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• (1610)

[English]

The Chair (Hon. John McKay (Scarborough—Guildwood, Lib.)): Our analysts are here, so we can now start.

Thank you all for your patience. Democracy is a strange and wonderful beast at times.

It's my privilege to welcome the Department of National Defence here for our study on contaminated sites.

We have with us Brigadier-General Colleen Forestier; Peter Hammerschmidt, assistant deputy minister, infrastructure and environment; Saleem Sattar, director general, environment and sustainable management; and Major-General Erick Simoneau, deputy commander, military personnel command.

Thank you, all, for joining us.

I understand that Major-General Simoneau and Mr. Hammerschmidt are going to split the opening five minutes.

Mr. Peter Hammerschmidt (Assistant Deputy Minister, Infrastructure and Environment, Department of National Defence): Thank you, Chair.

Yes, I'll start.

[Translation]

Mr. Chair and members of the committee, thank you for this opportunity to speak to the Department of National Defence's approach to managing contaminated sites.

I'm pleased to be joining you today on Anishinabe territory. Major-General Simoneau and I will be splitting our time for opening remarks.

I am here today in my capacity as senior designated official for real property management at National Defence, and I am joined by Saleem Sattar, director general of environment and sustainable management.

I will provide a short overview of the framework under which our contaminated sites program operates and then provide results of our ongoing efforts to clean up contaminated sites on our military bases.

[English]

Defence follows the Treasury Board's directive on the management of real property, which requires custodian departments to follow standards and guidelines endorsed by the Canadian Council of

Ministers of the Environment; prioritize remediation risk or risk management activities on sites that pose the highest risk to human health and the environment; and certify annually that the information submitted to the federal contaminated sites inventory is complete and accurate. National Defence has a total of 1,947 sites listed in the inventory, of which 1,201 are closed and 627 are classified as active sites. These are sites where additional assessment, remediation or monitoring activities are required.

To carry out this work, National Defence relies on funding from the federal contaminated sites action plan, or FCSAP. FCSAP is a cost-shared program that funds efforts to reduce the risks these sites pose to human health and the environment. DND has been a partner in FCSAP since its inception in 2005. It has so far received close to \$1.2 billion in funding, and we consistently spend over 90% of our available budget year over year.

FCSAP is an enormously valuable program to us. Defence projects that have benefited from FCSAP include the distant early warning line cleanup project, which was completed in 2014 and, at \$575 million, the most significant environmental project by the Canadian government at the time. Another example is the Goose Bay remediation project in Labrador, which received \$143 million from FCSAP and was completed in 2020. Over the last four years, Defence has spent nearly \$273 million managing contaminated sites, and we have closed over 250 sites with this funding. This year, we are on track to spend another \$65 million and close a further 50 sites.

In recent years, we have placed special emphasis on sites with per- and polyfluoroalkyl substances, or PFAS. Although PFAS are found in thousands of commercial and household products, their use in firefighting foams has led to PFAS impacts on military installations, as well as off base. This is not unique to Canada, nor is it unique to DND. Many countries and allies are faced with this challenge, and it will continue to occupy more of our focus, going forward.

[Translation]

The Department of National Defence recognizes that past practices have left a legacy of contamination on military bases and other sites where the Canadian Armed Forces have trained or operated. We are committed to responsibly managing the effects of our operational legacy and doing our part to safeguard the health of Canadians.

Thank you, Mr. Chair. I look forward to your questions. I'll give the rest of the time to Major-General Simoneau.

[*English*]

The Chair: Thank you.

Major-General Simoneau, there seems to be an inequality in the split here. You have about a minute left.

Major-General Erick Simoneau (Deputy Commander, Military Personnel Command, Department of National Defence): Well, I'll make the best use of it, Mr. Chair.

[*Translation*]

Mr. Chair and members of the committee, thank you for inviting us to appear before you today. We truly believe in the importance of the work under way and appreciate the opportunity to contribute to it.

As mentioned earlier, I am Major-General Erick Simoneau, deputy commander of military personnel command. With me is Brigadier-General Colleen Forestier, doctor and director general of health services.

As you know, the Canadian Armed Forces are often deployed overseas and operate in austere and high-risk areas. Therefore, we take the risk analysis very seriously to provide our members with the best possible protections. This includes the responsibility of commanders at all levels to comply with all relevant regulations and policies, including Health Canada standards and guidelines, as well as the use of all available methods to protect our personnel.

[*English*]

From a medical perspective, this is achieved through the Canadian Forces' health services, which operate 33 clinics and subclinics throughout Canada, in addition to two in Europe and some at sea, where our Canadian Armed Forces are tasked to serve. Our health system also holds comprehensive records of our members' health, including any potential risk and exposure to hazards. It provides clinical assessment and treatment that allows us to provide copies of this information directly to our members and Veterans Affairs Canada.

We very closely follow progress made in science and learn from that, but we cannot do this alone. We collaborate with Veterans Affairs Canada, the Canadian Institute for Military and Veteran Health Research and Statistics Canada, among others, to conduct multi-year population level comparisons of CAF members' health. This allows us to identify potential hazards, mitigate risk and provide the highest level of support for any CAF members in the course of their service.

The health and well-being of our members is our priority, and we are committed to the highest standards of care for those who serve Canada.

[*Translation*]

Mr. Chair, thank you, I will give you back the floor.

• (1615)

[*English*]

The Chair: Mr. Tolmie, you have six minutes.

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

Thank you to our witnesses and to those who are serving. I appreciate their service to our country.

I have quite a few questions, and I'm not sure we're going to be able to cover all of them.

Mr. Hammerschmidt, you mentioned legacy.

I think this is an important question I have. The concern I will bring to this table is this: Say there's a base that has been in operation for 60 years. There was a contaminated site on this base that wasn't identified because we've not addressed this until recent years. That site has been built over.

How do you identify built-over contaminated sites? How do you identify sites that were in the past, but are not on your list? What happens in that kind of scenario?

Mr. Peter Hammerschmidt: Thank you for the question.

I think this was gone over a bit in the previous session with witnesses from TBS and Health Canada.

We identify sites by following the standard process endorsed by the Canadian Council of Ministers of the Environment. Part of that process is, of course, doing a historical review of all information we have within our repositories. That is step one and is usually the most valuable way to identify the potential for contamination on sites on some of our bases.

Mr. Fraser Tolmie: Thank you. That's very important for us to know.

We've identified the sites. What about the people who worked on those sites? How do we link that to something that has been, like I said, paved over or moved around? I'm representing Veterans Affairs. We have a veteran who comes in and says, "I am suffering because I worked with toxins or contaminated...", but it's no longer identified on an existing base.

How do we address this to help that veteran with a claim and identify the source of their medical condition?

Mr. Peter Hammerschmidt: Thank you for the question.

Again, the historical information we have on any given base would probably be the first place to start when trying to make a connection between potential contamination and the particular health circumstances of an individual. That's probably more in the health and safety space than the contaminated site space, although, of course, there could be linkages to a potential contaminated site. There is work we would need to do across various lines in our department, from the contamination side, in order to make connections to the health and safety side, and the medical side, and to identify whether there is any potential linkage there.

I think that's outside of my area of expertise.

Mr. Fraser Tolmie: My main concern is that we're able to link people who maybe have health conditions to previous sites that may no longer be there in order to help them validate their claims. I think that's something important we should be looking at.

We talked about health services. We talked about custodians. Who is the custodian of a wing, a base or a unit and says that it's their responsibility?

Also, who has the expertise to identify what a contaminated site is in the military or on a base?

Brigadier-General Colleen Forestier (Director General, Health Services, Clinical, Department of National Defence): Thank you for the question.

With regard to the custodian of the base or the wing, from a health services perspective, we provide all the guidance we can and provide the professional expertise in the area of occupational and environmental health hazards. That information and guidance is provided to the base and the wing commanders, who have the overall responsibility for the health and safety of those CAF and DND employees on their bases.

That's a twofold answer to your question. The base commanders have the overall custodianship of the health and safety of the members on their bases or wings. Health services provides the occupational and environmental health expertise on health hazards. It provides that guidance and risk mitigation advice as well as the health care to CAF members serving on that base.

• (1620)

Mr. Fraser Tolmie: I'm going to play the devil's advocate a little bit here.

The Chair: You only have 20 seconds to do so.

Mr. Fraser Tolmie: Okay. I'll be back. I'll save that question for a later round.

Thank you.

The Chair: That's an excellent choice.

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

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

Welcome to our witnesses today.

The minister has been very clear that a number of our properties will be transferred to housing providers to assist with affordable housing. There are residential requirements as it relates to contaminants. It's a pretty high bar in different provinces, and I'm sure all of the regulations are different. I'm just wondering what process you go through to ensure that those properties do meet regulations provincially. I'm assuming we're using provincial regulations. That is one of my questions. What process do you undertake when you're going through the decontamination process?

Then I have another question supplemental to that. You mentioned that 1,200 sites have been closed over the years. Environmental regulations are constantly changing. How do we retrospectively go back and investigate some of those properties that might have been decontaminated in the early days, in the 1990s and early

2000s, when the environmental regulations may not have been as strict as they are today?

Mr. Peter Hammerschmidt: Those are great questions. Thank you very much.

I'll address the latter question first. I think you're right. Environmental regulations do evolve over time. We have a really good sense of what contaminants would be in any closed sites. They're closed for a reason. They're closed because they went through a process. That process would have identified the type of contamination that resides at those particular sites.

With any kind of major evolution of an environmental regulation, we would then have the ability to know what we're looking for in terms of those closed sites and would then assess whether we need to reassess that site, reopen it and treat it as required.

In terms of the process around divestment, there is actually a very formulaic process that custodians use in the Government of Canada when we want to divest surplus properties. Part of that process—I think this is point number three, but I could be wrong—is looking at the question of contamination, assessing whether there's contamination on the site and then undertaking any necessary remediation to ensure that the site can be used down the line.

Mr. Chad Collins: From a transparency perspective, there's a lot of information online that members of the public can access via the government's website.

In those instances where there is contamination that has gravitated off-site, it becomes a liability issue for the government. Is that right? Certainly, those in the bureaucracy not only have a fiduciary responsibility to limit the cost to the government, but also have an obligation to be transparent and to let the community know that this has happened and to what extent.

Can you talk about how we wrestle internally with our policies as they relate to limiting liability? In communities where residential or commercial industrial properties have now located just outside the fenceline of these legacy properties, how are we transparent with our neighbours in ensuring that they have all the information they need to keep either their employees safe or their families safe?

Mr. Peter Hammerschmidt: Yes, absolutely. Transparency is very important to us. We are committed to being transparent, and particularly about these kinds of issues because, of course, they have the potential to impact Canadians. We've tried to lean forward in that space.

For example, in 2019 we changed some of our policies to ensure that there are now protocols in place to ensure we engage external stakeholders, like landowners with adjacent properties, or communities that might be impacted by off-site migration of dangerous substances. We changed our policy to ensure there are protocols in place and that we engage those stakeholders immediately, in both the instances of the actual off-site migration of substances and the potential off-site migration as well.

For example, we did this precisely in the context of PFAS off-site migration in the context of Saguenay, in the context of North Bay and in the context of Mountainview, by Trenton.

• (1625)

Mr. Chad Collins: Very quickly, in terms of when the custodian changes and it's no longer the government, and contamination is found on a property, what obligations do we have with the new custodian to play a part in the cleanup of that property?

Mr. Peter Hammerschmidt: I think the government has been very clear in its commitment to addressing those types of situations. It has the federal contaminated sites action plan, but that's for legacy government properties.

For those properties not owned by government, there is something called the shared responsibility framework that's in place. This is a vehicle through which the government can contribute to the addressing of contaminated sites when there were federal activities that led to that contamination.

For example, Defence has at the present time three shared responsibility framework agreements in place. We're negotiating a fourth in order to do exactly that: to be able to contribute to the cleanup of contamination off federal property.

Mr. Chad Collins: Thank you.

The Chair: Madam Normandin, it's wonderful to see you again.

You have six minutes, please.

[Translation]

Ms. Christine Normandin (Saint-Jean, BQ): Thank you, Mr. Chair. It's always a pleasure to see you, even if it's by video conference.

I thank the witnesses for being here.

My first question is about the identification of contaminated sites. Last week, the committee heard from the heads of the contaminated sites directorate. One thing they told us was that they didn't have access to registries where each of the sites could indicate the chemicals that had been used in the past. Indeed, it is often several years after their use that we realize that products are contaminants.

How do you go about raising the red flag, for example? When you see that a product is a contaminant, you contact the contaminated sites directorate, but what exactly is the process? Are lists of contaminants that have been used on DND sites provided to you on a regular basis? How does it work in terms of identifying potentially contaminated sites?

[English]

Mr. Peter Hammerschmidt: Mr. Chair, I'll return to the process that we put into place for all contaminated sites. There's a very detailed and kind of deliberate way that we move through this.

We first identify potential sites. We can do that based on our own knowledge, but we can do that based on concerns raised from elsewhere. We will then collect and review as much documentation as we possibly can to identify what kinds of activities took place at that site, which could of course then inform the type of contamination that could potentially be there. We look not just at the contaminants, but also at the pathways and the receptors, so in other words, the contamination plus the way in which that contamination could potentially impact human health and the environment.

We'll then do initial testing that will give us a good characterization of what is on the site. That then leads us to the point at which we can classify a site. As you may have heard during the previous session, that classification is very important for the federal contaminated sites inventory. The classification prioritizes that particular site in the inventory and allows you to make informed decisions about how to allocate resources against it.

With that classification, we'll again have a really good sense of how important it is, because it really captures the risk to humans and the environment, and that will inform how we go about informing potential stakeholders, employees or anyone who could potentially be impacted by the contamination.

[Translation]

Ms. Christine Normandin: Thank you very much. Your answer leads me to another question.

You mentioned that external sources could help you identify sources of contamination. In the case of Bagotville and Saguenay, a researcher at the Université de Montréal reported to the media based his own research. Was the Department of National Defence already aware of the possibility of contamination at the Bagotville site before this research became public?

• (1630)

Mr. Peter Hammerschmidt: Thank you for the question.

[English]

I don't know exactly when those researchers did that work, but—

[Translation]

Ms. Christine Normandin: That was in November 2022.

Mr. Peter Hammerschmidt: So, yes, I think we knew before that.

[English]

Bagotville, of course, is the site of airfields, but it's also a firefighter training area. I'm talking about PFAS here, in particular. PFAS is a contaminant found in firefighting foam. As a result of that, we identified PFAS contaminants across the country, including in Bagotville. We have been, since 2010, regularly testing for PFAS across all of our sites. I don't know exactly when we found it.

I might invite Mr. Sattar, if he knows the exact date, but we would have identified it before 2022.

[Translation]

Ms. Christine Normandin: Okay, thank you.

In light of that answer, without needing the exact date, I'd like to know what the triggers you to notify the public around contaminated sites and to have tests done off base. How does that process get triggered? It seems like it was a surprise to Saguenay to learn that there might be contaminants on its territory.

[English]

Mr. Peter Hammerschmidt: Again, we do regular testing to determine whether this has been the case. If we know something has migrated, we will immediately alert local stakeholders.

We'll also do the same thing if we think there is the potential. Again, as we assess a site, we're looking at three things: the contaminant, the pathways and the receptors. If the pathways and receptors suggest there is a risk of off-site migration, even if it hasn't happened yet, we will engage local stakeholders.

[Translation]

Ms. Christine Normandin: Am I to understand that, in the case of Saguenay, as it had been known for a relatively long time, the municipality was aware of the possibility of contamination, or that other authorities outside the Bagotville base were?

[English]

Mr. Peter Hammerschmidt: I'm not exactly sure about the history of the file, and when exactly Saguenay became aware and how so.

I know we have been working very closely and positively with the City of Saguenay to engage with them on addressing the PFAS that has now leached into their water supply. We are working with them through one of the shared responsibility framework agreements I mentioned earlier, with a \$15.5 million investment in a temporary water treatment solution. We are working with them, as well, on a long-term, permanent solution for that water supply.

The Chair: You have six minutes, Ms. Mathysen.

Ms. Lindsay Mathysen (London—Fanshawe, NDP): Thank you to everyone for appearing today.

I want to take us back to where Mr. Tolmie ended off.

Last week, Health Canada, Environment Canada and Treasury Board came before us. They were very clear about the custodianship we've talked about. I understand you've now said that, on a base or a wing, it's those commanders who are ultimately responsible.

However, what level of training does the Canadian Armed Forces or DND provide those custodians with, in terms of appropriate public health expertise, in order for them to be those full custodians?

Mr. Peter Hammerschmidt: I'll leave questions about training on the medical side to my colleague here.

First, in terms of the environmental side and the contaminated sites themselves, we go out to the private sector when we assess contamination on sites, because that capacity is resident in the private sector more so than in the government.

However, on—

Ms. Lindsay Mathysen: Sorry, but that wasn't the question. I wanted to know specifically about those people who are charged with this. At the end of the day, how are they supposed to understand exactly what information they're receiving to make the decisions they need to make?

Mr. Peter Hammerschmidt: On the bases and wings, the individuals who are there as environmental officers—again, I can't speak for the medical folks—are trained in environmental sciences. They have that background and expertise to be able to speak to these issues.

• (1635)

Ms. Lindsay Mathysen: Okay.

For those environmental officers being responsible, my understanding is that when Canadian Forces real property operations was centralized, those environmental officers were left out of the day-to-day operations of bases. They were not part of the chain of command. Can you confirm whether that's the case?

As well, can you comment on whether it's helpful to have the experts you're talking about, who have the expertise, actually be outside of that chain of command—not reporting to the ADM in charge of this, for example?

Mr. Peter Hammerschmidt: Thank you for the question.

I'll ask Mr. Sattar to respond.

Mr. Saleem Sattar (Director General, Environment and Sustainable Management, Department of National Defence): Thank you for that question, because you're correct; at centralization, I don't want to say the environmental officer community stayed behind, but they stayed with the army, the navy and the air force. It makes sense, because they also have environmental impacts and environmental risks from their operations. Those environmental officers are there to watch out for the units and the companies in the exercises and the training operations that happen on those bases.

We have an agreement with all of those environmental officers to support ADM(IE), the infrastructure custodian. They support us as they support all of the lodgers on the bases with environmental services and advice. I rely on that community for their knowledge and their training. They help us identify those risks and manage environmental risk.

Ms. Lindsay Mathysen: They're providing expertise to both at the same time, both centrally and to base commanders—

Mr. Saleem Sattar: Correct.

Ms. Lindsay Mathysen: —even though they were centralized out of the day-to-day. They don't see the day-to-day operations, so how are they part of that reporting to the base commanders as well?

Mr. Saleem Sattar: [*Technical difficulty—Editor*] they're not part of the day-to-day, they don't belong to the RP ops group and they don't belong to the infrastructure chain of command, but they work very closely with. They are sometimes co-located or they attend regularly the briefings and the training and the collaboration with RP ops. There is close collaboration at the base level, so the base environmental officer knows what's going on at the base and can intervene on environmental risk.

Ms. Lindsay Mathysen: Okay.

When a contaminated site is identified, what steps are taken to communicate the information to the Canadian Armed Forces members, their families and the public servants who work or live on the site? What legal responsibilities exist in the contaminated site plan or other legislation to ensure that the personnel are able to make an informed decision? I know that a lot of it's public; however, exactly what does that communications plan look like?

Mr. Peter Hammerschmidt: Thank you for the question.

It will, of course, depend on the assessment of the site and what it finds vis-à-vis the contaminant, the pathways and the receptors. If there is determined to be a significant risk, then steps will be taken to ensure that any adjacent or potentially affected stakeholders would be engaged. If there is a contaminant that can move off the site, whether it's by air, water, or soil, then appropriate measures will be taken to ensure that anyone who could be affected will be engaged.

Ms. Lindsay Mathysen: Okay.

The Chair: You have 30 seconds.

Ms. Lindsay Mathysen: Maybe I'll bank it.

The Chair: You can bank it, yes.

Ms. Lindsay Mathysen: Sweet. Thanks.

The Chair: Ms. Gallant, you have five minutes.

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

Since Base Petawawa's firefighting training area was confirmed to be PFAS-contaminated, can you tell us what the short-term and long-term effects of PFAS on the personnel stationed on Base Petawawa would be?

That's for Brigadier-General Forestier.

BGen Colleen Forestier: With regard to PFAS specifically, I'm not a complete expert in PFAS, but I am aware of the fact that PFAS is associated with certain specific conditions over time.

Mrs. Cheryl Gallant: What are they?

BGen Colleen Forestier: I don't have a list of them specifically with me right now.

Mrs. Cheryl Gallant: Okay.

Can you confirm that spores from anthrax can persist in the soil for decades, and that viable spores have been found in 200-year-old bones and are resistant to radiation, Dr. Forestier?

BGen Colleen Forestier: I can't answer that question, Madam. I'm sorry. I don't have expertise in that particular area.

• (1640)

Mrs. Cheryl Gallant: Okay.

This is for anyone.

After Canada turned Grosse-Île near Quebec into a bioweapons lab during World War II specifically for the development of anthrax and the development of anthrax cluster bombs, do you know how the anthrax was disposed of? Is there somewhere where there would be a record of that?

Mr. Peter Hammerschmidt: Yes. Surely there will be a record of it, and we could dig up those records and provide that information.

Mrs. Cheryl Gallant: Could Canadians independently look up that record and find out for ourselves?

Mr. Peter Hammerschmidt: I'll ask Mr. Sattar to see if he knows if it's on the inventory.

Mrs. Cheryl Gallant: Okay.

Mr. Saleem Sattar: We do have a warfare agent disposal inventory. It is not publicly available. It can be made available, of course.

In the federal contaminated sites inventory, we have a list of 13 sites, all at Suffield, where there's a record of some biological and chemical agents that had been used, but other than that, we're not tracking an inventory per se.

Mrs. Cheryl Gallant: Would that be mustard gas and sarin and VX?

Mr. Saleem Sattar: I don't know the specific agents. We just know there was a lot of research and testing done at that site over many years.

Mrs. Cheryl Gallant: What were the findings when the Chrétien-Martin Liberals announced \$10 million in funding for a scavenger hunt for chemical munitions that were lost or disposed of after World War II?

Mr. Peter Hammerschmidt: I'm sorry. I'm unable to answer that question.

Mrs. Cheryl Gallant: Is that ancient history, then? You don't know what that scavenger hunt would have turned up back in those days. Would there be a record of it?

Mr. Peter Hammerschmidt: There would be.

Mrs. Cheryl Gallant: How would we find those records?

Mr. Peter Hammerschmidt: I think we'd just have to try to find them in our archives and provide them.

Mrs. Cheryl Gallant: Okay.

What, if anything, do you know about the mustard gas munitions dumped in the Baltic Sea after World War II? Are they still injuring fishermen out there?

Mr. Peter Hammerschmidt: Again, I'm sorry. I don't have the specifics on that.

The Chair: [Technical difficulty—Editor]

Mrs. Cheryl Gallant: Well, if it's our munitions, yes.

The Chair: Well, if it's our munitions is a big question—

Mrs. Cheryl Gallant: Yes, and it would have been, or I would not have asked the question.

Garrison Petawawa is just south of Chalk River Laboratories, which do nuclear research. Are there records to identify where munitions and chemicals used for testing were buried on AECL property, which is also Crown land?

Mr. Peter Hammerschmidt: That, I can provide some information on.

We have tracked that there was a small quantity of some obsolete chemical agent, as well as some arsenic, I believe, that has been encased in an eight cubic metre concrete block. It was buried in AECL at a site that was dedicated to the management of waste and low-level radioactive waste. Subsequently, we worked with AECL.

DND and AECL worked together to dig that up and then properly dispose of it.

Mrs. Cheryl Gallant: It has been dug up and properly disposed of.

Mr. Peter Hammerschmidt: It has been.

Mrs. Cheryl Gallant: All right, so they are not going to come across that when they ameliorate the land.

Mr. Peter Hammerschmidt: No.

Mrs. Cheryl Gallant: Are you aware of the sarin and the VX that were stored at Suffield? You said “various agents”, but do you know about those specific agents?

Mr. Peter Hammerschmidt: I don't know the list of specific agents that are dealt with at Suffield. Suffield, of course, is our centre for defence against biological and chemical weapons, but I don't know exactly what they have in inventory there or what's on site.

The Chair: Okay.

Next is Ms. Lalonde for five minutes, please.

[*Translation*]

Mrs. Marie-France Lalonde (Orléans, Lib.): Thank you very much.

I thank the witnesses for being here today.

[*English*]

During the study, we've been looking at different types of contaminants found on DND sites, as you mentioned, including the TCE and the PFAS.

Can you give the committee an overview of the different types of contaminants that the federal contamination site inventory monitors? Could you also give an overview of the different ways in which they affect human health, please?

Mr. Peter Hammerschmidt: I can speak to the contaminants, or at least some of them that we monitor, but I would turn it over in terms of impacts on human health, I think.

Defence of course has locations across the country. We've been in operation for a very long period of time, and defence is a business that requires the use of a number of different types of chemicals, things like TCE, which is used to degrease metal parts. As you can imagine, in the context of military vehicle assembly, there's TCE used. There's benzene. Arsenic is another common substance that is used.

As well, there are lots of sites contaminated with petrochemicals and hydrocarbons, and then, increasingly, what we're seeing recently are more and more PFAS as a result of the use of firefighting foams.

I'd say those are the most common elements that we discover on contaminated sites.

• (1645)

Mrs. Marie-France Lalonde: I would like to know what the impact is on the day-to-day reality of anyone who would have been exposed. What would they have seen, or what would a person have felt?

BGen Colleen Forestier: I think it's important to identify that being close to a hazard doesn't necessarily constitute an exposure, and being exposed does not necessarily constitute having any ill health effects, even if it's a known hazard.

A lot of the challenge becomes identifying what that particular hazard is, what the risk of that individual's or group of individuals' exposure looks like and what that potential health effect is, depending on the length of time or the amount of exposure over time. Even two people in the same space may have two very different types of exposure.

With regard to the types of health effects, it would be highly dependent on if it is a chemical, a physical, a biological or a radiological hazard. It would depend on the specific item, the specific chemical or whatever it is, as well as the amount of exposure that individual had.

In rare cases, there might be an acute health effect, where the individual feels ill or unwell, or has an effect immediately. Certainly that would be handled in that particular acute situation. In other situations, it may be a much longer timeline. As we know, cigarettes and lung cancer is a good example.

What I'm trying to get at is that it's highly dependent, highly variable. The main goal is to identify the exposure, to identify the individuals who may have been exposed, and then to appropriately mitigate risk and to monitor as required if that particular exposure is of concern.

Mrs. Marie-France Lalonde: Thank you very much for this.

To end my questions, how has DND and the CAF collaborated with other government departments, with other levels of government and with stakeholders to deal with these contaminated sites? We heard from Treasury Board. We've heard from Health Canada, and also from Environment and Climate Change Canada. How does that all factor in?

You were supposed to come first, so I would like to have your perspective on that close collaboration, please.

Mr. Peter Hammerschmidt: Yes, it is a very close collaboration. It's a relatively tight-knit community.

We, as a custodian department, along with other colleague custodian departments, depend quite heavily on a lot of the expertise that you would have had before you last week, represented by Health Canada and other expert departments.

All of those departments, the experts as well as the custodian departments, work together to do the governance for the FCSAP, so there's a very active, ongoing discussion around how to best manage that program. Also, there are a lot lessons learned exchanges among all of our custodial departments.

I would add that we work very closely with allies on this as well. We are not the only military facing these problems, so we would like to leverage lessons from our allies. In fact, if you look across the Five Eyes in particular, we have very similar regimes in place. We all prioritize human health and the environment. We all lean forward on transparency and online inventories. We're all leaning into PFAS now, because it's a growing problem for all of the countries. We work very closely with the Australians and the Americans, in particular, on PFAS. We sit on a number of technical groups and—

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

Thank you, Madam Lalonde.

[*Translation*]

Ms. Normandin, go ahead for two and a half minutes.

Ms. Christine Normandin: Thank you very much.

Mr. Hammerschmidt, I want to come back to what was mentioned. I understand that you knew before November 2022 that there was a risk of contamination.

I'd like to know two things. First, on what date were provincial or municipal authorities notified? Second, at that time, what was the highest rate of contamination on record in a water source outside the Bagotville site? When the situation was discovered, researchers collected samples with a contamination rate of 129 nanograms per litre of water. What was the rate recorded on your end?

I imagine you don't have that information on hand, but I would appreciate it if you could send it to the committee. Furthermore, when a contaminated site is discovered, that information is passed on to the legal department or the Department of Justice, since there is a risk of lawsuits or individual claims. At what point are they involved in the process?

• (1650)

Mr. Peter Hammerschmidt: Thank you for the question.

[*English*]

In terms of specifics about the levels that were discovered, as well as when exactly we were in touch with the City of Saguenay, unless Mr. Sattar has specific information, we can provide that to you separately.

In terms of litigation, are you referring to Valcartier and Shannon?

[*Translation*]

Ms. Christine Normandin: Generally speaking, when the Department of Defence determines that a site is contaminated, at what point does it inform the Department of Justice or the legal department? Is that immediate or can it take time?

[*English*]

Mr. Peter Hammerschmidt: We maintain an ongoing conversation with our Justice colleagues that are in National Defence. They have a general awareness of Defence's inventory of contaminated sites. We will engage them proactively if we see a potential for litigation around any contamination.

While they won't know the specifics of each and every single site in our inventory on a regular basis, we have that open conversation with them and engage them when we know there is something that could result in litigation of some sort.

[*Translation*]

Ms. Christine Normandin: Thank you.

[*English*]

The Chair: Thank you.

You have two and a half minutes, Ms. Mathysen, plus a couple of seconds.

Ms. Lindsay Mathysen: Thanks for your generosity, sir.

We'll be hearing from Veterans Affairs folks shortly about their responsibility to provide compensation to CAF members who got sick from exposure during their service. We'll be hearing from a lot of people living on military bases who became sick through exposure.

Can you tell this committee what responsibility the Department of National Defence has to take care of their employees, not only to avoid exposure to contaminants but also to provide compensation for illness caused by exposure?

MGen Erick Simoneau: Mr. Chair, I'll take this one.

Once we know there is a situation on one of the bases where we are the custodian, we document everything and take appropriate mitigation actions in order to protect our population.

In any regard, should a CAF member become sick for whatever reason, we always treat them. We have our own health services that replicate what the provinces have. We have the whole spectrum and jurisdiction to care for our personnel, and we do.

A situation that may be of interest is when a symptom or medical situation reveals itself after the release of a CAF member from the forces. Since we document everything, we know where our members have been posted. If a site reveals itself, we will be able to match the two. We communicate that information. We always have a hotline with Veterans Affairs colleagues. They know exactly where our members were. That's a good question to ask them after us. If they can link it to service, regardless of the cause, they will be inclined to provide this. They're very proactive in that domain.

Ms. Lindsay Mathysen: Does this remain the same for civilians?

I would also like to ask if there are any proactive measures. Say somebody works on a site, and you already know it's contaminated. Whether they do or do not show any symptoms when they retire, there is a possibility. Is there any proactive measure for that?

I was also asking about civilian employees.

• (1655)

MGen Erick Simoneau: I'm not the expert on the civilian side. However, our wing and base health and safety committees represent the whole population on base, including the civilians. When we learn about a situation on one of the bases, we always take the appropriate mitigation measures, which guide the public service to espouse the same measures to protect their personnel.

The Chair: Mr. Tolmie, go ahead for five minutes.

Mr. Fraser Tolmie: Thank you, Chair.

Ms. Mathysen tried to steal my thunder earlier on.

I am going to circle back and ask the question again.

Becoming a base commander or a wing commander is no small feat. We have highly intelligent officers who are running bases, so this is no discredit to their intelligence. Their expertise is in the training that they've received throughout their career. Now we're dealing with toxic chemicals that are on the base, and they need to learn how to identify that.

Brigadier-General Forestier, you mentioned that you give them information to help them identify. My concern is this: Can they overlook that? Is that something that is either overlooked or ignored? Maybe they have budgetary restraints and don't want to deal with the chemical issues, so instead of dealing with them right away, they want to push them off.

How do we address this? How do you address my concerns that I have with these questions?

MGen Erick Simoneau: Once we have the advice from the medical experts, but also from the environmental officers, which we discussed earlier, as well as from the health and safety advisers—that's what the wing and base committees are all about—we would share that information.

A wing commander would never sit on information received. They most likely don't have all the resources or the knowledge, but they can reach back to the ADM(IE) or to the NDHQ matrix in order to enable themselves.

It's really important that we realize they're not alone on their wings and bases, although they're the face and the voice to the people. They always have the NDHQ backing trying to enable them through a plan of action, through frameworks, through medical advice and through health and safety advice also.

Mr. Fraser Tolmie: Let's say a wing commander comes in and is there for two years. Then the wing commander moves on, is there for two years and then moves on again for two years. How do we know there's follow-through, that the contaminated sites are being addressed, and that the sites are not slipping through the cracks?

MGen Erick Simoneau: I'll take this one, Mr. Chair.

As you suggested in your opening comments for this second round, it's no small feat to become a wing commander or a base commander. The onboarding process is very thorough and very regimented. This element—the health and safety and the medical—is a big portion of a handover between two commanders. This cannot fall between the cracks. Someone cannot blame ignorance on those

issues because those files are documented and are passed on to the next commander.

Also, as I mentioned, they can reach back. Those connections with the NDHQ, with the mother ship, have occurred, and they will continue with the next commander to be implemented as required.

Mr. Fraser Tolmie: Thank you.

Mr. Hammerschmidt, do you want to comment?

Mr. Peter Hammerschmidt: I was going to complement that answer just to say, and Erick alluded to it, that the institutional continuity is there at NDHQ, including my team and other resources as well.

In terms of general operations, our RP, our real property operations group, in all of its presences across the country, does regular testing, as we're required to do under the Canada Labour Code, for air quality and water quality at our sites. There is a continuity of practice that is going to be happening regardless of the change in command at bases.

Mr. Fraser Tolmie: Thank you for your answer.

At our last meeting, there were some concerns about chemicals that may be used by the military but may not be on the Environmental Protection Act list.

How are we addressing that? Can you give me an answer? I'm sure you've watched the recordings and are prepared for us to ask that question at this meeting. There are weapons chemicals that the military has used. The EPA has its list, but are these chemicals being identified, inventoried and added to this EPA list?

• (1700)

Mr. Peter Hammerschmidt: Yes, it's less a contaminated sites issue than a health and safety issue, but nevertheless, we do maintain lists of agents and any toxic substances that we work with that could be harmful.

As an institution, we have responsibilities under the Canada Labour Code to ensure that all of those are well identified and well managed, and that there are processes and protocols for dealing with those chemicals, as well as storing them. There are processes in place that we follow on all of our bases across the country.

The Chair: Thank you, Mr. Tolmie.

The final questions will be from Ms. Lapointe.

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

Mr. Hammerschmidt, you mentioned in your opening remarks that allied countries are facing similar challenges.

Can you tell this committee how our allies have responded to this issue? Are there lessons we've learned from what they've been doing or have done?

Mr. Peter Hammerschmidt: Yes, there are similarities among our countries. We have similar regimes in place, at the end of the day. Most of the allies we work with closely have similar programs to fix that. These are centrally controlled programs their defence departments draw on to address contamination on defence-related sites. Because a lot of our allies have similar types of contamination, we can draw lessons from how they deal with and remediate those contaminants.

In terms of the way they prioritize contaminated sites, there are some great similarities there, because they also prioritize the potential for impacts on humans and the environment. It's a very similar regime in terms of how they approach contaminants and the need to address those contaminants. As I mentioned earlier, PFAS is one of the emerging contaminants that is driving a lot of concern and a lot of the work.

Science is science regardless of borders. We can draw on a lot of that from our allies.

Ms. Viviane Lapointe: Can you run us through the process of removing contaminants from sites? I expect there would be factors that probably make some of the removals even more complicated.

I have a part B to that question. What measures do you take to minimize and mitigate the risk to our Canadian Armed Forces members and the surrounding communities, if that's applicable?

Mr. Peter Hammerschmidt: Every site is different in its own way because of the nature of the contaminant and the nature of the site itself. They'll all be site-dependent. However, in terms of typical remediation work, there's a lot of...

Regarding maritime environments, I was in CFB Esquimalt in Esquimalt harbour last week. I saw the results of a lot of the work they've been doing. There, it's a dredging operation. All of the material on the bottom of the harbour is dredged up, screened and cleaned. Then, if necessary, the cleaned-up material is pushed back into the harbour. Over time, we've been able to make some very significant progress in Esquimalt harbour by using that method.

On land, there will also be the screening of material. Soil is either disposed of off-site or cleaned and returned to the site, depending, again, on the contaminant and the nature of the precise site.

Ms. Viviane Lapointe: What about the environmental impacts of these contaminants? How are they measured by the department, and what steps do you take, again, to minimize or mitigate the risk to the environment?

Mr. Peter Hammerschmidt: A remediation type of activity can happen a few ways.

You can remediate by dealing with the contaminant on the site. I won't even try to get into any kind of scientific explanation of the process there, but you can deal with it on the site, or you can dispose of it.

Then there are also risk mitigation activities to block off the site or make it somehow inaccessible. There are other types of risk mitigation activities that could be undertaken.

I don't know whether Mr. Sattar has a few more examples, but there are multiple ways to deal with this.

• (1705)

Mr. Saleem Sattar: There are two main tools we use to assess risk: a human health risk assessment and an ecological risk assessment.

The ecological tool helps us identify impacts on flora and fauna. We look at plants, animals and fish. That ecological assessment helps us then design mitigation measures and solutions for contaminated sites.

Ms. Viviane Lapointe: In what way can you involve communities in the work you're doing?

Mr. Peter Hammerschmidt: We can involve them from a contracting or economic perspective, in the sense that communities could be involved in the actual remediation work itself. They will be engaged if there's any potential for migration, or any potential impact of contaminants on the local communities. We can engage communities on their views about future potential uses of those sites.

At the end of the day, they live there. They need a voice in how those sites could potentially be used once they're cleaned up.

Ms. Viviane Lapointe: [*Technical difficulty—Editor*]

The Chair: I think it bears repeating. We could recommend Sudbury as a terrific example of a remediation site.

Before I let you go, the Department of Transport, when they're intending to acquire airport lands or some such thing, puts a notice on everybody's title within a certain proximity to the intended site. Is there a similar program with the military when there's an intention to acquire a site where there's a notification to the proximate landowners that there will be a military base there? It's not just contamination. It's also a significant impact on the neighbourhood.

Mr. Peter Hammerschmidt: That's a great question. I think I might have only a partial answer to that.

In acquiring property, we have authorities. We can do some of that ourselves, but we also normally work with PSPC quite closely. The extent to which PSPC and Defence would be involved in explaining the potential use of those properties I think depends on what the potential use might be.

I can only assume that we do have processes in place to engage local stakeholders if there will be military activity there. We do that now in almost every context. Bases communicate regularly with local stakeholders around activities. When there are operations and training exercises, we communicate with Canadians. In the context of a purchase or an acquisition of land for the purposes of military installation or activities, I imagine we would be communicating.

The Chair: Yes. It's an unfair question, but having said that it's unfair, it's also significant in a number of contexts where the military is a huge presence in any community.

With that, I want to thank you on behalf of the committee. This has been very informative and helpful. We appreciate it.

We will suspend.

Mr. Powlowski, you need to do your testing. You can do that while we're suspended.

Thank you.

• (1705)

(Pause)

• (1710)

The Chair: I call the meeting back to order.

For the second hour, from Veterans Affairs we have Steven Harris, who is with us physically and not virtually, from the service delivery branch; Shawn MacDougall, senior director, strategic planning and oversight, by video conference; and Nathan Svenson, acting senior director, disability and health care policy, also by video conference

Thank you, gentlemen, for your presence here and for your patience.

Mr. Harris, you have five minutes for your opening remarks.

Mr. Steven Harris (Senior Assistant Deputy Minister, Service Delivery Branch, Department of Veterans Affairs): Good afternoon.

Thank you, Mr. Chair and committee members, for inviting Veterans Affairs Canada representatives here today to speak briefly about our role in supporting Canada's veterans.

As noted, I'm Steven Harris. I'm joined by my colleagues Shawn MacDougall and Nathan Svenson from Charlottetown.

[*Translation*]

First of all, let me say that the brave individuals who serve in the Canadian Armed Forces deserve our utmost respect and admiration. Their work is difficult and demanding, and it is often carried out in dangerous conditions.

Our gratitude alone is not enough. We also have a duty to ensure that Canadian veterans and their families receive the care and support they deserve. This is our collective responsibility.

Veterans Affairs is responsible for providing a full range of services that meet the unique needs of veterans and their families.

[*English*]

The department fulfills this mandate through the delivery of a variety of programs and services. Chief among them is the disability benefits program, VAC's largest program. This program provides compensation for permanent disabilities arising from service, and serves as a gateway to access other supports that help veterans deal with the impacts of these disabilities throughout their post-service lives.

Under the disability benefits program, applicants can apply for benefits for any medical condition they feel was caused by their service. This commonly includes conditions such as hearing loss, mental health issues, diseases such as cancer, respiratory issues and

other physical conditions. VAC recognizes that Canadian Armed Forces members may have been exposed to environmental hazards during their service.

It is important that I highlight for the committee that VAC provides benefits for the impact of military service on a member—for example, a medical condition caused by exposure, as opposed to the exposure itself.

When veterans apply for disability benefits, they explain to the best of their ability how their current medical condition was caused by their service. The department confirms the medical diagnosis with a health professional and reviews each application, as well as the applicant's service and medical records, on a case-by-case basis to confirm that the applicant's condition is related to their service. For all types of conditions, the department considers both established and emerging research on the causes of the specific medical condition. This research is essential in establishing a causal connection between the service experience and a medical condition.

Health professionals and researchers at VAC convert studies on exposure in particular geographic locations, and in particular Canadian Armed Forces occupations, into a streamlined process that establishes a link between military service and certain conditions. In doing this, we alleviate some of the administrative burden veterans face when seeking benefits and services.

In order to improve our understanding of the long-term health effects and impacts of military service on veterans, VAC has ongoing collaboration, as you've just heard, with partners such as the Department of National Defence, Statistics Canada, veteran stakeholders and university-based researchers. Research is under way to examine cancer incidents among veterans by leveraging historical Canadian Armed Forces and human resources data, and the Canadian cancer registry. This research covers an important period of several decades and will inform disability benefits decision-making for veterans and their families. The collection and assessment of data and new research on Canadian veteran populations are essential in helping us expand our understanding of links between military service—including exposures—and certain medical conditions.

Finally, VAC is the current lead for a Five Eyes veterans research committee working on military exposures, which has performed a review of military exposure data sources from across countries. It is our hope that, through this continued collaboration, we will further improve our understanding of the impacts of exposures in military service.

We look forward to your questions.

Thank you.

• (1715)

The Chair: Thank you, Mr. Harris.

Mr. Allison, you have six minutes.

Mr. Dean Allison (Niagara West, CPC): Thank you very much, Mr. Chair.

Thank you for your opening remarks, Mr. Harris.

I understand what you're saying. When it comes to compensation, you look at a variety of things going on, and you understand what has gone on before. You take the cases individually.

If support is provided, what kind of envelope does the funding come out of? Is that in addition to what you have at VAC right now, or is it a different envelope? Is it something you have to go back to the government for, if you discover there are more issues or one-time payments—those kinds of things?

Mr. Steven Harris: At Veterans Affairs, we have a quasi-stat approach for funding. That means we are funded by the Canadian government to respond to and compensate as many veterans coming forward in a given year and qualifying as eligible for our programs as we can. When we speak about the disability benefits program, whether one, 10 or 10,000 veterans come forward in a given year seeking access to compensation for exposures, injuries or illness they've suffered as part of their service, we will have that money from the Government of Canada.

We have an estimate at the start of the year as to how many we think might come forward and how much money we might need. Through things like supplementary estimates and others, we can go back and get more money if needed, if we're processing more applications than is typical, or if we're seeing more applications than is typical.

It's a funding envelope that is flexible to allow us to compensate veterans who are deemed eligible for the program.

Mr. Dean Allison: You alluded to this in your remarks, and I will get you to expand a bit to understand what's going on with veterans and the potential: Obviously, if it's been discovered or talked about in the news, you guys almost have a matrix of things you're expecting to come up, something that's required to have services for.

Mr. Steven Harris: Again, we've been doing disability benefits for veterans of wars and Canadian Armed Forces service for nearly a century, compensating those from the First World War right through modern-day service. We've been exposed to a range of issues over that period of time, and we've built a model. We have a table of disabilities and supports in place to help veterans who come forward seeking our assistance.

We know approximately how many we might expect in a given year. That number has increased on a regular basis. It goes up by about 10% every year. We've seen about a 75% increase in applications to our programs since 2015, and that goes up annually by about 10%.

Who comes forward and with what kinds of conditions varies a little. We may have, as I noted, increases in applications for mental health benefits. That's been significant over the last number of

years. We still deal with a number of physical illnesses or injuries. As a result of that, exposures are something we would look at to see whether or not there are increases in those areas and what we can do to help streamline the process for veterans and our own assessors, in order to make sure those decisions can be made as quickly as possible.

Mr. Dean Allison: Is my time up?

The Chair: You're at just over two minutes.

Mr. Dean Allison: Thank you. I'll give my time to my colleague.

Mr. Don Stewart (Toronto—St. Paul's, CPC): What is that hard number? You said it increases roughly 10% per year. What is the hard number of veterans who are in the program at the moment?

Mr. Steven Harris: I don't think I have that exact number with me.

I'll ask my colleague. He might have the exact number of people in the disability benefits program.

Shawn, do you have it?

• (1720)

Mr. Don Stewart: Could you also have [*Inaudible—Editor*]?

Mr. Shawn MacDougall (Senior Director, Strategic Planning and Oversight, Department of Veterans Affairs): I don't have the exact number of recipients, but last year, we received around 80,000 applications.

Mr. Don Stewart: Okay. Do we have a geographic distribution of that number from B.C. to the...?

Mr. Steven Harris: We have a list by province of clients who have submitted applications or people who are established within the Veterans Affairs program. We can certainly share that with the committee, if that's okay, Mr. Chair.

The Chair: [*Inaudible—Editor*]

Mr. Don Stewart: Are the health care services provided locally billed back to Veterans Affairs?

Mr. Steven Harris: There are differences existing where there are service relationships to injuries. Veterans Affairs pays for a number of medical services that support veterans in that case.

If you think of something like a mental health benefit, when somebody might seek counselling from a psychiatrist or something, Veterans Affairs would pay for that cost. There are also costs that are paid for as part of the regular Canadian health care system.

Mr. Don Stewart: Regarding something specific in relation to exposure to contaminated sites, what is the proportion of claimants who are looking for health care services as a result of being exposed to contaminated substances versus mental health services?

Mr. Steven Harris: Compared to mental health services, I'd have to go back and look at that number.

Mr. Don Stewart: With 80,000 people in the program, how many claims do we think are related to contamination?

Mr. Steven Harris: Exposure claims are likely to be far smaller. We had a large number of veterans coming out of Afghanistan who came forward and sought mental health benefits. That's very clear.

Exposure and cancers related to military service are much more rare as we see them in terms of applications in the system. As it's been noted, we see applications for conditions. The condition may be cancer, rather than the actual cause of exposure, so we don't necessarily track it in that exact same way.

However, the number of applications that come in for things related to exposure—respiratory problems, cancers and things of that nature—is significantly lower than mental health.

Mr. Don Stewart: I'm just thinking about a process whereby a veteran comes in and makes a claim for exposure, and there is a list of all the sites where he's been. The computer can then crunch the numbers and get some sort of relationship between them.

Is the onus on the former service member to come forward and say, "I heard there were some contaminated substances at sites X, Y and Z," or is there a list of soldiers and members who worked at one of these sites, and we reach out to them?

The Chair: It's quite an interesting and detailed question, and I'd like to hear the answer, but he's way past the time. I'm sorry. Maybe there is some other way to work that back in.

I'm going to Madam Lambropoulos.

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

Thank you, Mr. Harris and company, for being here with us today to answer some of our questions.

When I was first elected in 2017, I was on the veterans affairs committee. I remember at the time, there were a lot of challenges with benefits getting out to veterans. There were accessibility issues and a lack of knowledge of how to access services. One of the main issues I remember was the fact that it was very difficult for Veterans Affairs to be able to get access to medical records or any other kinds of records from the CAF related to the veteran's service.

I'm wondering if that has changed at all since then. How much more accessible is it now than it was back then, if at all?

Mr. Steven Harris: That is the application process. A veteran will submit a claim for a particular condition, perhaps with some supporting medical documentation. We will verify their service record to confirm whether or not they experienced, if we are taking the example of a physical injury, an accident whereby they hurt their shoulder or a specific accident whereby they may have hurt something, or whether there is what would be considered repetitive exposure to something. If you think of somebody who jumps out of an airplane regularly, they're probably going to have problems with their knees, ultimately, based on the impact they suffered from repeated exposure to that kind of thing. Those are the kinds of things we might be looking for in their service record.

To get back to the earlier question as well, because I think there is a chance to work in a bit of an answer to that one here, yes, we

would see in a veteran's service record whether or not they were in an area that had some exposure or contaminants that have been identified. As part of the medical records, as the Canadian Armed Forces and DND officials testified earlier, there may already be things on their file that indicate there was exposure at a particular site where they were for either a short period of time or a long period of time. It could be a factor in looking at what their condition might be.

In terms of our being able to access information from the Canadian Armed Forces with respect to service records, it is much better. We are much faster. We had 22,500 files beyond our service standard, which is 16 weeks, in 2020. We're down to just about 6,000, so there's been a reduction of about 72% over the last number of years. We're making decisions for veterans much more quickly. That's thanks to being able to get information from the Canadian Armed Forces on service much more quickly as well.

● (1725)

Ms. Emmanuella Lambropoulos: Okay, thank you very much. That's good to hear.

You mentioned in your opening statement that they can come and ask for benefits for medical conditions caused by service or by any kind of illness or condition they may have that they feel was caused by their service. I guess it's through the application process that you would determine if it is, in fact, caused by their service. How do you go about making that kind of a decision? That's the question.

Mr. Steven Harris: I might just ask Mr. MacDougall if he'd weigh in on that one quickly.

Mr. Shawn MacDougall: Sure.

As Mr. Harris mentioned, veterans can apply for benefits for anything that they feel is related to their service. It's part of that application process. They state, to the best of their ability, how they feel the service caused that condition.

The first step in the process is that Veterans Affairs verifies with a medical professional that the veteran has a diagnosed medical condition, and that's an important step.

Second, we have Veterans Affairs trained adjudicators, often nurses, who review the service records to validate that something happened during service, such as an exposure, an injury or an illness, that is the cause of their current medical condition. Those nurses have access to available research housed by the department from partners, other nations, etc. They also have access to specifically trained physicians who evaluate the research and help them with advice if they so need it. The nurses, the trained adjudicators, ultimately render their decisions based on the evidence on the files and the best available science of the day.

Ms. Emmanuella Lambropoulos: Thank you.

This is a bit odd to ask, but do you have a percentage of the cases that actually end up receiving the benefits? Clearly, if they're showing up with a condition that they believe has been caused by their service.... To some degree, they know better than anyone whether or not that would be the case. Do you have any stats on when those decisions rendered are in the favour of the veteran?

Mr. Shawn MacDougall: I do. For the 2023-24 fiscal year, 77% of our first applications were approved.

Ms. Emmanuella Lambropoulos: Thank you very much.

You went over the process used to assess the physical and mental needs of a veteran. You spoke about the fact that, through their documents and any files that they have, you can see whether or not there were toxic substances that were on the grounds that they were training on, or anything like that. Has it ever happened where they didn't necessarily know of that at the time, so it wasn't recorded, yet people are coming back with a condition that they think may be connected to something during their service?

The Chair: Answer very briefly.

Mr. Steven Harris: That does happen where exposure in terms of the contaminant being in a particular area is only identified after. Somebody can come back, even if there's a decision that there isn't enough evidence to support a particular approval in that case. There are appeals processes, as well, and there is the ability for somebody to come back with new information when more information on exposure is brought up or when new research comes forward on contaminants in an area.

The Chair: Thank you, Ms. Lambropoulos.

[Translation]

Ms. Normandin, you have the floor for six minutes.

Ms. Christine Normandin: Thank you very much.

I thank the witnesses for being here.

I want to continue along the same lines as Ms. Lambropoulos's questions about limitation periods. First, are there limitation periods that mean that the case of a veteran with an occupational illness may not be heard by Veterans Affairs Canada?

If so, when does that start? Is it from the discovery of the disease, from the moment they learn that there has been exposure to a contaminant, from the moment they determine that a compound has a certain level of toxicity, or from the moment they discover the causal link between the exposure and the disease?

• (1730)

Mr. Steven Harris: Thank you very much for the question.

The time frame depends on the veteran's request. A veteran may have a service-related injury or illness. As we heard in the testimony in the first hour of this meeting, people who have been exposed to contaminants or other things during their military service may suffer immediate effects, but it can sometimes take five or 10 years before the disease occurs.

As soon as they say they have an illness or a health problem related to their military service, veterans can apply to Veterans Affairs Canada. The period for the department to make a decision is supposed to be 16 weeks. We had a hard time meeting that 16-week standard, but we have improved a lot. Currently, the average time to get a decision from the department is 19 weeks. In some cases, the time frame is shorter. In more complex cases, it can take a few extra weeks.

Ms. Christine Normandin: Thank you very much, but my question was more about the limitation period. How long does a person have to submit an application before they are told that it is too late and that their application can no longer be heard? Is there such a limitation?

Mr. Steven Harris: I'm sorry. There's no limitation. They can apply after 10 years or after 30 years. If something has been determined in terms of a location or a geographic area, they can go to Veterans Affairs Canada at any time.

Ms. Christine Normandin: Along the same lines, can a case be reopened? For example, if a person receives a negative response because the department deems that their problems do not constitute an occupational disease or are not related to an exposure that occurred during their military service, but later it is discovered that that person may indeed have suffered negative effects as a result of a chemical compound, can their case be reopened with the same information as at the outset?

Mr. Steven Harris: If there have been new developments, new research or discoveries, it won't really be the same information we had at the outset. However, yes, the case can be reopened based on this new information.

It can also be reassessed. A person may have an illness whose effects have been assessed at a certain percentage, such as 5% or 10% of functional loss. After that, the illness may evolve and then have more serious effects on the veteran. In that case, the person can contact us again to ask us to review their case on the grounds that their health has deteriorated.

Ms. Christine Normandin: Thank you very much.

The Standing Committee on Veterans Affairs has studied reproductive health, and I'd like to ask you about that.

Let's take the example of a veteran who experienced reproductive health problems during her military service. Let's suppose it is determined later that her problems may have been the result of exposure to a chemical compound that occurred during her military service, when she was younger and had not yet been released.

First, is this a type of case that you receive? Is reproductive health one of the issues you're studying or hearing about? Second, would the Department of Veterans Affairs be responsible for compensating this veteran, or rather the Department of National Defence, given that the negative effects would be experienced during service?

Mr. Steven Harris: If there was a negative impact during military service, the Canadian Armed Forces health services would certainly take care of that. However, if there is a long-term impact on a veteran's health, they can definitely contact Veterans Affairs Canada at any time to request compensation or support benefits. If adverse effects are discovered later, the affected individuals have the right to contact the department.

It is true that this is an issue that is being studied in detail now, not only at Veterans Affairs Canada, but also among our partners abroad and in the Canadian Armed Forces. The Standing Committee on Veterans Affairs conducted a comprehensive study on women veterans, to which the government has just responded. There's still a lot to be done on the research side, and we're working on that.

• (1735)

Ms. Christine Normandin: I will ask for clarification a little later. Thank you very much.

[English]

The Chair: Madam Mathysen, you have six minutes.

Ms. Lindsay Mathysen: I appreciate your coming before the committee today.

I'm a little concerned, and I would like some clarification. We just heard from DND officials who stated that they have a good list. They're very good at documenting all of their workplace hazards. They have that list. I think you said that you also have that list in hand, in terms of identifying the claims people are putting forward. You also said that you don't link the site contaminations or causes when you look at benefits to provide. For example, you might say, "They have cancer, so we'll treat that cancer."

I feel a bit of a disconnect, because I also asked if there was a proactive role for DND to play, in terms of making it easier when veterans are coming forward, to identify where they've been working. Can you fill in the gaps around that? I'd love clarification.

Mr. Steven Harris: I think the clarification that I'd offer is this. The way the disability benefits program works is that we don't compensate for the actual exposure itself. We don't compensate for burn pits or for the fact that you worked at a contaminated site. We compensate for the illness that developed as a result of that.

The distinction is that what's recognized in the disability benefits program isn't that you worked at a site that was contaminated, but that, as a result of having worked at a site that was contaminated,

you have respiratory problems, nerve problems or a particular cancer. That's the issue.

We do have access to the information that the Canadian Armed Forces referenced earlier, and all of that forms part of what would be the decision-making process to be able to link those things.

Ms. Lindsay Mathysen: Wouldn't it make it easier for those veterans who then have to prove all of these things and have to go through all of that? Wouldn't it make it easier and faster if you already had a pre-approved list, as you say, for these sites and for these contaminants? Wouldn't it make it a faster process for veterans who are, at this point, suffering?

Mr. Steven Harris: I think the answer to that one is that we don't have a presumptive model of decision-making. As the brigadier-general testified earlier, it's not because you were exposed to something that you necessarily develop something. What we don't have is a system by which it's assumed or presumed that you get something from the actual activity that you've been under. It could be a physical injury or a mental health injury, or it could certainly be something that develops as a result of exposure. There does have to be something that links it from the service perspective.

I understand the question that if there were contaminants at a particular site, and if somebody was there and they have cancer, then isn't that the link that needs to be done? It's not a presumptive model from that point of view, but it is part of the information and the evidence used in decision-making.

The veterans themselves don't have to actually prove, necessarily, that they were at site X, given that it is either identified in Canadian Armed Forces information or identified perhaps even in their service records that they were in a site that was exposed to chemicals of some sort or that they worked in a trade that had them exposed, as I think Mr. Hammerschmidt explained in the first hour. If they were working with vehicles, for example, and were always using the same kinds of chemical products on a regular basis, day-to-day, that could have exposed them, these are all factors in the decision-making process, but they aren't necessarily straight links either.

Ms. Lindsay Mathysen: The very extensive study done by the veterans affairs committee had about 42 recommendations. One of them was recommendation 17, which was to develop a site registry for chemicals that people are exposed to. Could you talk about the implementation of that recommendation within your department?

• (1740)

Mr. Steven Harris: My department would be dependent on the Canadian Armed Forces for developing those site lists.

Ms. Lindsay Mathysen: The response to it...

Mr. Steven Harris: Yes. It was a Canadian Armed Forces lead who responded to it. They're in the midst of it. They have some of that information already, as was testified to here earlier. It's about making it comprehensive so that Veterans Affairs can also use that information to be able to render decisions, as I've just described, so there's more work to do on it, absolutely.

Ms. Lindsay Mathysen: Yes, because they asked for that, and this was a significant part. It made it to a recommendation. Wouldn't it suggest that the list wasn't as comprehensive as was previously mentioned? Wouldn't asking for it now suggest that the list you talked about before wasn't as comprehensive as it needed to be?

Mr. Steven Harris: Mr. Chair, I would say that they're always in the midst of updating the sites, the experiences and the exposures that may have taken place as a result.

I know there was a question in the first hour that referenced whether we go back and look at sites from before, where chemicals that were used may have new links to potential conditions and cancers, or look at sites that were looked at differently when they were closed in a particular era and need to be looked at again. I think that's part of keeping it as a living list, something that can be updated. I don't think it will ever be entirely comprehensive and definitive, because it can always be revisited to add things that may have, after research, developed into different kinds of potential exposures as well.

Ms. Lindsay Mathysen: The Americans are actually pretty far ahead of us in terms of identifying occupational illness and toxic exposures. They have proactive registries around burn pits, Agent Orange and other toxic exposures. They've passed the PACT Act, which expands VA benefits for veterans who've experienced those exposures.

Have there been conversations within Veterans Affairs Canada on how to better our processes to show more of that proactive work being done? How can we expedite that process to be more proactive, maybe like the Americans are?

The Chair: [*Technical difficulty—Editor*]

Mr. Steven Harris: I might just ask Mr. Svenson to answer that one quickly in terms of the work we do with our American partners and others on this issue.

Mr. Nathan Svenson (Acting Senior Director, Disability and Healthcare Policy, Department of Veterans Affairs): Sure.

The PACT Act that was introduced in August 2022 had two components to it. It was a huge expansion in terms of both health care and benefit eligibility.

On the health care part, if we separate those two, it provided access to the U.S. Veterans Affairs health administration services and care to those veterans. In our public health care system, that's already provided to veterans.

The benefit expansion it provided added 20 presumptive conditions for burn pits, Agent Orange and other toxic exposures. It also ensured—and this is important—that veterans had access to toxic exposure screening, that every veteran enrolled in VA health care had screening available to them every five years—

The Chair: Unfortunately, we're going to have to leave the answer there. We're way past time.

Mr. Tolmie has six minutes.

Mr. Fraser Tolmie: Thank you for being generous.

The Chair: No, it's not yet Christmas.

Mr. Fraser Tolmie: Thank you, Chair.

Thank you, Mr. Harris, for joining us today.

I'd like to start off by saying that I know we've been talking about cancer quite a bit. I think it should be on record that cancer is not the only condition that has been linked with hazardous toxic materials, and that there are neurological disorders that should be recognized. We should be remembering that, because there are others who are suffering.

I'm going to piggyback on some of the questions and comments.

One of the comments you made, Mr. Harris, was in your opening testimony and in one of your answers. Veterans apply and they say they have a condition; we know the process. Then, you said, it comes to you. You sift through it and go through it with your professionals, and then you come back with either “approved” or “denied”.

A veteran who's denied knows they've been exposed to something. How do they prove it? When they know they've been exposed, how do they come back to you and say, “I know. I've been through this. I know I've been exposed to this.” How do they convince you to change your mind to approve them for their benefits?

• (1745)

Mr. Steven Harris: I would start by saying a couple of things.

One is, as I've indicated, that we will work from certainly a veteran's attestation of the experience they've had. That's one element. If a veteran indicates that they've been exposed to something, either in a very specific incident or over a prolonged period of time, that's taken into consideration. As we've been discussing, it's aligned with both available research and available evidence that could be used from Canadian Armed Forces exposure sites, contamination sites and things of those nature.

If they come to us, they're also going to come to us with a medical diagnosis. Their doctor will also write up a diagnosis to say, “Veteran X has this.” While they don't necessarily assign what the cause is, they can speak to what is the likely course of the cause of something. Then we can look at it from the medical point of view as well.

Cancers are very difficult. Neurological issues are very difficult, and I appreciate your highlighting that as another potential outcome of exposure, because it's important that we respect the fact that there are a number of things that could come from exposure, and that's another element of this.

We'll take that all into consideration. We'll look at the research, the diagnosis and all of the available information and render a decision. If a decision is not favourable in that case, veterans have access to a very strong appeals process. Through the bureau of pension advocates, which is housed within Veterans Affairs, they have entitlement to have a lawyer represent them for a quasi-judicial hearing at a Veterans Review and Appeal Board. The lawyer will help them gather evidence as well to do that.

Mr. Fraser Tolmie: Thank you, Mr. Harris. I think it's important for us to have that on the record.

What about civilian employees? Do they still have the same access to that process?

Mr. Steven Harris: Veterans Affairs does not support civilian employees of DND or elsewhere. We only support veterans and members of the RCMP, for whom we also do disability adjudication.

The Chair: You have one minute, Mr. Tolmie.

Mr. Fraser Tolmie: I'd like to share my time with Mr. Stewart, if he wants to finish up on the question he had earlier on.

Mr. Don Stewart: Yes. Thank you.

We were speaking earlier about the onus being on the service member to come forward, or whether they will be contacted if there's been a record of trends from different exposures creating different illnesses amongst members who have been at different sites. Can you comment on that, please?

Mr. Steven Harris: The record of exposure that I think is being referred to here is done, and would be done, through the Canadian Armed Forces national defence department in terms of reaching out and contacting people who may have been in an affected area. Veterans Affairs does not proactively reach out to the veteran community on potential exposures or on the identification of potential exposures. We do reach out from a communications point of view, writ large, to encourage people to come forward. If they feel as though they have an illness or an injury related to their service, we regularly encourage them to come forward. That could be certainly related to exposure, or it could be related to many other things.

I would suggest that the vast increase in the number of applications we've seen indicates that veterans are aware that they can come forward and apply at any period in time and are actually going ahead and doing so.

The Chair: Thank you.

Ms. Lapointe, you have five minutes.

Ms. Viviane Lapointe: Thank you.

I will let the panel decide who is best to answer the questions I'll be asking.

Can you provide an overview of how Veterans Affairs Canada assesses the extent to which a Canadian Armed Forces member

may have been exposed to chemical hazards during their service? As well, are there specific sites or types of deployments that are of particular concern to Veterans Affairs?

Mr. Steven Harris: Mr. MacDougall, I might ask you to weigh in on that one, please.

Mr. Shawn MacDougall: Certainly.

As we mentioned, exposure is complicated. I heard what the Brigadier-General from the CAF said in the first hour. I think she talked about cigarette smoke. Exposure to second-hand smoke is different from smoking for 25 years.

We're always striving to, number one, increase our knowledge and increase our scientific evidence base. Within Veterans Affairs, as I mentioned, we do have a team of physicians who work to establish what we call internally entitlement eligibility guidelines for a whole host of conditions. Specifically on exposures, we have a document, or a database, if you will, of the information that CAF has in their records around exposure sites and where certain chemicals may have been used. We also have information included in that from partners, from other countries where we've collaborated and where we've had joint missions and joint operations. Perhaps it was an American lead, we supported that and they have information. We have that at our disposal.

The other important piece we have is research on causality and the effect of exposure. It's really important to distinguish. On the one hand, we need to understand that an exposure happened, but we also have to understand the effect of the exposure. That research could come from many, many different sources. We work with academia in Canada. We rely on the work of other partners as well, such as Five Eyes countries.

That research, that information, is ever evolving and ever improving. I think that's the point. We've set up a process or a framework internally in the department to continually learn and to continually grow in our understanding so that as the knowledge and research evolves, we'll be more responsive and able to provide veterans with the benefits they're entitled to.

• (1750)

Ms. Viviane Lapointe: Thank you.

From your response, I'm going to take it that there are ongoing studies and data collection initiatives that track veterans and their health care over time. Can you tell me what mechanisms are in place to monitor those long-term health care outcomes for veterans who may have been exposed to hazardous chemicals?

Mr. Steven Harris: Maybe Mr. Svenson can weigh in on some of the research under way now.

Mr. Nathan Svenson: I'll start by just outlining that in order to conduct a longitudinal study like that, you need three segments of information. First, you need information about the time of exposure in their medical state, the medical state of an individual at the time of exposure. Second, you need information about their health outcomes at the end of the day. Third, we need the scientific evidence around that, showing how their individual experience compares against other large-scale studies. This is a challenge, I have to say, in the Canadian context because their health care records are maintained by the Canadian Armed Forces when they're serving, and their health records are maintained in a different jurisdiction entirely after they're released, by the provincial authority in which they live.

Due to privacy laws, we as a federal government don't automatically have access to their old health care record from the province. We can ask for information from the individual, and we can ask for information when the individual comes to us from National Defence. In terms of doing a large-scale study, we can't proactively go out and get current health outcome information from people in the general public, which includes all veterans. We can do it on an individual basis, for adjudication purposes, when they come to us and provide us with information about their own health situation. The exception is with the help of Statistics Canada, which maintains a growing set of databases around health outcomes for the general population. We cannot see individual results in the databases that are held by Health Canada, but we can do aggregate studies. The cancer incidence study that we're conducting now is an example of that.

The Chair: Unfortunately, we're going to have to leave it there.

You have two and a half minutes, Madam Normandin.

[Translation]

Ms. Christine Normandin: Thank you very much.

Mr. Harris, I'll continue on the reproductive health issue, as I know it has been discussed at length at Veterans Affairs Canada.

Let's say the harm is done to a person while they're in active service. Let's take the example of a woman who suffers infertility during her active service, so she suffers the harm when she is younger. Once she is released from service, a causal link is established between her infertility and exposure to a toxic agent.

To the extent that the harm was not suffered after this person was released, which of the two departments would be responsible for paying compensation to her: the Department of National Defence or the Department of Veterans Affairs?

• (1755)

Mr. Steven Harris: If the veteran's health is impacted, it would be Veterans Affairs. A request could be made to that department, which would decide to provide compensation or support.

Ms. Christine Normandin: Even if the injury was sustained during that individual's active service, it would be Veterans Affairs Canada. Thank you very much.

I have a somewhat hypothetical question. There is a lot of talk about cancer cases. Treatments are often covered by Quebec and the provinces through their health care systems. Those treatments

are fairly expensive. Has an assessment ever been done of the amount that the provinces have to pay to compensate for problems caused by active service, by the Canadian Armed Forces? I imagine these are large amounts.

Mr. Steven Harris: To my knowledge, there has been no study on this issue. I know that Veterans Affairs spends a lot of money to support the people impacted by their service. The vast majority of payments made to people who have suffered an injury or illness as a result of their service are paid by the federal government.

We partner with the provinces on some of the mental health initiatives and so on. In each province, there are offices for problems related to occupational stress and so on. That's paid for by the federal government, but it's provided by the provinces. Partnerships also exist in such cases.

Ms. Christine Normandin: Thank you.

[English]

The Chair: Ms. Mathysen, you have two and a half minutes.

Ms. Lindsay Mathysen: For CAF members, military families, and the DND employees who have been exposed or have problems because of the contamination that they're exposed to, repeatedly the Government of Canada has used *ex gratia* payments to settle the claims related to the lack of protections the government has provided those workers. An example of that is that the government made *ex gratia* payments to some victims of Agent Orange in New Brunswick.

I'm wondering how often that happens. If you could provide me with that information that's administered through Veterans Affairs and with why the government decides to base the compensation on the idea of financial liability, that would be great.

Mr. Steven Harris: I'm not sure I can answer all of the elements of that particular question.

With respect to Agent Orange, I know it was in 2007 when the Government of Canada introduced a one-time, tax-free *ex gratia* payment that resulted in 5,000 payments being made to eligible individuals.

With respect to Canadian Armed Forces members and the RCMP, the impacts of illness from their service are adjudicated through Veterans Affairs programming. There is disability programming for both pain and suffering compensation and a pension for life, and the Veterans Well-being Act. The Pension Act remains in place for members of the RCMP.

Veterans Affairs does not adjudicate anything with respect to civilian employees of the RCMP, the Canadian Armed Forces or DND. That would be a separate process. I would not at all be able to comment on any *ex gratia* payments that take place from that point of view, but I know the number with respect to Agent Orange.

Ms. Lindsay Mathysen: Will you be able to provide that to the committee?

Mr. Steven Harris: Sure.

Ms. Lindsay Mathysen: What's the process for the government to decide they're going to make those payments in that way, in order to limit liability in that format?

The Chair: You have 30 seconds.

Mr. Steven Harris: Mr. Chair, unfortunately, I'm not in a position to answer on decision-making in the Government of Canada regarding *ex gratia* payments. I'm not familiar with what that process has been, honestly.

Ms. Lindsay Mathysen: Could you provide it?

Mr. Steven Harris: Mr. Chair, I could certainly provide some general documents around *ex gratia* payments and how they're used. That's something we could provide to the committee.

The Chair: It's a Department of Justice decision as to whether it's *ex gratia* or pursuant to a recognized liability. Whatever you can provide is good.

Ms. Gallant, you have the floor for five minutes.

• (1800)

Mrs. Cheryl Gallant: I will go back to PFAS.

Compared to the civilian population, are incidents of infertility rates, pregnancy-induced hypertension, pre-eclampsia, increases in cholesterol, lower immunity, testicular cancer, kidney cancer, fetal child development, liver damage and increased thyroid disease among CAF members exposed to PFAS higher or the same?

Mr. Steven Harris: Unfortunately, Mr. Chair, we wouldn't be able to provide any specific numbers around PFAS exposure with respect to Veterans Affairs and their clients.

As I noted, what we have are people who apply for a medical condition. The cause of it isn't necessarily tracked in the same way. We wouldn't have statistics available on that.

Mrs. Cheryl Gallant: There isn't a study that compares the Canadian Armed Forces and firefighters with the general population as to whether or not there's a higher incidence. Okay.

Have there been any reports of anthrax to VAC by serving or former members?

Mr. Steven Harris: I'm not aware of any applications that have come forward related to anthrax among the veteran population.

Mrs. Cheryl Gallant: When I was first elected, I remember a line of six or seven people sitting all across the gallery. One lady always had a white kerchief on her head. I saw them sitting there for years. Then, lo and behold, a few months ago, they were sitting in this committee. I understand they were from the Gulf War and suffered Gulf War syndrome. During that time, they thought it was from depleted uranium. That has subsequently been put by the way-side.

I'll go back to depleted uranium.

We know we no longer use those shells in Canada, but there would have been some fired in practice ranges.

What would have happened to the shells, wherever they were shot for practice purposes? How would they have been disposed of? Were they just bulldozed over?

Mr. Steven Harris: Mr. Chair, unfortunately, it is beyond my scope of knowledge as to how CAF, the Canadian Air Force or National Defence dispose of equipment they were using, whether it be artillery or any other kind of equipment they might have. It's not something we would see.

Mrs. Cheryl Gallant: Have you had any incidents of exposure to depleted uranium in the Canadian Armed Forces?

Mr. Steven Harris: I don't think so. I'm going to say it's not something that I've seen come through as a causal condition, or that has any kind of link, from a Veterans Affairs point of view. I won't promise to be categorical about it. It is possible that, among the applications we've received, there is something.

As I noted, what we are really looking at is someone applying for a condition. Their condition may be cancer or something related from a disease point of view. The condition they are submitting under may be exposure to depleted uranium. However, we may not see it in that context.

Mrs. Cheryl Gallant: There's no tracing back to where it may have been contracted. Okay.

What about mesothelioma and the exposure to asbestos? Do you see a number of claims or a greater number of claims amongst mechanics and/or people who work in the destruction of buildings and had exposure to it? If so, how are those sites where asbestos has been taken out being located and ameliorated?

Mr. Steven Harris: I can't speak to how those sites are being located and ameliorated. That would be the colleagues who appeared here before.

With respect to people who've worked in those kinds of occupations, we do work to try to identify exposures that may be likely or experiences that may be likely by certain traits. There was exposure to various chemicals and asbestos on things like navy ships. We're aware of that from a submarine point of view or from a navy ship point of view that may have taken place 10 years ago or 50 years ago. That would factor into the decision-making for somebody who's made an application for a certain condition. If they said they were serving on a ship that was in the news around some exposure or some chemical leaks that occurred on those ships, that would be a factor as part of the decision-making. We wouldn't trace the full story of it. We would just trace the individual linkage from a service-related point of view.

• (1805)

The Chair: Thank you.

Ms. Lapointe, you have five minutes.

Ms. Viviane Lapointe: Thank you.

Earlier I was asking questions about how we support members who may have suffered occupational health risks or illnesses. Does Veterans Affairs Canada have anything in place to support the family members, to support the supporters?

Mr. Steven Harris: There are several programs in place that help support those individuals who support injured or ill family members. For example, we have a caregiver recognition benefit. It's an annual allowance of, I think, about \$1,200 a month. It's been increased, indexed by inflation, over the course of time since it started. It's about \$1,200 a month to recognize the additional work and support that family members may offer to an injured or ill veteran.

We offer some opportunities for family members. If a veteran is not able to take part in some rehabilitation programs because they're too ill, a family member or spouse in this case can take on the rehabilitation and be able to be trained to do something different—something they may not have been able to do as a result of caregiving and other things—if their own career was interrupted. There are some career transition supports that are available for family members, spouses in particular. Again, we can talk about a veteran who might release at a certain base and be transferred to another, or who may be transferred during their career. The spouse comes along with them and needs some help and support in finding a position in the new area to which they've relocated. There are some supports that exist there.

There's the availability of some counselling sessions, independent of the veteran if needed, for family members. There's a VAC assistance service that's a 24-7 service where people can get up to 20 counselling sessions through mental health provisions supported to them when there are issues that may arise as a result of being in a military family.

The last one I'll just mention quickly. There's a veterans family program available through military family resource centres. I'm sure they've come up at this committee a number of times. Releasing members and their family members can go and get supports from their local military family resource centre to help with their transition.

Ms. Viviane Lapointe: That's great to hear. Thank you for that.

How does Veterans Affairs Canada ensure that veterans are informed about a potential chemical exposure that they may have experienced during their service? Is there a communication protocol in place?

As well, do you offer proactive health screening?

Mr. Steven Harris: We don't do proactive health care screening. We're not a frontline service provision organization. We're not a health care entity. The distinction between some of the questions that have come forward from the veterans administration in the U.S. is that they actually provide health care. They have hospitals. They have a full network of supports in place across the country. They do not have nationalized health care. As a result of that, they've set up a whole network of it.

It's a bit different from what we do. We help provide for veterans to be able to access benefits and services that are provided by individuals in provincial settings across the country. We help support them to get eligibility for it. We help to fund their ability to participate in treatment and rehabilitation. We don't do frontline service provision that way. It's a distinction. We do not offer health care screening from that perspective. It would be the health care system that would allow them to do that.

Ms. Viviane Lapointe: What about ensuring that veterans are informed?

Mr. Steven Harris: We do a lot of things to reach out to veterans. When it comes to things like exposures and mass exposures, typically that would be the Canadian Armed Forces and National Defence, if there's something that happens with a Canadian site in particular.

When we're talking about exposures at overseas sites, again, Canadian Armed Forces may certainly communicate that information out. Veterans Affairs doesn't specifically send out information related to potential exposure sites necessarily, but we reinforce by retweeting, recommunicating and posting on social media things of that nature as well. We're not necessarily the first ones to do it. We'll certainly broadly share that among our veteran community as much as possible.

Ms. Viviane Lapointe: How closely does Veterans Affairs Canada work with the Department of National Defence to ensure that veterans who have been affected by chemical exposures receive timely support?

Mr. Steven Harris: We work on a daily basis with the Canadian Armed Forces. From a structure point of view, I know that Madam Lalonde chairs Seamless Canada across the country, working with provincial representatives and departments like Veterans Affairs Canada to try to make sure that there are no gaps between the health care that veterans receive while they're in the military or ultimately when they release out of the military.

I co-chair with the chief of military personnel at Canadian Armed Forces a joint steering committee between Veterans Affairs and the Canadian Armed Forces that meets regularly not only at a very high level, but on a working level, to make sure the issues are identified, shared and rectified as quickly as possible. From a transition point of view, from a health care point of view and from a research point of view, we're regularly meeting with our Canadian Armed Forces colleagues to ensure we're sharing information and working together on those issues.

• (1810)

The Chair: I'm going to bring to a close our time with you, Mr. Harris, Mr. MacDougall and Mr. Svenson. On behalf of the committee, I want to thank you for your attendance here. It's quite a good contribution to our study. Thank you.

Colleagues, before we adjourn, it's our intention to do contaminated sites again on Thursday and then the following week on December 10.

I want to raise a flag and you can give some indication to me over the next day or so about this.

The threat environment has been changing quite dramatically in the last few weeks, particularly with the drawdown of Russian and Iranian resources in Aleppo and the increased involvement of the United States in providing equipment to Ukraine. I am wondering whether there was an appetite for us to arrange an updated threat assessment, shall we say, before we break for Christmas.

Mrs. Cheryl Gallant: Would that threat assessment be restricted to a certain area or could we hear about everything, from Taiwan...? Even though it's not a Canadian threat, it could end up involving our troops.

The Chair: I was thinking in terms of CRINK. That's China, Russia, Iran and North Korea.

Mrs. Cheryl Gallant: Nothing on Ukraine? Oh, that's Russia, yes.

The Chair: Is there an appetite to do that?

Okay, we'll do that.

You're welcome to go, Mr. Harris, by the way.

The second thing is, when the Library of Parliament published a report on Tuesday the 24th, there was an error made. It probably happens once every three centuries. There has been a subsequent report that you received in your P9 account correcting that mathematical error.

Martin is quite able or willing to speak to it, if you wish to speak to it, but noticing that it's 10 after six, I would encourage you to talk to him directly if you think this is big issue. As chair, I don't think it's a big issue, but just for the purposes of the record, I think you should take note that Martin was quick to point out the error and quick to tell us what the error was. We appreciate the superb support we get from our analysts.

Is there anything else, Mr. Clerk?

The Clerk of the Committee (Mr. Andrew Wilson): No, sir.

The Chair: Can we go home?

The Clerk: Yes.

The Chair: The meeting is adjourned.

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