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Chair

Mrs. Joy Smith

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● (1105)

[*English*]

The Chair (Mrs. Joy Smith (Kildonan—St. Paul, CPC)): Ladies and gentlemen, welcome to our Standing Committee on Health. It is a pleasure to have some of our people back at committee today.

Pursuant to Standing Order 108(2), this is a study of the implementation of the recommendations of the Weatherill report on the 2008 listeriosis outbreak.

We are very fortunate to have with us, from the Public Health Agency of Canada, Dr. Butler-Jones, Chief Public Health Officer; Dr. Mark Raizenne, director general of the centre for food-borne, environmental, and zoonotic infectious diseases.

On video conference, we have Dr. Frank Plummer, scientific director general from the national microbiology laboratory.

Dr. Plummer, welcome this morning. Can you hear me?

Dr. Frank Plummer (Scientific Director General, National Microbiology Laboratory, Public Health Agency of Canada): Yes, I can hear you just fine.

The Chair: Wonderful. I'm glad that with your very busy schedule you could join us this morning.

We also have, from the Canadian Food Inspection Agency, Carole Swan, president, and Paul Mayers, associate vice-president, programs. From the Department of Health, we have Glenda Yeates, deputy minister, and Jeff Farber, director of the bureau of microbial hazards, health products and food branch. Welcome.

This morning we'll start with the Public Health Agency of Canada. We have five to ten minutes for a presentation—ten minutes maximum.

We'll start with Dr. Butler-Jones.

[*Translation*]

Dr. David Butler-Jones (Chief Public Health Officer, Public Health Agency of Canada): Thank you, Madam Chair.

For the benefit of new committee members, I would like to begin with some context.

[*English*]

Whether it is from the farm to the kitchen or from the kitchen to the table, food-borne outbreaks can and will happen. Food-borne illness normally occurs at home. It happens after unsafe handling or preparation, even when the food supply itself is safe. That's why, whether we're in the business of regulating, policy-making, educating, selling, or consuming, each of us plays a very important role in preventing illness.

In June I had the opportunity to update this committee on many of the government's food safety initiatives, acting on the recommendations contained in the Weatherill report. Government action on all 57 recommendations is either well under way, ongoing, or completed. We have never been in a better position to prevent, detect, and respond to food-borne illness outbreaks in Canada. There is excellent coordination among federal departments, provincial and territorial partners, and key stakeholders. Within the federal government, senior managers are meeting regularly, thanks to valuable forums such as the food safety review special committee of deputy heads.

[*Translation*]

We have seen the benefits of this improved coordination in action.

[*English*]

It has helped us manage several recent food safety outbreaks, such as the Siena meat recall late last year and the salmonella Chester outbreak this past summer. Today I'll focus briefly on the most recent developments since June related specifically to the agency's role.

I'll begin with outbreak response. The food-borne illness outbreak response protocol, or FIORP, is the key document guiding how governments work together when managing national or international food-borne outbreaks. You will recall that this protocol was endorsed by the provinces and territories in June and posted on the web. The agency will be conducting exercises of the FIORP with provinces and territories this fall and winter. We're also planning for a national exercise in the spring of 2011. To support this, the agency is also developing a food-borne illness emergency response plan and an incident command structure. This will enhance coordination and capacity among all the partners.

Work on a model plan has begun. We'll be seeking input shortly from federal, provincial, and territorial partners on the plan so that it may be finalized the next fiscal year.

Second, I'd like to focus on enhanced surveillance and early detection activities. Surveillance and detection are directed at early identification of outbreaks so that suitable measures can be taken by all involved.

In this context, we are continuing to expand our participation in PulseNet Canada, a national network of federal and provincial labs using DNA fingerprinting to match bacterial samples from humans and food, and we link ourselves to other countries as well. Training and certification programs for PulseNet member labs have now been expanded, as has research capacity at our national microbiology lab in Winnipeg.

I'm pleased to report that the agency has initiated plans for a pilot implementation of Canada Health Infoway's Panorama system. This pilot process will be very useful for us in testing our surveillance to help manage multi-jurisdictional outbreaks. Currently we're testing its integration with our existing alerting systems and seeking input from our partners. We are aiming to complete this process before the end of September in fiscal year 2011-12.

The agency has also made improvements to the national surveillance of listeriosis by adding listeria monocytogenes to the national enteric surveillance program.

The independent investigator recommended the development of surge capacity in dealing with major food-borne illness outbreaks. I'd like to note that key stakeholders are being consulted through a national workshop this month on the development of an agency-led public health reserve pilot, the model for which we aim to complete by March 31, 2011.

● (1110)

[*Translation*]

Exercising of reservists and assessment of the pilot will be completed by January 2012.

[*English*]

Finally, I'd like to address communications.

One of the issues raised in the Weatherill report was the effectiveness of public communications during an outbreak. We now have a suite of plans in place to guide our actions.

The FIORP, which I mentioned a moment ago, includes provisions that clarify communications responsibilities of the federal, provincial, and territorial partners during an outbreak. The focus is on collaboration for a timely communication with the public and those at risk.

Further, to better achieve coordination at the federal level, the agency worked with Health Canada and CFIA to develop a communications protocol on food safety issues. This protocol identifies the agency as the lead on communications to the public during a national food-borne illness emergency. It is already helping us to improve how we work together when communicating with Canadians during an outbreak, as we saw with H1N1. To help identify how it might be strengthened and to ensure that staff are familiar with it, the protocol will be tested with a series of tabletop exercises over the coming months.

The agency has also developed a strategic risk communications plan that will guide how the agency communicates to Canadians during food-borne illness outbreaks. The plan, which we have begun to implement, includes messages tailored to specific at-risk groups and makes use of a variety of traditional and innovative formats. These formats include the food safety web portal, stakeholder and media briefings, and webcasts. If a national outbreak were to occur, the agency is ready to assume leadership and implement the major elements to the plan as part of its response.

Madam Chair, this provides a broad-strokes overview of activities since June. These and many other activities are detailed in the collaborative report that you have before you, the October 2010 update to “Progress on Food Safety”.

I thank the committee for their interest in the implementation of the recommendations of the independent investigator.

[*Translation*]

I would be pleased to answer any questions you may have about the Public Health Agency of Canada. Thank you.

[*English*]

The Chair: Thank you, Dr. Butler-Jones.

We'll now go to Glenda Yeates, Deputy Minister of Health.

Ms. Glenda Yeates (Deputy Minister of Health): Madam Chair, honourable members, thank you very much for giving me the opportunity to speak to you today to provide you with an update on the efforts of Health Canada in fulfilling the recommendations of the independent investigator in her 2009 report.

Joining me today from Health Canada is Dr. Jeff Farber, Director of the Bureau of Microbial Hazards in the Health Products and Food Branch.

[*Translation*]

As previously expressed to this committee, protecting and promoting the health and safety of Canadians, their families and their communities is of paramount importance to Health Canada.

● (1115)

[*English*]

We take very seriously our role to protect Canadians by minimizing risks not only from listeria but also other food-borne pathogens, chemical contaminants, and other potential hazards.

[*Translation*]

Health Canada fulfills its regulatory role using its scientific capacity and through effective collaboration with its partners, such as the Public Health Agency of Canada, the Canadian Food Inspection Agency, Agriculture and Agri-Food Canada, and its international counterparts.

[*English*]

Today I'd like to summarize three key areas in which we have taken action in response to the Weatherill report, these being regulatory guidance and approvals, health risk assessments, and communication to Canadians about food safety.

Starting with regulatory guidance and approvals, we have made significant progress in updating our listeria policy. In collaboration with our federal partners and in consultation with industry, academia, health professionals, and consumers, we have revised our policy on listeria monocytogenes in ready-to-eat foods. The revised policy was published for consultation in March of this year. After receiving and incorporating feedback, the final revised policy has been made available recently with an effective date of April 1, 2011, to allow for an orderly transition by both industry and compliance and enforcement agents.

It is important to note that our ongoing discussions and interactions with our food industry partners have allowed them to move forward and initiate improvements to their food safety programs throughout this period and to enhance the control of listeria in high-risk foods, such as ready-to-eat meat. The changes made will encourage early identification of contaminants in processing facilities and enhance prevention and early detection. This will allow corrective action to avoid contamination of finished products.

In addition, to improve timely detection and identification of food-borne pathogens, Health Canada has been validating a novel method for the testing of listeria. This method shortens the current analysis timeline from seven to ten days to three to five days. We are now in the last steps of the validation process and anticipate that the method will be available for use in April 2011.

We are also collaborating with the National Research Council to develop a microchip-based method for listeria detection, which if it proves successful would allow for results, in future, in 48 hours.

To address another finding in the independent investigator's report, Health Canada has established a new process that allows us to prioritize and fast-track the approvals of food safety interventions with proven health benefits. Through this process, Health Canada has been able to approve the use of two food additives that can help control the growth of listeria monocytogenes as well as a novel high-pressure manufacturing process to reduce microbial hazards from food. To further address this issue, Health Canada is developing guidelines for industry that set out the criteria being used to prioritize submissions pertaining to these interventions.

With regard to health risk assessment capacity, we continue to strengthen our surge capacity by hiring and training more scientific risk assessors to respond to food safety events and to continue to provide 24/7 health risk assessments to CFIA. In Health Canada, we have increased our capacity by six full-time equivalents over the last two years and we are in the process of hiring an additional seven scientific health risk assessors. We have also cross-trained additional staff to provide surge capacity, if needed, during food safety events.

Using this improved capacity, between April 1, 2010, and September 30, 2010, Health Canada evaluators conducted 108 health risk assessments to assist in food safety investigations conducted by CFIA. All of these were completed in less than the eight-hour service standard established for the most serious level of risk.

[*Translation*]

Finally, in terms of communications, we are continually looking for ways to improve how and when to communicate the risks of food-borne pathogens to Canadians.

[*English*]

For example, we are well under way with a three-year risk communication and social marketing campaign. This campaign kicked off in March of this year and seeks to provide Canadians with information not only on listeria, but on issues of how to handle food safely and how to avoid food-borne illnesses in general.

● (1120)

[*Translation*]

We are making a particular effort to target those segments of the population that are at a greater risk of complications from food-borne illness, such as older adults, pregnant women and those with weakened immune systems.

[*English*]

Currently, our campaign includes magazine advertisements and the addition of booklets designed specifically to target each of the previously mentioned vulnerable groups. The combined circulation of these magazines is close to two million.

We've also launched web-based communications efforts that feature videos and interactive tools, which can also target these groups and identify specific actions that can be taken to help reduce their risk for food-borne illness. For example, in our video targeted for older adults, there are tips for buying and storing food products safely, as well as information on those foods to avoid.

Health Canada will also be working with our partners at the provincial, territorial, and local levels to ensure the food safety material developed is available in multiple languages. We will complement the efforts that are already being made to ensure that all Canadians are able to obtain and understand the steps they can take to help reduce the risk of food-borne illness.

I hope my presentation today provides the committee with a sense of our progress in response to the recommendations from the report of the independent investigator.

[*Translation*]

These measurable improvements enhance how we assess the risks to our food products and better enable us to collaborate with our federal partners to better address those risks.

[*English*]

In closing, as I mentioned at the outset, I reiterate our commitment to promoting the safety of food for all Canadians.

[*Translation*]

Thank you for giving me the opportunity to appear before the committee today. I would be pleased to answer any questions you may have later. Thank you.

[*English*]

The Chair: Thank you very much, Ms. Yeates.

We'll now go to Carole Swan, the president of the Canadian Food Inspection Agency.

[*Translation*]

Ms. Carole Swan (President, Canadian Food Inspection Agency): Thank you, Madam Chair.

I appreciate the opportunity to share with you the progress that has been made by the Canadian Food Inspection Agency on the recommendations made by Sheila Weatherill.

[*English*]

We are working closely with all the players in the food safety system, including producers, processors, other levels of government, and consumers, to improve food safety for Canadians. All of us—government, industry, and consumers—share responsibility for an effective food safety system. Our food safety system in Canada is among the best in the world.

As my colleagues have noted, the government's recently released food safety progress report sets out our progress on the recommendations of the independent investigator. I would like to briefly highlight three goals against which we have made significant progress: inspection capacity, communications and information, and collaboration.

First, on inspection capacity, significant new resources have been added for food inspection activities. We are hiring 170 additional inspectors. As of this week, we have 150 of those inspectors on staff. The rest will be hired and trained over the next few weeks. This will improve our capacity significantly.

[*Translation*]

In addition, significant effort has gone into improving our training program for both new inspectors and existing staff.

While our initial effort is focused on training new inspectors, more systematic and updated refresher training will be delivered to all inspection staff. This training will help agency staff keep abreast of developments in science, technology and new testing methods.

[*English*]

The second area I will highlight is communications and information. Recognizing that an informed public is an important factor in the fight against food-borne illness, we are using new means to provide better information on food safety risks. The consumer centre section of the CFIA website has been redesigned to provide more information on important food safety issues and to more clearly explain the roles that consumers, government, and industry play in food safety. In addition, we are in the process of setting up a consumer round table as an ongoing mechanism for better communications between the CFIA and consumers. Technology such as Twitter is being used by the CFIA to communicate information on food safety issues and recalls.

We continue to engage with Canadians through national public information campaigns. We are also sharing more information on lower-risk recalls and on food-producing establishments that have had enforcement actions taken against them.

In terms of collaboration, the CFIA continues to work closely with its federal food safety partners, the Public Health Agency of Canada and Health Canada. The CFIA has worked with the Public Health Agency to develop a comprehensive risk communications strategy that will guide how the agency communicates to Canadians during a national food-borne illness outbreak. Health Canada and the CFIA are improving and validating detection methods for listeria and other hazards in food to reduce testing time and enable more rapid response during food safety investigations.

Several of the Weatherill recommendations were directed at industry. The CFIA is meeting regularly with representatives of industry and uses these opportunities to assess how best to work together to further improve food safety within the context of our regulatory responsibilities. As I noted, we have one of the best food safety systems in the world due in large part to the professionalism and dedication of agency staff and staff in Health Canada, Public Health Agency, and the collaboration of our partners. We will continue to work with our partners to improve the system and to inform Canadians of our progress in this very important area.

Thank you, Madam Chair.

● (1125)

The Chair: Thank you, Ms. Swan.

We'll now go to our first round of Q and As, and that will be seven minutes for the question and the answer.

We'll begin with Mr. Dosanjh.

Hon. Ujjal Dosanjh (Vancouver South, Lib.): Thank you.

And I thank all of you for being here.

I have essentially two questions, and they're for CFIA.

You have given us some information about the number of inspectors. A release was issued by the Agriculture Union this morning. In light of that, I'm going to ask you a question.

They estimate there were more inspectors working in the non-slaughter meat establishments before the Maple Leaf Foods outbreak than the number of inspectors CFIA estimates are required today. Prior to the outbreak, there were approximately 220 inspectors who devoted the vast majority of their working day to CVS—compliance verification system—tasks in these meat establishments. Today, CFIA estimates it needs only 155 FTE inspectors to cover the same territory. Even adding the FTEs for non-CVS work—and you know all that jargon—the total would still fall short of staffing levels before the outbreak.

You've given us some numbers, and I don't know whether they tally. I just quoted from the press release that came this morning.

This is a very serious allegation, if it's true. Could you please respond with specific data—not with what you might have thought this morning or yesterday, but with very specific data—to the statement from the Agriculture Union?

The Chair: Ms. Swan.

Ms. Carole Swan: Thank you, Madam Chair.

I have not seen the statement from the Agriculture Union this morning, but I can tell you we know we had over 3,000 inspectors in March of 2010. The number of inspectors in CFIA has been increasing steadily. In fact, the government has added 538 new inspectors since March of 2006.

Hon. Ujjal Dosanjh: Can you respond to the specific allegation, and that is that prior to the outbreak there were approximately 220 inspectors who devoted the vast majority of their working day to the CVS tasks in these meat establishments? Today you believe, according to them, that work can be done by 155 FTEs. Is that true or not?

Ms. Carole Swan: I believe what the Agriculture Union is referring to is the document that was tabled along with the progress report, which confirmed the CFIA's assessment of inspector time needed on CVS. CVS of course is our compliance verification system.

It is true that we have more inspectors now working on compliance verification than we had before, and we are hiring 170 new inspectors.

● (1130)

Hon. Ujjal Dosanjh: So do you have more than 220 working on CVS? That's what they say—that you had them before the Maple Leaf incident.

Ms. Carole Swan: Again, I don't have in front of me what the Agriculture Union has released.

Hon. Ujjal Dosanjh: I'm telling you what they have said. They're saying “220 inspectors...devoted the vast majority of their working day to CVS tasks” before the outbreak. Do you have 220 working today?

Ms. Carole Swan: We have more than 220 inspectors working on meat today. In fact, most of our inspectors work on meat. A large part of the time of many inspectors is spent on CVS. We don't have inspectors who do only CVS. CVS is a part of what meat inspectors do.

I can tell you we have more inspection capacity on CVS now than we did prior to the outbreak.

Hon. Ujjal Dosanjh: Are you saying that the allegation they make is untrue?

Ms. Carole Swan: I'm saying that we have more inspection capacity on CVS at this time than we did prior to the outbreak.

Hon. Ujjal Dosanjh: All right.

I have a second question, and it also relates to what they essentially have said. The Weatherill report outlined several critical areas in the food inspection system that were deficient. Among their findings was that the CVS implemented just before the Maple Leaf Foods outbreak was flawed and in need of critical improvements related to its design, planning, and implementation.

The Chair: Ms. McLeod.

Mrs. Cathy McLeod (Kamloops—Thompson—Cariboo, CPC): On a point of order, I think we were asked to deal with the health issues, and I believe that certainly the agricultural committee is dealing with agriculture and the number of inspectors. Is this an appropriate part of this?

The Chair: Yes, we need to stick to the topic.

Hon. Ujjal Dosanjh: What's the topic, Madam Chair? Don't take my time, but what's the topic?

The Chair: The topic is the implementation of the recommendations of the Weatherill report.

Hon. Ujjal Dosanjh: Well, before I was interrupted, Madam, this was all about the Weatherill report.

The Chair: Mr. Dosanjh, I just want to remind you that we deal with the health issues. Agriculture has dealt with this issue as well. Just keep to the topic.

Hon. Ujjal Dosanjh: I'm sorry. I would like to ask the question. Thank you.

Here's the question. The CVS implemented just before the Maple Leaf outbreak was“ flawed and in need of 'critical improvements related to its design'”. It was “'implemented without a detailed assessment of the resources'... [and a] shortage of food safety inspectors was in play before the outbreak”.

According to an internal CFIA assessment conducted in March and April of this year, many of the problems Weatherill identified continued to plague food inspection in Canada. Among those findings were comments by several participants regarding their experiences:

> “insufficient staff to ensure full delivery of CVS in all the plants.”
>
> The new inspection system does not allow inspectors enough time to complete verification tasks and [it] lacks effective compliance and enforcement tools when food companies violate safety requirements.
>
> While some inspectors have access to laptops and high speed Internet, others “continued to work primarily with pencil and paper”.

> Inspectors are further hobbled because they do not have direct access to the historical information about companies' food safety records.

Could you please explain how Canadians are to have confidence in the current system, given these findings of your internal assessment?

Ms. Carole Swan: Madam Chair, I'd be pleased to answer that question.

The CFIA takes the compliance verification system very seriously. It is one of the essential aspects of ensuring that we have safe food.

Following Sheila Weatherill's recommendations, we took a very hard look at our compliance verification system. We did that in many ways. We asked experts to actually look at the tasks that make up CVS, and they produced a report, which I believe has been made available to this committee through the progress report the government has tabled.

We conducted a front-line assessment, for which we met across the country with a variety of front-line inspectors with the Agriculture Union present, to make sure that we had discussions on how CVS was being implemented and what the challenges were. We took all that information together, and there were in fact recommendations for improving CVS. We have acted on those recommendations.

The recommendations related to more inspection capacity, which we're putting in place. There were suggestions about tools, and we are improving connectivity among inspectors. They related to the nature of updating the meat manual of procedures, which we have updated and are keeping up to date. They related to the number of CVS tasks, and in fact we took a very hard look at the CVS tasks and added CVS tasks.

I'm quite confident in saying that we took a very hard look at CVS, in conjunction with the union. That information is public, and we are acting on what we found to improve CVS.

● (1135)

The Chair: Thank you, Ms. Swan.

Monsieur Malo.

[*Translation*]

Mr. Luc Malo (Verchères—Les Patriotes, BQ): Thank you very much, Madam Chair.

Please allow me to continue with you, Ms. Swan. When food safety and security is involved, various factors must be taken into account. You will recall that there was a leak at the end of September. In fact, an internal audit became public. It mentioned that the agency's controls over imported foods are lacking. The report touches on multiple areas of risk that need to be dealt with using drastic measures.

Have you dealt with this problem seriously? Have you found ways to show that imported products are subject to the same rules as products made and processed here? Basically, there has to be some kind of reciprocity. Products brought into Canada must be subject to the same rules and be as safe as products made here. Have you taken any concrete actions to resolve this situation?

[*English*]

The Chair: Go ahead, Ms. Swan.

Ms. Carole Swan: Thank you, Madam Chair.

Yes, absolutely we did.

I believe what you're referring to is an audit that we posted, which was done of the CFIA's import policy. The audit covered the period from 2005 to 2008 and it identified shortcomings. We have, in fact, had a very clear look at the shortcomings and are implementing a number of measures, which have dealt with what might be shortcomings.

I would also point out that the government announced the food safety action plan in 2008 with money for CFIA, among others, to focus exactly on risks related to importing foods. We have taken those funds, we are doing more border blitzes, we have increased our testing of high-risk foods, and we have basically used the audit to help define how we should be spending the money in order to improve our inspection of imported foods.

We are very clear that the level of safety of imported foods and domestically produced foods, of course, has to be the same. We cannot put Canadians at risk from import foods. So we did use the audit, we did use the money the government gave us in the food safety action plan, and we focused on imported products.

[*Translation*]

Mr. Luc Malo: With the corrective action you have taken, have you been able to assess whether there has been a real improvement in this area yet? Or will we have to wait several years for a report to determine if the drastic measures needed have been taken?

[*English*]

Ms. Carole Swan: We post on our website updates to our management plan for the audit. That is one way we do hold ourselves accountable and are very public in terms of what we do. And we will do a more formal audit in a couple of years as we continue to spend the money from the food and consumer safety action plan.

[*Translation*]

Mr. Luc Malo: Am I to understand that we will have to wait two years before finding out whether there is a policy of reciprocity, meaning that imported products are subject to the same controls as products made and processed here?

[*English*]

Ms. Carole Swan: No. You can access our website. We can report to you more fully on the results of our audit and our management action plan for implementing the findings of the audit. But we will continue to audit our activities. That's one of the ways we in fact make sure we are achieving results, and we will continue to audit.

[*Translation*]

Mr. Luc Malo: Ms. Yeates, last June we began looking at this issue. When we met, Ms. Meena Ballantyne was here as a witness. She told us that the industry guidelines for new food additives and technologies with the potential to contribute to food safety would be ready this fall. In your comments, you told us that the guidelines were still being drafted.

Is there a delay in the drafting or the presentation of the guidelines?

● (1140)

[*English*]

Ms. Glenda Yeates: Thank you very much to the honourable member for his question.

No, we are on the schedule as outlined by Meena Ballantyne, our ADM, health products and food branch, when she was here earlier.

We went through a multi-stage process, so in March we posted the draft guidelines. We took a process of gathering the best science and information we could worldwide. I think Canada is now a leader in listeria guidelines as a result of the time that it was taken. We did extensive research prior to posting the draft in March. We then accepted comments and had consultations, because again we felt we wanted to have the best possible document. We did that over the summer. We received over 400 comments from 33 respondents. We reviewed those comments and have now incorporated them into the policy. So the policy is posted.

When I mentioned April 1 as the implementation date, it's because there's always a transition period for both the CFIA inspectors—obviously training and procedures need to be put in place to match the policy—and also for industry. So we are saying to them that this is the standard to which they will be held, this is the policy, and they then have the time to implement the specifics of the policy. So it was always intended that we would post the policy in this timeframe, and we know industry has been doing a great deal already to bring themselves up to standard again. Because of the consultation period, it's not as if this is new to them, but our practice is always to give some time before we finally implement it so people can adjust.

The Chair: Thank you, Ms. Yeates.

Now I'll go on to Ms. Hughes.

Mrs. Carol Hughes (Algoma—Manitoulin—Kapuskasing, NDP): Thank you, Madam Chair.

Thank you for being here to address this very important issue.

Sheila Weatherill found, and I quote from her report, that

> Although the CVS is regarded as a sound system and has broad support, it needs critical improvements related to its design, planning and implementation.

Then she also indicated that

> If senior management had been more engaged, the CFIA executives might have recognized that the new inspection system was being implemented without a detailed assessment of the resources available to take on these new tasks....

I want to ask you about the PricewaterhouseCoopers report released on October 21. As I understand it, PricewaterhouseCoopers was commissioned to conduct the resources audit Weatherill called for in her recommendation number seven. I'll read you recommendation number seven:

> To accurately determine the demand on its inspection resources and the number of required inspectors, the Canadian Food Inspection Agency should retain third-party experts to conduct a resources audit. The experts should also recommend required changes and implementation strategies. The audit should include analysis as to how many plants an inspector should be responsible for and the appropriateness of rotation of inspectors.

The PricewaterhouseCoopers report includes the following statement:

> This review does not constitute certification or guarantee the accuracy of CFIA's calculation since the review did not involve, for example, either of the following: detailed testing, analysis or validation (for reliability or completeness) of data sources (e.g. timesheets or CVS reports) underlying CFIA's calculations; or technical or other assessments of CVS tasks in terms of the appropriateness of their nature, frequency or duration.

It sounds to me as if CFIA has not yet complied with Weatherill's recommendations. I'm just wondering, when will you?

Ms. Carole Swan: The compliance verification system is an absolutely essential part of the agency, and Sheila Weatherill quite properly spent a fair bit of time on it in her report.

I'd like to talk about a couple of things we have done. The PricewaterhouseCoopers report was an independent look at the calculation CFIA had done of inspection resources needed to deliver CVS. We opened our books to PricewaterhouseCoopers. We opened our doors to PricewaterhouseCoopers. We gave it whatever it wanted. In its report PricewaterhouseCoopers, in my view, did confirm that it has found our estimates of resources required were accurate.

We did not leave it at that. As Sheila Weatherill challenged us to do, we looked at how CVS is actually being implemented. We talked to front line inspectors across the country in conjunction with the union again, I might add, because we recognize the union as an important partner in making sure CVS is effective.

We commissioned specific experts to look at the minutiae of CVS tasks and understand if we had the right tasks and the right time allocated to those tasks. We found there were things we could improve, and we did improve them.

For instance, we added additional CVS tasks. This is quite technical, but we did add additional CVS tasks. We gave more time, in fact, for inspectors to do certain CVS tasks, as we heard from inspectors themselves. We improved the training they were given in how to implement CVS, and we improved the tools they have in the organizations, again, to implement this very important verification system.

● (1145)

Mrs. Carol Hughes: Has there been a third-party assessment of the resources required to effectively implement the meat inspection system? I'm just wondering because what we're hearing is that the inspectors are saying, sure, they're doing some CVS tasks but are not able to do them all.

Some things are obviously being overlooked, so how are you actually handling that? Has there been a third party to look at the resources, to assess the resources that are necessary to do this?

Ms. Carole Swan: That would be the PricewaterhouseCoopers work. I should point out also that the contract with PricewaterhouseCoopers was not engaged in by the CFIA. We were really a third party, at arm's length from the work PricewaterhouseCoopers did. We provided it with all the data, all the information. It came in independently to have a look at us.

Mrs. Carol Hughes: How is it possible to conclude that the meat hygiene program will be better? I want to touch base again with what my colleague mentioned with regard to the 155 full-time equivalent inspectors? What is being said here? The people on the ground are the ones who are doing the job, and they're saying what you're suggesting isn't enough.

Ms. Carole Swan: We are implementing increased inspection capacities, as I mentioned earlier, in two ways. First, we're bringing on board more inspectors to deal specifically with listeria and also to cover off daily presence. We'll have 170 by the time we're finished hiring; 150 are already on our books.

Secondly, if I might just finish, training is very important, because we heard from inspectors that they weren't getting enough training. The manuals weren't up to date. It's very important that CFIA staff be empowered to do the very important work they have to do. We have focused on that as well.

Mrs. Carol Hughes: That's my next question. It was that kind of thing. It was with respect—

The Chair: I'll watch your time here so you don't lose any, Ms. Hughes, but before you continue, I'll just ask you to keep in mind that Dr. Plummer is also us with, via video. If you have any questions to direct at him, feel free to do that as well.

Mrs. Carol Hughes: I'm fine with whoever wants to jump in on the questions.

If Dr. Plummer wants to answer, my question is with respect to training and education, because the workers are saying they can't take the time to be better trained and to be better educated because there are not enough of them. Are they lying?

Ms. Carole Swan: The training aspect of our workforce is a very important aspect of CFIA work, as you can imagine.

I'm going to ask Dr. Paul Mayers just to address training for a minute.

Mr. Paul Mayers (Associate Vice-President, Programs, Canadian Food Inspection Agency): Thank you.

The approach we have taken to training is to enhance our entire training approach, both for new inspectors and for existing staff. As the president of CFIA has noted, there are significant numbers of new inspectors being hired. There is a substantive training program that they go through before they are on the line, so to speak.

As well, existing staff also are being offered the training. The training becomes a mandatory component of the overall program. Having additional inspectors allows us to move existing inspection staff through training, because, as you know, we need the inspection staff to step back from their daily duties to take training.

It is the combination of both things—the availability of a comprehensive program of enhanced training, which we have developed for inspection staff, and the availability of increased inspection capacity, which frees up staff to ensure they are available to take that improved training—that addresses the issue staff legitimately have raised with us of their interest in continual improvement of their skills.

● (1150)

The Chair: Thank you, Mr. Mayers.

We'll now go to Ms. Davidson.

Mrs. Patricia Davidson (Sarnia—Lambton, CPC): Thank you, Madam Chair.

Thank you to each of our presenters who are with us this morning. Certainly we realize this is a serious issue, and we thank both departments for the due diligence that has taken place as a result of the Weatherill recommendations.

One thing I wanted to point out, listening to everybody this morning, is that it sounds as though there has been a greatly increased amount of cooperation and communication between the different departments. Could you comment on whether that is in fact the case and whether you see that continuing in the future to help improve the situations?

Dr. Plummer, do you want to make a comment on that?

Dr. Frank Plummer: I think it would be better for others to comment on that.

Some hon. members: Oh, oh!

Mrs. Patricia Davidson: Okay.

Dr. David Butler-Jones: Frank is sitting in Washington at the global health security discussions that we do on a range of topics, so maybe I'll address it to start.

Obviously we had good cooperation even before listeria, but we've been able to refine that in terms of a more formalized process augmenting the ad hoc kinds of things, finding ways to work more closely together. The communication is not just on an event basis but on an ongoing basis as we continue to improve our own processes. Actually it's been very helpful for us as a public health agency because of the perspectives from both Health Canada and CFIA, as well as the provinces and even local public health. Dealing with outbreaks or the potential of outbreaks and finding ways we can better prevent them as well is a constant learning thing. So I think it's all been to the good.

It's actually quite interesting. Recently when all the provincial and territorial chief medical officers came together, a number of them remarked on the improvements at the local and provincial level in relations with CFIA, for example, and in the management of outbreaks, response, and communication. Even the field is recognizing the value of the work that we've done.

Mrs. Patricia Davidson: Do you feel the same, Ms. Swan?

Ms. Carole Swan: I absolutely do. As Dr. Butler-Jones has mentioned, I think, we've seen improvements in a number of levels of collaboration and cooperation. Certainly in senior levels in Ottawa, we have better mechanisms, whether they be protocols or meetings, for keeping informed, for making sure people are aware of their roles and responsibilities. At the federal-provincial level as well, there is excellent cooperation and much closer relationships.

Dr. Butler-Jones mentioned the Siena outbreak last year. Our cooperation and collaboration with the Province of Ontario to very quickly deal with that was very good.

Last but not least, at the local level where a lot of these issues are first picked up, the cooperation and collaboration between chief medical officers of health and CFIA staff I think has improved immeasurably and is continuing to be very strong.

Mrs. Patricia Davidson: Thank you.

We've heard from each of the different areas on your progress as you've moved along. Do you feel that you're on track with where you wanted to be at this point in time?

Dr. David Butler-Jones: I'll start.

Certainly we're on track. The target is obviously September of next year, but many of the things, for example the FIORP, are in place. We're using it, and we will be testing it shortly, etc. Many of the recommendations have actually already been implemented. For many of those that are in process, it's a matter of refinements. It's not a matter of "what would we do if something happened?" It's really about getting the *t*'s crossed and the *i*'s dotted as much as anything, to make sure we have the legal people and everybody on the same page. But in the event of something happening, as we've demonstrated—and we have a long list of outbreaks we've all been involved with just in the past year—it is not only better, but it is continuing to improve with each learning.

Ms. Glenda Yeates: I would certainly support that. We have actually set ourselves some deadlines, in terms of moving forward, and we are seeing that the work is progressing very well.

I think through this process we have learned that Canada is moving ahead in some cases of work that any jurisdiction has done, and that has been very beneficial. Some of the really ground-breaking work of Health Canada has required a very significant research effort, but we've been able to move forward with that and have tracked to the deadlines. In the meantime, it's not as though, while we've been waiting for these things to occur, we haven't been implementing things as we go. So I think we've had a good combination of setting ourselves final product deadlines and moving toward those, and while we've gathered the science so we could move the evidence we've been implementing and using it as we go. I think it's been a very energetic time on this file.

● (1155)

Mrs. Patricia Davidson: Dr. Butler-Jones, you referred to FIORP in your presentation this morning. You talked about the key document guiding how governments work together and you talked about the provinces and territories, but it's also national and international outbreaks that this protocol will be addressing. Is that correct?

Dr. David Butler-Jones: The protocol is how we as a country relate to the outbreaks, whatever the source, when it comes to food-borne outbreaks. So if there's something international affecting Canada, then clearly it outlines how we as a nation respond at each level of jurisdiction and across different organizations, including the communications. There are other events that are not within Canada but are of interest to us even if they are happening in other countries, because of the potential of what they might do, not just in food-borne illnesses, but water contamination. That's why, with the surveillance system we run, the Global Public Health Intelligence Network, WHO tells us that it hears first from us about somewhere between 40% and 60% of all the outbreaks in the world, not from the affected country. It used to be 80%. Other countries are implementing their own surveillance and reporting in better ways. So it has been a net benefit internationally.

We're very interested in that. We do the analysis about that and engage the WHO or other countries and our partners in Canada as appropriate.

So it's of interest to us, but the FIORP really gets implemented when there's something that directly affects Canada and Canadians.

The Chair: Thank you, Dr. Butler-Jones and Ms. Davidson.

I remind you that we do have Dr. Plummer on video and he's here with us to answer questions as well. Often when we have people via video, I have to keep reminding the committee, because you see people in person and you see them on the screen, so we want to make sure that everyone is included here.

We appreciate your taking the time, Dr. Plummer, very much.

We're now going into the second round, five minutes for questions and answers, and we will begin with Dr. Duncan.

Ms. Kirsty Duncan (Etobicoke North, Lib.): Thank you, Madam Chair.

Welcome to everyone. It's a pleasure to see you all again.

I'm wondering if I can ask, before I start, to have a document tabled. I'd be grateful for a chronology of the Siena meat recall and the salmonella Chester outbreak—for example, when the cases started occurring, when they were being picked up and by whom, the dates the samples went to the lab, when the samples came back, when the companies were informed, and when that was communicated with the public. This was done for the 2008 outbreak, and I think it would be useful to be able to compare the response times among the three outbreaks. So I would like to have that.

Dr. David Butler-Jones: Yes, we'll probably.... We have stuff that we use to track these things and review them internally, but we'll put a chronology together for you.

Ms. Kirsty Duncan: Good. Thank you, Dr. Butler-Jones.

Now to pick up on the questioning of my colleague. Again, before the Maple Leaf Foods listeriosis outbreak, there were approximately 220 non-slaughter meat hygiene inspectors. According to their union, these inspectors devote the vast majority of their day to CVS tasks, so that would equal approximately 200 FTEs. We learned today that we're up to 150. If we look at the results of the independent review of CFIA by PricewaterhouseCoopers, we see that it thought there were maybe 155 FTEs but that what was really needed was 260.

Can you comment on this, please? I'm concerned. How can we conclude that the meat hygiene program will be better than it was before when we're up to the 150? It really looks as if we've got fewer than we had before.

● (1200)

The Chair: Who would like to respond?

Mr. Mayers.

Mr. Paul Mayers: Thank you very much, Madam Chair. I think it is important because in talking about the numbers it's always quite easy to get a little bogged down.

When Carol overviewed additional inspection capacity, it's important to recognize that of the 170 additional inspectors we're adding, we have already reached 150. That is over and above the inspection capacity that was already in place. So we're not at 150. This is our additional inspection capacity that has enhanced.... So with the 170, taking account of the review that has been conducted, we will now be very confident that we are covering the entire capacity necessary to deliver on the CVS tasks as reflected in the review of those resources.

Ms. Kirsty Duncan: Thank you.

Sorry, I meant not the global but on the non-slaughter meat hygiene, strictly.

Mr. Paul Mayers: Absolutely. The 170 inspection staff that are added are all in relation to ready-to-eat meat. This is all in the context of non-slaughter, as additional inspection capacity in that area.

Ms. Kirsty Duncan: What is the total capacity?

Mr. Paul Mayers: The total capacity will encompass—

Ms. Kirsty Duncan: On slaughter.

Mr. Paul Mayers: I don't have an absolute number for non-slaughter today.

Ms. Kirsty Duncan: Could we have those numbers, please? We really need those statistics.

Mr. Colin Carrie (Oshawa, CPC): Point of order, Madam Chair. The audits and the things my colleague is talking about are actually things that are outside the Weatherill report. These are things that CFIA did on top of what was put in the Weatherill report, I believe, so I don't think it really does apply to the study we're going forward with.

Ms. Kirsty Duncan: It's fundamental to the health and safety of Canadians.

The Chair: Excuse me, Dr. Duncan. If you have something to say, I'll recognize you first.

You may go ahead.

Ms. Kirsty Duncan: Is it okay? I wanted to say I think this is fundamental to the health and safety of Canadians, and these are important figures. We need to know.

The Chair: Today we need to focus our questions on the implementation of the recommendations. I believe this is outside that, so could you refocus your question? Thank you.

Ms. Kirsty Duncan: I will also ask if the following information could be tabled. I'm wondering what money was provided for hiring inspectors. How much of that has been spent? What is the average time taken to hire an inspector? How many are hired as of today? Could we table the dates that inspectors were hired and how many were hired? How long does it take to hire an inspector? How often will these hires be updated with new training, and will a record be kept of their training?

I'm wondering if that could simply be tabled.

The Chair: Your time is up, but I've given you some extra time, actually.

Ms. Kirsty Duncan: Thank you, Madam Chair.

The Chair: Mr. Mayers, would you like to just briefly try to answer that? Or you can table it later to the committee as well.

Mr. Paul Mayers: Just briefly, clearly I won't try to answer all of the details, such as the amount of time for each hire. In terms of the funding, there was an immediate investment of $75 million the government made in the Canadian Food Inspection Agency, and budget 2010 added an additional $13 million. You asked in terms of the resources that facilitate the increase of inspection capacity. In terms of numbers, as Madam Swan has noted, of the 170 inspectors who are being added, we are already at 150.

The Chair: Thank you so much.

Now we will go on to Ms. McLeod.

Mrs. Cathy McLeod: Thank you, Madam Chair.

I do recognize that this issue was really an integration in terms of health and agriculture. I do understand that the agriculture committee has really spent a lot of time looking at its side of the issue, so with all respect to CFIA, I think I'll perhaps focus a little bit on the health side, which is of course the focus of this committee.

To start, tell us what Panorama is going to be able to do. Tell us, because we didn't have Panorama, if it would have made a difference in terms of what happened with the outbreak, so we could sort of understand the purpose and function and what it's going to provide for us.

● (1205)

Dr. David Butler-Jones: Panorama is the name for an integrated suite of tools, not just for surveillance but also case management. In the budget—I think it was in 2004—money was given to Canada Health Infoway for the development of a surveillance tool that could also serve as a case management tool. There are a number of aspects to the modules. The one we're piloting is around food-borne illness.

All provinces have been involved in the discussions, and a number of provinces have signed on to it. Different provinces use different systems. The reason for the funding in the first place was the recognition of the value of a system that could bring together the work of a public health nurse, a public health inspector, and immunization records. You can interrelate the data more efficiently and have more timely data in terms of reporting, for instance.

There are many systems out there, but this is the one it was felt would be valuable to put together. Now it's coming to the point where provinces are actually looking at implementation. Not all provinces or territories will be implementing it at this point. Some have other systems they use. Our chief concern federally is that whatever systems are used, the systems are able to either talk to each other or we have a way to recognize when a potential outbreak is developing and gather the data for the information we need to do our collective jobs.

In the old days we used to do that by paper—or if there was something urgent, a phone call, etc. Now, with the advent of the linkage of the public health laboratories across the country, the PulseNet Canada system allows us to say, “Oh, this particular listeria is the same strain of listeria we're seeing in the three cases in Ontario, the two cases in B.C. What are the characteristics of that?”

That's what allowed us to figure out that we actually had an outbreak with the listeria outbreak at Maple Leaf Foods. At the peak of that outbreak, there were only five to seven cases a week reported in Canada, against a background of 20,000 to 30,000 of us every day with those symptoms.

There is the combination of the laboratory surveillance we do and the work in comparing with other surveillance systems—and if there is time, perhaps Frank can speak a bit more to that—so that we have the picture we need to identify when something is going wrong.

Whether it's for this, or the next H1, or whatever, Panorama will hopefully give us faster, more accurate data because of the ability to electronically roll up that information. It doesn't keep us from doing our jobs—there are other ways we get that information—but it will make it more efficient. It will make the work of inspectors and nurses hopefully easier in terms of the collection of information and the management of cases.

Mrs. Cathy McLeod: Certainly I'd love to hear from Dr. Plummer.

The Chair: Dr. Plummer?

Dr. Frank Plummer: Thank you, Madam Chair.

To expand a bit on what David said, the electronic laboratory surveillance—what I like to call the virtual laboratory ability—linking labs across the country is a very powerful tool. We've been working on enhancing that.

Even with the listeria outbreak in 2008, we were able to detect a national outbreak when there were only eight cases in the country, at a very early point. If we didn't have that system, we might have found it weeks later. Many more people could have eaten food that was contaminated and potentially become ill.

I think this system is highly effective in early detection of national outbreaks.

The Chair: Ms. McLeod.

Mrs. Cathy McLeod: If someone comes into hospital and they have symptoms that are suspicious, that gets reported to the public health inspector. Does the lab in the hospital do the work, and then it feeds into the provincial system and then the national system?

Dr. David Butler-Jones: Frank can speak to the lab system.

The Chair: Go ahead, Dr. Plummer.

Dr. Frank Plummer: The initial work will be done in a hospital laboratory. That would then be fed to a provincial laboratory, which would have the capability of the molecular fingerprinting of a listeria or E. coli or salmonella. That would then be shared nationally, electronically. We don't have to send the strain to Winnipeg any more; we can send a picture of what the fingerprint looks like.

The folks in Winnipeg, or the folks at the provincial laboratory, are able to interrogate our database, plus other databases around the world, to see if that fingerprint has been seen before. That makes for quite a rapid system. And the fact that it's decentralized across the country....

[*Technical difficulty—Editor*]

● (1210)

The Chair: Thank you, Dr. Plummer.

We'll now go to Monsieur Dufour.

[*Translation*]

Mr. Nicolas Dufour (Repentigny, BQ): Thank you very much, Madam Chair.

[*English*]

The Chair: Oh, I'm sorry, Dr. Butler-Jones, I didn't mean to interrupt you. Did you have something to say as well? Please, go ahead.

Sorry, Monsieur Dufour.

Dr. David Butler-Jones: I'll be very quick.

One of the important things about surveillance is that when someone gets ill, they may or may not go to the doctor. If they don't go to the doctor, there's no diagnosis—and the majority never go, and never need to actually. Then those who go to the doctor may or may not get tested. Generally, you're not going to test everybody, and that's quite appropriate clinically. But if they're not getting better, then you'll test; or if they're severely ill or in hospital, you'll test. Then if it's tested, you may or may not pick it up in the laboratory, and then whether it gets typed....

So what we've done in the system—and Frank has described the laboratory system—is to make it better integrated, which increases the chances that if someone is tested, we will actually figure it out and be able to do something and recognize the links. It's far better today than five to ten years ago. If the listeria outbreak had happened ten years ago, we probably would never have actually found it until it was so big that it was just overwhelming.

The Chair: Thank you, Dr. Butler-Jones.

Now, Monsieur Dufour, thank you for your patience.

[*Translation*]

Mr. Nicolas Dufour: Thank you, Madam Chair. This is take two. When we have Dr. Butler-Jones, it is always a pleasure. I would like to thank the witnesses for being here today.

Mr. Mayers, I am puzzled when I think about your answer to a question that Dr. Duncan asked. You are unable to identify the number of inspectors you had previously. I am referring to an Auditor General's report that states that your internal controls, such as your computer system, were ineffective.

Have I understood correctly? Are you unable to identify how many employees you have?

[*English*]

Mr. Paul Mayers: Thank you.

Just to clarify this, I didn't say I couldn't identify the number of inspectors. We can very clearly state that on, for example, March 31, 2010, the CFIA had just over 3,300 field inspectors. What I said was related specifically to the question of how many non-slaughter inspectors there were prior to the listeria outbreak. I simply don't have that number with me here today. Those are two very different things.

The agency, in its work around inspection and increasing inspection capacity, has made this a very clear area of focus. When we speak of non-slaughter meat processing, we have to understand that it includes broad meat processing, read-to-eat meat, cold storage, etc.

So the inspection coverage for our non-slaughter capacity is the area of focus that the honourable member's question went to. In speaking to that, what's important is that in addition to the capacity that existed prior to the review undertaken by the independent investigator, the CFIA has added to and augmented that capacity to the tune today of 150 inspectors, with an ultimate target of 170 additional inspectors.

[*Translation*]

Mr. Nicolas Dufour: I understand that, but you are still not able to answer Dr. Duncan's question. You are unable to tell us exactly how many there were before the listeriosis outbreak.

[*English*]

Mr. Paul Mayers: We can speak to the total number of inspectors. The specific question related to just one component, and I simply don't have that information with me. That was my point.

The Chair: Perhaps, Mr. Mayers, if you could look it up and send it to the clerk, we could distribute that information.

● (1215)

Mr. Paul Mayers: Very well.

The Chair: Thank you.

[*Translation*]

Mr. Nicolas Dufour: Thank you very much.

Now, about the Weatherill report, what are the big challenges for the future? What still needs to be applied and what will the next steps be? The question is for all the witnesses.

Dr. David Butler-Jones: Thank you for the question. The next steps will be to consider to improve our process for recognizing challenges posed by nature. In fact, in nature, there are a great many elements that can cause infections in the population. So we must anticipate infections, like the H1N1 virus or a bacterium.

It is very important to improve our monitoring system and our relationship with the provinces, territories and municipalities. It's a whole system. Ensuring that communications are smooth is always a challenge when the system is large and very complex. This is always the greatest challenge. We need to focus on it constantly.

[*English*]

The Chair: Ms. Yeates.

[*Translation*]

Ms. Glenda Yeates: Thank you, Madam Chair. Thank you for your question.

For us as well, the challenge is to continue to be aware of new scientific methods and all the international developments in this and other areas.

[*English*]

For us, I think it is that challenge of making sure we keep up with the science. At this moment, we're very comfortable that we've combed the world, that we have gathered the scientific experts and have built the linkages with our international partners. We are very much focused on the current state-of-the-art science. But we also know that just as nature will change and throw us new challenges, science will continue to develop very rapidly.

I think for us it's never a matter of a point in time. It's never a matter of just one disease—listeria versus salmonella or E. coli or others. It is really to keep on top of the totality of the challenges in the scientific world. That is, I think, what our experts do.

Madam Chair, perhaps I will ask Dr. Farber if he could expand on that.

The Chair: Yes, go ahead just very briefly.

Dr. Jeff Farber (Director, Bureau of Microbial Hazards, Health Products and Food Branch, Department of Health): Very briefly, I think another challenge would be, as we get better tools and techniques to better detect these organisms and better detect these outbreaks, which are very difficult to detect, we'll start seeing causes of outbreaks coming out. We'll find out what actual foods cause some of these small listeriosis outbreaks. We have to really try to explain to both the public and politicians that it's actually a good thing we're detecting these.

We may be reporting more outbreaks in the future, but this is actually a good thing. That's what we have to really try to communicate very well.

The Chair: Thank you very much.

We'll now go to Mr. Shipley.

Mr. Bev Shipley (Lambton—Kent—Middlesex, CPC): Thank you, Madam Chair.

Thank you, witnesses.

Through the agriculture committee, I had the distinct privilege of actually sitting on the subcommittee on food safety, which came out of the report I have in front of me. It talked about a number of issues that brought us to the 57 recommendations that Ms. Weatherill brought forward. I'm very happy to hear the comments about how that is moving and what has been accomplished, and at the end of the day within a very great timeline, with some of the complexities, they're actually all going to be met.

My understanding is that this is an agreement among all three agencies on how you're working together to make this happen. Would that be a fair statement? Thank you.

In the report, Dr. Brian Evans again said:

> What was critical to this whole event was this determination at the end of the day that in spite of cleaning and disinfection and breaking down of equipment according to manufacturers' specifications, beyond the cutting and contact surfaces, a new threat, a new issue, was identified in this particular circumstance, which we had no knowledge about, that could colonize deep into the equipment.

Then Michael McCain, on numerous occasions, said,

> "No amount of inspection, be it higher or lower, would have changed the outcome. If you want to go to the exact cause of this outbreak, it was not about a lack of inspection. It wasn't about the lack of product testing or a lack of inspectors." Witnesses directly involved in the Maple Leaf plant repeated Mr. McCain's opinion that the inspectors at the plant did their jobs and were adequate.

Is this a true statement?

I'll talk to Dr. Butler-Jones first.

● (1220)

Dr. David Butler-Jones: I'll let CFIA speak to the standards of inspection.

Mr. Bev Shipley: I do have another question, so I'm going to have to get a fast response.

Dr. David Butler-Jones: It was a surprise. The fact that we were able to detect it I think was an important piece of detective work. It was literally the needle in the haystack, or more accurately a different-sized straw in a haystack. It is something we now know about, and now I think inspection methods and things will be appropriate to that. But at the time, it was an unanticipated problem.

Mr. Bev Shipley: I want to go, actually, to a comment my colleague Dr. Duncan made earlier. Her comment was about needing more numbers, and quite honestly all sides over there are talking that. They are questioning the numbers and saying how important is it to have more inspectors.

In 2005, in the previous government—and I know you weren't here, Ms. Duncan, at that time, but some people on that other side actually were here—mandatory testing and reporting by CFIA was cancelled. As a result, Maple Leaf Foods was not required to submit its environmental test to CFIA in the months leading up to the outbreak. For three months before the outbreak, Maple Leaf Foods collected periodic positive environmental test results for listeria but were not required to submit, were not required because it had been cancelled. As a result, CFIA was not informed of the listeria problem in the Maple Leaf Foods plant.

Since April 1, 2009, plant operators must now conduct environmental testing and immediately report any positive listeria results to CFIA. This new policy, which was brought in in 2009, also adds that additional environmental and end-product testing be done. I don't know, Dr. Butler-Jones, or to the CFIA, whether that actually would have stopped it. I'm certainly listening to what Maple Leaf has said, but I guess what I'm wondering about is whether this is a reality in terms of that change.

Secondly, quite honestly, we heard the same comments during our discussions at the subcommittee, about the union always saying more people needed to be hired. I understand that's what their objective is, but I'm wondering now what this conflict is in terms of not having enough people, when actually the former government cancelled a lot of the testing that had to be done. Can you talk to me just a little bit about the significance of the numbers we have? Actually, this new protocol that was brought in in 2009, does it have value?

The Chair: Who would like to address that question?

Mr. Paul Mayers: Thank you very much, Madam Chair.

The requirement that companies report to us any findings of significance in terms of public health has been tremendously valuable. What it allows us to do is not only identify individual issues but undertake trend analysis. That is perhaps the most important consideration here, and that is whether there are indicators found through the testing that's being undertaken in a facility that might suggest an organism is now becoming resident in the facility. We know that occasional contamination will happen in the production process, and that is why there are very strict protocols around sanitation in the facilities. However, if there is an indication that the organism is becoming resident and is therefore defeating the effectiveness of sanitation, our ability to identify that and respond to it becomes an incredibly valuable tool in terms of prevention, which is of course our largest interest. In fact, this approach is reflected in the policy Health Canada has now published.

● (1225)

The Chair: Thank you very much.

We'll now go on to Ms. Dhalla.

Ms. Ruby Dhalla (Brampton—Springdale, Lib.): Thank you very much, everyone, for coming.

I'm going to go back to the questions that I think many of my colleagues around the table have asked, because we know many Canadians are concerned about their food safety.

Ms. Swan, you are the president of the Food Inspection Agency, and Mr. Mayers, you're the associate vice-president of programs. Did you identify that there are 3,300 field inspectors currently in place?

Ms. Carole Swan: We have published on our website the number of inspection staff at the CFIA, and the latest statistic from March 2010 is just over 3,300 field inspection staff, yes.

Ms. Ruby Dhalla: As of today, November 4, 2010, how many non-slaughter inspectors would you have?

Ms. Carole Swan: The specific numbers for non-slaughter inspectors are not posted. We have a very—

Ms. Ruby Dhalla: They're not posted, but you're the boss.

Ms. Carole Swan: Yes, I am the boss. CFIA inspectors do a variety of things. Some inspectors in fact do more than one thing. They do multi-commodities. So at points in time, the number of inspectors can be very different, depending on whether we've had, for instance, plants opening or plants closing and whether we are finding issues with one particular kind of food commodity where we'll want an instant response and have to put inspectors on that. So the number is very changeable day to day. Frankly, a day-to-day assessment of the number of inspectors is not necessarily something we look at in terms of how we divide up our resources.

Ms. Ruby Dhalla: Let's talk about FTEs. How many full-time equivalents do you guys have right now?

Mr. Colin Carrie: I'd like to make the same point of order on the line of questioning. As my colleague did say, all of this stuff and all the questions are very important, but as Mr. Shipley said, they've already heard about all of this in the agriculture subcommittee.

What I'd like to do is perhaps refer my colleague to the transcripts of the agriculture committee and the subcommittee. We have on the record that, I believe, 538 new inspectors have been hired since—

The Chair: Dr. Carrie, that is a matter of debate and not a point of order. I'm sorry.

Ms. Ruby Dhalla: This is the committee for health and we're talking about the safety of Canadians.

The Chair: Ms. Dhalla, we need to keep respectful of everybody, so could you repeat—

Ms. Ruby Dhalla: With regard to FTEs, how many FTEs do you have right now?

Ms. Carole Swan: I don't have a figure for you at this moment on how many FTEs we have. As you're aware, FTE stands for full-time equivalents, so it would include people employed full-time, it would include people employed part-time, and it would include our shift workers. I don't have that statistic at this moment.

Ms. Ruby Dhalla: Just for non-slaughter FTEs, do you have any idea?

Ms. Carole Swan: Non-slaughter covers a variety of issues. It covers animal inspectors and plant inspectors as well. I do not have that specific statistic.

Ms. Ruby Dhalla: You can understand perhaps a little bit of our surprise, because I think Mr. Mayers had mentioned that he didn't know. So we don't know whether it's not knowing or whether the numbers are too low, because when the Agriculture Union has been able to identify the exact numbers, and as people who head up the agency you're stating that you don't know the exact numbers, it creates a little bit of confusion. The Agriculture Union states that there were 220 non-slaughter meat hygiene inspectors. They state that there are approximately 200 full-time equivalents right now. How come they know and you don't?

Ms. Carole Swan: It is important to understand that the number of inspectors is a key aspect of ensuring food safety, and I do go back to my first statement. We have one of the safest food systems in the world. Inspectors need tools and support to do their jobs. We need to make sure that companies have HACCP programs in place. That is a whole combined approach in terms of ensuring food safety. Inspectors are a very important part, and of course the Agriculture Union represents only some of the inspectors. We have inspectors represented by other unions as well in the agency.

Ms. Ruby Dhalla: Because the Agriculture Union has been able to come out with those numbers, could you perhaps table with the committee the number of FTEs you do have and the number of inspectors who are involved in your non-slaughter meat hygiene aspect?

Ms. Carole Swan: Yes.

Ms. Ruby Dhalla: The second question I wanted to ask was with regard to our standards versus the U.S. How often are you audited by the Department of Agriculture's food safety and inspection service?

Ms. Carole Swan: I'll ask Dr. Mayers to handle that one.

Mr. Paul Mayers: The U.S. undertakes audits of the Canadian system typically on an annual basis, and we similarly audit their system, because the systems in Canada and the U.S. have formally been reviewed as equivalent.

● (1230)

Ms. Ruby Dhalla: Did they ask and request that the meat be inspected once daily?

Mr. Paul Mayers: The U.S. legislation does require a daily presence in meat processing facilities. That's correct.

Ms. Ruby Dhalla: What about for Canadian facilities?

Mr. Paul Mayers: All facilities in Canada, both those exporting to the U.S. and those not exporting to the U.S., receive a daily inspection visit.

Ms. Ruby Dhalla: Both products going into the Canadian market and products going into—

The Chair: Dr. Carrie.

Mr. Colin Carrie: I was just going to ask my colleague what recommendation in the Weatherill report this line of questioning refers to.

The Chair: Well, I was just about to say that our time is up, so it's totally irrelevant.

We'll go to the next one. Mr. Uppal.

Mr. Tim Uppal (Edmonton—Sherwood Park, CPC): Thank you, Madam Chair.

I will share some of my time, if Mr. Shipley has some follow-up questions.

I will direct this to Dr. Plummer. What I want to know is what the Public Health Agency of Canada's part is in implementing the recommendations on lab technologies and what has been done.

Dr. Frank Plummer: Thank you for the question.

The role of the Public Health Agency, through its national microbiology laboratory, is to coordinate the overall PulseNet system, which is a network of provincial and federal laboratories that spans the country. The role of the national microbiology laboratory is coordinating this, providing training and certification of training to laboratory technicians across the country. We also manage the database that keeps track of fingerprints that are generated from labs across the country. We would provide surge capacity for certain provinces or other laboratories in the event that their capacity becomes overwhelmed. We also manage the connections with other PulseNet systems in other countries. So for instance we have a memorandum of understanding with the United States, CDC, that allows us to query its database and it is able to query ours, because very frequently these outbreaks occur across borders. We are working with Mexico and partners in Europe to help them get up to speed with similar kinds of systems for the same kind of reason.

We're kind of the hub of this network, with overall responsibility for coordination, training, and standard setting, etc.

Mr. Tim Uppal: Thank you.

The Chair: I think you wanted to make a comment. Go ahead, please.

Dr. Jeff Farber: Thank you, Madam Chair.

From Health Canada's standpoint, we've also been doing a number of things. We've been working on a new rapid method for listeria monocytogenes, which will very soon be validated. We're also working with the National Research Council on a unique tool—and I have something here that I've brought; it's actually a lab on a chip. On a little microscope here, we'll be able to detect listeria monocytogenes within 24 to 48 hours. It's a novel technology we're working on.

We're also working with Dr. Plummer's group. We've actually taken all these strains of listeria that have caused cases in Canada and we're sequencing the DNA to find out the important virulence factors that cause disease, and then, once we have this information, what we can actually do about that.

Mr. Bev Shipley: Thank you very much. And I thank my colleague.

The OECD actually recognizes Canada as a superior food safety system. It ranks as the best in the world. And I'm glad that Dr. Farber just showed us something right now.

In terms of the inspections, health, food safety, are we actually doing the same things we were doing before? I keep going back because my colleagues on the other side are hung up on something about getting the number of people.

I'm going to ask you the question on that. Was the union actually at the table with your recommendations, and did they sign off? If they did, are you following those recommendations in terms of the number of inspectors?

Ms. Carole Swan: The union did participate when we met with inspectors across the country to understand how CVS was working, and to improve CVS. We had some very good suggestions from our inspectors on what to do to make the system better, and we are implementing those.

The union was present, as I say, at the meetings. We produced a report that I believe is available to the committee. It is attached to the latest food safety progress report, and that is a report of our meetings with the union with all the inspectors.

● (1235)

Mr. Bev Shipley: And they agreed with that report?

Ms. Carole Swan: I would say they did agree with the report. They were certainly present at the discussions, and the report was a reflection of the discussions and recommendations that had come from the inspectors.

Mr. Bev Shipley: Can you tell me a little regarding the inspections? What are we actually doing different, then? What are we doing now? I mean, we just saw an illustration in terms of being able to identify a problem much earlier.

Are there some other processes that maybe I don't know about—maybe the rest of you know—that are becoming much more effective, efficient, in terms of providing food safety for Canadians? And it's not just for Canadians, but for people we ship food out to.

I'm always amazed. Dr. Jones said when you talk about food going from the farm to the plate—I guess to the end-user, which is us—most food-borne diseases come after it gets to the consumer and we consume it.

That was just a comment.

The Chair: Who would like to respond?

Mr. Paul Mayers: Thank you, Madam Chair.

For the sake of brevity, there are significant numbers of continuous improvements in the system, but as it relates to listeria particularly, given the focus of today's discussion there are three areas I would note. One is that we significantly enhanced the testing that the industry undertakes in terms of environmental sampling and the information they provide. Second, we enhanced the testing that we do to verify the safety controls the industry undertakes. Thirdly, what I spoke of before is the incorporation of trend analysis in our processes. Within the context of the inspection system, there have been a number of improvements.

In addition to that, of course, there's the work that Health Canada has been doing in terms of listeria policy itself, which will also introduce enhancements right across the food safety system.

The Chair: If you would like to make a comment as well, go ahead, please.

Dr. Jeff Farber: Thank you, Madam Chair.

Another important piece of the puzzle, as you realize, is the consumer. The consumer also has a role to play in food safety. Health Canada has come out with very sound advice to high-risk groups, because as you know, listeria really attacks, in the majority of cases, high-risk groups. So we've done a very good job in reaching out in magazines and in pamphlets and with information on our website trying to target these high-risk groups. So that's another important piece of the puzzle.

Thank you.

The Chair: Thank you.

Ms. Hughes.

Mrs. Carol Hughes: I have a question with respect to the recently released Treasury Board performance report for CFIA and other government department agencies.

According to this report, the actual funding CFIA has received for food safety and nutrition risk has basically flatlined since 2006-2007. Has CFIA been forced to bleed other inspection programs in order to beef up the meat hygiene program? As I'm looking at this graph—

Mr. Colin Carrie: Madam Chair, on a point of order, I would just like my colleague to clarify how this relates to the Weatherill report before she continues with her line of questioning.

Mrs. Carol Hughes: Well, I think how it relates to it is pretty evident. It concerns funding and whether they are actually able to protect Canadians in this regard.

Mr. Colin Carrie: What recommendation in the Weatherill report are you addressing then? It's not evident to me.

Mrs. Carol Hughes: Well, I don't think the evidence that I have to provide is to you. I think we need to do this for Canadians.

Mr. Colin Carrie: No, but which—

The Chair: Ms. Hughes, it is a point of order. Can you refocus your line of questioning, please?

Mrs. Carol Hughes: Well—

The Chair: Our purpose today is to go over the implementation of the recommendations of the Weatherill report, and you're diverting into another topic. Could we please keep on the topic? Go ahead, please.

● (1240)

Mrs. Carol Hughes: Okay. Well, I'm—

Hon. Ujjal Dosanjh: On a point of order, Madam Chair, just because somebody happens to raise a point of order doesn't mean that the person who is asking the questions is always to redirect himself or herself. This issue is so clear. The Weatherill report is at the core of what we're talking about, and there are obstructionist points of order, and I would just say people should simply move on and ask their questions. Let them answer. The officials are here.

The Chair: Ms. Hughes, please continue as I directed you. Thank you.

Mrs. Carol Hughes: Thank you, Madam Chair.

I just want to go back to the Weatherill report, in which there was a comment: “implemented without a detailed assessment of the resources available to take on these tasks”. So this is where my question actually comes into play. Can I go ahead with my question?

The Chair: Yes, go ahead.

Mrs. Carol Hughes: Thank you very much.

So the question I've asked is whether the CFIA has been forced to bleed other inspection programs in order to beef up the meat hygiene program.

Ms. Carole Swan: No, we have not. The CFIA received part of the $75 million immediately after the publication of the independent investigator's report, which we devoted to meat inspection.

Mrs. Carol Hughes: So what about other high-risk foods, like fish? Can you tell me how frequently fish plants are actually inspected?

The Chair: Mr. Mayers.

Mr. Paul Mayers: Thank you.

The agency uses a risk-based approach, so it's not simply a one-plant, one-number approach.

Slaughter establishments for meat of course require continuous presence. As we've heard already, in terms of meat processing, they receive daily inspection visits.

In other areas of programming, the frequency of inspection is based on the risk posed. So there is no single number that would define how often, for example, a fish plant is visited. It would depend on their compliance history, the products they're producing; taken together, that will reflect a risk context that would define what is appropriate for inspection coverage for that particular facility.

Mrs. Carol Hughes: Thank you.

I'm just wondering whether you feel you actually have adequate resources to discharge your mandate at this point, given the number of inspectors you're indicating you will be putting in place, which we feel is not actually accurate in what needs to occur, given the fact that people are saying they still don't have enough time right now to do their tasks, that there's not enough staffing there. So I'm just wondering how the government can actually ensure that you have what you need to do your mandate.

Ms. Carole Swan: I will just make two comments.

As I mentioned before, the additional inspection capacity, which is both more people and more training, is a very important part of ensuring a safe system.

It's not the only thing we have been doing and the government has been investing in to make sure our food safety is preserved. It is through a series of audits, evaluations we do of ourselves, and independent reviews such as the 2010 ranking of countries that found Canada to be among the top countries in terms of food safety systems, as I mentioned earlier, that we understand that in fact we have a system that is functioning quite well.

I think it was Dr. Farber who said it's one of the ironies of the food safety business that the more you look, the more you'll find. We are finding more. That's a good thing, because we're looking more.

Mrs. Carol Hughes: Do I still have some time?

The Chair: I'm sorry, Ms. Hughes, your time is up, but thank you.

Ms. Davidson.

Mrs. Patricia Davidson: Thank you very much, Madam Chair.

Once again, I'd like to bring this discussion back more to the mandate of this committee, if we can do that, and talk about the health aspects, for which this committee does have the mandate.

One of the things Health Canada has done is strengthen the risk assessment capacity. I think you talked about that, Ms. Yeates, in your presentation. You talked about increasing the capacity by six FTEs over the last two years and being in the process of hiring an additional seven scientific health risk assessors. As well, you talked about the cross-training to provide surge capacity.

I wonder if you could elaborate a little bit more on that. Also, when you're talking about that, could you address one of the findings in the Weatherill report that stated that there were gaps in Health Canada's ability to provide 24/7 response to the CFIA requests for risk assessment?

● (1245)

Ms. Glenda Yeates: Thank you very much for the question. I'll begin and then I'll turn it to my colleague, Dr. Farber, to continue and amplify, since this is the area he is directly involved with.

It is very much the case that we have added resources to the area. And I mentioned in my comments that we would continue to meet the standard of 24/7 response time because we know these outbreaks can occur at any time. Certainly we've always had that standard and continue to meet it.

We now have additional staff, so again with this surge capacity, as we look more, we know that with more inspectors we will find more. There will be more volume coming our way. So while it's the case that we've been able to meet that consistently, we now know there's going to be more demand for our services, and we will continue to hold ourselves to that standard and be able to meet it with the increased numbers we're expecting to see at our end.

I'll now ask Dr. Farber to expand a bit on the way some of the cross-training and other aspects are working.

Dr. Jeff Farber: Thank you very much.

In terms of our cross-training, for example, we have an evaluation division in our bureau and we have two or three sections. One, for example, would be a policy section; another would be a risk assessment section. What we've actually done is to train people in the other sections in case of surge capacity, so they can also get involved in doing the risk assessment work. As our deputy mentioned, we've already increased the numbers and have added to the roster of risk assessment people we can call upon when the CFIA requests a health risk assessment for us.

In terms of the gaps that were mentioned in the report, I just want you to note that, in terms of the risk assessments that were actually done during the listeriosis outbreak, we met all the service standards at that time. We believe that some of the gaps that were mentioned were possibly when there was extra surge capacity. Let's say there were two or three or four outbreaks going on at the same time. We may have been overwhelmed at that point, as you can imagine, and that's what we've addressed now by hiring these extra people. In case we need that extra search capacity, we now have that on hand.

Thank you, Madam Chair.

Mrs. Patricia Davidson: Thank you.

Also in your opening remarks, Ms. Yeates, you talked about the revised policy on listeria for ready-to-eat foods, and you said it was published for consultation in March of this year and you had received feedback on it and done the revised policy.

With an effective date of April 1, 2011, to allow for orderly transition by industry and compliance and enforcement, can you elaborate what that transition will mean and what difference this is going to make for industry, as far as compliance goes, and for yourselves as far as enforcement goes?

Dr. Jeff Farber: As you know, we work very closely with the Canadian Food Inspection Agency. The outbreak of listeria, as you know, occurred in meats. We now have to take that one step further, because our Health Canada policy applies not only to meats but also to all foods sold in Canada, including dairy, seafood, and produce.

We've had to work very closely with the CFIA on when our policy comes out, giving them the overall general direction. They have already started to work with the various industries to see what the capacity or capability of some of these industries is to implement some of the things we have recommended in the policy.

I just want you to realize as well that when we are looking at listeria and some of these outbreaks, the United States, just to give you an example, had about seven or eight years to deal with some of the things that were going on with their meat outbreaks. We've had to do since 2008 what they did in seven to nine years in trying to get a better handle on things.

So overall, I think we have done an excellent job. We continue to work with the Canadian Food Inspection Agency. They've done a very good job. We've already also met with industry in pre-consultations. So a lot of this is really not going to be new to them; we've already consulted them and they know what's coming down. CFIA has also worked with them.

So I see it being a fairly smooth transition towards that April 1, 2011, date.

Thank you very much, Madam Chair.

● (1250)

The Chair: Thank you, Ms. Davidson. Your time is now up.

We can't get through a whole round and still be fair to everybody, so I would suggest that we adjourn this segment of the committee meeting.

Monsieur Malo.

[*Translation*]

Mr. Luc Malo: Madam Chair, I believe that Ms. Yeates has more information to provide in response to a question I asked her a little earlier. Would you please allow her to give me this additional information?

Ms. Glenda Yeates: Thank you, Madam Chair, for giving me the opportunity to respond and to provide more information.

[*English*]

At Health Canada, we have two policies in this area on which we have given the committee our deadlines and achievements. I've updated you on the one, and I'd like to have a chance to give you the information on the other as well.

I spoke about the implementation of the listeria policy, and we've talked a bit about that here. But in addition, the independent investigator suggested in her report that we also come up with a mechanism for giving priority either to food additives or other interventions that might have public health implications. So rather than simply considering them in the same lineup or queue as other food additives for review, the investigator suggested we have a mechanism for putting them in a fast track for approval if they have these broader implications.

I think my colleague, when she was here, also spoke about this timeframe. It's in fact the case that we've put in place this fast-track mechanism now. So we are now in the position of pulling things out and putting them in that fast-track process when they have these broader public health implications. In fact, we have used that process to approve some of the interventions I mentioned.

In addition, I think my colleague spoke about the fact that we wanted to put out a guidance document to industry so that they would know how to qualify for this faster-track process, so there would be a clear set of guidance to industry about how to identify their intervention as something that might qualify for the fast track. That's the guidance document that we said we would have out. We are on track to do that within the next month, in accordance with the timeframe mentioned before.

The Chair: Thank you so much.

You had further comments? Go ahead, but quickly.

Dr. Jeff Farber: Yes, just very quickly, we have already used that to fast-track some things. For example, one of the things that we have fast-tracked is a new process that uses bacteriophage to treat meat. These bacteriophages can inactivate listeria on the surface of the meat; it's actually a processing aid. There are no residues left, so it can be treated as a processing aid.

Just last week we approved a new process for the use of ultra high pressure on meats, which will make it easier for industry to use. That was another application of our fast-track process.

Thank you, Madam Chair.

The Chair: I want to thank the witnesses for joining us today, and the committee members for their very insightful questions.

We will dismiss the witnesses.

Thank you, Dr. Plummer, for joining us as well.

The meeting is adjourned.

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