're limited in any particular way?

Dr. David Williams: The uniqueness of Ontario is that we have 36 autonomous public health units. A medical officer of health such as Dr. David McKeown has the full legal authority to look after his own jurisdiction and has responsibilities and legal rights to carry that out. As a chief medical officer myself, I don't have my own separate staff who do inspections and carry that out; I work through the local medical officers.

The challenge we faced with this outbreak was that normally when there is an outbreak, it usually starts at a local level, where a health unit takes the lead, and we help and assist them. In this case, we had a province-wide outbreak with no local outbreaks. That's a new challenge and reality that we have to face in the days of advanced laboratory testing. It was a new paradigm shift for us.

Therefore, I suggested in my report the establishment of an Ontario outbreak coordinating committee, where the chief medical officer of health can meet with the other medical officers of health and key people to carry out a concerted coordinated activity. We can't afford to gather round and talk about consensus where we all agree to do something, when we need to move more expeditiously for the protection of the public. So we're looking at that type of forum that would work in these very unique situations that I think we'll face more of in the future.

Mr. Malcolm Allen: I understand that when it comes to public health, consensus building isn't necessarily the model we want to look at.

I'm interested in your use of words, because I was going to raise the issue about what one sees in science, what's called the precautionary principle, with which not everybody is familiar. I'll ask Dr. McKeown to look at that.

You talked about it earlier and I thought you were leading to a precautionary principle, where one doesn't wait until we absolutely know it's either bean sprouts, tomatoes, or red peppers. We talked about the public issue rather than worrying about individual producers or suppliers of a product to make sure that we actually get that absolutely right. It doesn't mean to say we stop looking to find out what the product is that's contaminated.

So perhaps, Dr. McKeown, you could enlighten us about that. Should we be using that as a more frequent model, or is it something we should be ignoring?

Dr. David McKeown: As a local medical officer of health, I feel my primary responsibility is to protect the health of the public. And if I'm trying to make a decision about health protection in the face of some uncertainty, which is a very common situation, I will try to err on the side of health protection. You could describe that as a precautionary principle, of taking action without having absolute certainty. The principle, I think, is the same.

Mr. Malcolm Allen: I raise that because when CFIA was here, they raised that very issue about bean sprouts and peppers versus tomatoes, not being certain as to which one it was, and mislabelling it. I felt they suggested in their testimony that until they got it right and could identify the product, we should not scare people into not eating a product that might be contaminated when it could turn out not to be contaminated. In my view, this affects public health rather than the bottom line of a particular company.

So is that what we should be doing, protecting the company? Or should we be protecting the public's health?

The Chair: Mr. Allen, the answer will have to be very brief. Mr. Easter and I were talking here, and you were over your time.

But go ahead, Mr. Williams. It's a good question.

Dr. David Williams: The issue is an important one. In our public health legislation, when we have reasonable and probable grounds that a hazard may exist, it allows our medical officers to act. That means, then, that one has to have some evidence to move—you can't just go about and be casual—but one has the ability to say that you should take steps to curtail, as soon as you can, the exposure of the public, or a portion thereof, to a presumed hazard until you investigate that one adequately.

So waiting until one has evidence beyond doubt, which may be useful for litigation purposes, is often too late to protect the public. The public expect, first, to be warned to take precautions. Then we can do the investigation to satisfy, when it requires, further litigious-type activity, if it were to take place.

So Dr. McKeown's answer would be correct: medical officers can close facilities, stop the sale or use of materials, or hold on to it in order to stop, in their minds, a potential hazard, if there are some reasonable grounds that the public would be exposed to a hazard, even if it's not fully known yet, because you need to take that time to investigate that.

It is important to understand the difference between that and waiting until you have all the evidence before you can carry out the action accordingly. The public's protection is paramount.

At that stage, I think that's the difference. When you have an outbreak that switches from being the industrial aspect to being the public's protection first and foremost, that other side can be looked after. But one needs to still coordinate with those so that there is some sense of coordination and communication. You don't do it in isolation as you're carrying out your investigation.

● (1645)

The Chair: Thank you.

Mr. Shipley, for seven minutes.

Mr. Bev Shipley: Thank you, Mr. Chair.

Thank you to our guests for coming.

This is an interesting and actually very beneficial process that we're going through. In terms of helping to determine all this, I think maybe some of the objectives are different from one side of the table to the other.

Quite honestly, I have the greatest of respect for Maple Leaf Foods. Mr. McCain made a presentation here. This came from his plant, this happened in his equipment, and there is a responsibility that he has accepted. I said it before and I'll keep saying it: I think all of us, quite honestly, at all levels could learn a lot about how to handle a crisis situation from the way he did it. I think he and his company have led by example in terms of accepting responsibility.

From this perspective, when we brought in this subcommittee, it wasn't just about listeriosis; it was about food safety also. I just want to make it clear what it's really about—namely, what happened? What did we learn from it? How do we move ahead? We still recognize, certainly, the sympathy that goes to those who were ill, and particularly to those families who were affected by losses.

I appreciate having the chief medical officer of health's report on the management of the 2008 listeriosis outbreak in Ontario. I want to just go back to the start, going back to June and July.

It says in here that on July 25—and this may involve Dr. McKeown also—"Public Health Division detects an increase in reported cases of listeriosis through monitoring iPHIS data."

Was this just in Toronto?

Dr. David Williams: No, it wasn't just in Toronto.

Mr. Bev Shipley: Just in Ontario, then?

Dr. David Williams: In Ontario.

When we collect the data, we normally have about 40 cases a year of listeriosis. There are different amounts each month, ranging from two or three up to about five or six cases a month. The system then, with our team of people such as Ms. Badiani, does the recording. They look at the epidemiologists who watch that. They have that early aberration detection system that says, if there are slight blips in the numbers, whether it's significant or not.

As of the time we had that, there was no large number in any one health unit in Ontario, but we were starting to have a small increase in our background numbers. Sometimes we have that; it may not be important, but we want to make sure we check every one to see if there's something happening behind that.

Mr. Bev Shipley: With the 40 cases a year, is that the average number of people affected by listeria each year?

Dr. David Williams: Yes, we average about 40 a year. Those numbers go up and down a little bit, but that's the average number per year that we've experienced over the last three to four years.

Mr. Bev Shipley: What made this an epidemic or an issue, then? When you have that 40 a year, are there never any deaths that come from that?

Dr. David Williams: There are some deaths. It wasn't deaths that drove us to look at the numbers; it was the number of cases, first of all. As we look at those significant cases, we see if there are any unusual patterns. And right off the bat, the one thing that became obvious was that the cases were all in long-term care facilities. We immediately thought that was unusual and asked if there was something to that or not. As we investigated further and the numbers kept coming in, that pattern continued to grow.

Then they asked the health units, as they often do, to go back out to the system to those reported cases and go from passive surveillance to enhanced surveillance. They put out an enhanced surveillance directive that asked those health units to go back and check their data to see if there was a case in a nursing home. They asked if they could check to make sure there weren't other people in that home who were sick at that time, to see if they missed some cases or something. And they started doing some further investigation out there, asking if they did or did not have an outbreak in that place.

So it evokes a lot of activity to test the hypotheses or theories that are generated in that.

● (1650)

Mr. Bev Shipley: When I look through the chronology a little bit here, it would appear that on August 4 there had been samples set, there had been tests sent, and lab tests had been done. There had been opened packages of cold meats. There was a concern that it might even come to investigate exposure to two or three meat products as well as mushrooms and cheese. And then we got back to a concern that it was in cold meats.

I think what you're saying is that it's obviously a complex issue to track. I think we've heard that time and time again, that in fact it may take up to a number of days or weeks to be able to pinpoint it.

It was my understanding that when it was all resolved, this was in a sandwich that had not just meat in it, but lettuce, bread, and maybe condiments that were attached. Can listeriosis be in any of those things?

Dr. David Williams: There are a number of questions there.

One aspect is that as you're going through the food-borne outbreak and you're trying to follow it, one has a method of generating certain hypotheses as to what is the source of it, and one looks for evidence. One of the things we always try to do is make sure we don't focus too quickly. You look at other possibilities just in case, so you're not eliminating other possibilities.

Most of the time when they were serving these products, it's not clear whether they were serving them in sandwiches or not, or in what format in the homes, because you're asking people to recollect what they ate three to four weeks ago. And with elderly people in homes, their recall isn't good. Most of us would have trouble remembering what we ate two days ago. So there is that challenge that we don't have that same local outbreak.

The aspect is whether we question other things such as fresh-cut vegetables. Those were looked at as well. So we asked what the common thing was that would give the same bacteria in the fingerprinting. It was something that was in a nursing home here, one 300 kilometres over there, and another one 400 kilometres over there.

With the laboratory test that was evolving up through the fingerprinting and the PFGE typing, there was a debate on what the types were and how specific that typing was. Much like DNA used in early courtroom cases, it is like saying that if it is this one PFGE type, and if I have it and Dr. McKeown has it 300 kilometres away, what's the chance of that occurring by happenstance? Or is it so specific that it would be unlikely? There must be some common event that we experienced that connects it. We just have to look for it. That was what was evolving at that time.

Mr. Bev Shipley: Am I out of time?

The Vice-Chair (Hon. Wayne Easter): You are out. We'll get you in the next round.

Dr. Bennett.

Hon. Carolyn Bennett (St. Paul's, Lib.): Thanks very much. Thank you for coming.

I have a concern with the reasonable and probable grounds issue. It sounds like the CFIA does have the power to act on reasonable and probable grounds but in this situation did not. They were waiting for the lab tests to come back. I have a concern that it shouldn't be a culture thing. Public health officers choose to operate on reasonable and probable grounds in order to protect the interests of the public, but CFIA for some reason decided not to do that until they got the lab tests back. That surely should be determined long before an outbreak. I had thought that this was written down in FIORP, in the Foodborne Illness Outbreak Response Protocol, that one would have rules about this, not just feelings or culture about this.

I am concerned, having heard the testimony from Lynn Wilcott, who said that during routine food recalls, when there are no illnesses involved, a good working relationship, good communication, with CFIA is possible, but where things seem to go off the rails, he said, is during recalls where there are illnesses involved or potential for illnesses, or potential adverse publicity, or even prior to recall when we as a province are doing an illness outbreak investigation. He said that in examples like that CFIA becomes very reluctant to share information openly and freely.

I wondered if you had any other experience in terms of the reluctance of CFIA to operate on reasonable and probable grounds, and why they waited to get the lab tests back if indeed there is a protocol and they have the power to act when there is the potential for trouble.

● (1655)

Dr. David Williams: First, the protocol, as it was developed, is a protocol. It was known from the outset that it's not binding. Therefore, that was one of our struggles. If we're going to have a protocol and we all sign on to it, we should agree that it has to apply to all the partners involved. It was meant to be a guidance document, and we've heard at times that others didn't have to follow all the steps they didn't want to.

Hon. Carolyn Bennett: Dr. Williams, if I may, it sounded like you felt that there were people who were involved who didn't seem to even know the protocol existed.

Dr. David Williams: I think Dr. McKeown said that. They weren't tuned into what the protocol was, how it was effective, and how it was used at different levels.

I think the point of the reasonable and probable grounds in our legislation in Ontario is that it says that where a health hazard exists, or may exist, on reasonable and probable grounds, the medical officer of health can act.

Hon. Carolyn Bennett: In your report, I was surprised because you say that the chief public health officer "did not appear to have a clear mandate for leadership in a cross-jurisdictional foodborne outbreak", when indeed that is actually in his job description. I was also surprised that "Canada has not yet implemented a national outbreak management strategy that incorporates all federal agencies and ensures coordination with provincial ministries." That's in your report.

At the time of the outbreak, it seemed to you that the chief public health officer of Canada didn't seem to have the authority or mandate to be the chief spokesperson. Is that why that's in your report?

Dr. David Williams: That's in my report because it wasn't clear when it went into a national-level outbreak that it was the chief public health officer of Canada leading and coordinating the response of CFIA, Health Canada, and the Public Health Agency of Canada. Is it clear that it was the leadership that was ascribed to him in that response?

The FIORP document, when it was originally drafted, antedated the Public Health Agency, so how that's incorporated in is a good question. I think we'd like to have that clarified to say that the chief public health officer, in the case of an outbreak, has a leadership role and seeks to coordinate the levels at the federal level and to work with the chief public health officers in Canada to deliver a consistent, timely, and effective response, and to be the spokesperson throughout that process. We didn't see that occurring.

The Chair: Okay, your time has expired.

Mr. Lemieux.

Mr. Pierre Lemieux (Glengarry—Prescott—Russell, CPC): Thank you very much, Chair.

Thank you for being here today.

I just want to make a few introductory remarks. I think what we've heard and what we've seen, just from your testimony today and from the other witnesses we've had here, is that food safety is indeed a shared responsibility. There are many players involved, and everyone has their own responsibility to fulfill. There are the provincial health agencies, the federal health agencies, and of course there's industry. So everyone has a key and fundamental role to play in food safety.

The other thing is that I'd like to correct the record a little bit. There were some comments that it seemed there was no cooperation at all. I would like to correct that. I think there was cooperation. In fact, in one of your letters, you mentioned there was very good interdepartmental or interprovincial or intergovernmental cooperation. It's not to say it can't be improved; it does need to be improved, but I was just looking at your September 24 letter where you say, “This serves to indicate and document our sincere appreciation for the cooperation between the Canadian Food Inspection Agency (CFIA) and Toronto Public Health (TPH) during the investigation of the Maple Leaf Toronto Plant...”.

There was definitely a level of cooperation that went on, but there does need to be work done in terms of making things better and improving the communication that goes on. I don't think it was quite as Mr. Allen put it, which was two ships passing in the night with their lights out. I wanted to correct that.

I wanted to also ask a few questions about the precautionary protocols that were being discussed. I think one of the key factors in food safety issues, in recalls and health alerts, is probably the public's confidence in the system. I think this is one of the things we're investigating here.

One of the questions I have, for example, is this. There was earlier talk about—

● (1700)

Hon. Carolyn Bennett: Is his time up yet?

Mr. Pierre Lemieux: No, not yet.

There was certain talk about health alerts and recalls and the fact that they have to be confirmed in science. There was talk, for example, in the U.S. They gave warnings about eating tomatoes, but it actually turned out to be jalapeño peppers that were the problem.

My concern is that if recalls and health alerts are not founded in science and rather conclusive, it would be possible to have many recalls, many alerts. The public could actually become somewhat insensitive to them in terms of saying it's just another alert and it might be wrong, and this sort of thing has been wrong in the past. It's good for the governments, perhaps, in being able to say that they did advise the public, but if the public has less confidence in the alerts being issued, it might not be a move forward.

I wanted to ask your opinion on that. Do you see that actually as a risk, that if things are not conclusive enough and health alerts are issued much more frequently, in fact, the public could become less responsive and in fact that would increase the risk?

Dr. David Williams: That's a good point. I think the issue, as I have always said, is that when we engage in our risk assessment, risk management, and risk communication, the key is that when we have reasonable and probable grounds and we go forward, we want to communicate. When we communicate with the public, we do so not just because we want to talk about it; we have to engage the public in a trust, in a confidence, in a working relationship, because if we ask them to avoid something and they have no concern, there's not much of a response. We engage their trust and their confidence.

Therefore it means it behooves us, when we explain to them, to say on what grounds we did that—and we often do that in our messaging: because of this and this and this, we are concerned. If the evidence is weighted enough in their minds, even if it is precautionary, they will take the appropriate steps. Sometimes, in cases of other health hazards, when we've told them, the public decided on their own to ignore those warnings. But they have been duly informed on that. We've asked for their participation in there.

You're correct, you don't have to have everything correct in line, because the public knows that, but they do have to have enough information—transparency, as Dr. McKeown talked about—that they can engage and understand. The public is very well informed. They have lots of sources, but they want to make sure it has come from a credible source and it is in context, so they can say this informs them enough that they can make a decision and participate. If they don't, they know where they'll go for more answers.

Mr. Pierre Lemieux: Thank you.

One of the key problematic areas is the transitioning of trying to identify a problem and how widespread it is. You've mentioned there are listeria cases that appear on a monthly basis. When does that transition into a larger problem and then eventually into a crisis? At what point does the messaging indicate that? I just wanted to know your comments on that, because I think that's where we need better communication amongst the different levels of government, better cooperation amongst the levels of government. It's right when things are transitioning, because I would imagine there are a lot of factors—I think you discussed this earlier in the meeting—that have to be assessed, and different people will have different opinions as to when and where that transition is actually taking place, where this is now moving from a community to a province-wide problem, from a province-wide problem to a Canada-wide problem.

I'm wondering if you have comments on how those transition areas can be better improved to serve the public.

Dr. David Williams: The key to that is the quality of your surveillance. That means you have to have surveillance, surveillance, and more surveillance. Moreover, it has to get better and better. Part of this is the data that comes in. When things go awry, it is often because people are working with limited or poor data. That means you have to have a system that gathers the information quickly. Our IFA system, which we invested in after SARS, has done that. We can get the information and material. We have a live-time hypothesis generating system that allows us to change the questions and ask them in live time.

You have to make that evidence solid as quick as you can. You also need a sophisticated laboratory surveillance system that does the modern molecular typing. You need those two combined. Your strength in going to the public depends on the evidence, not just on an opinion or feeling. You have to have the epidemiological evidence. We have clusters of cases that did not happen by happenstance. You do the targeting of your investigation accordingly and back it up with data that you can support. All the samples may not prove positive, but you have scientific, statistical, and surveillance data to map together to come up with a conclusion. You want to make sure you do that well.

So it's those systems of surveillance that have to be ramped up and ready to respond. To nail down a cause or refute one, you need background passive going quickly up to active and very enhanced and aggressive surveillance. You need to do this as quickly as you can before you go to the public with the messaging, because they have to understand the assessment and what you did to come up with the communication you're giving them.

● (1705)

The Chair: Mr. Easter.

Hon. Wayne Easter: CFIA states that their first notification was August 6. Your agency states that it was July 29. In correspondence, your office said that CFIA, by your authority, was advised of the increase in listeriosis cases in Ontario on July 29—first by telephone and e-mail, then by a posting on the Canadian Integrated Outbreak Surveillance Centre notification system. Is that is the case?

Dr. David Williams: Yes, that is the record we have.

Hon. Wayne Easter: Is it possible for you to table those e-mails or send them to the clerk of the committee?

Dr. David Williams: We have the examples of the CIOSC postings, which are public and out in the community, including at the federal level. We can look at the other ones.

Hon. Wayne Easter: I don't know whether we are going to call CFIA back, but this is a critical point in finding out about the delay and where CFIA is on this issue. The big question for us is this: why the delay on their part?

Dr. McKeown, in the Toronto Public Health report of April, you mentioned that you had concerns about the compliance verification system and the shift away from direct government oversight. I think you mean more sharing with industry self-regulations. In section 3.10 of your report, you say that “these concerns suggest that there is too much reliance on information supplied by plant operators or, in the case of imports, a source located in a foreign country”. Could you expand on that? We have gotten a lot of calls in that area since this committee started its work.

Dr. David McKeown: Let me start by saying that it's a good thing for food service operators to take responsibility for food safety. That underlies many local food safety initiatives: mandatory food handler training, ways in which we support food service operators to do the best job they can, and others. Even the transparency, the disclosure system, provides an incentive for food service operators to do the right thing in ensuring food safety. However, there also has to be oversight. At the local level, we have quite a strong system of oversight, and the inspections are made public on a regular basis. So I think the two can go hand-in-hand. All levels of government and the food industry have an important role to play. In my view, creating a stronger role for the food industry does not remove the responsibility of government to act as an overseer.

● (1710)

Hon. Wayne Easter: I guess it was Monday night that the agriculture union was here, and they raised a lot of concerns. But I think there have been improvements made since this outbreak, certainly. They raised concerns that one inspector was managing, basically, seven operations—I think he's now back to one—and that more than 50% of their time is spent on paperwork rather than on the floor.

To put it to you directly, do you believe inspectors should be on the floor, under the authority of an independent agency, doing the inspections, rather than a reporting system through industry?

Dr. David McKeown: Again, I'm speaking from my experience at the local level, where we're regulating and inspecting food services in the city of Toronto. It certainly is a critical part of our role to have inspectors on-site for routine inspections, and in fact, from time to time, to do a more intensive inspection in which the food preparation process is followed step by step. I think the presence of independent inspectors is an important component of food safety.

Hon. Wayne Easter: I want to come back, just one—

The Chair: You're actually out of time, Mr. Easter, but if you want, just finish your comment off.

Hon. Wayne Easter: I may get a chance later. Go ahead.

The Chair: Thank you.

Mr. Bellavance, for five minutes.

[*Translation*]

Mr. André Bellavance: We heard from the Minister of Agriculture and Agri-Food, people from the Canadian Food Inspection Agency and also people from Health Canada. Frankly, from hearing them, the crisis was relatively well managed. I get the impression they didn't necessarily read your report. After doing so, however, they quickly responded to you and even attacked you. I'm thinking in particular of Ms. Swan, Mr. Butler-Jones and Mr. Rosenberg, who signed the letter I referred to earlier, the letter of April 20 last. First I would like to know whether you think the federal Minister of Health had a role to play in the crisis, or whether he should have played a role, since we didn't see much of him during that period. We asked him to come here as a witness, but it ultimately took a motion from me this week, on Monday, to finally get someone to think that would be a good thing to do.

Did you see him? Did you hear him? Did Mr. Clement or his department contact you during the crisis?

[*English*]

Dr. David Williams: To answer the question, yes, I did receive the letter. I would also indicate that in the letter from the three officials, they did comment in the first paragraph, “We welcome the report's intended purpose of demonstrating the accountabilities and the opportunities that exist...”. So there were positives as well as their concerns.

During the whole outbreak, I did not receive any call from the federal Minister of Health or his office. We dealt mostly or totally with the representatives of the agencies, those being the Public Health Agency of Canada, Health Canada, and the Canadian Food Inspection Agency in that, and of course some of their counterparts, the national medical laboratory and the laboratory in Ottawa, on that perspective in that. But no, I did not hear any inquiries from the federal minister to my office.

[*Translation*]

Mr. André Bellavance: Do you find that normal? In your comments, you say that, when there is a national crisis, there should be someone responsible at the national level. In my opinion, the person ultimately responsible in this kind of issue... Obviously, we were talking about agri-food, but we're also talking a lot about public health: some people were sick, others died.

Do you think the federal Minister of Health should have been in the picture and should have had a say when the crisis occurred?

[*English*]

Dr. David Williams: Most of the time when we're operating, even at the provincial level, I expect that the public health officials will be speaking and leading on the issues, the same as in our province. If our minister chooses to speak on the matter, he has the full privilege to do so. We keep him informed on the matter. If he feels that he wishes to speak, he does speak on the matter. They usually expect us in the public health leadership to carry out our duties and responsibilities and give leadership to a point of their satisfaction. If there's some level at which they feel they should be engaged, they have that privilege, and it's their role if they wish to do so.

I don't really have a control from my side to say when I expect a minister to engage in activities, yes or no. My task is to keep him or her—these are both hims in this case—informed on the matter, such that they can deal with it as they feel fit.

● (1715)

[*Translation*]

Mr. André Bellavance: I understand, and my intention isn't to embarrass you with this kind of question, but these are questions that people ask us.

I also want to go back to the fact that the impression we get on this entire matter—and that's why I'm drawing a parallel—is that the Canadian Food Inspection Agency had control over management of the entire crisis when, in my view and that of the people who have spoken with us since this subcommittee was struck, Health Canada should have carried the greatest weight in the decisions made and in the coordination of this entire affair. I'm also intrigued by the fact that the agency wrote to you and told you that samples taken by Toronto Public Health were sent to Health Canada's Listeria Reference Service Laboratory, but should have been sent to the Canadian Food Inspection Agency's Scarborough lab. In response to a question from me during his appearance, Dr. Butler-Jones said that you had acted correctly. And yet he signed the letter in which you are blamed for having done that. It states that it was because of that that the chance to reduce the time it took to confirm the source of contamination was lost. Mr. Jeff Farber, from Health Canada, also said that it was normal for the samples to be sent to the Health Canada lab.

How is it that, in 2009, we are still trying, after the fact, to toss the ball into our neighbour's backyard and say that he's the one who didn't do his job. I understand that we're trying to improve things, but when you talked about the lack of coordination earlier, here's a concrete example in which, after the crisis, the agencies figured they would quickly wash their hands of the whole affair and say that others hadn't done things properly. And yet when we question their representatives during their testimony—

[*English*]

The Chair: Mr. Bellavance—

[*Translation*]

Mr. André Bellavance: —they say that ultimately what was done was correct.

[*English*]

The Chair: Do you have a question?

[*Translation*]

Mr. André Bellavance: Yes, it's on this subject.

[*English*]

The Chair: You're way over time. Thank you.

Do you want to comment?

Dr. David Williams: The overall purpose of my report is more of the other side of what you're speaking to. I don't think there's any benefit in saying that if something was on one day or that day and necessarily in small details.... We can talk about those at different times. I like to focus more on the higher level of seeking system solutions to the coordination, not wanting to pass the buck in that sense. We all want to be engaged and do our part.

What system adjustments should we make so it is clear that in the case of an outbreak where the public's health is at risk there's the right leadership at that stage? In Ontario the public health system, under the Minister of Health, takes that leadership for the protection of the public in an outbreak. We're looking for a similar structure at the federal level that would comply or work synergistically with ours at the provincial level. Rather than who does what, when, and where, it is how do we all work better together to give a better response. I think that's what the public of Canada and Ontario expect in this situation. Jurisdictional issues, I think, are not a concern to them, but the type and timeliness of response is of paramount importance.

The Chair: Thank you.

Mr. Shipley, for five minutes.

Mr. Bev Shipley: Thank you.

Mr. Williams, I appreciate so much the dialogue that's happening today in terms of what needs to be done about the systems by everyone: the communications, what we need to do to move ahead to seek system solutions and not pass the buck. I think that's really it.

When did it become a national event? When it moved outside one region, is that correct?

● (1720)

Dr. David Williams: When we had our cases and we did our notification through CIOSC, that meant my fellow CMOHs across the country would be checking their cases as well to see if they had an increased number of listeriosis cases. That's one aspect. When we identify that through the hypothesis generation and agreement around that period of August 18 and August 19, they said they had closed packages from the plant. Therefore a product had gone out that we understood went to our institutions in Ontario. Of course we didn't know whether it went to institutions beyond Ontario, and certainly it was confirmed to us that this was the case. Therefore, on the federal level the Public Health Agency of Canada added that to the alerts, and so did the health hazard alert, which is a national one, along with the company that would alert them to that effect.

Mr. Bev Shipley: So basically, it became sort of unclear at the national level, where there were actually issues outside of Ontario, in and around that time? I mean, you'd send out the alerts, but the recognition of it, that—yes, we have that issue here too—was some time in that area.

Dr. David Williams: The other provinces became aware that they were exposed to whatever we were dealing with in Ontario. At first you'd wonder if it was an Ontario-only issue, because of the determination of where the source was. Since that source had more than an Ontario-only distribution, that moved it from the side of being, I would assume, in one of the provinces of interest and from you just checking to see if you have anything from there, to saying that this has now landed in your jurisdiction and you're going to have to investigate it further.

Mr. Bev Shipley: I keep looking at this, and it talks about “all open packages”. It was determined that only two of 13 samples submitted had similar molecular typing. There was a concern, I would think, because of these one-kilogram open packages of cold meat—and now we're into August 11. Does that create an issue when you have open packages in terms of trying to pinpoint the issue and the intensity, in terms of the seriousness of the listeria effect that it's going to have on people?

Dr. David Williams: One of the points in my recommendation is around the facilitation and efficiency of food sampling processes. It was frustrating to some of us in Ontario that when our trained staff, who know how to do sampling with a sterile and careful technique... instead of 36 health units sending in 10 to 20 one-kilogram bags to a centre to get assessed, they could take some samples and send them in. To say that because your staff opened them or your lab staff opened them up, that's not as good as our lab staff opening them is a little bit frustrating in that sense, because they use the same care and technique to undertake that. Shipping large packages of products over long distances in a timely manner can become overwhelming, and one has to look at what is a more efficient and effective way of sampling.

Also, confidence and trust that if you train people out on the periphery to do the proper sampling and give them clear instructions, even on how you might want to augment or change that in the process...I've experienced that before, where an experienced medical microbiologist doing that will say, “Now we want to sample this portion and do it this way”, and you needed an iterative process to make it more timely to go through pounds and pounds, up to a quarter of a tonne, of stuff. Testing is a huge task.

So I think the open packages were of concern to the agency, but I thought, in my sense, that some of our staff who are well trained in that can sample products quite well and keep them in the proper process that would still be valuable and meaningful in that investigation. So we wanted to make sure we clarify that.

The Chair: Thank you, Mr. Shipley. You have six seconds left, so that's it.

Mr. Allen, I apologize. I bypassed you, and it wasn't deliberate.

Mr. Malcolm Allen: You said he had six seconds, but he actually took four minutes and 54 seconds of my five minutes.

Some hon. members: Oh, oh!

The Chair: You're saying your time is over?

Some hon. members: Oh, oh!

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

Mr. Malcolm Allen: As you can see, we sometimes get out of sync here.

My colleague across the way, the parliamentary secretary, talked about shared responsibilities between numerous agencies. Dr. McKeown and Dr. Williams have both articulated relatively well the sense of local public health officials, provincial health officials, and of course Canadian public health officials.

In your opening remarks you talked about all of these groups and agencies having jurisdictional issues, in the sense that you have this jurisdiction and they have that jurisdiction, and how do we somehow find the synergy to make them all work together. As you said, "the committee's overarching priority needs to be to protect the public's health". Forgive me for being overly simplistic, but I think that's why we call you public health officials. That's your only mandate, from the perspective of what we believe. There are other things you do, but protecting public health is really your mandate, as it should be.

If we had followed the model you outlined for us in general terms and had that seamless operation among the local, provincial, and federal jurisdictions, could we have decided at an earlier time than the timeline we see here that we did have a crisis of some proportion and that we ought to have taken steps then? Those steps would have been earlier perhaps. I'm asking for your professional opinion around that, either one of you or both. If we had reacted earlier and made the same decision as we made in August on July 29 or even July 21 and had all the folks working together, could we have averted some of the deaths?

I recognize that the second part is an extremely difficult question. There is some conjecture involved in that, but you are professional public health officials. You are tasked with the sense of public health, what to do to minimize the risk to the public and avoid deaths from occurring, and ultimately taking it from that level to avoid health issues from arising, including food-borne illnesses. We've heard Dr. McKeown talk about the numbers.

Could you respond to that?

● (1725)

Dr. David Williams: First, if the seamless system is working and we have open disclosure, and everybody is at the table—the way I imagine the model I'm proposing—with a sense of confidence and sharing, it would have allowed us to respond by declaring the outbreak a number of days earlier. Part of that aspect is like the issue the previous member asked about—the discussion around the laboratory testing and the poor quality of the samples. We'd say, "There's enough for us to take action right now, so can we do it?" There are questions about what was happening at the plant that I wasn't aware of that would have given me concerns about confidence or concerns about doubt that we should move more expeditiously to handle that.

I wasn't sure why those one-kilogram packages happened to be from one line and were the only ones that were contaminated in the process system. I was not versed on totally understanding how this was happening, but those ones weren't exposed. Were they the only ones producing that or not producing that? Why was it done in that packaging and they only went to these institutions and not to public ones? It's that kind of thing used to assess who in the public are at risk. Either it's known clearly or it's found out very early, and even one federal agency says:

> We don't know, and we're not very confident that we can get that information. We can't confidently tell you that it isn't. Therefore while we can't say what it is, we think that as a public health official you should react now on a precautionary basis and take the steps to do so. So while there aren't enough grounds to say we can land on something solidly, I can't tell you enough from our mandate and perspective that would persuade you that it's contained only here, therefore you should probably take action further.

It's not only the amount of the information; it's the opinion and evaluation of the quality of that information from those people as they're going through the process that will help to expedite the decision-making aspect in there.

It's the same with the sampling packages being opened or not. With some of our public health officials, if the PFGE type is the same, what if some inspector happened to brush it with his finger and contaminate it with the same one? That was highly unlikely. Why could we not move expeditiously? That frank discussion should happen in a command-type thing with people at the table where they're held to be there, who share what they know, with a common respect for each other's mandate and what you have to do in your job. But the final task is the public's protection, and let's get on and do the job.

On the question of how far back, if you go back to the 21st, we talked with Toronto Public Health about their two cases. They said they had investigated them. We can't respond to an outbreak before we know it has occurred. It would be nice if we had certain powers that we don't have. We're only public health officials. We'd like to dream of that and be preventative rather than reactive, and that's the idea.

On the number of deaths, it's tough to say how that would have been affected, because the incubation period is so long. When the person actually ingested the product is tough to say.

● (1730)

The Chair: Thank you, Mr. Williams.

We actually had the lights flashing, but Mr. McKeown, you'd like to comment on the same question by Mr. Allen, so go ahead.

Dr. David McKeown: Thank you, Mr. Chair. I'll try to be brief.

I've certainly seen examples in which local public health officials were prepared to take action when the CFIA was not. I think if the system is working well together, then we should be on the same page. We should be using the same kinds of triggers in order to make those important decisions. I can't say in the listeriosis outbreak whether earlier decisions would have made a difference in terms of the health outcomes, but clearly, under some circumstances, it might. That's why it's important.

The Chair: Thank you very much.

I apologize to our witnesses, but we have three votes in the House tonight. Seeing that we have a little further to go than normally, we'll have to end now.

Thank you very much, all of you, for being here. I think you answered a lot of questions, so thanks for participating in our study.

I know you're scheduled to be here till 6 o'clock, but the votes are scheduled for 6:45 p.m. and I know there's no way we're going to be back here in time to resume before our next witnesses are here. So thanks again for being here.

Dr. David Williams: Okay, thank you very much.

The Chair: The meeting is suspended until after the votes.

● (1730)

(Pause)

● (1830)

The Chair: Okay, for the sake of time we'll move into our next session.

We have witnesses here from Bioniche Food Safety, Mr. Culbert; from the Canadian Agricultural Safety Association, Mr. Hacault and Mr. Anderson; from the American Meat Institute, Mr. Jim Hodges.

We'll start with Mr. Culbert, for 10 minutes or less, please.

Mr. Rick Culbert (President, Bioniche Food Safety): Mr. Chair, members of the subcommittee, on behalf of Bioniche Life Sciences, I want to thank you for the opportunity to speak to you about food safety in Canada.

As you know, Bioniche Life Sciences is an innovative biopharmaceutical company based in Belleville, Ontario. Our mandate is to act on innovation and to improve quality of life. We're publicly traded and invest heavily in research and development. We currently employ about 200 people around the world in highly skilled scientific and research-based jobs, with the majority of these being in Belleville, Ontario, and Montreal, Quebec.

An important part of this subcommittee's mandate is seeking recommendations to reduce the risk of future food-borne illnesses. Today, I want to tell you about a breakthrough in reducing the risk of Escherichia coli or E. coli, the O157 strain in particular, which is a food-borne pathogen and public health issue.

Highly publicized outbreaks such as Walkerton in 2000 and up to and including last year, where we had an outbreak in North Bay as well as one in the Niagara region, are tragedies caused by E. coli O157 that can shake the confidence of Canadians in the safety of their food.

There are many strains of E. coli that are harmless, but the O157 strain is one that releases toxins that cause severe illness, permanent illness, or even death. Like listeria, unfortunately, it is young children and the elderly who are often most at risk. The Government of Canada can take pride in the fact that it supported research and development that led to the world's first licensed vaccine against E. coli O157, named Econiche. This unique innovation, which has positive implications for Canada's agricultural sector, national food supply, health care system, and overall consumer confidence, speaks to the calibre of this country's scientific research community.

Econiche is designed to reduce the risk of E. coli O157 contamination of food and water, and it received full licensing approval from the Canadian Food Inspection Agency in October 2008, only a few months ago. The vaccine is given to cattle and is the first of its kind in the world to combat E. coli O157 at the source. By "source", I mean beef and dairy cattle, the natural hosts of these bacteria.

This deadly strain of E. coli lives within the intestines of cattle without causing any ill effects to them. Studies have shown the vaccine significantly reduces E. coli colonization in cattle by as much as 98%. This reduction in the amount of E. coli O157 shed by cattle helps to reduce the risk of it being present in ground beef or via groundwater or spread to children who pet animals during farm tours, or via produce, as was the case with the huge spinach recall in 2006.

Adoption of this vaccine will position Canada as a global leader in food safety, preserve consumer confidence in Canadian agriculture products, and bolster public health. It will provide much-needed assistance to the agricultural sector, particularly the beef industry, by offering an additional stamp of safety and acting as a premium on Canadian agriculture products, potentially increasing foreign demand for our beef and produce.

Given the many of benefits that will result from inoculating beef and dairy cows with this vaccine, one might assume cattlemen would move quickly to vaccinate their cattle; however, it is not that simple. The challenge with adoption of this on-farm intervention is that individual cattlemen receive no immediate or direct benefits for spending the money to vaccinate their animals against E. coli O157. As this bacteria does not make cattle sick, there is no incentive for cattlemen to vaccinate them. We believe that if governments provide the initial funding to encourage adoption, the long-term benefit to the overall cattle industry will become apparent. We must recognize that E. coli O157 is more than only a beef issue; it poses a risk to humans through other foods, water, and direct contact.

Organizations such as the Canadian Association of Bovine Veterinarian, the Canadian Association of Fairs and Exhibits, and the Beef Value Chain Roundtable have all issued statements supportive of approved licensed on-farm interventions to reduce the public health risk of food-borne pathogens such as E. coli O157.

During these subcommittee hearings, we have heard about the shared responsibility between industry and government in regard to food safety. We have heard that government's role is to deliver resources and establish policies necessary to keep our food supply safe. We have heard that in Canada a greater cost for food safety is paid for by producers compared with other countries where a greater proportion of public dollars is used for food safety.

● (1835)

In Canada, we have successfully used vaccines for decades to address serious public health issues. Safe, effective vaccines are a proven technology to reduce the risk of infectious disease. The concept of vaccinating cattle to proactively reduce a serious public health risk is a perfect fit for the "one world, one health" concept widely advocated by health experts. The challenge, however, is that such innovations may require the cost to be incurred by one party, yet the benefits to be realized by another. Ultimately, as you know, food safety is about protecting Canadians, which is the purpose of the government's food and consumer safety plan. All of society benefits from the use of technology to reduce the risk of infection and illness.

The subcommittee is looking for suggestions to strengthen the food safety system and reduce the risk of future food-borne illnesses; therefore, I will put forth three recommendations on behalf of Bioniche for your consideration.

Number one, our key recommendation is the funding of a program, or pilot projects, designed to ensure the removal of E. coli 0157 from the Canadian food chain. This was previously recommended by the House of Commons Standing Committee on Finance in the pre-budget report of 2008. We feel confident that Canadian taxpayers would prefer having the fiscal responsibility involved in funding the prevention of food-borne illness than in funding the long-term consequences of an outbreak. Food-borne illness in Canada costs approximately $10 billion each year.

A series of pilot projects, funded through a program such as AgriFlexibility, would enhance the position of the cattle industry and beef value chain by encouraging primary producers to incorporate technologies, such as Econiche, that add value for other members of the supply chain as well as the end consumer.

There are four such potential shovel-ready value chain pilot projects, with Bioniche acting as a partner.

In Ontario there's a group involving the Ontario Corn Fed Beef organization and also the Ontario Veterinary School and the Ontario Ministry of Agriculture, Food and Rural Affairs.

In Quebec, there's a project waiting with Viandes Sélectionnées des Cantons; and l'Association des médecins vétérinaires praticiens du Québec; and le ministère de l'Agriculture, des Pêcheries et de l'Alimentation du Québec.

In Prince Edward Island, there's another group with the Atlantic Veterinary College, as well as the public health office.

And also in Alberta, there is the Canadian Cattlemen's Association, Alberta Agriculture and Rural Development, and the newly created Alberta Livestock and Meat Agency.

Our second recommendation is to implement policy changes that support development of novel approaches to food-borne pathogens. When a company such as Bioniche researches, manufactures, and commercializes a new vaccine to prevent illness in people, the vaccine is typically reviewed by the Public Health Agency of Canada's National Advisory Council on Immunization. The advisory council will make a recommendation about its use in Canada. This recommendation will determine if health care dollars can be used for the purchase of the vaccine, and the cost of immunization. However, innovative products like Econiche—given to cattle to prevent illness in people—fall outside of the council's current mandate and therefore are not considered for public health funding.

Our final recommendation is that enteric pathogen surveillance systems, such as the C-EnterNet, should be fully funded. This is an initiative facilitated by the Public Health Agency of Canada, and also funded by Agriculture and Agri-Food Canada, designed to support activities that reduce the burden of gastrointestinal illness.

To summarize, our first priority is the funding of pilot programs that encourage adoption of on-farm food safety technologies. Our next recommendations relate to policy changes and support of public health initiatives to monitor enteric diseases in the environment.

In conclusion, I will say that all of us are in the consumer confidence business. From farm to fork, each link of the value chain has an obligation to do everything it can in the production of safe food. Government and industry are partners in the development of a shared vision going forward to reduce the risk of food-borne illness. We believe that Canada's commitment to be a leader is built on a foundation where innovation is encouraged, commercialization nurtured, and the adoption of novel approaches to food safety supported.

Thank you.

● (1840)

The Chair: Thank you very much.

Now we move to Mr. Hodges from the American Meat Institute, for 10 minutes or less, please.

Mr. James Hodges (Executive Vice-President, American Meat Institute): Good afternoon, Mr. Chairman and members of Parliament. Thank you for allowing me the opportunity to appear before this subcommittee.

My name is Jim Hodges and I'm the executive vice-president of the American Meat Institute. I previously held the position of president of the American Meat Institute Foundation, which is the scientific research and educational arm of AMI. The institute has provided services to the meat and poultry industry for more than 100 years. AMI's 200 members include some of the most well-known meat and poultry food manufacturers in the United States and Canada.

Food safety is the institute's number one priority. We share a commitment with the Canadian Meat Council and other organizations to share best practices and new technology to improve food safety for the good of the industry.

A common refrain heard in Washington, Ottawa, and other venues is that our food safety regulatory system is broken. Although some criticism may be warranted, a closer look at our meat and poultry food safety systems, at least from the U.S. perspective, might yield a different conclusion.

Illnesses associated with meat and poultry consumption have declined. Nearly one billion meals are consumed each day in the United States without incident. But most individuals still believe that the food safety system can be improved. I would like to discuss with you today some of the improvements that the meat and poultry industry has made and the important role government oversight plays in ensuring food safety.

First, the U.S. meat and poultry industry supports a strong federal oversight system. The approximately 8,000 employees of the U.S. Department of Agriculture's Food Safety and Inspection Service inspect approximately 6,300 domestic meat and poultry operations. An additional 2,000 federal employees provide supervision and support services at a total cost of more than $1 billion annually.

Federal law requires a foreign country's inspection system to be equivalent to the system in the United States. Thirty-three foreign countries, including Canada, are currently approved to ship to the U. S. Canada is our largest trading partner, which requires our import systems to be as effective and efficient as possible.

Most importantly, a food safety system, in order to be effective, must be preventive. More than a decade ago, the USDA and the industry embraced a major shift in the approach to food safety programs by adopting principles of prevention that are embodied in the hazard analysis and critical control point programs, or HACCP. Mandatory HACCP provides a framework for identifying potential hazards and implementing measures to control those potential hazards during the production process.

USDA ensures that processes are scientifically validated and working properly. During the course of a year, USDA conducts more than 80,000 microbiological tests to verify that production processes in federally inspected establishments are under control. FSIS conducts these verification tests in addition to the several million microbiological tests the industry does each year.

Both Canada and the U.S. have strong federal meat and poultry inspection systems, but it is important to recognize that only industry can produce safe food. Although food processors and handlers can, and must, minimize risk, there can be no absolute certainty that all food products are free of all risk. Notwithstanding that caveat, progress is being made every day.

Specifically, U.S. government data show a decline in pathogen prevalence on meat and poultry products. Since 2000, the industry has reduced the prevalence of E. coli 0157:H7 in ground beef by more than 45% to less than one-half of one per cent incidence rate. The prevalence of listeria monocytogenes in ready-to-eat products has been reduced by 74% to less than 0.4% incidence rate.

● (1845)

We've seen similar improvements in the incidence of food-borne illness. Since 2000, illnesses caused by E. coli 0157 are down 40%, and listeriosis is down by 10%, with much of the improvement occurring before 2000. That's reflected in the data.

Science and scientific facts should be the foundation of establishing a food safety system that has public health protection as its goal. Government has the responsibility to set food safety standards that provide an appropriate level of public health protection. Industry has a responsibility to produce safe food that meets or exceeds government food safety standards. Caution should be exercised, however, that the government food safety regulations not stifle innovation and continuous improvement by being overly prescriptive in defining how food safety goals should be met.

Let me conclude with some suggestions on what will improve food safety.

One, with respect to government inspection programs, the focus must be on systems designed and implemented to protect public health. Inspection activities that do not have a direct impact on public health waste scarce resources and divert attention from issues of public health importance.

Two, continual improvement of preventative process control systems is needed. Mandatory HACCP and sanitation programs that focus on prevention versus detection are critical, and the rigour of the control systems should be proportional to the public health risk.

Three, government agencies must be fully funded to help assure the safety of domestically produced and imported food products.

Four, resources should be allocated based on the public health risk posed by a particular food and the control measures that are used during the manufacturing and distribution processes to control such risk.

Five, objective and achievable food safety standards that are scientifically determined to measure whether food is safe and non-injurious to public health are needed. Food safety standards must be based on quantifiable, measurable criteria and must have a direct impact on public health.

Six, domestic food safety standards must be compatible with internationally recognized standards, such as *Codex Alimentarius*, to protect the health of consumers, ensure fair trade practices, and promote the coordination of food standards development by the international community.

Seven, efforts should be focused on conducting a thorough analysis to identify how and why a food-borne disease outbreak occurred. Each government agency should be required to report detailed information that will assist food handlers in preventing future occurrences.

Eight, rigorous government inspection and testing is needed to verify that consumer-ready products are safe. Test results should be performed under accepted sampling and analytical protocol.

Finally, establishment of a public-private partnership to design and implement a comprehensive research program to develop more advanced risk mitigation and intervention strategies is needed.

Thank you for the opportunity to testify before the subcommittee today. I'll be happy to answer questions that you may have.

● (1850)

The Chair: Thank you.

Now we move to Mr. Anderson or Mr. Hacault. You have 10 minutes, more or less.

[*Translation*]

Mr. Marcel Hacault (Executive Director, Canadian Agricultural Safety Association (CASA)): I'm going to start with a few comments in French.

Mr. Chairman, I want to thank you for the opportunity to make a presentation to the subcommittee. My name is Marcel Hacault, the Executive Director of the Canadian Agricultural Safety Association. I was somewhat surprised when I was asked to make a presentation before this subcommittee, but after hearing the presentation by Rick and James, I think the purpose is to examine the issue of food safety from a more comprehensive standpoint. That's why we are making this presentation today.

It is our basic assertion that a safe farm produces safe food, and that farmers must be provided with the tools to do so.

[*English*]

It is the vision CASA, the Canadian Agricultural Safety Association, to have a Canada where no one is hurt farming, and our mission is to make the agricultural sector a safe place to live and work by helping farmers see and manage the risk in their workplace. Although a majority of our funding is from Agriculture and Agri-Food Canada, it's our partners and our safety leads in all the provinces that allow us to change behaviours and to work with farmers to improve the safety on their farms for their families and for their workers.

Dean.

Mr. Dean Anderson (President and Chief Executive Officer, Farm Safety Association, and Vice-Chair, Canadian Agricultural Safety Association): Thanks, Marcel.

I'm going to take over the rest of the role.

The point we want to make today is that safe farms produce safe food. We want to raise the awareness of the committee that it's not only the general public that's impacted by food safety, but we also must not forget that it's the safety of the farmers, their families, and the workers who produce the food. It's our assertion that safe farms produce safe foods and that farmers must be provided the tools to do so.

Although each province has different levels of health and safety enforcement and compliance, there are many efforts under way to support food safety and the safety of those who produce it.

Many of the producers have strict biosecurity protocols that control disease transmission risks on their farm. These same protocols protect workers in their operations. Many food safety quality programs, such as HACCP, which was mentioned here before, have components that both protect the safety of the workers and minimize the risk of residues and contamination in food. This applies as easily to pesticides as it does to medication. For the administration of livestock medication, needle injection and injection safety procedures include correct dosage administration, minimizing direct exposure to drugs, and preventing needle stick. So it's easy to see how one component is making sure that we don't have improper application of medication to animals, but then we also have proper procedures in place ensuring that employees don't get improper sticks.

In the national safety culture, wherever it's directed, if safety is not part of the culture, we end up with injuries and incidents across the country. A farm safety plan is not specific to food safety or human safety. It's done to plan for safety, and the end result is that we have a safer culture. We don't do it for the food; we do it to protect human health. The result is that food is also protected. By promoting safe handling of animals to protect workers, the end result of the proper handling of these animals also promotes better meat quality.

To promote a safety matrix where food is a component is our goal.

When we think of Canadian food safety, we don't think it can be in isolation of workplace safety. We think the quality of the environment it's produced in, if you account for producer safety, will automatically improve food safety. If the workers are protected from biologicals and zoonotics, the food system will also be protected. We need a good strategy for food safety that is inclusive. We cannot keep our food safe separately from the overall safety of the producers. If we have a safe Canada, where families can be safe and keep safety in mind, all of that is inclusive.

In the 95-page "Growing Forward" policy document, multiple references are made to food safety, the protection of the environment, and animal care. Human health is only mentioned once. The protection of the farmers and their families—the underpinning of the whole production system—does not come across as being a priority. Although most farmers believe that farm safety is very important to their personal and economic well-being and the future of their business, and most believe they act safely, only 15% have some type of safety plan. It's our goal to close that gap. Working together with those farmers to identify the risks and reduce them and ultimately to make farms safer will go a long way toward ensuring that Canada's food supply is also safe.

We strongly believe that safe farms produce safe food.

Thank you for the opportunity to speak. We welcome any questions.

● (1855)

The Chair: Thank you very much for staying under the time limit. I appreciate that.

Mr. Easter, for seven minutes.

Hon. Wayne Easter: Thank you, Chair

Thank you for coming before the committee.

Mr. Culbert, I'll start with you. I would disagree with you on the project that's been funded under the AgriFlexibility program. One of the problems we have in the farm sector is on food safety issues; costs often get passed down to the farmers. There's not enough money in Agriculture and Agri-Food Canada to deal with the problems we already have, so I wouldn't want to shortchange those programs even further, but I do believe the government overall should have responsibility for maybe doing a pilot project on the initiatives that you're talking about.

I guess my question would be along the line of this. What would a pilot project cost the government? How long would it take to do, from your perspective?

I do know there are agricultural organizations in Canada that are interested in doing pilot projects.

Mr. Rick Culbert: Yes.

Hon. Wayne Easter: The problem, as is often the case, is funding.

I have one other question to you while you're at it. You may have mentioned this, but I didn't catch it because I was a little late getting here. What would the cost per animal be for a vaccine? Do you know?

Mr. Rick Culbert: Thank you for those questions.

The answer to the last question is that the vaccine retails at the farm level for about $3 a dose and animals would require a minimum of two doses, a sensitizing dose and a booster dose, similar to all other vaccines. For subsequent years, in the case of a resident cow herd, you would give the cow an annual booster each year thereafter, the same as other vaccines.

In reference to the pilot projects, of course they would vary depending on their scale, but for the most part, what's being contemplated and what people would like some support to do tends to be a two- or three-year project where you would vaccinate large groups, entire farms of animals, compare over a period of time, and measure how much of a reduction in the shedding of O157 we see into the environment around that farm.

On those trials, again, if you involve a veterinary school in measuring it and maybe even the public health surveillance unit, the C-EnterNet that's in place, the other component that people are interested in building in is some of the brand-specific things. There are a couple of brands. I mentioned Ontario corn-fed beef and another one in Quebec. There's one in the Maritimes as well. I think Atlantic beef is the name. They are interested in knowing, over a period of time, if you add an on-farm food safety component to your whole value proposition, what does that do for your brand over time?

So there are three different elements that can be looked at in these pilot projects. The scale in terms of dollars would probably vary from about $1 million to $3 million over a period of years, again depending on the scale of the project. In essence, $10 million would fund all four of the current pilot projects that are being discussed and looked at right now.

Hon. Wayne Easter: Thank you.

To the American Meat Institute, I think you have some good recommendations here that we'll have a closer look at. In our system in Canada, one of the things a number of us are concerned about is that there are some proposals to go to just one inspection system, the highest standard in the country nationally. We believe—or I certainly do believe—that food is safe that goes through the smaller abattoirs in the provinces that are under provincial regulations and where smaller producers and local consumers get their products.

What is happening in the States? Is there a divergence between the state level and the federal level? Can you give us an explanation of how that system operates?

● (1900)

Mr. James Hodges: There are two systems employed in the United States: a federal inspection system as well as the individual state systems. The individual state systems must be equivalent to the federal system. I think about 27 states out of the 50 states have state inspection systems. If they don't have state inspection systems for whatever reason, whether it be state finances or other reasons, all the plants in those states are federally inspected.

Whether the inspection process is done by the federal government or by the state government is really not the issue. The standards are virtually the same in both state and federal systems. It was only a couple of years ago that the statutes were revised again to basically make the state standards equivalent to the federal standards.

Hon. Wayne Easter: Thank you.

The Chair: Mr. Bellavance, seven minutes.

[*Translation*]

Mr. André Bellavance: Mr. Culbert, I wanted to mention to you that the Viandes Sélectionnées des Cantons corporation is located in my riding. So I have a real interest in the pilot projects you refer to. Can you give us a little more detail on those pilot projects?

You said that you'll be introducing those pilot projects in Quebec in cooperation with VSC, the veterinarians and the Department of Agriculture. You will also be doing that in other provinces. Have you already identified certain farms where you'll be providing the livestock vaccine? Have you any more analyses to conduct to determine the effects of the vaccine or are they already complete? Is the vaccine available?

I'd like to have some explanation on what the pilot project is exactly.

[*English*]

Mr. Rick Culbert: Yes, and thank you for those questions.

In reference to the farms being identified, the principal group would be all the members of that one brand, and you did a much more eloquent job of saying the name, Viandes sélectionnées des Cantons. They have quite an exclusive membership. That entire group consists of farms that are willing to participate in an evaluation right now. Other groups we have spoken to are more in the dairy sector, such as Valacta and some of their membership as well.

So yes, there are some farms that have stepped forward and expressed a willingness to participate in a project now.

In terms of our other analysis needed on the vaccine, the vaccine is fully licensed. The majority of the licensing work that is done falls into two categories: safety and efficacy. The safety has been demonstrated already in commercial farmed animals, so there are no questions about the safety of the product. The efficacy has been established in experimental laboratory challenges, if you will, where cattle are administered large doses of this particular strain of E. coli and it is shown that they don't shed it if they were vaccinated, compared to unvaccinated animals. What hasn't been shown—and the industry is quite interested in this—is when we use it on a large scale out in the farming community, again, how well or how much or how effective is it at suppressing that strain of E. coli from even being on the farm in the groundwater, in the manure samples, or on the hides of the animals from that farm. So that's the type of data they're looking at.

The third part, as I had spoken to Mr. Easter about, was the whole marketing benefit of that. There isn't a really strong message here for consumers that this beef was vaccinated. That's not a consumer message, but it's a very strong message to other members of the value chain: when you go to retail your animals for slaughter or your dairy animals for dairy beef, that they've had an intervention such as vaccine done to reduce the risk of your processing plant becoming contaminated; you're not letting that strain of E. coli come through the door. So that's part of the other element of research: what that does for you if you're trying to market and brand your beef, either in Canada or elsewhere around the world, to help grow that market.

● (1905)

[*Translation*]

Mr. André Bellavance: How long will the pilot project last? Ultimately, will the analysis you do following this experiment be decisive for your industry, that is to say whether or not it's worth the trouble to market the vaccine? Has the decision already been made? I understand the stages you're going through and what you're going to check by conducting these pilot projects, but I want to know whether it will be decisive for you with regard to future action. That's especially what I'd like to understand.

[*English*]

Mr. Rick Culbert: The pilot projects that are being proposed are a minimum of two years and perhaps as long as three years, the reason being that when you start to suppress the amount of shedding of E. coli 0157, the more you suppress it over the longer period of time, the greater benefit you see. So they're designed to measure that.

The analysis that would come out of this would definitely give the industry greater insight. When we spoke with the Canadian Cattlemen's Association as an entirety, that was really their question. Even though the product is fully licensed and ready to go, they want to understand better what the impact is of using this. How effective is it in the large-scale field use that's suppressing it and cleaning up the environment and reducing the risk through beef and other food-borne carriers of this strain of vaccine?

I think what the whole industry needs to see before adopting this, again, is what that total value is. Right now they know the vaccine has a cost and they know that if they don't do it at the farm right now there's no penalty. I don't mean to sound callous, and there may still be some food-borne illness, but it didn't specifically get traced back to them. Yet if a large group starts to incorporate vaccination and prevention and they see that the brand they're associated with, such as VSC, grows in consumer acceptance and grows in market demand, now they can see this is a worthwhile thing to do.

I don't know if that helps answer your question, but I think that's part of the market outcome that many sectors of the industry are looking for.

[*Translation*]

Mr. André Bellavance: You said that reaction to this among producers was quite mixed and that the livestock obviously isn't affected by E. coli when it's alive. However, there's also an aspect to consider—you somewhat put your finger on that—for consumers, who always want to be reassured about what's on their plates. When you look at the statistics, you see that there are roughly 12 million cases of food poisoning in Canada every year and that most of those cases are mainly our responsibility, as regards what we do at home in our kitchens when we handle our food, and so on. Unfortunate things can happen in a processing plant. There was the listeriosis outbreak, for example. That can result in deaths, unfortunately. In general, however, poisoning cases are more attributable to our handling of food in the home.

I was considering the following question. I know you're part of the pharmaceutical industry and that it's your interest that takes precedence, which is normal. However, when we talk about prevention and food traceability for the purpose of monitoring food as it moves on to the shelves and subsequently onto our plates, and about the importance of adequate inspection in processing plants, don't we manage to achieve a very decisive result at some point with regard to the safety of our food? Furthermore, the addition of veterinary medications and food additives could trouble consumers somewhat. I know that when I eat something, I want it to be as natural as possible. You live with that reality as well. Consumers may be troubled by the fact that vaccines are given to an animal that will probably wind up on their plate.

[*English*]

Mr. Rick Culbert: That is a common concern, but there's not a scientific basis for a fear of a harmful residue from a vaccine. Vaccines, as a category, are not drugs. They are not pharmaceuticals.

All cattle are vaccinated routinely against common cattle diseases. Vaccinating cattle against E. coli 0157 simply stimulates the animal to produce its own immune defences against that strain of bacteria so that it won't live in them. There's no chemical residue in their bodies, and there's no harmful substance to be concerned about at the consumer level.

● (1910)

The Vice-Chair (Hon. Wayne Easter): Could you quickly wrap up, Mr. Culbert? We have to go to Mr. Shipley.

I'm sorry, it's Mr. Allen.

Mr. Rick Culbert: I think that was it.

The Vice-Chair (Hon. Wayne Easter): You're going to be left out again, Mr. Allen.

Go ahead, Mr. Culbert.

Mr. Rick Culbert: I think I was done, unless there was some other element of your question I didn't answer .

[*Translation*]

Mr. André Bellavance: You're telling us it's to immunize the animal. Could this vaccine be compared to the flu vaccine that is given to human beings?

[*English*]

Mr. Rick Culbert: Yes.

The Vice-Chair (Hon. Wayne Easter): Go ahead, Mr. Allen.

I'm sorry about that, sir.

Mr. Malcolm Allen: Thank you, Mr. Chair.

Mr. Culbert, you talked about the value chain in the sense that the primary producer doesn't see a value, because the animal is not affected in any sort of harmful way, if you will. It doesn't necessarily do anything positive for the primary producer in the sense of marketing that particular animal. At the other end, at the fork end, the consumer is saying, “I don't expect that it should make me sick in the first place.” I'm not sure how you can add value somewhere in that chain that's going to actually make it marketable, because I think if consumers start hearing that this group over here is the one you ought to eat, because that group over there probably has E. coli and you ought not to eat those, if you follow where I'm heading....

Mr. Rick Culbert: Absolutely.

Mr. Malcolm Allen: That is really the market piece of value-added, which leaves, on the other side of the coin—there are always two sides of a coin—the regulatory side.

Should we be looking at this from a regulatory perspective when it comes to these sorts of initiatives? That would be after the pilot program, obviously, has run its course and we can prove.... I want to hear how many times people talk about science-based initiatives. If indeed it's proven to be effective and leads to a better animal that ultimately is not spreading E. coli and if it diminishes it throughout the entire system, is a regulatory approach something we should be looking at versus the market?

I'll be honest with you. Somewhere in that value chain, I don't see anybody paying for it except the primary producer, who ends up saying, “It's three bucks an animal, and why should I do it, because no one really cares?”

Mr. Rick Culbert: I share many of your concerns.

To speak to the value chain, you're right, the primary beneficiaries would be in the middle of that value chain. The people who are sourcing live animals as a commodity to turn into beef would like to know that their risk of bringing E. coli through the packing plant door is reduced. Whether they're willing to pay a premium for it or just dictate preferential supplier status, saying that if this farmer vaccinates and this farmer doesn't, I'd rather take his cattle because there's less risk for me, that's one part of the value chain that sees some value to this. But again it's hard to monetize it.

The other elements—and it's certainly more common with our colleagues here from the U.S.—is the threat of litigation and brand liability when a contaminant shows up in your product and has caused a consumer illness. That can very much devastate companies and has put some out of business.

But you're right, our consumers rightfully expect the product they buy to be safe. As I'm sure the committee understands, inspection is not going to do it. As Mr. Hodges said, we have to come up with more ways to prevent it. Even though the risk by some could be regarded as minimal, it's still very real and it still happens. You still can't sample every microscopic portion of meat.

So what can you do to reduce the risk? Here again, we come back to where the source is, and we know that. What can we do to mitigate at the source? Whether it's through regulation is a question to be answered. I guess the same thing is true: until we have even more data on field use of it, which is hard to do without government help, for the reasons you mentioned, then maybe public health has to look at it and say that from a public health perspective, just as with other public health vaccines, this should be done and we'll pay for it, as we do with some other public health vaccines.

That's all I have to say, unless there's something else regarding regulation, Mr. Allen.

● (1915)

Mr. Malcolm Allen: I was interested in your comment about the market-driven value-added piece versus a regulatory approach. They're not diametrically opposed, but quite often they're on opposite sides of how you decide to go about doing this.

Mr. Hacault or Mr. Anderson—it doesn't really matter who takes this one up—you said that about 15% of farms nationally, I think you said, have what you would consider to be a comprehensive health and safety plan for their entire establishment. Some might have HACCPs and some might have this, depending on what they do. The comment you made, which I found interesting—and when you think about it in that context, it makes sense—was that a safe farm equals safe food. I am paraphrasing, of course, what you said. It talks about all the safe handling of all the things that could have caused cross-contamination, if you're using pesticides or chemicals of any description, or if your processes aren't such that they're safe for not only the animals or the things you do but for you yourself—or your employees, if you have them.

The question that comes to mind for me is, if it's such a small percentage, how do we get folks to understand that we need to get closer to the 85% that aren't versus the 15% that are? How do we approach that? Is it a voluntary thing we should be looking at, understanding that a farm operation is, in a lot of cases, private property but also their home? That poses, I think, a bit of a dilemma from time to time, when it's also your home and you have folks saying, I'd like you to act in a certain way within your home. Most of us don't necessarily like folks to come into our house and tell us how we should act.

How do you foresee that uptake going higher?

Mr. Dean Anderson: I think I'd like to start by saying that voluntary is the way we would recommend. Regulation, I don't think, is necessarily going to answer the problem any faster than voluntary action would. As the Canadian Agricultural Safety Association, which is now about 15 years old, we've been attempting to raise awareness as our primary method of operation. I work for the Farm Safety Association in Ontario, which is primarily funded through the Workplace Safety and Insurance Board. Again, we would not recommend that we enforce that you must have the plans in place. But what we are attempting to do presently as a whole across the country and with our partners provincially is encourage producers to think of safety as a program. Having the program in place will have an economic benefit at the end of your annual year, at the end of your operation, at the end of your day when you go into your house or, as an employee, when you get in your car and you drive home.

So voluntary is definitely the way we go. Awareness is the issue. Complacency is probably our biggest enemy. Most injuries and incidents that occur on farms probably occur out of complacency, thinking that you've done it a hundred times that way. Our older farmer is the one who tends to be a huge risk. But it tends to be an unknown risk, because he's been doing it for 50 years.

The fear we have is that we have a large number of young workers. I would categorize a young worker as someone who has been on the job less than six months. We have a large number of offshore workers coming in and out of the farms program, primarily Mexicans and Jamaicans. Their education and awareness doesn't match that.

There are great benefits from projects like HACCP. HACCP did a wonderful job in some locations to raise awareness of food safety. And in generating the food safety issue, all of a sudden the cleaning of feed bins generated huge issues around why I have to have fall arrest, I have to change manholes, I have to change my washing procedures. Avian influenza and food issues that started from there raised huge issues around protective equipment on farms. So having an emergency preparedness plan as part of a business plan, as part of a safety plan, has actually had dramatic impacts on reducing our injuries in family and business farms across the country.

So we say voluntary but not regulatory. Does that answer the question?

The Vice-Chair (Hon. Wayne Easter): We'll have to catch you next time. A very quick one.

● (1920)

Mr. Malcolm Allen: I don't disagree about the voluntary versus the regulatory approach except for the fact that if I'm the individual farmer, then I guess that's my choice. But if I hire people, is it my choice not to train them?

Mr. Dean Anderson: The Occupational Health and Safety Act would probably say that it is regulated now. To what extent depends on the province and the jurisdiction.

Mr. Malcolm Allen: But you are—

The Vice-Chair (Hon. Wayne Easter): I want to go to Mr. Shipley, Mr. Allen.

Mr. Shipley.

Mr. Bev Shipley: Thank you very much for being here.

It is my turn, though, Malcolm. I took his the last time, unfortunately.

I wanted to thank you for coming here, and I do want to welcome our friends from the States to be a part of this panel. Thank you for taking the time to be here.

Mr. Culbert, you raised a number of interesting scenarios by being here representing a pharmaceutical company. You're marketing your product by indicating that there's quite an issue around E. coli 0157. You must have tracked the number of people in Canada who have been affected or have died from what your product will stop. Can you tell me the number?

Mr. Rick Culbert: The estimated number is 28,000 Canadians each year who become ill due to E. coli 0157.

Mr. Bev Shipley: And vaccinating the animal will stop those 28,000 from becoming ill.

Mr. Rick Culbert: It's not that absolute, in the same way as vaccinating for polio didn't totally eradicate it the first year. If the people are not exposed to that strain of E. coli, obviously they can't become ill. If our vaccine reduces or ultimately stops cattle from shedding it, then you're going to get to that point. But it's not all on, all off; no vaccine is.

Mr. Bev Shipley: I'm trying to learn a little more about it, because I'll be honest with you, through all of these discussions that we've had on food safety, this is the first time this has come up. We've had a lot of other issues come up, but not this one.

Can you tell me, when you do the vaccination...? I think you had indicated somewhere that the animal gets vaccinated two times?

Mr. Rick Culbert: Yes.

Mr. Bev Shipley: What animal gets vaccinated?

Mr. Rick Culbert: It can be used—

Mr. Bev Shipley: Does every animal have to be vaccinated? If you vaccinate a pregnant cow, does the vaccination transfer immunity to the calf?

Mr. Rick Culbert: No, there's no immunity passed from the cow to the calf. As for which animals you want to vaccinate, you vaccinate all the animals you don't want shedding the organism. In an ideal world, we would vaccinate all the residual cow herds. This way, those cows aren't shedding it, and when newborn calves arrive they don't become contaminated. If you vaccinated the calves, you'd be stocking feedyards with animals that don't have the strain of E. coli. But if the background work isn't done, then you must start at the feedyard and vaccinate, because they're the animals that are closest to the food chain.

Mr. Bev Shipley: Are they vaccinated at a certain age and a certain time prior to slaughter? Suppose they were vaccinated and circumstance took the animal to the slaughterhouse prior to the withdrawal time. Is there a withdrawal time?

Mr. Rick Culbert: Yes, there is.

Mr. Bev Shipley: So what would happen to that animal? Do they have to be separated from other animals when they go into the slaughterhouse, even if they have been vaccinated?

Mr. Rick Culbert: No, they do not have to be separated.

Mr. Bev Shipley: What about an animal that has been vaccinated and circumstances take it to the slaughterhouse prematurely? You take a large beef animal, and instead of going at 1,400 pounds it goes at 1,000 pounds. Does that have any effect? Because they're only done once a year.

Mr. Rick Culbert: All cattle vaccines have a withdrawal time. The two most common withdrawal times are 21 days and 60 days. This means that the animal shall not be slaughtered for use in food within these times. It depends somewhat on chemistry but also on the type of adjuvant used in the vaccine. In other words, it depends on what was given with the vaccine that breaks down slowly under the animal's skin and gives it time to develop an immune response. Our vaccine has a 60-day slaughter withdrawal. Any animal that broke a leg and had to be slaughtered immediately, and had only been vaccinated the day before, would not be able to enter the food chain. That animal would have to wait till the withdrawal period was up.

● (1925)

Mr. Bev Shipley: Mr. Hodges, you talked about standards and the credibility of our food safety on both sides of the border. It's important for consumers here and in the U.S. to know that our food is safe. In this listeria outbreak, something went wrong. We know what went wrong. We're just trying to work through the process of prevention. You mentioned that your federal and state standards were very close. Are they similar to Canadian standards?

Mr. James Hodges: In the United States, the federal and state templates are very, very similar. It's simply a matter of how they are implemented at the state and federal levels.

I have some knowledge of inspection systems all around the world, and no two systems are more closely aligned than those of Canada and the United States. It has been this way for a long time. You have had your food-borne illness outbreaks; we have too. We've tried to minimize them through a variety of cooperative programs with the government and the industry. I headed up our foundation, and we funded $6 million to $7 million worth of research. We even dealt with intervention systems like pre-harvest work on E. coli, looking at additives in food products for retarding growth of listeria organisms. That money has been leveraged about ten to one with government, private, and university dollars.

The crux of the issue is not the inspection system. You have to have a partner in the industry, and the partner in the industry has to be willing to step forward and do what's right. We have a pretty good track record, but it's not perfect. There is a lot more work to be done, but I can say that we're moving in the right direction. Judging by the efforts being undertaken here in Canada following the recent listeria outbreak, I would say that you're also moving in the right direction.

The Vice-Chair (Hon. Wayne Easter): Ms. Murray.

Ms. Joyce Murray (Vancouver Quadra, Lib.): I'm sorry I missed your presentations. I'm filling in for another committee member, so you can take my comments as coming from a consumer. I'm interested in what the process is that we, as government, need to ensure takes place to answer the questions the public has about its food safety and the regimes that are in place to ensure that.

Mr. Hodges, when you said that Canada is moving in the right direction, are you familiar with the Weatherill investigation and the Public Health Agency's own investigations, and what would you suggest would be needed as well as that? What would your recommendation be to the committee? Do you think the investigations so far have been complete and adequate and, by the end of this report, nothing more really needs to be done?

Mr. James Hodges: I am familiar with the investigations you're talking about only in a very general sense. I'm not in a position to comment on whether or not the recommendations and how they will play out are appropriate or not. All I can tell you is that you're going through a similar process to what we have gone through in the United States after major outbreaks, one of them being a listeria outbreak ten years ago where deaths were involved.

It has taken a series of events, both government initiatives as well as industry initiatives, to make the system much better than what it has been. It has not been a static system that you have to set one standard for. We have a listeria program now, a government regulatory program that has flexibility, that encourages industry to find and correct the problem. It's not punitive in that if you find listeria in the environment, in a drain, there is a problem. The system is set up so that industry is encouraged to do multiple things to find and correct the problem.

Listeria, one of the focuses of this committee, is a constant problem. Every plant has some issue with that, and you have to have constant vigilance, testing, and a dedicated program to try to get rid of that organism in the environment. Just this week, the Canadian Meat Council and the American Meat Institute are hosting a sold-out workshop in Chicago dealing with listeria control. It's a two-day workshop taught by the industry. It takes a commitment on both parts. Just by setting a standard—we have a zero tolerance standard on listeria in products—that won't do the trick, because even though the standard may be the appropriate standard, you need to have the mechanism to get there, and that's our job.

Your question's a very good one. It's not an easy answer, because it takes a series of continual process improvements.

● (1930)

Ms. Joyce Murray: Do you consider—and I welcome responses from the other panel members as well—that the investigation was not, as I understand, completely arm's-length, that perhaps staff were used in the investigation who had a vested interest, or that there may not have been the teeth the consumer might have liked in terms of requiring testimony and evidence? Does more need to be done to have a truly transparent and arm's-length investigation of this issue?

The Vice-Chair (Hon. Wayne Easter): No comments?

Ms. Joyce Murray: Speechless?

Some hon. members: Oh, oh!

Mr. James Hodges: It's not my place to say.

Ms. Joyce Murray: Can you encourage a consumer to believe that all that needs to be done has been done, or do you prefer not to comment?

Mr. James Hodges: I'll be glad to comment. I think I answered your question earlier to the best of my ability, but the job's never done. That's the whole point, that we made great progress.

We have very low incidence rates of listeria. We have very low illness rates. But if it affects your family, that's one too many, so we are in a constant process of improving the safety of the product. It goes on today, it will go on tomorrow, and it will go on a decade from now.

Ms. Joyce Murray: I understand that. But that's different from my question, which was—

The Vice-Chair (Hon. Wayne Easter): I'll have to turn to Mr. Tweed.

Mr. Merv Tweed (Brandon—Souris, CPC): Thank you, Mr. Chairman.

Thanks for being here.

I have a couple of questions. We've heard from witnesses, particularly on the listeriosis situation, and perhaps Ms. Murray.... We had the president of Maple Leaf present to the committee. He was as forthright and straight up as probably anybody I've ever heard on a committee, where it was impacting himself personally and the people he employs. If Canadians have a fear that enough hasn't been done, I think rereading that testimony and the testimony that followed would suggest that it's been done. And more has been done.

So I'll ask the safety association, do you think the handling recently of the H1N1 virus in Canada...? Do you have a position on that? Does your association...not necessarily pass a judgment, but obviously you followed it very closely. Were things done in a timely fashion, according to your group?

Mr. Dean Anderson: I spoke on pandemic preparation about two weeks ago at a convention in London and I said there are two things you can do wrong in a situation like that. The first one is to over-react, and the second one is to under-react.

I think the reaction from government officials in Canada, in the U. S., and a lot of other places was probably appropriate. We had a potential that was brought under control relatively quickly. The media maybe went a little too far with H1N1.

I am part of the group in Ontario that strongly has to do with awareness and notification, those kinds of things. I think an awful lot was done. In hindsight, after any event like that, you have to go back, debrief yourself, and figure out if more could have been done.

From our own standpoint, I didn't have something on my shelf for worker awareness on swine flu. I had a pile of stuff on avian influenza, personal protective equipment and proper procedures. I had to do some pretty quick 24-hour type stuff to make sure my website and my staff were brought up to speed.

But from everything I saw, we did a pretty good job across the country on something that wasn't necessarily a food safety issue but, rather, an exposure situation. I think we did a pretty good job of controlling, once we were aware of what we had. And that was the problem with that specific bug, being aware of what we had.

● (1935)

Mr. Merv Tweed: Thank you.

Mr. Hodges, does your association, the American Meat Institute, have a position on COOL, which is currently impacting producers, particularly in Canada? Do you have a stated position?

Mr. James Hodges: Yes, we do. We have vigorously opposed the country-of-origin labelling provisions, as enacted by Congress. We have been at the forefront in leading that effort, and unfortunately we've put in a rule that, at least in my opinion, acts as more of a trade barrier than anything else.

Mr. Merv Tweed: I'm pleased to hear you say that. As someone who lives on the American border, and our neighbours are within a stone's throw, it's really tough when we can't do commerce with them.

This may sound like more of an attack, but it's not meant that way. A lot of people say to me in my communities, "Why did Canada have more BSE discoveries than the United States?" There's been a lot of talk in other jurisdictions in Canada, suggestions as to what the producer should have done. We believe we've done the right thing by identifying the issues and dealing with them, but there seems to be such a.... Is your system that much better? Is the reporting system different? If you can enlighten us, I would appreciate it.

Mr. James Hodges: There's a lot of history written on BSE and its possible introduction into North America. The most likely way it was introduced is through importation of British cattle before we knew the implications of the disease. They were imported into both the United States and Canada, but one of the animals early on, before we even knew there were any human health implications in the late nineties.... There was one BSE case in Canada, and it is highly likely that the initial infection was spread through the rendering system. It was a localized pocket that I think, unfortunately, was introduced from the U.K.

I think you've done an excellent job of controlling that. It is not a public health issue. You removed the specified risk materials. So I commend the Canadian government for the way it handled the issue. You're a controlled risk country, just like us. So in our opinion, we ought to have free and open trade. BSE should not be an issue related to trade between Canada and the United States.

The Vice-Chair (Hon. Wayne Easter): Thank you, Mr. Hodges.

Ms. Bennett, then Mr. Bellavance.

Hon. Carolyn Bennett: Mr. Hodges, you stated that 10 years ago you had an investigation into your listeriosis outbreak. I wonder if you would describe the process your country went through at that time. We have had some concerns in terms of the arm's-length nature, as my colleague said, and we would like to know how you actually are able to look into something where sometimes it could be embarrassing.

● (1940)

Mr. James Hodges: Let me set the record straight. I don't know whether you'd classify what we did as an investigation. Our food safety inspection service investigated the cause, and it was not only one instance. We've had numerous instances where illnesses have been associated with ready-to-eat processed meats. In most of those cases, it has been traced back to some kind of harbourage of the bacteria in the facility that goes undetected, not because of negligence, not because of a lack of inspection scrutiny, not because of a lack of everybody wanting to do the right thing. It is a very difficult organism to control, and you have to have a very, very diligent program that you constantly revise in order to control it.

What I was referring to is that with each incident we understand a little bit more about how to control the organism and what's needed to do that. As for characterizing that as an investigation, it was not a public investigation per se. But we've learned a lot and we've reduced the incidence rates of listeria in our products dramatically.

Hon. Carolyn Bennett: As you know, the outbreak in the situation last summer seems to have begun in a slicing machine. Maple Leaf used the cleaning instructions as per the manufacturer, and that ended up not being sufficient. Are there different protocols for slicing machines in the United States? Have you always been taking them apart and swabbing inside the machine? Can you understand why a cleaning protocol wouldn't have the machine taken apart?

Mr. James Hodges: I can very well understand how those situations occur, because they've occurred in our facilities. As I said, it's a continual learning process, a continual improvement process.

One of the things the American Meat Institute has done in the last decade or so is to have equipment design principles put in place. There are 10 principles and they talk about cleanability, the types of places where you could find listeria harbourages and all that. Our supplier groups, the slicer manufacturers, equipment suppliers, the people who supply sanitizing supplies—all have worked to try to improve their systems.

So we've worked collectively to "eliminate" sites for harbourage, but we still have those in some cases. Do we have different standards? No. We have the same suppliers in Canada as we have in the United States.

I think the best that you can make out of your situation and our situation is that they've been learning experiences, and the data clearly show that we're doing better every year. We have a graph of this.

Hon. Carolyn Bennett: I was wondering, do you have any experience with biofilms?

Mr. James Hodges: Are you talking about biofilms with the organisms? Oh, sure. We've done research on trying to eliminate biofilms in various mechanisms, and looking at different stainless steel products. We don't take this situation very lightly, because our job is to produce safe food, it's not to defer that to the government. We've clearly stepped up, in my judgment, and I think the same thing has and will continue to occur in Canada. That's the reason I said I think you are headed in the right direction.

Biofilms are a problem because biofilms protect the organisms that are there. Yes, without going into a lot of scientific detail, I think that's enough.

The Vice-Chair (Hon. Wayne Easter): Mr. Bellavance.

[*Translation*]

Mr. André Bellavance: I know you aren't here as a food safety specialist in the United States, but I think that, in view of the position you occupy, you're probably able to answer some of my questions. I'd like to compare the Canadian and American systems a little with regard to food safety.

I have a few specific questions. I won't ask you for too many details because we don't have much time. You aren't protected from bacteria in food either, since American food crosses our borders, or vice versa, and E. coli bacteria, for example, are discovered in it. It can come from the United States or any other country, but this happens and it happens to you as well.

When you answered Ms. Bennett a little earlier, you referred to a listeriosis crisis that had occurred in the United States. In that kind of case, what is the procedure, what is the code for managing the crisis? Is the government directly involved? When I say government, I mean both national and state governments; that may depend on the extent of the crisis. Who is responsible, the Department of Agriculture or the Department of Health. Are private sector officials involved in managing the crisis? How does that work exactly?

● (1945)

[*English*]

Mr. James Hodges: It's a very good question. There are a number of government entities as well as the private sector that are involved in protecting the public and assuring that food-borne illnesses are minimized.

The primary responsibility for the safety of the food, meat, and poultry products rests with the Department of Agriculture and the Food Safety and Inspection Service. In many cases, as was explained by the earlier panel, illness outbreaks are detected by the public health community—the local, the state. They do the primary work of detecting outbreaks, and most of that is reported to our Centers for Disease Control and Prevention in Atlanta. It is through the public health communities that the USDA is alerted to meat and poultry.

For your clarification, other food products in the United States are regulated by the U.S. Food and Drug Administration—products other than meat, poultry, and some portions of fish and egg products. Once the regulatory agencies that are responsible for the safety of the food are informed of a potential outbreak, they will work hand in hand with the public health community to determine the products that may be involved and try to take as immediate action as possible to recall and remove that product from the marketplace in order to minimize potential exposure.

So there are really three primary focuses—the industry, the Department of Agriculture on the food side, and the Centers for Disease Control and Prevention and the local health officials on the human health illness side.

[*Translation*]

Mr. André Bellavance: Perhaps you can give us some examples of what could happen in the United States if there was a bacterial problem or an outbreak of a fatal disease. Would the American population agree that the businesses where the bacteria appeared would be solely responsible?

Would it be acceptable for the president and CEO of the business to say publicly that it is their responsibility because it happened at their company, that the recalls were not done in time, regardless of how things turned out? The government or its agencies might not have acted appropriately, but they would stay calm and no one would call them to account. Would that be accepted by the public and the agri-food industry in general?

[*English*]

Mr. James Hodges: In response to your question, the ultimate responsibility for producing safe food rests with the manufacturer. The government, whether it be in the United States or Canada, does not manufacture food. They have a very important role in oversight and setting appropriate standards to protect the public health. They must have vigorous oversight to ensure that those standards are met.

To answer your question directly, I think it's a shared responsibility. The industry is responsible for producing safe food, and the government is responsible for being sure that the standards they set are appropriate and that proper oversight has been provided to see that the standards are met. Are there failures in the system by both the private sector and the government? Yes. But those failures need to be minimized through preventative programs that all of us have put in place and continue to improve over the years.

So my response is that it is a shared responsibility.

● (1950)

The Vice-Chair (Hon. Wayne Easter): Mr. Allen.

Mr. Malcolm Allen: Thank you, Mr. Chair.

I'd like to carry on with not so much that particular question but the shared responsibility aspect in a different way.

Mr. Hodges, you said earlier that no two systems were more closely linked or aligned than the American and the Canadian ones. You talked about this upcoming training session in Chicago, which is oversubscribed, I think you said. There are a couple of parts to this. From that shared responsibility that we all see we have, is there a shared knowledge base that's going back and forth in a direct way, if you will, in the sense that folks are actually saying, “This happens here, we should share it here”? Or is it very much an ad hoc shared facility: “We're offering a symposium in Chicago, so for those who want to register from Canada, come down and see it”. Or do we have direct linkages for sharing that information back and forth?

Mr. James Hodges: We have direct linkages for sharing with the Canadian Meat Council. The session that is occurring right now in Chicago is co-sponsored by the Canadian Meat Council and the American Meat Institute. It's a very formalized process, but I failed to mention that this is not a one-time shot. I think it's the tenth or eleventh time—I should know this—that we've done this workshop over the years. It's a constant educational process. We'll do it again later this year, and probably a couple of times next year. It is a formal mechanism.

We also have a lot of our university systems involved. University extension folks have come to our course, learned, and taken it back to their own state.

I wouldn't describe it as a completely formal system, because it's voluntary that you go, but it's much more than just an ad hoc system. Our intent, and the only reason we do it, is to be sure that we share the best practices with as many people as we possibly can so that we minimize the possibility that the problem will occur.

The plants want to do that. They want to protect themselves, they want to protect their customers, and they want to make safe food. That's the reason we do that.

We'll look at webinars. We've looked at a whole host of educational venues to try to get the message out. We're continuing to try to do that, particularly to reach the small and very small operators.

Mr. Malcolm Allen: I understand that. I do understand the linkage between you and the Canadian equivalent. What I was leading toward....

It's a little unfortunate, perhaps, to put you on the spot in the sense of trying to get you to speak for everyone else. Clearly there are things that you are doing and advocating for, as part of the AMI. That's fair. It's always difficult to ask witnesses to speak for other entities and groups that they may know about in general terms but not so specifically.

I really was asking about a more comprehensive piece. Is there an ability to share back and forth in a macro sense versus the more specific pieces you do as particular industry groups? It is understandable, and a good thing to hear, by the way; I appreciate getting that knowledge.

I probably have only a minute left, so let me ask this. I don't know whether you're aware of the recommendations. You may well be. From hearing what you've said so far, I think you're probably aware of the recommendations that your counterparts in Canada made to this committee when they made their presentation. I don't know if you were able to see those recommendations or not.

If you are aware of the recommendations, perhaps you could comment on whether you see yourself thinking those are good recommendations and you would be supportive of those recommendations, if indeed they were transferred to the U.S.

● (1955)

Mr. James Hodges: Let me answer your previous question.

We have conducted training sessions for both the Food and Drug Administration and the Food Safety and Inspection Service. We hope that we get the message out in a much more formal way, so it's not just an industry-to-industry communication. We've tried to communicate to all the entities what we are doing.

I have not studied the recommendations in great detail. However, I know the nature of our counterpart organization, as well as many of our member companies that manufacture products here in Canada. I think the general premise is that prevention, continual improvement, education, all those kinds of things, and many of the same things I mentioned are things they also support. Those are the kinds of things I've heard them say.

The Vice-Chair (Hon. Wayne Easter): Thank you, Mr. Allen and Mr. Hodges.

The last questioner will be Mr. Hoback.

Mr. Randy Hoback (Prince Albert, CPC): Thank you, Mr. Easter.

I must say, you're looking rather dapper today.

The Vice-Chair (Hon. Wayne Easter): He's trying to get on my good side over a mailing in my riding. That's what he's trying to do.

Go ahead, Mr. Hoback.

Mr. Randy Hoback: That's just a little bit of politics.

I just have a couple of questions.

Mr. Hodges, of course you know Canadian beef and meat products are safe. You can see how seriously we take safety in regards to our meat products. I'm just kind of curious: what process do you follow on the meat you import? How do you know that it meets the requirements your local producers have to meet?

Mr. James Hodges: We have a fairly rigorous import inspection system.

All the countries that import into the United States, including Canada, have to have an equivalent—not identical but equivalent—inspection system that ultimately ends up looking very much like what we have in the United States. We import from about 33 different countries. Each year there's an auditing that goes to those countries—Canada is no different—to look at how the government system is operating, to look at inspection protocols, and to look at selected samples of plants. We also have an import inspection system, through which all products coming across at our port locations have a potential of being inspected and sampled for microbiological testing. There are about 75 import inspectors dedicated solely to looking at products coming in, and I think there are about 150-some import locations and warehouses. So it's a fairly rigorous system for meat and poultry, and it is a system that's been developed over time by the Food Safety and Inspection Service.

Mr. Randy Hoback: But it's based on science.

Mr. James Hodges: Of course. We hope everything is based on science. Once in a while, opinion and politics sneak into things, but we try to keep things on the science side.

Mr. Randy Hoback: My next question is for the gentlemen from the Canadian Agricultural Safety Association.

There have obviously been some improvements in agriculture safety in the last few years. Can you identify a few examples of things that have improved? Can you give us a few examples of things we are targeting that we need to do better on?

Mr. Dean Anderson: Yes. There are many things that we have improved on dramatically.

One of the best areas has actually been young children under the age of six; that's the category I would put them in. I'll refer specifically to Ontario data because I'm more familiar with it. In the early seventies, we were at around 20 fatals a year of children on family farms. At the present time in Ontario, we're running closer to about one a year. That is primarily through awareness, through encouraging people and making people aware.

As for programs that we're doing, we actually have been doing safe play areas. It's amazing how many people still are not aware of the statistics of children being injured on the farm and also how many people don't have what we refer to as a safe play area, an area where a child under the age of six, for example, can play, so the milk pickup truck can drive in and out of the laneway and you don't have to worry about the child playing in the laneway. That's an example.

There are all sort of things. There's legislation that has led to better fencing around manure pits and those kinds of things. That has also stopped drownings.

There are a number of issues that are still increasing. In the province of Ontario, for example, the horse population is now higher than it was in the sixties, and we're having a large number of injuries and fatalities.

It's an interesting group. It tends to be females because they tend to be the ones who are around horses. The horses are not being used as farm implements; they tend to be what I refer to as large chihuahuas. Complacency is what causes the problem here. People stop wearing their riding helmets. They get too familiar with the animal. Again, we're working closely with the University of Guelph in Ontario, specifically doing programs such as EquiMania!

There's another statistic that's going possibly in the wrong direction, but I think it's because of the demographics. Older farmers are a group that seems to be more at risk. The statistics are climbing, but it's an age group that's increasing. The average age of a farmer in Canada is going up. Each year the average age goes up, as the years go up. Part of that is probably just around succession planning; not many young people want to take over the farm.

But as people age, we end up with issues of people starting on high blood pressure medication or these things, which can tend to make them unstable at certain points in time if they move quickly or get up after sitting all day on a tractor. You get falls. Being around livestock, you also end up with incidents, and there's complacency: old habits, stepping over a power takeoff, doing things by themselves, not asking for help, and working alone. They are issues that have always been there.

Those, I think, are some areas, but there are definitely areas of wins. Equipment has gotten much better.

Also, there are some excellent organizations in the U.S. that we partner with. There's the Progressive Agriculture Foundation out of Alabama doing day camps for children, and actually in the last year we've doubled our numbers in doing day camp education. I know that next week we're doing a session in Ontario with a Mennonite farm. We expect to get about 400 kids out.

There's an excellent organization in Marshfield that is running the Childhood Agricultural Safety Network. They've run a campaign called “It's Easier to Bury a Tradition than a Child”, which is against riders on tractors.

● (2000)

The Vice-Chair (Hon. Wayne Easter): We are going to have to wrap it up, Mr. Anderson.

Mr. Dean Anderson: And I can go for a while, so I'll stop.

The Vice-Chair (Hon. Wayne Easter): A few people have a couple of points they want to raise. We were a little late starting. I don't know if Mr. Bellavance has any more quick questions that he wants to ask, but if he does, we'll start with him. I know that Mr. Allen has a point, as well as Mr. Lemieux.

[*Translation*]

Mr. André Bellavance: I don't have any questions to ask, Mr. Chairman, but I have some comments to make.

First, on May 13—you weren't Chair at that time; it was Mr. Miller—I requested the schedule of future testimony. When my assistant passed on the request to the clerk, the latter told him that he had to have the Chairman's permission. Since you are the Chairman, ask the clerk, please. I requested the schedule of witnesses who are to appear 14 days ago, to see where we were headed and whether we would get there in time. I'm not trying to slow down the proceedings; on the contrary, I believe that will help us work better.

Second, I learned from the office of my whip that Room 253-D was available today. That's a location where it's possible to hold televised meetings. Today, one committee—I don't know which one—held in camera meetings there, whereas we, who had to hold a televised meeting, are here, where our proceedings can't be televised. I wanted to note that because I think we come back to this at every meeting. To those who don't know me, I say that I won't let go, that I won't stop saying it. We aren't naive.

[*English*]

The Vice-Chair (Hon. Wayne Easter): On a point of order, go ahead, Merv.

Mr. Merv Tweed: Mr. Chair, I think we can discuss this after our witnesses have left.

The Vice-Chair (Hon. Wayne Easter): Yes, we can. I know that Mr. Lemieux's point is related to the witnesses. I don't know about Mr. Allen's.

Do you have a point related to the witnesses too?

We'll have Mr. Lemieux first.

Mr. Pierre Lemieux: Thank you very much, Chair. I appreciate that.

Unfortunately I missed your presentation, because right after the vote, I was required in the House.

This is somewhat related. Several members of this subcommittee are actually members of the agriculture committee, including me. We're going to be travelling to Washington next week, June 3 to June 5, to talk about COOL and to express our concerns. In the United States, we've heard some of the arguments put forward in support of the COOL initiative—that it's a food safety issue, which is where it kind of touches on what we're discussing tonight. We think it's more of a market limiting initiative that is certainly having an impact.

I wanted to ask Mr. Hodges a question. We're fortunate to have you here tonight.

As you know, we launched a WTO trade action on this. I would like to know your thoughts on the trade action and whether you have spoken positively of that or what your thoughts are.

● (2005)

Mr. James Hodges: First of all, I agree with your assessment, and I've thought for a long time that trade action related to COOL is an appropriate remedy for the Canadian government to seek.

Mr. Pierre Lemieux: I have just one last question. It has certainly had an impact on our red meat sector. I've heard that it has had an impact on the American red meat sector, and I'm wondering, as part of the American Meat Institute, if you can tell us what kind of impact it has had. My understanding is that of course it has put their industry in turmoil. It has actually had a counter-effect in that slaughterhouses are not working at full capacity, which has lowered their productivity and their efficiency levels. It's caused havoc among their slaughterhouses in terms of trying to categorize where these red-meat animals have come from.

Those are my perceptions, but you're from the United States and you may have a different perspective.

Mr. James Hodges: If you just look at the trade statistics.... I don't study the country-of-origin labelling issue day in and day out, but clearly it has had a dampening effect on livestock coming from Canada to the United States. You have to remember that we represent packers and processors. Animals are our livelihood; we want the Canadian animals. It is a very difficult process. It's a costly process to segregate and put in additional SKUs to accommodate Canadian animals under the country-of-origin labelling. We try the best we can to maximize the utility of those animals. But in this particular case, you have a regulation that is not about food safety by any stretch of the imagination, in any form, regardless of what many people say. And you have a regulation that is an impediment to trade. I think that is not in the best interest, long term, of Canada or the United States.

The Vice-Chair (Hon. Wayne Easter): Thank you, Mr. Lemieux.

Thank you, Mr. Hodges, for being so forthright. We can certainly tell you that our hog industry is in extreme difficulty as a result of the rule, especially in Manitoba and especially in the west.

Mr. Pierre Lemieux: Actually, I have one last very quick question. It is just a question about the voluntary aspect of it, because there's the regulation, and then there's voluntary compliance with something that is stricter. Again, just based on your experience, what is the essence of this word “voluntary”? What happens if the packers and slaughterhouses decide to voluntarily not comply with what's being asked for voluntarily? Have you felt pressure? Are you able to comment on that?

Mr. James Hodges: The Secretary of Agriculture has asked for voluntary compliance on a number of issues that go beyond the regulatory requirements. It is up to our individual companies whether they choose to voluntarily comply with that request or not. At a minimum, there will have to be a regulatory process put in place with notice and comment and rule-making in order for it to be mandatory. If we go in that direction for everybody, it will be another rule-making process, which we will participate in. We try to look out for the interests of the industry as a whole.

The Vice-Chair (Hon. Wayne Easter): Thank you, Mr. Hodges.

Thank you all, gentlemen, for coming. We'll release the witnesses.

There are a couple of other points. We will go back to Mr. Bellavance.

I would ask the clerk, Andrew, if you could respond to the questions Mr. Bellavance raised. He asked about where we were at in terms of the rest of the witnesses and why today was not televised.

[*Translation*]

The Clerk of the Committee (Mr. Andrew Chaplin): I tried to make a schedule available for committee members. Unfortunately, after Mr. Allen's motion was adopted, I learned today that I have to change all the arrangements that I had made for the 8th and 10th. I expect to be able to submit an updated plan tomorrow for the next three meetings. I can also coordinate that with the Chair.

As regards the room, the Canadian Heritage Committee, with a group of 14 persons, and in view of the priority given it between 3:30 p.m. and 5:30 p.m., took our place. They needed a large room to accommodate the committee, so we had to move the meeting, which was to be held in the Centre Block, here.

● (2010)

Mr. André Bellavance: I don't know what priority has been given to that committee, but since we have demanded that the meetings of our subcommittee be televised, there aren't a lot of rooms where that can be done, apart from that one. It's illogical that we should wind up in a room where we can't televise our proceedings, whereas another committee is holding an in camera meeting in a room where we can have television. I'm not blaming you, but I find it curious that we can't reach an agreement to accommodate everyone; that would ultimately be a reasonable accommodation.

[*English*]

The Vice-Chair (Hon. Wayne Easter): Mr. Lemieux.

Mr. Pierre Lemieux: Mr. Chair, I will just comment. I would think that if there are other committees that also want to be televised you run into a conflict situation. If there are two televised committee rooms and there are three to four committees that want to be televised on any given night, decisions have to be made. I don't know what makes Canadian heritage a higher-priority committee. Perhaps it is that they are a full permanent standing committee and we are a subcommittee. I don't know, I'm just guessing.

I would just say that there definitely could be conflicts if there more than one committee want to be televised, and then decisions have to be made. That's what I would imagine.

The Vice-Chair (Hon. Wayne Easter): I think it is fair to say, though, myself included, Pierre, that there is considerable dissatisfaction that not enough meetings were televised. We're upset, André's upset, and when they were supposed to be televised, every attempt should have been made to do it, and I don't know if they have been or not. But in any event, we'll leave that issue aside.

Mr. Allen, you had a couple of points.

Mr. Malcolm Allen: Thank you, Mr. Chair.

André has obviously raised the issue of the time review and the timeline and the required witnesses. The clerk has indicated a motion that I made, which seems to me was at the beginning, about a timeline about what we were going to do and when it would end and that sort of thing. So that's not a new motion, which seems to indicate that it maybe was made last week or the week before.

We knew these timelines quite some time ago. We had witnesses call us today and say they were coming on June 11. That's what they said, Mr. Clerk. So whether they got the thing wrong or not, all I'm saying to you is that there are some folks out there who think they're being called after the fact. They don't know it's after the fact, but we certainly know it's after the fact because we passed this motion during the second meeting we had because we couldn't get the first one through. Mr. Anderson filibustered all night, so I didn't get the first motion through, and we compromised on that particular motion. That developed the timeline. Mr. Lemieux and I, with you, Mr. Chair, and Mr. Bellavance, worked that out.

So we didn't pass that last week or the week before. That got passed months ago. It got passed last fall. So to raise that as the issue now about some motion that just got passed and that affects the timeline is, to be honest, duplicitous at best. Come on, let's be serious here.

I'll leave that.

The other part is this. Did we get the information that I talked about the other night from the CFIA, which were specific questions that I asked of Mr. Cameron Prince, which were going to be here forthwith? That donkey made it a long time ago, and it must be dead by now if it's still carrying those papers.

Did we receive them? If we have, where are they? Are they out to translation or what are their whereabouts? Have we received the other documents that my motion spoke about? Depending on whether you say today or tomorrow, are we in possession of those or are they coming on the same donkey that carried the last ones?

The Vice-Chair (Hon. Wayne Easter): I certainly can't answer the question, because I'm not the regular chair.

On the scheduling, you're basically assuring us you'll give us the witness lists tomorrow on the rest of the schedule.

● (2015)

The Clerk: The witness lists may be out before I head home tonight. The schedule should be out tomorrow.

The Vice-Chair (Hon. Wayne Easter): When the CFIA was here, Mr. Allen asked for certain documents to be provided. Do you know whether we got them? Are they in translation?

The Clerk: Off the top of my head, I can't determine which specific documents he's referring to. I thought they had already been sent out.

Mr. Malcolm Allen: No.

The Vice-Chair (Hon. Wayne Easter): Can you check on that? If CFIA has agreed to provide us with documents, we do expect them.

Carolyn, you have a point.

Hon. Carolyn Bennett: My concern is that from the original motion that was agreed upon on March 31, there could have been a number of hearings from four to 10 o'clock on Monday.

The Vice-Chair (Hon. Wayne Easter): Can I leave that for the regular chair? I think that issue should be raised with him.

Hon. Carolyn Bennett: My concern is that some of our priority witnesses have not been heard, including Minister Clement and Minister Aglukkaq, on the future of the listeriosis roles. I also want to ensure that we will have time for CFIA to return before we try to do a draft report, so they can provide answers on the testimony we've heard today.

When we see this report, I would remind the clerk that we originally agreed to meet from four to 10 o'clock on Mondays and Wednesdays if we needed the time. That's six hours twice a week. In each of the weeks until now, we have done nowhere near 12 hours a week. I am asking that when the schedule is circulated tomorrow, we make sure that Kumanan Wilson, Amir Attaran, the two ministers, and CFIA—a number of the priority witnesses we need to get to the bottom of this—will be on the schedule before any of us are prepared to look at a draft report.

The Vice-Chair (Hon. Wayne Easter): We will see the schedule tomorrow again.

Mr. Lemieux.

Mr. Pierre Lemieux: We were discussing witnesses a little in the House. On the one hand, my colleague is saying we need to have more witnesses come; on the other hand, she wants CFIA to come yet again. I believe CFIA has been here three times.

Hon. Carolyn Bennett: It's only fair.

Mr. Pierre Lemieux: My only point is that if CFIA comes again it will bump another witness. The committee can decide that, but we can't have two arguments being tabled at the same time: that we don't have enough witnesses, and we want repeat witnesses to come back again.

The other point is that the committee decides how long its meetings will be. We're outnumbered here, as you well know, but if the committee says it wants to go to 10, then we go to 10.

Hon. Carolyn Bennett: We just get a notice of the meeting and it says seven, or eight, or somebody goes home.

The Vice-Chair (Hon. Wayne Easter): Mr. Allen has the floor.

Mr. Malcolm Allen: I agree with Mr. Lemieux. I certainly know how to count, and I don't have to take my socks off either.

The bottom line is that the chair and the clerk are establishing the witness list. Each time we ask for an additional witness list it seems to be, “Oops, maybe we'll get the calendar.” Mr. Bellavance has been asking for weeks for an updated calendar. I've asked for updated calendars. We constantly wait for an updated calendar. It's difficult to work until 10 o'clock when we show up and we have two sets of witnesses that are going to take us to eight o'clock. If we knew in advance how many would be here, we could make a call to the clerk and the chair and say we want to work until 10. Add additional witnesses and we'll stay until 10. If we want to keep Mr. Hodges here until 10 tonight, we could probably think of enough questions to ask him, but that doesn't get us additional witnesses.

I appreciate, Mr. Lemieux, what you're saying. You're right that the numbers favour us to vote that way. But if the witnesses aren't called, it's pretty tough to have those people stay until 10. They're not there. Hello, there aren't any witnesses sitting in those chairs. I'm willing to stay until 10. If we vote on it we can stay until 10, but we'll be looking at one another. We don't have any witnesses, Mr. Lemieux. That's the problem.

The Vice-Chair (Hon. Wayne Easter): Mr. Lemieux is next, and then we will try to adjourn.

Mr. Pierre Lemieux: If this has been a long-standing problem, I'm surprised the committee is only addressing it now. The first time it happened, if it was truly of concern to the committee, the committee would have raised it and said they wanted witnesses booked right through to 10 o'clock. I don't understand...well, I do understand. It's a priority now, but it wasn't earlier.

I want to finish on that note. The committee determines its own future, and my colleagues had opportunities to participate.

● (2020)

The Vice-Chair (Hon. Wayne Easter): If you check the blues, you will see that a lot of complaints were raised with the chair that we weren't going to 10 o'clock. But I think there is some direction, at least to the clerk here, that we get the schedule out tomorrow. Concerns have been raised about televised meetings, and I think that should be noted. Carolyn's point should be noted by the formal chair.

With that, I'll adjourn the meeting.

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