Attention, Petitions, please accept the following petition under the Auditor General Act.

After Minister Philpott responded to the chair of HESA, Bill Casey, MP, “The Government of Canada carefully considered the Thirteenth Report of the Standing Committee on Health entitled Radiofrequency Electromagnetic Radiation and the Health of Canadians.” she declared, “As can be seen in the attached Government Response, the Government is committed to using the best available science to inform its decision making...”

At or about the same time on the opposite side of the continent The Berkeley City Council voted unanimously a "right to know" ordinance to requiring retailers to warn customers of possible radiation exposure when purchasing cell phones. The best available science the Berkeley City Council used to make their decision seems at odds with Minister Philpott’s science.

At or about the same time a study of conflict of interest was published with findings that may indicate Health Canada is not using the best available science when it comes to the EMR health of Canadians.

Findings from 190 published studies across a range of medical fields were published in BMJ (British Medical Journal), the same day as a paper on industry ties in clinical guidelines was published by JAMA Internal Medicine (Journal of American Medical Association). Of the 397 principal investigators in the cohort, 58% were found to have financial ties—nearly 40% of these being advisor/consultancy payments followed by speaker’s fees (20%), honoraria (13%), employee relationships (13%), travel fees (13%), and stock ownership (10%), among other types of payments. Having some kind of financial relationship was associated with a threefold higher likelihood of a positive randomized clinical trial result.

Minister Philpott’s report to HESA continues to assure Canadians, “Health Canada uses a “weight of evidence” approach in evaluating scientific studies, which takes into account both the quantity and quality of studies, and gives more weight to studies which have been
reproduced and which meet the highest standards of rigor and control... Through CIHR, the Government of Canada is also working with... CIHR has partnered with the Canadian Wireless Telecommunications Association to fund Canadian participation in the MOBI-Kids study... It is Health Canada’s position, and that of the Expert Panel of the Royal Society of Canada, that current measures on RF EMF protect our most vulnerable... Based on a thorough review of all available data, it is Health Canada's position that there are no established adverse health effects at levels below the limits outlined in Safety Code 6...”

In a letter of response to the Minister of Health, Frank Clegg CEO - C4ST (Canadians for Safe Technology) reported, “Unfortunately, it appears that the Minister did not investigate the issue directly herself, but accepted the response from Health Canada at face value. We continue to believe that Health Canada is not supporting the direction from the Liberal government to base its policies on evidence-based decision making. The response contained the same non-transparent, incomplete and outdated science based responses we have heard for years. Health Canada continues to dismiss current, published, evidence-based science that shows harm below current Safety Code 6 levels.”

In response to my e-mail concerning Minister Philpott’s response to HESA’s report I received an email from Tim Singer, Director General, Environmental and Radiation Health. He offers, “In 2015, Health Canada updated Safety Code 6 to take into account recent scientific data from studies carried out worldwide. In the establishment of acceptable limits, departmental scientists considered all peer-reviewed scientific studies, and employed a weight-of-evidence approach when evaluating possible health risks from exposure to RF energy. It is Health Canada's position, and that of the Expert Panel of the Royal Society of Canada ... that current measures on RF EMFs protect our most vulnerable...”

Minister Philpott’s and Mr. Singer’s arguments revolve around the single phrase “weight-of-evidence” and it is this phrase that needs examination.

For years Health Canada’s “weight-of-evidence” has never been produced. An iota of this “weight” has been offered but the studies selected were criticized for conflict of interest.

Minister Philpott’s reference to any partnership with the Canadian Wireless Telecommunications Association is by title alone compromised by conflict of interest.

Minister Philpott’s reference to the Royal Society of Canada’s panel to assess the safety of radiowave-emitting devices was likewise compromised by conflict of interest. From C4ST, “Allegations of conflict of interest surround a member appointed to a federal expert panel, which was convened to impartially study health and safety effects of wireless radiation.” According to reports, the panel’s chair failed to disclose a six-figure federal government contract he received to provide “communications advice” on how to relieve Canadians’ concerns with respect to cellphone antennas.
Prime Minister Trudeau’s mandate letter to Minister Philpott says in part, “We have promised Canadians a government that will bring real change... As Minister, you must ensure that you are aware of and fully compliant with the Conflict of Interest Act and Treasury Board policies and guidelines. You will be provided with a copy of Open and Accountable Government to assist you as you undertake your responsibilities.” It is clear from the words of the Prime Minister that conflict of interest has no part in the work of Health Canada protecting the health of Canadians.


Health Canada bases their argument that Canada's Safety Code 6 protects Canadians from EMR based on a “weight-of-evidence”. The last four Ministers have given Health Canada’s scientific answer to the harms of EMR as “weight-of-evidence”, a term which is not a scientific, has no parameters, no quantifiable substance, no graphs, no data that can be plotted, is untestable, is problematic, in fact it lacks any weight. If “weight-of-evidence” was a scientific term we could examine the evidence, test the evidence and test for “conflict of interest”. Health Canada uses “weight-of-evidence” as some type of explanation but the elephant in this “weight” room is conflict of interest. I am not the only one that contends Health Canada cannot produce a scientific “weight-of-evidence” free of conflict of interest.

When Health Canada uses the “weight-of-evidence” defense it is modified with “peer reviewed”. The folly of this is self-evident; when a paper funded by Industry is circulated for peer review and Industry sponsored peers are supportive, I say, please follow the funding, follow the money.

Question 1: It is 2017, a time for openness and transparency, will the Minister of Health produce the scientific “weight-of-evidence” used to support Safety Code 6 and will the Minister guarantee the studies produced follow conflict of interest guidelines?

Question 2: Has the Minister of Health considered that there may be individuals providing her with EMR advice that have a conflict of interest?

Regards,

Frank Woodcock