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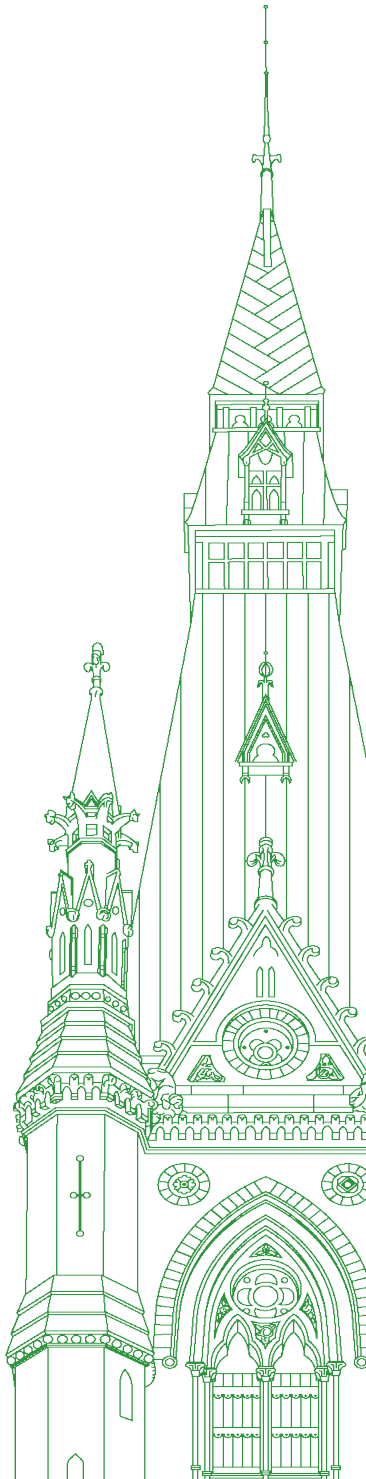

Chair: The Honourable John McKay

Standing Committee on National Defence

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● (1620)

[*English*]

The Chair (Hon. John McKay (Scarborough—Guildwood, Lib.)): Ladies and gentlemen, I call this meeting to order. Thank you for your patience. I appreciate it.

As you know, we have votes, and the votes take precedence over everything. Also, just take note, colleagues, that our former member, Madame Normandin, had her baby.

Voices: Hear, hear!

The Chair: Yes. His name's Léopold. That's right. It sounds like a Belgian prince.

Is that not a good idea? Is there not a good connection there? No?

It just does show you, though, that this is the most productive committee on the Hill.

[*Translation*]

Mr. Mario Simard (Jonquière, BQ): That is thanks to the people of Quebec.

[*English*]

The Chair: Oh, every once in a while it happens.

With that, we have three witnesses today: Eileen Beauchamp, Gary Goode and Colonel (Retired) David Salisbury.

I'm just going to call you in the order that I've mentioned you. You'll have five minutes each.

Ms. Beauchamp, you have five minutes, please.

You're on mute.

Ms. Eileen Beauchamp (As an Individual): Good afternoon, members of the standing committee. Thank you for the opportunity to address this critical issue regarding the National Defence and Canadian Armed Forces current and legacy contaminated sites.

My name is Eileen Beauchamp, and I appear today to share my personal connection to this issue. My father, a Korean War veteran, served in the Canadian Armed Forces from 1951 to 1975, including at CFB Gagetown during the 1960s. Our family lived in PMQs at CFB Gagetown from 1962 to 1969 and participated in recreational activities. Many of these activities occurred in areas later identified as spray zones for harmful chemicals, including Agent Orange.

Tragically, my family has endured severe health challenges over the years, including multiple cancers and other illnesses. Throughout my lifetime, I have been diagnosed with multiple illnesses related to the endocrine system, including autoimmune diseases. In October and November 2017, I was diagnosed with three individual cancers, melanoma, breast cancer and non-Hodgkin's lymphoma. Non-Hodgkin's lymphoma is a recognized presumptive illness linked to chemical exposure.

This experience is not unique; countless other military personnel, veterans, families and civilians with ties to CFB Gagetown have faced similar struggles and illnesses.

CFB Gagetown's contamination history spans decades. From 1956 to 2004, extensive herbicide spraying had been conducted, involving chemicals like Agent Orange, numerous other dioxins, DDT and present-day use of glyphosates. Many of these harmful chemicals, especially dioxins, are known carcinogens.

While the 2005 fact-finding project investigated some of these exposures, significant gaps remain. The focus was predominantly on Agent Orange applications in 1966 and 1967, despite evidence of chemical spraying occurring before and after these years. Between 1956 and 1984, over 6,500 barrels of harmful chemicals were sprayed on approximately 181,000 acres, with minimal attention given to broader environmental and health impacts. Analytical methodologies omitted crucial factors such as measuring dioxins in the fatty tissue of consumed species where these toxins accumulate. The fact-finding project addressed some contamination concerns but left critical gaps. It largely overlooked the chronological and environmental scope of exposure, limiting its ability to identify all affected individuals and long-term impacts.

In 2007, a one-time *ex gratia* payment program was implemented; however, the sunset clause ended claims in December 2011, excluding individuals who developed illnesses later. Discrepancies between DND and Veterans Affairs in recognizing and compensating illnesses of exposure have added confusion and frustration for claimants.

The federal contaminated sites inventory does not fully capture the scope of legacy contamination at CFB Gagetown. This lack of integration prevents effective tracking of exposure-related health outcomes, undermining efforts to study long-term impacts and to offer support to affected military personnel, veterans, families and civilians.

Through advocacy efforts with groups like Brats in the Battlefield and learning from international practices, I have identified a potential solution, the U.S. PACT Act. This legislation provides expanded benefits to veterans exposed to toxic substances, streamlining health care and compensation. Canada could adopt a similar framework to improve support systems. Studies, like the one by New Zealand's Massey University, of Vietnam veterans reveal genetic and multi-generational effects of exposure, emphasizing the importance of sustained research and policy updates.

The legacy of contamination at CFB Gagetown has left a profound mark on military families, veterans and civilians. These individuals deserve recognition, accountability and justice. Addressing these challenges requires an integrated, compassionate and forward-thinking approach.

I urge the committee to prioritize this issue, fostering transparency, better support systems and legislative solutions to address contamination at CFB Gagetown and beyond.

Thank you for your attention.

I am pleased to answer your questions.

● (1625)

The Chair: Thank you, Ms. Beauchamp.

Mr. Goode, you have five minutes, please.

Mr. Gary Goode (Chairman, Brats In The Battlefield Association Inc.): Good day, Chair and committee members, and thank you for inviting me to testify before you here today in regard to the Department of National Defence's current and legacy contaminated sites.

I am proud to be testifying today on behalf of Brats In The Battlefield and all those who have been adversely affected by Gagetown's harmful chemical use.

I joined the Canadian Armed Forces less than three months before my 18th birthday. I served my country for just shy of three and a half years. I was stationed at CFB Gagetown. I served with the 2nd Battalion—the Black Watch—and was re-mustered to the Royal Canadian Regiment in the last year of my service.

As an infantry soldier, I spent weeks at a time in the training area and on all ranges. We dug and lived in trenches, sometimes for days, and we crawled on our bellies through the chemically-saturated training area. During the summer training, there was always dust that we would be inhaling. All of the training areas and ranges were repeatedly sprayed with 2,4-D and 2,4,5-T, Tordon 101 and Tordon 10K. These chemical mixtures were better known as Agent Orange, Agent Purple and Agent White.

These highly toxic chemicals were vastly distributed over 181,038 acres at CFB Gagetown's training area.

Successive federal governments and DND would have you believe that the two and a half barrels of Tordon, 2,4-D and 2,4,5-T herbicides that the Americans sprayed on Gagetown was the only time that highly toxic herbicides were ever sprayed on Gagetown.

DND's own document, A-2004-00207, which DND said had been lost through the passage of time, shows that between 1956 and 1984, DND sprayed 6,504 barrels of the exact same highly toxic chemicals that the Americans sprayed on Vietnam. The truth is that successive federal governments and DND sprayed more of these highly toxic chemicals per acre at CFB Gagetown than the American military sprayed per acre in Vietnam during that entire war.

On January 24, 1985, DND briefed the New Brunswick cabinet on the use of defoliants at CFB Gagetown, a transcript of which is found, again, on pages 75 to 90 of DND's document A-2004-00207, which was acquired through ATIP. This document contained 167 pages, but 85 pages were not released. We'd like to see those pages.

During the briefing, Major M. Rushton admitted that by 1964 the government and DND were concerned by the presence of dioxin in 2,4,5-T. He stated that at that time the government's knowledge of the chemicals they were using and their effects on humans and the environment was limited. The chemical 2,4,5-T is the source of the dioxin.

At the same briefing, on January 24, 1985, Mr. Walter stated that in 1983, defence headquarters became concerned over the potential for environmental damage due to the migration and persistence of picloram, which is the main ingredient in Tordon pellets. Several other defence establishments show that some migration of these chemicals occurs in very sandy soil.

This statement alone challenges the federal government's and DND's assurance that these chemicals were never sprayed at any other military base in Canada. The Canadian government, the New Brunswick cabinet and DND knew as early as 1964 of the toxic and persistent nature of these chemicals, yet they said nothing. They did nothing to prevent further exposures, sickness, diseases and, yes, even deaths.

Dr. Dwernychuk, who is probably the foremost authority on these forever toxic chemicals has stated to the news media repeatedly that it makes no difference if these chemicals were registered for use in Canada—they never should have been sprayed. He said that dioxin can last 100 years in the soil and soldiers in the training area and civilians in the surrounding area would have been adversely affected. He said that exposure to these chemicals can alter our DNA, and this can be passed on through seven to 10 generations.

● (1630)

Dr. Meg Sears has presented that the Gagetown fact-finding project was seriously flawed and that Base Gagetown is still contaminated. The Canadian government and DND hired the chemical industry itself to carry out the health risk assessment of Gagetown's harmful chemical use. They called that an independent and impartial study. Our government then hired that company's founder to head up the peer review of its work at Gagetown. This, in my opinion, is a conflict of interest that clearly illustrates the need for a fully independent public inquiry into the fallacy they call “fact-finding”.

It is the hope of Brats in the Battlefield that the convening of this long-overdue standing committee—

The Chair: Could you wind up your presentation? You're well past your five minutes.

Mr. Gary Goode: I'm sorry.

The Chair: That's all right.

Mr. Gary Goode: Okay.

What we hope to accomplish here is to advance the interests of Gagetown's veterans and their families, and of the civilians living in Gagetown's surrounding area; obtain full compensation for those harmed by the use of carcinogenic defoliants at Gagetown; engage the federal government's public position on the use of defoliants at Gagetown, which Brats in the Battlefield views as intentionally misleading; seek full acknowledgement from the federal government that millions of litres and kilograms of defoliants were sprayed at Gagetown from 1956 to the present day; and seek a commitment that the federal government and Veterans Affairs Canada will immediately embrace and adopt all aspects of the U.S. PACT Act in regard to Canadian military members being exposed to harmful chemicals; and that the federal government—

The Chair: Mr. Goode, we're going to have to leave it there. You're well past your time. It's all right. You can work that back in when members start asking you questions.

Dr. Salisbury, you have five minutes.

Colonel (Retired) David Salisbury (Medical Doctor, As an Individual): Thank you.

Thank you for the opportunity to address the vital issue of safeguarding the health of Canada's military personnel through a population health approach to environmental hazards.

My name is David Salisbury. I served in the Canadian Armed Forces medical services for over 28 years. After initial work as a general-duty medical officer and flight surgeon, I completed a master's degree in occupational health and earned a board certification in the U.S., as well as a Royal College fellowship in Canada in aerospace medicine and community medicine.

For five years, I was the commanding officer of the Canadian Forces Environmental Medicine Establishment in Toronto, and, along with Lieutenant Greg Cooke, I designed and implemented the revamped directorate of force health protection within the health services branch in the early 2000s.

I retired from the Canadian Armed Forces in 2004, as the director of that organization, to move into civilian life as the medical officer of health for the City of Ottawa.

It has been more than 20 years since I wore the uniform, but my interest in occupational medicine and public health and my concern for the health of our men and women in uniform have not waned.

Today, I will focus on the health threats that our troops face, particularly those stemming from toxic environmental hazards both on the modern battlefield and at home in garrison. These threats, alongside infectious diseases and industrial exposures, directly impact our military's operational readiness and the long-term health outcomes of all DND personnel, both those in the CAF and civilian employees of the DND.

First of all, allow me to set the context. Historically, disease and environmental hazards have caused more casualties and impaired more military operations than combat itself. From the impact of trench fever in World War I to the devastating effects of malaria during World War II's Burma campaign, and now to the widespread respiratory illnesses linked to burn pits in Iraq and Afghanistan, the lesson is clear. Prevention is as important as combat training. Protecting our troops requires us to anticipate and address health threats inherent to modern conflict environments as well as those present in our domestic military facilities.

The modern battlefield and Canadian bases, which are essentially miniature industrial sites, present new and complex health challenges. It has been estimated by some that more than 10 million new chemicals and chemical formulations are introduced into the environment each year. Canada assesses approximately 450 new substances annually under the new substances notification regulations of the Canadian Environmental Protection Act. The human health risks of most of these substances remain unknown or poorly understood.

Today's military operations often occur in regions where environmental hazards are amplified by human action; for example, depleted uranium and other heavy metals in armour-piercing munitions pose long-term risks of cancer and other diseases. The destruction of industrial facilities during combat releases hazardous chemicals such as benzene and asbestos, which contaminate air, soil and water. Modern weaponry and vehicles often use advanced composites and metals, which release toxic fumes upon destruction or combustion. Burn pits commonly used to dispose of waste in war zones emit carcinogenic toxins linked to respiratory illnesses, cancers and other chronic conditions. Solvents and fuels used in operating modern weapon systems contain substances known to be neurotoxic or substances so new that their health impacts are largely unknown.

These environmental risks compound the traditional health challenges of deployment. However, we must also recognize the threats closer to home. Garrisons are, in many ways, miniature industrial complexes. The day-to-day work of maintaining vehicles, aircraft and ships—I threw the ships in because I heard Mr. Tolmie's reference to the navy; I have not served with the navy—involve handling hazardous materials. Training exercises expose personnel to industrial risks that are often poorly documented. For example, long-term exposure to solvents, fuels and heavy metals can lead to chronic health conditions if not properly mitigated.

The CAF has long had a preventive medicine capability, traditionally focused on infectious disease and hazards such as noise and physical injury. However, since the early 2000s, significant progress has been made in addressing the additional toxic risks of the modern battlefield and, to some extent, domestic operations.

● (1635)

The creation of force health protection and the deployment of industrial hygienists have been crucial steps forward in preventing disease in our forces. Predeployment assessments now include environmental and occupational health evaluations, which are a practice that has undoubtedly prevented countless exposures and illnesses.

These are commendable advancements that lay a strong foundation for the next phase of health protection, which includes the ongoing assessment and documentation of industrial exposures at home and abroad.

This issue is not just about immediate or long-term health—

The Chair: Dr. Salisbury—

Col (Ret'd) David Salisbury: Should I wrap it up?

To conclude, I urge this committee to continue prioritizing health protection as a cornerstone of our defence strategy. Enhance preventive measures, strengthen health surveillance systems, invest in research and innovation, formally recognize that veterans can and do develop occupational diseases long after their service, and consider the designation of presumptive diagnosis, as mentioned by the previous two speakers, in the PACT Act.

By building on this progress from the past two decades and adopting a comprehensive population health approach, we can ensure that the Canadian Forces remain resilient, operationally capable and, above all, cared for.

Thank you. I look forward to your questions.

● (1640)

The Chair: Thank you.

I'd like to run three rounds, if we can. We have two hours, or whatever is left of the two hours. We'll start with a six-minute round and see where we go from there.

Mr. Tolmie, you have six minutes.

Mr. Fraser Tolmie (Moose Jaw—Lake Centre—Lanigan, CPC): Thank you, Chair.

Thank you to our witnesses.

Mr. Salisbury, thank you very much for your service to our country. I appreciate your being here, and being here in person.

I also appreciate our guests who are online.

I have a couple of questions that I'd like to start with.

Ms. Beauchamp, I appreciate your testimony. I appreciate your being here.

As a child, how many bases did you live on? When we say “base brats”, terminology is obviously....

Ms. Eileen Beauchamp: I lived in Halifax; Wainwright; Gagetown; London, Ontario; and Ottawa. I'm still in Ottawa.

Mr. Fraser Tolmie: Thank you.

While I still have you, we've heard from other witnesses from the Treasury Board, Health Canada and Environment Canada who have talked about the EPA list and the chemicals on the list that are hazardous and of concern.

I asked them if they had included chemicals that the military has used, and we got a vague answer. In your testimony, you mentioned that the lists did not contain all the chemicals. My understanding is that you've read the list. Have you read the list?

Ms. Eileen Beauchamp: I've read the list that is in the fact-finding project.

We have a document that states what was sprayed in Gagetown. It somewhat differed from what they focused on in the fact-finding project. They had a tendency to focus on Agent Orange alone, but there were other substances, whether sprayed separately or individually, that they didn't concentrate on.

There were 2,4-D and 2,4,5-T, which were sprayed for numerous years. I think it was done in 1956, 1957, 1958 and 1959. Those two chemicals mixed together are the mixture of Agent Orange, so they were spraying it well before 1966 and 1967. There was also Tordon 101—I think it's called that—which is a liquid dioxin. There's also Tordon 10K, which is pellets that were sprayed. There's a huge list.

In my brief, I linked to one of the documents in which they identified all of the substances that they sprayed, but they don't actually focus on all of them.

Where the problem lies with some of these chemicals, from what I have read and researched, is with the mixtures of Agent Orange, Agent White and Agent Purple, which were sprayed. Gary can talk more to that because he understands it a little better than I do. However, there's what's called a TCDD component, which is a by-product. That's where there's a dioxin that's more toxic than just the 2,4-D and the 2,4,5-T alone.

Mr. Fraser Tolmie: Thank you for that answer.

I will transfer over to Mr. Goode.

Thank you very much for joining us.

Mr. Goode, I understand that you presented to a Maine commission on Agent Orange.

Could you share what their reaction was, and can Canada learn anything from what they're doing down there?

Mr. Gary Goode: Yes, I'd be happy to.

That Maine commission study of Gagetown's harmful chemical use was spearheaded by the president of Maine's Senate, Senator Troy Jackson. I provided that commission with the DND document I alluded to in my introduction, which clearly points out the quantity of chemicals sprayed—when, where and how much. It was voted unanimously in their legislature, in the end, that they wanted to carry this on. They wanted to move forward with that commission's study. Unfortunately, the governor at the time was a stickler for details. She wouldn't sign 40-some applications for different things. This just happened to be one of them.

There's a good chance it will move forward in the near future, because Mr. Jackson is running for governor. If he gets that, it'll definitely be moving forward.

● (1645)

Mr. Fraser Tolmie: Thank you.

I'm going to ask you the same question I asked Ms. Beauchamp.

Have you read the list that is out with respect to chemicals on the EPA list, and have you noticed anything that is not on the list that you feel should be?

Mr. Gary Goode: I have not read the list as extensively as Eileen has.

However, 2,3,7,8-T is highly polluted with dioxins, and 2,4,5-T is highly polluted with that particular chemical. It's highly toxic. It can remain in the soil for 100 years or longer. It can cause genetic damage that can be passed along for seven to 10 generations, according to Dr. Dwernychuk, who—

The Chair: We're unfortunately....

I apologize to all of the witnesses. I appreciate that it's particularly difficult when you can't see the chair, but I have to keep a handle on the time here, or other people get mad at me.

Madam Lambropoulos, you have six minutes.

Ms. Emmanuella Lambropoulos (Saint-Laurent, Lib.): Thank you, Chair.

Thank you to all of the witnesses for being here to answer some of our questions today. I really appreciate their opening up about these issues and having the courage to come here today. It's not easy to talk about this.

Mr. Goode, towards the end of my six minutes, I would like to give you an opportunity to finish your opening remarks, because I know you had specific recommendations you started citing. I would like to give you a minute to finish those.

However, I will start with some questions.

My first question is for Ms. Beauchamp.

You spoke about the issues your family has faced because of being on contaminated sites. At one point, you mentioned a sunset clause for some of the benefits people could receive if they have been affected. You said people who are affected but whose symptoms started to develop after 2011 would no longer get those benefits.

Can you explain that a little more and give us a recommendation, perhaps, specifically on that point?

Ms. Eileen Beauchamp: I'll use myself as a case here. I was diagnosed with three cancers in 2017. I opted for certain medical procedures, or complementary medicine. I had nowhere to go except to use my own money. There was a statement made that Veterans Affairs compensates and provides benefits only to veterans. The *ex gratia* payment that was provided in 2011 also included veterans, civilians and family members, so, to me, that was an inaccurate statement.

Because there was a sunset clause, the last payments that could be issued through the *ex gratia* were on December 31, 2011. There was no way to apply for any compensation after that date.

Where I see a problem is that some illnesses and some cancers are diagnosed later on. Non-Hodgkin's lymphoma is generally diagnosed after the age of 60. When they did their study in the fact-finding project, they never took into account long-term illnesses. Currently there's really no recourse for any civilian member, whether it be an employee of national defence, a family member of a veteran, or a community member who may have been affected, especially with the dioxins at Gagetown. When I was growing up there, for many individuals and many family members, we engaged in recreation where they sprayed. We fished in the brooks. We drank the spring water. We ate the blueberries. I mean, we burned wood in the wintertime.

Throughout my life, I had many illnesses, and I lost a child three days after birth at the age of 20. I had endometriosis, and I had colitis. How does one person end up with all those illnesses?

At the age of 61, I end up being diagnosed with three separate cancers, not related at all. On compensation, I think there needs to be some brainstorming to identify a framework that will help those who have been exposed to toxic chemicals, including even the ones today like the PFAS.

● (1650)

Ms. Emmanuella Lambropoulos: Thank you very much.

There is another question I want answered, and I also want to give some time to Mr. Goode.

Because health services are provincial, what recommendations would you like the provincial government to implement in relation to health services for people affected by harmful chemicals on contaminated sites?

I'll give the floor to Mr. Goode. I don't know if you have any answers to that question, but maybe you can work your recommendations into that answer as well.

Mr. Gary Goode: I'm definitely not a medical expert, but in New Brunswick, I mean, they knew as early as 1964 of the toxic and persistent nature of the chemicals that were being sprayed at Gagetown, yet they did nothing. I think it's vitally important that they seriously look at the history, their history of denial, and move forward. We're ready to sit down and talk to them and help bring this to a closure that's beneficial to everyone—New Brunswick, other provinces, and the government.

When it comes to health care, yes, I understand there's a bit of an issue between the federal and the provincial, and I personally don't know how they're going to get around that. Obviously there has to be a mutual agreement that's beneficial to the citizens of their respective provinces.

The Chair: We're going to have to leave it there.

[*Translation*]

Mr. Simard, you may go ahead. You have six minutes.

[*English*]

Mr. Simard will speak in French, so as long as you're set to that or reply to him in French....

[*Translation*]

Mr. Mario Simard: Thank you, Mr. Chair.

I'll start with you, Ms. Beauchamp.

I have questions about the process for recognizing illnesses.

In your opening remarks, you mentioned the sunset clause ending benefits in 2011. How did the process work in your case, when you got your diagnosis from your doctor? What steps did you take to have the Canadian Armed Forces recognize your illness as an occupational disease?

[*English*]

Ms. Eileen Beauchamp: I recognized that there were no more applications. It was stated right on the website, actually—I follow the government's websites as well—that there would be no more payments after 2011, so I did not apply. Given that I had three cancers, I was not in a position physically or mentally to even go that route. Instead, I decided to advocate after I finished my treatment.

[*Translation*]

Mr. Mario Simard: I completely understand.

That said, there is no mechanism in place. That is what I want to be very clear about and what I'd like you to make the committee understand. There is currently no mechanism for you to have the Department of National Defence, or DND, recognize your occupational illness. As I understand it, in your case, there is currently no mechanism for you to do that or to get any support from the department.

● (1655)

[*English*]

Ms. Eileen Beauchamp: No, there isn't.

[*Translation*]

Mr. Mario Simard: Very good. That's clear.

You were diagnosed by a health professional, a doctor. I assume you have information showing that your likely exposure to certain chemicals could have caused your health issue.

[*English*]

Ms. Eileen Beauchamp: Here's where some of the difficulty is confusing. I was diagnosed here in Ottawa. Where the confusion lies is that when you mention to any physician, “Well, I grew up in Gagetown, New Brunswick, where they sprayed Agent Orange, Agent White and Agent Purple,” they look at you with a very confused face.

Where I see the problem is that there's no recognition of illnesses from exposure, and I believe that would be nationally. Within Canada, there would be very few provincial governments that would have a list of exposures. It's basically very similar in VAC and DND, because the lists are not cohesive either, so perhaps what needs to be worked on is a cohesive list of illnesses and diseases related to exposures.

[*Translation*]

Mr. Mario Simard: That's very surprising.

I am from Saguenay—Lac-Saint-Jean. It's home to the company Rio Tinto, previously known as Alcan. Many diseases, particularly cancers, are known to be linked to the jobs performed by the people at those plants. The type of disease they develop, bladder cancer or what have you, tells doctors that it may be due to exposure to chemicals at Alcan or another aluminum smelter. That is a form of recognition.

What you are telling me is that DND has no framework for identifying diseases former members of the armed forces may develop as a result of their exposure to chemicals or toxic substances.

[*English*]

Ms. Eileen Beauchamp: It doesn't appear to be.... It appears, from talking with Ms. Zimmerman—because we've collaborated on certain things—that something that was noticed was that DND follows the ILO's—the International Labour Organization's—illnesses, and Veterans Affairs has a separate list.

I guess what I'm communicating here today is that perhaps it is time to have a cohesive list that everyone is following, so that when people are diagnosed, it's more recognized.

[*Translation*]

Mr. Mario Simard: Ms. Beauchamp, I would find it very helpful if you could provide the committee with a list of your efforts to have your illness recognized, as well as the services that you did not receive.

Mr. Salisbury, do you, as a health specialist, think DND could establish a list of illnesses linked to chemical exposure and do what's necessary to ensure that armed forces members exposed to those chemicals at the very least have some recourse with respect to their occupational illness?

If industry can do it, I think DND can do it too.

[*English*]

The Chair: That's an important question. Unfortunately, Mr. Simard has left you no time to answer it. Maybe there will be an opportunity in the future.

Ms. Mathyssen, you have six minutes, please.

Ms. Lindsay Mathyssen (London—Fanshawe, NDP): Thank you.

Thank you to the witnesses for appearing with us today.

Mr. Goode and Ms. Beauchamp, in both of your briefing notes to the committee—thank you for giving them to us in advance—you referenced different ATIPs, access to information studies and documents, that show the disconnect between the Furlong commission findings, the government's public statements and verified factual evidence.

Can you table these documents with the committee so that we have the clear pathways on that?

● (1700)

Ms. Eileen Beauchamp: I'm sorry. What do you mean by—

Ms. Lindsay Mathyssen: It's the documentation you referred to, the ATIPs and the documents that you have. Can you submit those to the committee?

Ms. Eileen Beauchamp: Okay. I'll let Gary speak to that. A lot of the ATIP documents were obtained in 2004. Another group at that time solicited the government for ATIP documentations. I've read them, but Gary was the one who worked with the group that obtained them.

Mr. Gary Goode: Yes, I can comment on that.

That was DND's own document, as I said earlier. They lost it through the passage of time and didn't present it to the CFB Gagetown and area fact-finding project. However, a lovely lady with the Agent Orange Association of Canada found it with no problem. It was presented at the theatre at CFB Gagetown, when they had the town hall explaining to the community members of Oromocto and Gagetown that it was only 2.5 barrels over a seven-day period in 1966-67. Then again, Kenneth Dobbie, who at that time was the president of the Agent Orange Association, stepped up to the microphone and clearly stated what was sprayed, and when, and how much.

If you go by DND's own document, it's in there—exactly what they sprayed, when they sprayed and how much they sprayed. It's not a lie and not an exaggeration to say that, per acre, more of these chemicals were sprayed at CFB Gagetown than were sprayed in Vietnam during that entire war. This is not a fallacy.

Ms. Lindsay Mathyssen: Okay. I think having these documents with the committee would be helpful for the study, for sure.

Dr. Salisbury, I would like to shift to you. You highlighted in your opening remarks that “disease and environmental hazards have caused more casualties...than combat itself”. It's incredible. In last week's testimony, we heard from civilian employees and veterans from Moose Jaw. We heard that the base had failed to resolve the known contaminations, or even to inform individuals directly impacted. We heard about the devastating impacts this has had since the centralization of the Canadian Forces real property operations group. The ADM(IE) oversees contamination sites on DND land, but the day-to-day monitoring and the management of those individual sites is delegated to base commanders, wing commanders and environment officers. These are uniformed officers who are outside the chain of command and the ADM.

From your experience, can you talk about that as a problem? What do you see in terms of the disconnect that exists?

Col (Ret'd) David Salisbury: Thanks very much for the question.

I actually had the pleasure of serving in Moose Jaw for three years. I was the Snowbirds flight surgeon for three years, from 1983 to 1986. I would have to say, actually, that when this issue came to the fore, I was astounded. As the base surgeon in Moose Jaw, I had no knowledge whatsoever of there being contaminated sites present at that time.

Now, that was in the eighties, and I must admit that we've moved forward on how we think about that. For me, the problem is the disconnect between all the different parties that potentially could be affected. We have three groups on any given base that can be affected. There are the uniformed members and the civilian employees, and then there are the families, many of whom live on the base or in the base environs. They do not have an integrated medical provision system.

The uniformed personnel receive their medical care from uniformed or, often now, contract doctors. Civilian employees are responsible for getting their own health care in the local area. They are supposed to be watched by occupational health from Health Canada, but given the numbers, that's probably not going to happen very efficiently. There are small numbers of employees, and you're not going to dedicate an occupational health physician—or even an occupational health nurse—to 60, 70 or even 200 employees. It's not within the resources of the department.

Last but not least, the poor families.... Els bumped around with me for 29 years and went through so many different doctors that we can't keep track of them all. I had 11 different postings in 11 different places. My medical documents follow me when I go from one posting to another. For the families, that doesn't happen, and every province has its own system.

● (1705)

The Chair: We'll go to our second five-minute round.

Ms. Gallant, you have five minutes, please.

Mrs. Cheryl Gallant (Renfrew—Nipissing—Pembroke, CPC): Thank you.

From your records, are there currently still discarded Agent Orange barrels disposed of on Base Gagetown? Does anyone...? Does no one know?

Mr. Gary Goode: They say there are not.

Saleem Sattar has been out looking for them after they were reported. There have been chemicals found in some of the barrels, but I don't think they've really amounted to much in the way of how they reported it. It's hard to say if there are still some buried out there. I'm sure there are somewhere, but I don't think they're coming forward with it.

Mrs. Cheryl Gallant: Okay.

Ms. Beauchamp, have you been able to align chronologically the times of spraying with the times that your family was posted to Gagetown? How closely do those align or coincide?

Ms. Eileen Beauchamp: Well, based on one of the appendixes.... I attached an appendix to my brief, and that lists the dates, what was sprayed and how much was sprayed, so for the years, it gives that. I was there when a lot of dioxins were sprayed, including the DDT.

Mrs. Cheryl Gallant: We're focusing on Agent Orange, I believe, but DDT is definitely—

Ms. Eileen Beauchamp: No. We need to focus on all of the chemicals. It's not just Agent Orange.

Mrs. Cheryl Gallant: All right.

To the best of your knowledge, is there any reagent that can be used to neutralize or to chelate the offending chemicals that are still lingering, perhaps, in the soil?

Ms. Eileen Beauchamp: Probably the best person to ask will be here on Thursday, when Meg Sears will be speaking.

I don't know if Gary can answer that question. I'm not sure.

Mrs. Cheryl Gallant: How old were you when the Agent Orange or dioxins were dispersed in Gagetown?

Ms. Eileen Beauchamp: I moved there when I was five years old. I left when I was 12 years old.

Mrs. Cheryl Gallant: Did they disperse it aerially, or was it sprayed on the ground? How was it applied to the land?

Ms. Eileen Beauchamp: I think the majority was by air.

Gary can answer on whether any was sprayed by hand on the land. I'm not sure.

Mrs. Cheryl Gallant: I haven't been to Gagetown. Are there any rivers, streams or little lakes on the property?

Ms. Eileen Beauchamp: That's where we used to fish—where the spraying was. When I first went to Gagetown, military families were allowed to go in the back where all military personnel, like the soldiers, would train on the rifle ranges and when doing manoeuvres or whatever. Families were allowed to go fishing back there, pick blueberries back there and drink spring water wherever we wanted. It was carte blanche. I mean, it wasn't just families. There were cadets from across this country.

Mrs. Cheryl Gallant: What about wildlife? We know that DDT wiped out the eagles in southern Ontario for quite a while. What about the fish and the eggs of any waterfowl? Were there any observations that the wildlife had been impacted?

● (1710)

Ms. Eileen Beauchamp: I can't say for mammals, but for fish I never noticed any, but.... We ate all of the fish, too. That was something that was in the report; they said we removed the skin of the fish. It's well known in the scientific community that once you remove the skin of the fish, you've removed the fat, and because dioxins accumulate in the fat cells, the study was flawed. The reports of the amounts of dioxins in the fish were inaccurate.

Mrs. Cheryl Gallant: There were no observed obvious deformities. Is that correct?

Ms. Eileen Beauchamp: No, not at the time.

Mrs. Cheryl Gallant: They say that Maine's state legislature released a report calling DND's investigation into Agent Orange at Gagetown “biased” and “flawed”.

Can anyone elaborate on how this statement was arrived at?

Ms. Eileen Beauchamp: I don't know how it was arrived at. I know there are, on the Prevent Cancer Now website, investigative documents that identify where the fact-finding project was most likely flawed.

Part of that has to do with the counts they did for the epidemiology studies. They actually included, for the health outcomes, the exposed personnel with the non-exposed. They also, from what I read, included all of Fredericton, and Fredericton was pretty far away at—

The Chair: Unfortunately, again, I'm going to have to move on. I apologize.

Mr. Collins, you have five minutes.

Mr. Chad Collins (Hamilton East—Stoney Creek, Lib.): Thanks, Mr. Chairman.

Welcome to our witnesses this afternoon.

Mr. Salisbury, I'll start with you. Thank you for your service, sir.

You talked about poor documentation, and both of the other witnesses, Ms. Beauchamp and Mr. Goode, talked about incidents and actions that would have occurred back in the 1950s and 1960s.

I shared an experience with the committee at our first meeting. When I was a municipal councillor, we were dealing with the federal government and Transport Canada in assuming airport lands in our municipality. We found evidence of PFAS, and then it was a big fight to try to secure compensation for the local municipality related to the cleanup costs.

Part of the battle and struggle was securing proper documentation to prove our case. Without breaching confidentiality, we had to seek out people who used to work at the airport and who provided testimony that, in fact, that did occur and was part of their job duties.

How do we deal with the whole issue of poor documentation as it relates to, in this instance, issues that go back to the 1950s and 1960s?

I'm asking you that question because you piqued my interest when you talked about being a former medical officer of health with the City of Ottawa. You would certainly know the whole issue as it relates to freedom of information requests and the ATIPs that have been mentioned here today. Do you have any recommendations along those lines?

Col (Ret'd) David Salisbury: For individuals, it's going to be extremely difficult. One of the parts I didn't get to in my brief, because I was too long-winded—I'm sorry about that, Chair—is that we really need to adopt a different mindset, specifically when we're talking about historical exposures.

We're not going to find what people were exposed to. We're not going to be able to test them and be able to say that they were exposed to this and we now know that. We're going to have to work on the basis of what is referred to very succinctly in the PACT Act in the United States as presumptive diagnoses. That is, you get this diagnosis, and we know you were in such and such an area. We're going to put those two together. We're going to presume that it was caused by that.

Physicians as a whole, I would say, are not very interested in causality for the most part. We diagnose people, we treat them for their diseases, and we move on. Causality is a very nebulous concept in some ways, and it's also extremely difficult to prove. There's something in epidemiology called attributable risk fraction. I'll quickly give you an example. We know that asbestos, for example, causes lung cancer, not the thing that everyone talks about, which is mesothelioma. That's a done deal.

If you have a mesothelioma, we know that's because of asbestos, because it's about the only cause. If you have lung cancer and you're a pack-a-day smoker, or you worked in a bar where you were exposed to second-hand smoke, I have no idea how much was caused by your smoking habit, how much was caused by the fact that you worked in a smoky bar, or how much was caused by your being exposed to asbestos in your work. There is no scientific or medical way to tease those things out. We have to, for historical purposes, work on a presumptive diagnosis and presume that people were exposed. We're going to give them the benefit of the doubt, and we're going to look after them from that point of view.

Going forward, I guess there might be some hope that electronic health records will solve some of this. We also need to make sure, though, that those electronic health records can talk to each other, which is a huge problem. I think that, in Ontario, there are 12 different vendors of electronic health records, and those electronic health records don't talk to each other, even though they're supposed to all meet the same standard, which, by the way, is HL7. It's the international standard for communicating health information electronically.

I think that's part of the solution. The other part is that we need to tighten up on looking after the families. I don't know if we call it a shame, but it's certainly a real hole in our system that we don't look after the families of uniformed members, because they're moving the same number of times as the members are. Up until—

● (1715)

The Chair: I apologize for cutting people off.

Dr. Salisbury, if you consider yourself long-winded, you've come to the right committee.

Voices: Oh, oh!

The Chair: We have Mr. Simard for two and a half minutes, please.

[*Translation*]

Mr. Mario Simard: Thank you, Mr. Chair.

Mr. Salisbury, thank you for the explanation you gave regarding causality. In medicine, perhaps there is too much focus on treatment and not enough on causality.

The fact that DND has a hard time recognizing the occupational illnesses of people in the armed forces suggests that the data are not actually representative of the reality. I'm thinking of Ms. Beauchamp's situation. From the department's standpoint, what can be done to deal with and support people with chemical exposure-related illnesses, if the data aren't available?

I gather that, once someone is out of the Canadian Armed Forces, it's difficult to get a diagnosis that proves the causal link between the illness and the person's exposure to chemicals on the military base.

Isn't there a data gap in the department's decision-making?

Col (Ret'd) David Salisbury: Thank you for your question.

[*English*]

I won't respond in French, because my hearing aids have made it very difficult for me to understand French directly.

Yes, I believe there is a gap, and I think it is both bureaucratic and scientific. I'll take my own example. I had 11 different postings in a 28-year career. In at least three of those postings, I had four offices. How are you going to document all of the exposures I possibly had? That's not to mention the inadvertent ones I had from doing aircraft accident investigations, when I was dealing with the combustion products of an aircraft fire, or the six months I spent in Croatia, where nothing was documented.

It's very difficult for us to put two and two together. If we demand causation proof, we're going to undercare for the people who have illnesses.

● (1720)

The Chair: Thank you, Mr. Simard.

Ms. Mathyssen, you have two and a half minutes.

Ms. Lindsay Mathyssen: Along that same line, one of the questions I had for Veterans Affairs, Dr. Salisbury.... I didn't understand why they weren't ultimately doing that, seeing that there were these large issues of toxins and so on, and just attributing that presumptive diagnosis. There was also an explanation from them that the reason they didn't follow more of that American model under the PACT Act was that in the United States, veterans affairs has its own direct health administration.

I'm not sure if I buy that. I would love your opinion on that, considering whether the government decides it's going to treat this with all seriousness.

What would you have to say in that regard?

Col (Ret'd) David Salisbury: I don't think we can create in Canada something similar to the VA in the United States. This is an enormous health delivery organization that's actually bigger than the military itself in its provision of services.

It's not right to say that we can't use presumptive diagnosis as a guide for who we're going to provide care for and who we're going to look after. We could come up with our own version in Canada of what we believe to be places that are worthy of that consideration and a list of diagnoses to go with them. We have lots of research around the world. The ILO list that the previous witnesses mentioned is a good starting point. Also buried in or integral to the PACT Act is what the presumptive diagnoses are and what exposures the VA in the United States is currently prepared to compensate for and deal with.

There is no reason we couldn't just borrow it 100%. I don't see any harm in doing that. We spend too much time fighting about compensation and too much time.... We've devised an adversarial system, and it shouldn't be an adversarial system. That may work in law, but it doesn't work in medicine, so I think we need to go there.

The Chair: Thank you.

Mr. Stewart, you have five minutes.

Mr. Don Stewart (Toronto—St. Paul's, CPC): Thank you, Mr. Chair.

Thank you to the witnesses for being here today.

I was thinking about this as a bit of a statistical exercise in some regard, to figure things out. In a perfect world, we could have a computer box and put in all of the illnesses that have been diagnosed, the sites where people have lived, worked and served, the list of ILO chemicals, the jobs, the lengths of time people were in places and some other factors we could come up with.

Could we not then feed that data into a computer with some AI and come up with some relationships that would allow us to put a pretty darn good estimate on a relationship—maybe not causation—among those factors to allow us to assign some responsibility?

Col (Ret'd) David Salisbury: I'll give you an example.

The ILO document is a 620-page document. It has already done that for you. It links it by exposure and by what diagnoses they consider to be occupational diseases, or occupationally related to that. As I indicated earlier, you can't just blindly accept this, because, as I said, there is the attributable risk issue. It's estimated that 45% to 50% of all Canadians will develop cancer. Of course, we are all exposed to environmental hazards. How are we going to tease that out?

I think the issue needs to be that we provide care, look after the people who are sick, and stop arguing about causation. I know that will be unsatisfactory for some people. We need to start concentrating on care for people who are sick and not have them battle the bureaucracy over compensation and owning up to some responsibility. That is only wasting a lot of resources, which could be better spent on providing care to the patients who need it.

● (1725)

Mr. Don Stewart: I'm wondering about the chemicals that are persistent for some length of time.

What is going on at Defence sites now, in locations where we have these chemicals in the ground and have exposure?

Col (Ret'd) David Salisbury: I'm sorry. You're way out of my wheelhouse on that one. I haven't been in uniform for 20 years.

Mr. Don Stewart: Thank you for your service as well.

Maybe this is a question for Gary or Eileen.

What kind of outreach has DND offered in terms of talking to you about exposure to chemicals, what you might have been exposed to in the past and in what concentrations, and where, when and for how long?

Mr. Gary Goode: I can answer that question.

We've had two meetings with Saleem Sattar, the director general of environment and sustainability at DND. He started off by giving us a PowerPoint-type presentation on the two and a half barrels the Americans sprayed there in 1966 and 1967, over a seven-day period.

He did not mention or allude to the fact that DND sprayed 6,504 barrels of the exact same chemical starting back as early as 1956. We asked him about that.

Mr. Don Stewart: Does DND come to you and say, “You may be concerned about this, because we have *x* number of people who have developed such and such illnesses and they were in the same spots you were”?

Mr. Gary Goode: No, they have not done that.

Actually, the fact-finding project done at Base Gagetown was, in my opinion, pretty much designed to focus entirely on 1966 and 1967 and on the two and a half barrels the Americans sprayed. It didn't disregard the fact that they sprayed other chemicals, but they did not come forward with the amount of chemical they sprayed, and what those chemicals were.

For example, in 1956, they sprayed—

Mr. Don Stewart: I have one other question for you.

Are you collaborating with any other organizations to conduct research?

Mr. Gary Goode: No, I'm not collaborating with any other organizations to conduct research. You would have to elaborate on which organizations you might be referring to.

Personally—

Mr. Don Stewart: It's an open-ended question.

The Chair: Mr. Stewart is going to have to elaborate in some other manner.

Our final questioner is Mr. Powlowski.

You have five minutes for this round.

Mr. Marcus Powlowski (Thunder Bay—Rainy River, Lib.): Dr. Salisbury, before I started working here, I had a real job, as a doctor. Anyhow, I agree. As a doctor, you don't worry about causality. Who cares? Somebody has cancer.

Certainly, what we do here.... This goes far beyond this particular subject of the military. Every day, people get cancer. As you say, 40% of people, or whatever the numbers are, will get cancer.

We know that certain things in the environment may lead to cancer, but as a government, as you regulate industry, as you regulate the military, as you.... If it's government money, we do have to worry about the public purse. The real issue would seem to be how far we go in trying to link an exposure to an actual outcome and to bear the financial obligations that come with that, whether it's us, as a government, or private businesses. However, we, as the government, set the rules, right? This is, and I think increasingly ought to be, an issue for governments: how to attribute risk and how far we go in trying to link an outcome with the causality. This seems like a monumental problem.

If you look specifically at the issue before us, can you tell us whether the military has looked at and examined people who lived in different places at different times? For example, we've heard here about Gagetown. Have they looked at whether people who've served at Gagetown from any particular period of time have a higher risk of, for example, certain kinds of cancers?

● (1730)

Col (Ret'd) David Salisbury: I wouldn't know the answer to that, certainly not during my time at the directorate of force health protection. That single question would be a monumental epidemiological study.

Mr. Marcus Powlowski: I wonder if, perhaps, there isn't a little bit of an answer to this. If we have the records, we know who served where. We also have the epidemiological records as to who gets what kind of cancer. Certainly, in the old days—which was, like, a year ago—it would take a monumental effort to try to match those up, but with AI.... Are there efforts within the public health world to use the computer strength of AI to match those things up and say that, yes, if they served in Gagetown between this year and that year, then they have, statistically, a 50% higher chance of developing bladder cancer or something?

Col (Ret'd) David Salisbury: That would be how you do the study, but the issue will be that if we date it from the acknowledged date of exposure to Agent Orange in 1966 and 1967, that is 60-plus years times an average number of people in the armed forces of between 90,000 and 100,000, with changing cohorts of who's in that group and varying amounts of exposure, some not exposed at all and some exposed.... I mean, it is a huge puzzle.

It's doable. Certainly, AI is coming to the fore in public health in doing those kinds of studies if the documents are digitalized, which they may or may not be. Of course, if you want to get back to an individual, then you have a privacy issue, and you have to deal with that if you're going to run a study.

I'm not going to say that it's not doable, but I wonder if the amount of effort would be worth the benefit you'd get out of it as opposed to saying, “Let's just say that with regard to the people who were there at such-and-such a time and have such-and-such a diagnosis, we're going to look after them.” That would be much simpler.

A lot of compensation.... We're badmouthing the DND, but this is true of workers' compensation writ large. All our workers' compensation systems are set up on an adversarial basis.

The Chair: I'm sorry again. It seems as though all I do is interrupt and say “sorry”. It's rude, and I feel bad.

I also feel bad that the bells start ringing at 5:52. Apparently they're 15-minute bells, not half-hour bells. That means that we are going to have to wind up at 5:52. We'll go for a third round of four minutes. I have Bezan, Lapointe, Simard and Mathyssen for that four-minute round.

If that is satisfactory, Mr. Bezan, you have four minutes.

● (1735)

Mr. James Bezan (Selkirk—Interlake—Eastman, CPC): Thank you, Mr. Chair.

I want to thank our witnesses for being here.

Mr. Goode, you said that the dioxins from Agent Orange and other pesticides that were used at Gagetown are caught up in the soil and will have environmental effects for the next 100 years.

Are we doing soil sampling and testing of the land there to see how bad that contamination is? Do you know if National Defence is carrying out that monitoring?

Mr. Gary Goode: Going back to the Gagetown base area fact-finding project, there were samples taken, yes. They stated that the majority of the levels of dioxin, for example, were mostly in the areas that the Americans sprayed in '66 and '67, the Clones bivouac area, the Murphy bivouac and some ranges, which would be the rifle range, the grenade range and the rocket range. They were all sprayed repeatedly. They were reported as high as 50, 75 and 143 times above the limit of the Canadian Council of Ministers of the Environment for dioxin in the soil.

I personally spoke with Dr. Furlong in his office in CFB Gagetown during that fact-finding project. He informed me that the Clones bivouac area alone was 170 times above the limit of the Canadian Council of Ministers of the Environment, not 143.

I have no idea what they're doing now.

Mr. James Bezan: That's something that we want to know, especially when we have soldiers out there training. They're still digging trenches and still getting exposed to the dioxins that are captured in that environment.

Colonel Salisbury, I know of your former postings in places like Moose Jaw and the work that you did in Canadian Armed Forces. What can we be doing right now to ensure that our current serving members who are out on the bases across this country aren't being exposed to these toxins?

Col (Ret'd) David Salisbury: We have to work with industrial hygiene best practices to try to prevent exposure to everything, because we can't be knowledgeable of all of the effects of the newest things that have come down the pipe. For example, there's stuff that is being built into aircraft today. The aircraft are being built out of what's called composite materials. What's in those composite materials? To be honest, I don't know that anybody really knows what happens, because they're an amalgam of carbon fibres and binding agents. When you burn that, what happens? No one can conduct that experiment. I mean, we don't, we can't.

The other point that needs to come out of that is that toxicology is based on the root. For example, everything is toxic in one sense or another. Wood is toxic if I aerosolize it and put it into a dust that I can then inhale, but sitting here at this table isn't toxic or dangerous to me, other than if I bang my head against it.

The problem is one of best practice and protection but also tracking people through time. Again, I come back to presumptive diagnosis.

The Chair: Thank you, Mr. Bezan.

Dr. Salisbury, you wouldn't be the first person who banged his head on a wall or a desk around here.

Ms. Lapointe, you have four minutes, please.

Ms. Viviane Lapointe (Sudbury, Lib.): Thank you, Chair.

Mr. Goode, your organization has done tremendous work to raise awareness about contaminated sites and their impact on the families and communities connected with the Canadian Armed Forces.

Can you tell us what challenges you have encountered in trying to advocate for solutions?

Mr. Gary Goode: It's tedious.

As an example, I recently applied through freedom of information to Veterans Affairs to ask them how many military personnel have applied for disability pensions associated with exposure to Agent Orange and other herbicides at CFB Gagetown. They got back to me relatively quickly and said that they couldn't find anything. They said that they don't have a code for Agent Orange exposure at Gagetown. They didn't even acknowledge the other herbicides that I mentioned.

The issue right there is, what are we talking about anyway? What are we trying to find out? We can't find out if they're not going to admit that these are what the concerns are. It's not going to happen.

● (1740)

Ms. Viviane Lapointe: Based on your organization's research and the outreach efforts that you've done, what recommendations would you propose to the Department of National Defence to effectively address and remediate contaminated sites that impact the health and well-being of military members and their families?

Mr. Gary Goode: First, I would think there would need to be a fully independent public inquiry into CFB Gagetown's harmful chemical use and the Base Gagetown area fact-finding project. Also, I strongly believe and recommend that the base be thoroughly investigated again and tested.

During that testing time at Gagetown, when they were sampling soils, they went down only four centimetres. Dr. Dwernychuk said that you start finding more of it at a foot and beyond.

They hauled truckloads of treated soil out of Moncton, New Brunswick and sprayed it all over parts of the training area. How deep was that? Was that during the testing period? I'm not sure of that. I've been looking for that information and I can't find it, but we will find it eventually.

We need honesty. We need accountability. We need justice. We're not here to condemn anybody. We're here to try to help come up with solutions for how we can best move forward for the betterment of everyone.

Ms. Viviane Lapointe: Thank you.

Dr. Salisbury, what role do you think medical professionals should play in monitoring and addressing the health risk associated with contaminated sites?

How can the Canadian Armed Forces better integrate these insights into their remediation efforts?

Col (Ret'd) David Salisbury: On the whole, I guess I should say that our profession is not particularly well trained in occupational health. It's not a core interest of the majority of doctors. The majority of doctors are interested in sickness care, treating people, doing surgery on them or giving them prescriptions and moving them out the door. In this day and age, unfortunately, that's become even more of a problem.

If you actually look at how much the armed forces have devoted to prevention in health care, it's actually quite substantial. Force health protection is an organization with.... When I set it up, we had six serving medical officers and an additional four DND doctors. That's 10 doctors for a population of 90,000. That's huge.

The Chair: Thank you, Ms. Lapointe.

[*Translation*]

We now go to Mr. Simard for four minutes.

Mr. Mario Simard: Thank you, Mr. Chair.

Mr. Salisbury, I understood your logic when you said earlier that we spend too much time fighting about compensation and that we may be stuck in an adversarial system. I completely understand that. Although I don't know a lot about medicine, I do know there's such a thing as the precautionary principle. As you know, the use of asbestos was banned because it was well known that the product had adverse health effects.

I don't want to get into a futile debate about compensation. Still, it is important to acknowledge that DND needs to identify the sites that are problematic and can affect people's health. I think that work is essential in order to protect the health of those currently serving in the armed forces. How is that possible, though, without recognizing the illnesses of armed forces members who worked at those sites?

As far as you know, do health specialists in the Canadian Armed Forces take the precautionary principle into account?

● (1745)

[*English*]

Col (Ret'd) David Salisbury: The application of the precautionary principle is essentially one whereby you assume harm or danger when you are absent absolute proof. I think that is taken seriously by health care professionals. I believe it forms the basis of all our regulatory frameworks for a vast majority of chemicals.

We also must recognize that we don't know what's coming down the pipe towards us. We also don't take into account in most of those regulatory frameworks the concept that some people are more susceptible than other people. Most of our occupational standards and most of our drinking water standards are designed around protecting the majority of the population, not around protecting everyone. To protect everyone would be...to basically not be exposed at all.

[*Translation*]

Mr. Mario Simard: Thank you, Mr. Salisbury.

Lastly, I have a quick question for Ms. Beauchamp and perhaps Mr. Goode as well.

In your comments, both of you mentioned problems with transparency and denial. I'd like to hear your thoughts on ways to achieve more transparency and to stop the denial around the exposure of armed forces members to certain chemicals.

I would like Ms. Beauchamp to go first.

[*English*]

Ms. Eileen Beauchamp: I think data is so critical when making decisions. Having an IT background, I firmly believe that there are databases that can help the government. Providing they integrate between Veterans Affairs and National Defence, I think there are data elements that they could start recording that would help them make decisions, identify outcomes for health exposure and inform them on how to move forward and identify what's contaminated.

I don't believe they're doing that today, and—

The Chair: Unfortunately, we'll have to leave the answer there. Again, I apologize.

[*Translation*]

Mr. Mario Simard: Thank you.

[*English*]

The Chair: I think I'll just mail in all my apologies.

Ms. Mathyssen, you have the final four minutes before the bells start ringing.

Ms. Lindsay Mathyssen: Thank you, Mr. Chair.

Mr. Goode, this will be a follow-up in terms of the question about transparency and accountability. In the briefing note you provided us before the meeting, you talked about problems with Cantox Environmental, a company hired to conduct the health risk assessment of Gagetown. Could you elaborate on the company's relationship with the chemical industry?

As well, could you potentially talk to this committee about the guardrails needed to have a transparency and accountability check on companies like that, and why?

Mr. Gary Goode: I'd be happy to try to answer that question.

At the time of the Base Gagetown and area fact-finding project, Cantox Environmental was owned by Ciba Specialty Chemicals. They're a very large chemical company. The company was founded by ex-Health Canada employees who left Health Canada and formed for-profit companies to work for the government, DND and large industry.

If you want to know a bit more about their work, you can ask Elizabeth May. They tried to sue her for her honesty, but they didn't get too far with that.

I can't fathom the reality that our government of the day hired the chemical industry to conduct a health risk assessment of the chemicals sprayed at CFB Gagetown, and that one of the founders of that company was the head of the peer review of the CFB Gagetown fact-finding project. I can't fathom that. How are we supposed to believe what they are saying?

If they don't recognize the 6,504 barrels that they themselves sprayed—the exact same stuff they sprayed all over Vietnam—what are we supposed to recognize from that fact-finding project?

● (1750)

Ms. Lindsay Mathyssen: If I may, you've repeatedly, throughout this meeting, talked about the need to carry forward that public inquiry, particularly in the context of the main commission. This is something that's been asked for, for decades. It's been promised by previous governments but never fulfilled.

Can you talk about why it's so important to have that public inquiry even now?

Mr. Gary Goode: It's important to have that now to get to the bottom of it and hear the facts and the truth. Personally, I believe the truth has been withheld.

The Maine study.... Senator Jackson himself and House representatives said the fix was in. That's what he said: The fix was in. Senator Jackson himself has asked whether they should be sending their Maine National Guard to Gagetown until they actually know what's in the soil today. We won't know what's in the soil today until we actually test it.

Dr. Furlong stated to me that it's 170 times, and then he came out in a statement saying that it's only 143 times above CCME guidelines. Which is it?

There are just so many unanswered questions and flaws in that fact-finding project that we don't know the full answer to it.

The only way to prevent sickness and disease is to get at the root cause of it in the first place. That is a treatment in itself. We have to approach it that way.

Ms. Lindsay Mathyssen: Thank you.

The Chair: Thank you, Ms. Mathyssen.

Unfortunately, that brings our time here to a close.

I apologize for starting late, but we are subject to the votes that are going on this evening.

On behalf of the committee, I want to thank you, Mr. Goode, Ms. Beauchamp and Dr. Salisbury, for your contributions to this study. We'll look forward to carrying it on in the reasonably near future.

With that, the meeting is adjourned.