



House of Commons
CANADA

Standing Committee on Aboriginal Affairs and Northern Development

AANO • NUMBER 017 • 1st SESSION • 38th PARLIAMENT

EVIDENCE

Thursday, February 10, 2005

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Chair

Ms. Nancy Karetak-Lindell

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•(1100)

[English]

The Chair (Ms. Nancy Karetak-Lindell (Nunavut, Lib.)): Good morning.

I'd like to call the meeting to order, meeting 17 for Thursday, February 10, 2005. This morning, pursuant to Standing Order 108 (2), we are doing a study on the asbestos-laden vermiculite on reserves.

I would like to thank all the witnesses for coming on relatively short notice for this study.

Because we're trying to get the most out of our two hours, we're doing two separate time slots for witnesses. From 11 o'clock to noon we have, as individuals, Mr. Allan Aitken and Ms. Raven Thundersky, along with the Assembly of First Nations, represented by Chief Lance Haymond and Mr. Carl Johnson, the senior housing consultant.

Welcome to all of you.

As my schedule has it, we'll start with the individual presentations. We'll hear from the witnesses and then proceed to questions from members for the first hour, before we move on to different witnesses for the second hour.

Mr. Aitken and Ms. Thundersky, perhaps you would like to do your presentation to the committee. Welcome.

Ms. Raven Thundersky (As Individual): Good morning. I'm Raven Thundersky, 2770062301. That's my treaty number. I'm a member of Poplar River First Nation, Manitoba.

I'm here to speak on behalf of my family, particularly my father. I've had two sisters who have passed away from cancer, particularly mesothelioma, a type of cancer. That type of cancer is caused by breathing in or swallowing airborne asbestos fibres. The incubation period is about 20 to 40 years before it becomes cancerous.

My sister died on February 13, 1995. She left a daughter behind. I believe Barbie at the time was about a year and a half old when my sister died.

My other sister started to get symptoms about two years later. She also had lung cancer. She had mesothelioma. They found asbestos fibres in the lining of her lung, and by the time she was sick it was already spreading. She died 18 months later. She got treatment at CancerCare in Manitoba. They treated her with radiation, and she suffered toward the end. She was in a lot of pain.

She was a very smart woman. She was a very petite woman. At one time she worked for the government, but by the time she got sick, by the time she died—she died in the poorest riding in Canada—she was on welfare because she could not provide for herself any longer.

She left a son behind, her only son, Jason, who I now have to look after. He's in his thirties. He's under a doctor's care. He sees a psychologist and a psychiatrist, and he's been on medication going on three years now. He's had a nervous breakdown.

Of course, my mother, who was diagnosed about a year ago, has mesothelioma. My sister Rebecca has mesothelioma. I have asbestosis. My father has asbestosis. My younger brother has asbestosis, and we're still waiting for CancerCare to tell us when would be a good time for them to remove the cancer cells that they should really be removing, because he and I still have a chance.

My mother was doing well, but about four days ago she was medevaced from my community to Winnipeg because she had a hard time breathing on her own. My mother is 73 years old. She's been raising my niece Barbie since my sister died. She can no longer look after her and herself, so we have other family members who now live with my mother to look after them. I have a nephew who looks after my mother, also my niece.

My sister Rebecca is in Detroit. She's receiving a type of radiation that can get rid of the cancer cells she has left. She was there about three weeks ago. She had her left lung removed, as well as the lining from her heart. They reconstructed her diaphragm and they removed the cancerous lymph nodes. She'll be there until the end of March.

I also have another sister, an older sister, my mother's first daughter. Her name is Rita Swain. The first time I met Rita was when I was about 16, when we moved to Winnipeg. My mother gave her up for adoption after she was born, and she was raised in a different community, the Berens River First Nation. When my family started getting sick, my sister Rita was there to support us and try to do what she could for the family. She then became sick and was in and out of the hospital. Back in June 2004 she was hospitalized, put in isolation, and treated for TB. She was not responding, and they had her in isolation for two and a half to three weeks. They decided to run more tests. It was about two weeks later that they found she also had mesothelioma. She grew up in Berens River First Nation and is now getting chemotherapy. Again, she was misdiagnosed.

•(1105)

My first sister, Mardina, was also put in isolation. They were going to fly the rest of her family down from Poplar River to put them in isolation, so they could treat them all for TB. My sister never had TB, she had mesothelioma. My second sister was actually in the hospital in June 2004 and was being treated for TB. She didn't have TB, she had mesothelioma. My other sister Rebecca was the one in Detroit and was on antibiotics off and on for about six years because she was always suffering from bronchitis.

I'm on antibiotics every three months because I get bronchitis and pneumonia-like symptoms. It's been very difficult. There are times when I'm taking antibiotics and painkillers just to see me through the day.

About two months ago I was taken by ambulance to hospital. I was at a meeting. Asbestos fibres had stuck to the lining of my lung. Naturally there should be a space there, but it stuck to my lung because the clusters get hardened after time. It took itself apart and, in doing that, ripped the lining of my lung. The pain was excruciating. I have children at home I have to look after, and there are times when I have to find somebody to look after my children because I'm in too much pain.

My brother suffers from the same pain. He is not doing too well emotionally. It's starting to take its toll. We've watched our sisters dying, our mother is not well, and the rest of my family members are sick. My father's children are dying, his wife is dying, and his grandchildren are being left orphaned.

Thank you.

•(1110)

The Chair: Thank you, Ms. Thundersky.

I'm not sure if Mr. Aitken is going to add to that.

Mr. Alan Aitken (As Individual): Yes, I will.

As Raven has stated, the symptoms caused by breathing in asbestos in the family home have negatively affected 8 of 10 members of the family. The home was built in Poplar River in 1963, and in the documents we have obtained from Indian Affairs it clearly states there was Zonolite insulation in the attic. Zonolite only comes from the mine at Libby, Montana. It does not come from any other place on the face of the earth. The mine at Libby, Montana, owned by W.R. Grace & Co., accounted for 80% of the vermiculite insulation sold and used around the globe. Any vermiculite sold and used in Canada has to be assumed to be Zonolite. All of the Zonolite insulation was contaminated with tremolite asbestos fibre, which is the most carcinogenic fibre of any asbestos.

All asbestos is carcinogenic, regardless of what lobbyists and others will try to tell you. The chrysotile asbestos is just as carcinogenic as any other, but the tremolite is a very thin, short fibre. It's 1/100 the size of a human hair. If you dropped a tremolite fibre from the ceiling in this room, it would take 14 hours to reach the floor. That's without any disturbance.

If you have a 600-square-foot home, which is what Raven's childhood home in Poplar River was, with 10 people living there, it doesn't take very much motion from very many people to move

those tremolite fibres and have them circulate in the air. In fact, you can see how any tremolite fibres in that tiny house would have been airborne constantly. So as they breathed in the air, they were constantly breathing in tremolite fibres.

There was no vapour barrier in that house, so the asbestos-laden vermiculite Zonolite insulation was laid flat against plywood on the roof. As you can imagine, and as everyone knows, homes on first nations reserves were the most poorly built. The construction techniques were not good, particularly in 1963. There were cracks and gaps all over the ceiling. Tremolite sinks to the bottom over time. It had plenty of opportunity to get into the air, which is what it did. The family breathed it in. Now 8 out of 10 of them have the negative effects of breathing in that tremolite fibre.

It is terrible to watch the family suffer. It is terrible to watch the family pass away. We've watched and we've noted. Because we've been vigilant, we've been able to get active intervention in the family now so we can detect and continue to run detection mechanisms to try to identify mesothelioma as quickly as it occurs.

Raven and her father both have asbestosis, which is a thickening and scarring of the lung. The scarring at any time can turn cancerous. In six members of her family it has turned cancerous. God willing, that won't happen to Raven and her father, yet asbestosis is itself a death sentence. It continues to thicken; it continues to restrict breathing until you slowly suffocate. It's a very painful death, and it comes from breathing in asbestos.

When we first went to the Department of Indian Affairs and Northern Development to seek help, they looked at us as if we didn't know what we were speaking about. They treated us with hostility. They showed us the door. They told us we didn't know what we were talking about.

We've continued to chase it. We've been trying to come up with a solution for eight years. We were finally vindicated. We didn't want to be right; we wanted to be wrong. We would have appreciated being wrong on this, but we knew we were right. So we chased it and we're still chasing it. Now that we've discovered it in the family from Poplar River, Indian Affairs has gone across the nation and detected almost 600 houses where there was Zonolite insulation. But that's all it has done. It has taken the 600 houses, identified the families that have those houses, and sent letters to the chiefs and councils.

•(1115)

Let me walk you through a couple of situations that we know of in Manitoba, just because of our own doings. We're only lucky. It's not because we're doing a broad examination across the whole province, we're simply having people we know coming to us.

I was at the St. Regis Hotel, a famous hotel in Winnipeg. All aboriginal people, when they come to the city, locate at the St. Regis because it's the focal point, it's the centrepiece. A fellow I know from a reserve—I won't tell you which one—approached me. He's a band councillor and his family is very well connected.

He approached me and said he saw Raven and me on TV. I said yes, we were on and we were talking about vermiculite. He said that as soon as he saw it he paid attention, because as a kid he and his brother used to go up in the attic and play in this stuff. They used to throw it. It was fun because it was light, it was shiny, and they could have a lot of fun in it. Now his brother is sick with lung cancer and he's wondering if it's the same thing.

He's one of the elected council. The letter from Indian Affairs went to the chief and council. His family's name was on that sheet, but he had never seen it. If he didn't see it, what about the average person on the street in that community who may have been in the same type of house? If this councillor didn't see it, they certainly didn't see it.

I phoned another friend I have in another northern community. His name is Allan. I asked Allan if he could get the list of the houses that were insulated with Zonolite. Now, Allan has suffered from stomach cancer, and his wife has lung cancer. He got the list, and sure enough, his name was on it. He had never seen it. Of the 21 houses, his name was there, he had never seen it. And he has stomach cancer. I immediately sent him a four-page letter telling him how to check it, how to get himself checked, and where to get checked.

With earlier detection, there are actual drugs that have been developed to treat only mesothelioma, and they do work. They can at least extend life. They can lower the pain. But if you're being treated with the wrong drug, you're not going to get any of that; you're going to die a quick, excruciating death.

I have another friend in another band in western Manitoba. Again by luck, their band had identified 17 houses and his was one of them. Guess what? He has COPD, and his sister died of lung cancer just before Christmas last year.

Again, it was just luck. It's not that we went out looking for these people. We know the people. They came to us, and we somehow were able to connect and draw lines and parallels.

Indian Affairs needs to be checking every family and every person who lived in those houses. In terms of their own numbers, two weeks ago Health Canada's Paul Glover, from FNIHB, said they have checked 100 houses across Canada so far for tremolite, for asbestos, from Zonolite. In their own figures, they said 29 of these houses showed an extreme exposure to asbestos. If 29% of the houses on first nations that were insulated with Zonolite are showing an extreme risk for exposure, that's an awful lot of people out there who have been exposed over the years.

These houses were built and insulated in the early 1960s. If that many houses have extreme exposure and you multiply it out by the number of people who should well have lived in those houses—Raven's family being one sample of 10, even though theirs was a 600-square-foot home—you have over 3,000 people across Canada who have been exposed to a very damaging and a very potentially deadly house. They have been exposed and no one, but no one, is doing anything to identify them, to screen them, or to come up with the right treatment for them.

We've put forward plans of action to Indian Affairs, and we've put forward terms of reference to First Nations and Inuit Health Branch on how they should be going about it, but they look at us as if we

came off the wall somewhere. We're only ordinary people, so how can we figure out how to do this? The thing is that we've been through it, so we know exactly what it is. There seems to be absolutely no action being taken whatsoever.

● (1120)

I can tell you one thing. We were laughing the other day; the governments across the board across Canada have spent \$1.6 billion on mad cow disease. Now, I used to be a farmer; I used to have cattle, so I understand what that's about. No one in Canada or in the United States has yet died of Creutzfeldt-Jakob disease, from eating BSE-tainted meat, but \$1.6 billion has been spent to make sure they don't. I can point to a number of people across Canada who have died of mesothelioma from having Zonolite in their attic, and we don't even want to spend a dollar.

Now, we're not asking for too many dollars. Nothing but nothing is being spent, and we're asking for something to be done to identify some people we know have been exposed. There was \$1.6 billion to protect against mad cow, and no one died, but not a dollar to protect against Zonolite, and we have people dying left, right, and centre.

The Chair: Thank you for your presentation.

I have the Assembly of First Nations. Because I want to make sure there's time for questions, we'll have to ask for the presentations to be a little briefer.

Mr. Martin.

Mr. Pat Martin (Winnipeg Centre, NDP): Madam Chair, this is just a point of order. I would like to recommend that we extend the amount of time for the first panel to make its presentation, because I think there's a great interest on all of our parts to interview these witnesses, and I don't think it'll take a full hour for Indian Affairs and CMHC to explain their inaction, frankly.

The Chair: We're going to try to accommodate the witnesses, but we want to make sure there's time for questioning also. They can add to their presentations in their answers to the questions.

Mr. Pat Martin: Well, I would like to make it a motion that we extend this presentation till 12:30 and leave one half-hour for CMHC and Indian Affairs to explain essentially what they've been doing. I'd like to move that as a motion and see if my colleagues will support that idea.

The Chair: Ms. Longfield.

Hon. Judi Longfield (Whitby—Oshawa, Lib.): I think it's extremely important that we hear from the Department of Indian Affairs and from Canada Mortgage and Housing, and I don't want them shortchanged. I think we need to stay with what our agenda says. A lot of people have taken time to come.

I'd also remind people that some of the issues are beyond our purview and should not be discussed. I think it's important to indicate that there's a lawsuit currently going on, and we do not want in any way to jeopardize or interfere in something that is before the courts. It's extremely important that we keep that in mind.

The Chair: I have Mr. Cleary and Mr. Prentice.

[*Translation*]

Mr. Bernard Cleary (Louis-Saint-Laurent, BQ): I support Mr. Martin's motion. What we need are witnesses who are interesting and who have something to tell us. We don't often get to hear the horror stories. This is what we are hearing now. We want to be able to do that properly. We want to ask questions. We will meet with the representatives from Indian Affairs later on, there is no hurry. They should have taken care of business. This has been going on for 20 years, and they still haven't clued in. At this point, it is up to us to try to glean as much information as we can from the witnesses. The people from Indian Affairs will appear after that, and they will get a talking to. They were unable to provide explanations. This has been going on for years, and there are no doubt similar stories. Because of the lawsuits, they will probably wait until people die, and then proceedings will start. No.

I second Mr. Martin's motion and I hope that it will be supported by the entire committee, including the members from the Liberal Party.

• (1125)

The Chair: Go ahead.

[*English*]

Mr. Jim Prentice (Calgary Centre-North, CPC): Let's call the question so we don't spend time debating this. Mr. Martin has put a motion on the table; Mr. Cleary agrees with it. Personally, I'm in agreement with it. Let's call the question and move on to the witnesses.

The Chair: My clerk is telling me Mr. Martin needs unanimous consent to move a motion. Otherwise, he has to give the 24-hour notice. Do I have unanimous consent to move the motion? No.

All I was saying was that if we hear from witnesses, then you will have time to ask questions and the witnesses can elaborate on specifics, answer more, and add to their presentation through the questions. That's the only point I was trying to make. I know everyone will want to get in a question, and the witnesses can always add to their presentations when specific questions are being asked. I'll be very fair to the witnesses.

Thank you.

Can we hear from the AFN, please?

Chief Lance Haymond (Chief, Assembly of First Nations): Good morning, Madam Chairperson, members of the committee.

My name is Lance Haymond. I'm chief of Eagle Village First Nation of the Algonquin Nation from the region of Quebec. I'm here today on behalf of my community and also on behalf of the Assembly of First Nations.

I'd like to extend my thanks to the members of the committee for providing me and the Assembly of First Nations with the opportunity to present to you today.

Vermiculite became a national issue when the story of Raven Thundersky broke on CBC television. Vermiculite is a silent stalker, its lethality for years covered up by the manufacturer and ignored by governments. This issue is just one more indicator of the depth of the housing crisis in first nations communities from coast to coast.

According to the U.S. Environmental Protection Agency, between 15 million and 35 million homes and businesses were insulated with Zonolite. Potentially 10% of the production found its way to Canada. It remained on the list of eligible materials for the federal government's Canadian home insulation program from 1977 to the mid-1980s.

The Indian and northern affairs department has done a preliminary search of its records and identified 597 houses and potentially 74 affected first nations that may have used Zonolite insulation. While this may be felt to be an appropriate response on many levels, it highlighted several concerns—to search and identify 28 homes in the Quebec region with possible vermiculite contamination and zero in my community of Eagle Village.

Eagle Village underwent its own self-identification process when the story of Madame Thundersky broke, because we recognized the type of insulation. We self-identified 17 homes with vermiculite contamination. We know that the neighbouring Algonquin community of Lac Simon has already self-identified approximately 80 units. Again, we were not identified on the original search from INAC.

Faced with 17 contaminated units, a history of many different residents, and the potential of many becoming ill, chief and council chose to take a proactive approach. We completed a study on removal and chose to train our own people, creating the in-house capacity to provide remediation services. However, this is not an option for many communities due to a lack of appropriate resources. Provisions must be made for all of the first nations communities to identify contaminated households and perform remediation activities.

It is the act of physically disturbing the insulation that creates airborne particles, which stay aloft for an indeterminate period of time. Inhalation of these particles into the lungs is linked to cancer. The current recommendation of the federal government is just to not touch it, that the insulation will not pose a risk if left undisturbed. We believe this is not an adequate solution. There is very little comfort in this recommendation, especially since the search performed by INAC missed almost 100 homes housing families in the Quebec region alone.

This recommendation assumes that the housing unit is minimally constructed, in an average state of maintenance. Further, it does not allow for poor housing conditions, quality, nor does it take into consideration the exceptionally high rate of overcrowding. A lack of available housing stock exacerbates the problem and the risk of deadlier outcomes.

If homes are in poor condition, not up to code, or ceilings are drilled or patched, air movement from fans, opening and closing of drapes, or even opening and closing a door can spread asbestos dust, contaminating a home. The Auditor General's report noted that of the entire first nations housing stock, 44% require renovation. Given the first nations reality, to say "Do not disturb the insulation" is not an appropriate and adequate response.

Housing, health, and the Eagle Village experience highlight a couple of items. First nations will meet any challenge presented to them. By proactively addressing the vermiculite contamination, Eagle Village has successfully remediated 50% of the contaminated units and created the potential to help other communities and thus provide possible economic opportunity at the same time.

The second is that considerably more has to be done to address the housing crisis in the first nations communities. The AFN strongly urges the following.

- (1130)

In order to move forward, we need to immediately undertake activities to address the critical housing shortage and the shameful living conditions in first nations communities. This means we need to facilitate mechanisms to support first nations taking control over local housing issues, funding to support a comprehensive national housing survey and inventory, and funding for a housing program to address the backlog and to meet the future needs of our populations. This means we need to have funding to cover the management and administration of the housing program by the AFN, provincial and territorial organizations, tribal councils, and first nation bands.

Our estimate for funding to implement a national vermiculite remediation program is approximately \$9 million, a one-time investment. A copy of AFN's pre-budget submission will be made available to the committee.

I would like to thank the committee for the time to present to you today. I speak as a chief who has first-hand experience dealing with the vermiculite issue, and I cannot express strongly enough to the committee the need to support the Assembly of First Nations' pre-budget submission.

Thank you.

The Chair: Thank you, Chief Haymond.

I'm not sure if your assistant here is going to add to the presentation, or if we'll wait for questions.

Mr. Carl Johnson (Senior Housing Consultant, Assembly of First Nations): I have a couple of comments to make.

I would preface these comments with a recognition of the courage of Ms. Thundersky. I think she has shown us all how extreme this issue is. I would like to see a lot of people really start to take this seriously.

The notices went out—that's true. There was a 1-800 line. I'm not sure if it's still available, but people are not getting the message. This is directly related to time, and the longer it goes on, the worse it gets. This directly affects people.

When you receive an opportunity to look at the pre-budgetary submission, we have in there a line directly related to this

vermiculite issue. Chief Haymond and Eagle Village have shown us the way to deal with this. The answer to dealing with the contamination issue is to provide for the housing survey. You have to go into every home. You have to provide the survey, and then once everybody has been identified and the locations of the vermiculite contamination, it has to be remediated. I don't see any other option, given the presentation we've just seen.

That said, the materials in the presentation and the pre-budgetary submission are available here. Unfortunately, they're not translated.

The Chair: Thank you.

We'll do our first round of questioning, starting with Mr. Prentice, please, for the Conservative Party.

Mr. Jim Prentice: I'd like to thank all the panellists for the presentation.

First, I gather there is a lawsuit that has been commenced, Ms. Thundersky, by perhaps you or your family.

- (1135)

Ms. Raven Thundersky: Yes, there is a lawsuit, but I am not here to discuss the lawsuit.

Mr. Jim Prentice: No, I appreciate that. I wonder, though, if it would be possible for someone to provide me with a copy of the statement of claim and the statement of defence.

Ms. Raven Thundersky: I will give you the name of my lawyer.

Mr. Jim Prentice: Okay, that's fine.

Carrying on from there, am I to understand, Mr. Haymond, that the entire cost to rectify the current situation—and I appreciate that we have the very difficult health issues that Ms. Thundersky has raised, which are very tragic—the cost to fix the problem on a going-forward basis would be essentially only \$9 million to get this material out of the homes?

Chief Lance Haymond: Yes.

Mr. Jim Prentice: That's to get it out of all 597 houses?

Chief Lance Haymond: It's approximately \$9 million. Our experience has indicated that it's approximately \$15,000 per unit. To date, we've decontaminated 10 of the 20 units that were identified within our housing stock. Based on the numbers identified and with our experience at \$15,000 per unit, which includes training, the equipment, and salaries, the average cost for decontamination—and in our particular case, the vermiculite and Zonolite insulation is, again, only in the ceilings—the average cost per unit is around \$15,000 for remediation.

Mr. Jim Prentice: Has that been forwarded to the government by the AFN and others?

Chief Lance Haymond: Yes, it has been put forward in the pre-budget submission.

Mr. Jim Prentice: What has been the response that you've received from the government to this point?

Mr. Carl Johnson: It's been rumours only and it's not worth really commenting on. We're still in the process of the lobby effort around that.

The speaking notes that you will get are incorrect. It is not \$9 million, one time, across the country. If you want to refer to it, it's \$15,000 per unit. I would just like to make sure that's clear.

Mr. Jim Prentice: That's what I'm trying understand, what the cost is to rectify the problem.

I understood one of you to say it was \$9 million.

Mr. Carl Johnson: That's incorrect. It's \$15,000 times the 600 units.

Mr. Jim Prentice: It's times the 597 houses.

Mr. Carl Johnson: Yes.

Mr. Jim Prentice: When was that request first put before the government?

Mr. Carl Johnson: The assembly made their presentation to the finance committee in November, I believe. I don't know the exact date, to be honest, but that submission was made then, following that.

Mr. Jim Prentice: Ms. Thundersky and Mr. Aitken, perhaps I can go back to the health consequences.

There's reference to a document, but has a health report or analysis been done that documents all of the assertions you've put forward, Mr. Aitken, to the linking of cancer to the presence in the home of this material?

Mr. Alan Aitken: We have identified throughout Manitoba seven communities where there are either suspected or confirmed cases of mesothelioma from Zonolite. In the instances of Raven's family, yes, we have all the medical histories. Of the seven communities, however, three of them have confirmed deaths from mesothelioma. Four are suspected, and we're in the process of trying to verify this.

You have to appreciate that we are not doctors, we are not medical experts, nor are we government officials who have budgets that go from community to community. We do this only on our own and only through happenstance or good or bad fortune. In fact, sometimes I'm thinking it's bad fortune and we should no longer contact any of our friends or people we know, because every time we do, it turns out to be the worst of the worst.

Mr. Jim Prentice: I appreciate that you're doing this on the basis you've described. Have you received any help, though, from university professors or medical doctors who have done any analysis to support you?

Mr. Alan Aitken: Our help is through CancerCare and through the Barbara Ann Karmanos Cancer Institute in Detroit, Michigan, where they have the leading surgeons and the leading facility for dealing with vermiculite asbestos contamination and with disease caused from that. The centre of excellence in the world is in Detroit, and that is where we are being treated.

One thing we have to acknowledge here and to have a good and healthy respect for is CancerCare Manitoba and the Government of Manitoba's health department, because they are more than cooperative, more than anxious and willing to bring forward the best of the best to care for the people. Their problem is that they do not have the funds or the wherewithal to go out and do the massive detection and screening that is required for the people who have been exposed. We're finding, through our own misfortune, that a great

number of people are not being detected, not being treated, and they are dying—and we know they're dying.

• (1140)

Mr. Jim Prentice: It strikes me as similar to the cancers that firefighters contract from their exposure to chemicals as firefighters. In the absence of being able to always prove the causal link between the cancer and the work history as a firefighter, what has been put in place across Canada in almost every province is presumptive legislation that says, if you are a firefighter and if you get this form of cancer, you're presumed to have contracted it because of your employment.

I don't know if you could comment or not.

Ms. Raven Thundersky: Mesothelioma is only caused by breathing in asbestos airborne fibres or swallowing them, and there is no cure for cancer. That's the bottom line. There is no cure for cancer.

Mr. Jim Prentice: Thank you very much.

The Chair: Thank you, Mr. Prentice.

Mr. Cleary, please.

[*Translation*]

Mr. Bernard Cleary: Thank you, Madam Chair.

Thank you very much for your presentation, which was most enlightening.

Mr. Haymond, this matter must have been discussed with the Department of Indian Affairs. Requests must have been made. How did the Department of Indian Affairs respond to such an important issue?

[*English*]

Chief Lance Haymond: When we first identified the problem, we did contact Indian Affairs, Health Canada, and a specialized firm that deals with remediation, and we put forward a document, which I have a copy of. It outlines the complete process we went through, from initial notification of the potential until the actual remediation. When we first informed Indian Affairs, they were quite open to helping us look at the issue, and to be honest, we were able to secure about \$43,000 in funding to begin the training and some of the decontamination. But as the costs of the work escalated—and we had agreed with Indian Affairs to try to do it over a phased-in period, because of their budgetary limitation—we chose to remediate 50% of the homes in the first year, with the view of being able to remedy the remaining 10 homes the following year. So to date we've spent around \$150,000 from the community to remediate the 10 homes. The only assistance we've been able to secure is \$43,000 from the Quebec regional office of INAC, because that is the maximum contribution they could make. We were also informed that because of the issue of liability, there is very little chance of securing the remaining necessary funds.

But the issue of liability is not one we're here to discuss or contemplate. That is something each individual community member who may have been affected by living in those contaminated homes will deal with on their own, with the support of council. At some point they also may become a part of Madame Thundersky's class action lawsuit. In Quebec there is also a class action lawsuit being launched by non-natives whose homes have been contaminated as well.

So to answer your question, we've had minimal support from the Quebec regional office, even though they are quite aware of the significance of decontamination in our community; 20 homes out of 85, around 25% of our housing stock, are contaminated.

• (1145)

[Translation]

Mr. Bernard Cleary: Mr. Haymond, were you able to determine if there were other aboriginal groups in Quebec—because you are covered by the Quebec budget—who were experiencing the same type of problem?

[English]

Chief Lance Haymond: Yes. Since we have been directly affected—and I am also the portfolio holder for Quebec region for first nations housing—we have undertaken an effort to sensitize all the first nations of Quebec about the potential problem. To date we've done more work exclusively with the Algonquins, because of our close affiliation and need to work together as a nation. So the other communities that have been self-identifying to date have been neighbouring Algonquin communities, and in particular the community of Lac Simon.

But because of the record search by Indian Affairs and the reference that there are only 28 contaminated homes in the province, with only eight first nation communities affected, there is a gap in the statistics and the information available to really pinpoint. So since September we've been really trying to raise this issue and bring it to the forefront, because it adds to the already existing housing crisis we presented last year before this same standing committee, when we came to present the sad state of affairs of first nation housing in Quebec. To date we've identified, with the Algonquins, approximately 95 additional units that are not a part of Indian Affairs' record search.

[Translation]

Mr. Bernard Cleary: Ms. Thundersky, you implied earlier that you were not given a very warm welcome by the department when you went to complain about the problems you were having. I would like you to tell us about that meeting, to explain what happened, and tell us why they were reluctant to believe you and pay attention to your request since, in fact, it was a house which had been provided by the Department of Indian Affairs. They were the ones who built these homes.

[English]

Ms. Raven Thundersky: Yes, they built our homes. I believe prior to the building of this death house my father had built a log home for his family. He used moss as insulation, the same moss that was used for diapers. That kept his children warm. With the wave of a hand, it was condemned by an Indian agent, and they built us this death house in 1964.

The Chair: We're almost at your seven minutes, so I'll move on to the next questioner.

Mr. Lévesque.

[Translation]

Mr. Yvon Lévesque (Abitibi—Baie-James—Nunavik—Eeyou, BQ): Thank you, Madam Chair. We did not hear the end of Ms. Thundersky's answer because the interpretation was cut off.

[English]

Could she repeat?

The Chair: Could you please repeat your answer for the translation?

Ms. Raven Thundersky: Okay.

Prior to the building of the death house in 1964—that was before I was born; I was born in 1965—my sisters and my parents lived in a log home. The logs were harvested from the land. My father had built it for his family, and he also used moss as insulation, the same moss they used for diapers to keep the children warm and dry. I believe it was in 1963 that an Indian agent from Norway House came to our community, Poplar River community, and condemned the home my father had build. And that is when, in 1964, they quickly glued this house together and put the poison in there.

• (1150)

The Chair: Thank you.

Mr. Martin.

Mr. Pat Martin: Thank you, Madam Chair.

I wonder if I could share my time with Ms. Desjarlais, who is not a member of the committee but who represents a riding with over 35 first nations and Indian communities where this is a large issue.

The Chair: I see no problem. Go ahead.

Mr. Pat Martin: Thank you.

Even though we have very little time, I'd also like to begin by thanking you, Raven Thundersky, for your personal courage and for being the champion of an issue that will ultimately, I hope, save lives. The suffering of your family and the strength you show in the face of the suffering you're going through inspire many of us to take up your campaign and to work with you. So I want to begin by recognizing you in that way.

I'm not going to repeat what we've heard. I'm going to jump to an issue that has been bothering me. The Canadian government actually promoted and subsidized the use of Zonolite in its home insulation programs. It gave grants. It used it extensively on military bases and Indian reserves during much of the post-war period. On military bases, the government is now spending millions of dollars to test for, seal off, and remove Zonolite from armed forces homes so that no armed forces personnel or their family are exposed to a single fibre of asbestos-laden Zonolite. But in the case of first nations communities, the chief and council get a letter that says, "We've identified that you have some death houses in your community. Perhaps you should do something about it". This is a contradiction I can't get over. I ask you to comment on that.

Were you aware that the directors and CEO of W. R. Grace and Company, the manufacturers of Zonolite, on Wednesday of this week were charged criminally in the United States for selling Zonolite while knowing full well it was killing people? The Attorney General of the United States wants 35- to 55-year prison sentences for the CEO and seven members of the board of directors. I'd like to hear your views on that.

I'm concerned about this issue of misdiagnosis. Northern residents with symptoms go to a nursing station and their illness ends up being misdiagnosed as bronchitis, tuberculosis, any number of things. Would you agree that there should be at least a health warning to anyone who is now or has been living on a northern Indian reserve that if they start to show certain symptoms, as Mr. Prentice says, it's pretty safe to assume that they could be related to the death house they grew up in?

That gives you a range of things, if anybody would care to expand on those.

Mr. Alan Aitken: We've been deluged over the last year with phone calls, in fact even a call from Chief Haymond's community. We spoke with the health director about ways to detect the disease. It causes cancers through both the gastrointestinal and respiratory tracts, from the nose all the way through the entire system. So it can present as many different cancers, but it's all mesothelioma. The only way to truly identify mesothelioma is through a biopsy and examination with colouration under a microscope. It's a difficult cancer to detect. It can even present itself as congestive heart failure. It continues to be misrepresented and quite often misdiagnosed right through to the grave and beyond.

The Centers for Disease Control in Atlanta estimated that it will increase tenfold over the next 20 years. Because the period of latency is anywhere from 20 to 40 years, it's difficult to draw a direct parallel. If you cut yourself and you start to bleed, you know it's because you cut yourself. If you breathe in asbestos fibres and 25 years from now you become ill, it's difficult to say it's because you breathed in asbestos 25 years earlier. That parallel is difficult for most people to draw, and indeed it took us some time to find out what it was.

We get calls from nurses and doctors from all over who know absolutely nothing about the disease, have never studied it or heard of it, and we have to tell them what the problem is before they can detect it. Indeed, in the case of Raven's mother, one of her sisters has the disease, but we had to go to the Health Sciences Centre in Winnipeg and advise them to check for mesothelioma. They detected it and diagnosed it. Even with the strong family history, we still had to bring it to their attention.

• (1155)

Mr. Pat Martin: We should point out that this is the largest single family cluster of mesothelioma in North America. Is that correct?

Mr. Alan Aitken: In the world.

So you can imagine how hard it is to detect, say, in Pukatawagan, Manitoba, where someone presents themselves at the nursing station—understaffed with three nurses who are on duty 24 hours a day, seven days a week—with something that may be congestive heart failure. Well, that's easy to diagnose; mesothelioma is impossible to diagnose.

The Chair: You have a little bit of time, Mrs. Desjarlais, to finish your questioning.

Mrs. Bev Desjarlais (Churchill, NDP): Thank you. I appreciate that.

As Mr. Martin mentioned, I actually have 31 first nations in my riding. It was only after reading the story in the *Winnipeg Free Press* and when Raven Thundersky mentioned she lived at Poplar River that I was drawn to the issue, because I represented Poplar River.

I'm sorry to get choked up, but it is rather appalling to see the lack of consideration that has been given. And it does hit home, because I'm in each and every one of those communities; I know the conditions of the houses, and I know the dollars aren't there to fix them. Quite frankly, if this were my home, I wouldn't be living in it; I would have moved out the moment I found out this asbestos was in it. Any of us who could afford to would have done that, in my view. And yet we have a situation...

I'm sorry that I'm just commenting. When I initially heard about this issue, I tried to go through the proper processes to find out how we deal with it, how we get the government to react, how we get Indian Affairs to give assistance, and how we get Health Canada to react. First of all, I believe there was an obstructionist attitude on the part of Indian Affairs in not giving me the information so that I could get information to the communities. Secondly, there was an attitude, "Well, we haven't seen enough of these deaths that it's really a problem"—and I heard those comments that it's not a problem.

But over the course of the years, I've seen numerous aboriginal people die of congestive heart failure, TB, and numerous types of cancer. I think most of us are aware that you only perform autopsies if you're questioning why someone died. If you know they died of a cancer or TB, you don't bother doing an autopsy; you're buried and that's the end of it. So we could already have had hundreds and hundreds of deaths as a result of this and not known and continued to say there's not a problem because we haven't seen enough deaths. The reality is that this type of asbestos is a killer, pure and simple.

I want to ask Mr. Haymond, when you had to make a decision on which houses you would do first, how did you prioritize the risk? I wonder if it was based on someone saying, "This house is worse than this one; we're going to close it off and someone's going to move over there until we can fix this one". How did you go about making that risk assessment, knowing in your mind that it might be putting someone's life in jeopardy to just wait that much longer?

Chief Lance Haymond: That's a very good question.

Of the 20 homes, I guess we were aware, through our own analysis and study based on doing a health screening, that potentially 100 to 150 people had lived in those homes over the course of many years, because the homes were the first ones built in our community. Our reserve was created in 1973, and until 1984 Indian Affairs managed our housing program; we only took over in 1984. We had an Indian agent at the start, and subsequently Indian Affairs managed our program till we took it over in 1984.

In terms of prioritization, we had already developed five-year capital plans and renovation programs that were factored into our funding arrangements, so we knew that we were about to do some major renovations on some of the homes that were built in 1973. That's how we began to prioritize the homes; those that were about to undergo major renovations because of their poor quality at the time had to be brought up to today's standards, hopefully. So that's how we prioritized it.

It was a difficult decision, because the health director, as Mr. Aitken mentioned, did call. And he is one of those whose homes are affected; he chose to allow the other 10 homes to be remediated over his own, and he continues—and so do the other 10 families—to live in those homes. The stark reality is that in my community I have a waiting list of 80 families who are waiting for homes. And that's just a reflection. My community has small needs compared to those of many other first nation communities in Quebec. We have multi-generations of families living in the same homes, sometimes up to 17 people and three generations living in a home with approximately 1,000 square feet.

So in terms of prioritization, we chose homes that were about to be renovated, and then prioritized five more.

As I said, the community itself has taken approximately \$100,000 and invested it, because the chief and council viewed the remediation as a priority. Whether or not we had received any assistance from government, we were not going to continue, if at all possible, to allow all 20 families to remain living in those homes. But based on the funding, we were only able to decontaminate 10 this year, with a view to doing the next 10 this summer and, at the same time, offering the expertise we've garnered to the neighbouring community, Lac Simon, to begin the remediation process in their community also.

• (1200)

The Chair: Thank you.

I have Mr. St. Amand next.

Mr. Lloyd St. Amand (Brant, Lib.): I'll defer to Mr. Valley, Madam Chair.

The Chair: Mr. Valley, please.

Mr. Roger Valley (Kenora, Lib.): Thank you. I'll be brief, because I know we're running out of time.

Similar to Ms. Desjarlais and Mr. Harrison, I have a large number of first nations communities in my riding. I've had the opportunity to view a lot of the housing problems and I know well of what you speak.

You mentioned—and you just answered Ms. Desjarlais—how you decided to prioritize and how you decided which ones to do first.

I should say, first of all, thank you very much for coming, and thank you for the discussion and the testimony on the very tough issues you've had to deal with.

I'm just curious. You mentioned that 10 out of 20 homes are done, and you've had some training...\$15,000. As I listened to Mr. Aitken speak, I was quite concerned about the prevalence of this material and how much of a problem it can be to remove it. As I know the

condition of some of the homes, that's going to be my question to you.

But first, it's my understanding that not all vermiculite insulation contains asbestos. Do you know what percentage of the stuff they produced, or are there homes that have it but do not contain asbestos?

What is the issue?

Chief Lance Haymond: No, we did the initial sampling. We did the health director's home. I have a copy of the report that came back from the Pinchin lab, which is a recognized lab in Quebec. It confirmed the presence of tremolite, and it was confirmed in greater than 75% consistency in all of the 20 homes we self-identified. We sent samples from every home to be tested, to ensure that it was in fact asbestos-contaminated Zonolite. Therefore, we knew that the 20 homes were in fact all contaminated, and it was confirmed by laboratory testing.

Mr. Roger Valley: That's the procedure, then, that once you've identified there's vermiculite, you send it off to be tested. And none of the cases came back; they were all asbestos laden?

Chief Lance Haymond: They were all asbestos laden.

Mr. Roger Valley: Then on the question of decontamination, again, since it is so hard to remove, and with the condition of some of the homes, obviously the people have to be moved out; they have to be relocated while you do this.

And for \$15,000, is that done by the people in the community or is it done by professionals who come in from the outside? I just don't know how you'd get something that sticky or that prevalent.... How do you remove something like that to protect the people?

My concern is that it's done so the people are protected when they move back in the home.

Chief Lance Haymond: We're very well aware. We brought in a professional firm that specialized in the removal and decontamination. We purchased all of the appropriate equipment—the masks, the suits. We built a decontamination chamber, because it takes a three-section decontamination. The individuals who are removing it and sealing the units must wear protective suits.

We converted one of our school buses to make it a mobile decontamination unit, because not all of the units are side by side. We built a system and a decontamination unit that could be portable and go from unit to unit.

With the necessary training and the proper equipment, each individual goes in for a period of approximately two hours. They go in the first part and they put on a special suit with a mask that has a self-contained air chamber that only the individual breathes. Once they go in and do their work, they come out, they undress, they go through a shower. Their whole body is decontaminated, and in a third chamber they can get dressed. Then we have a secondary group—another two individuals—who take the next shift.

We have followed the standards laid down, and in the development of our process we involved Health Canada, Indian Affairs, Quebec's CSST. We've made sure we were not putting our individual construction workers... Because that's who we trained to do the removal, the actual construction workers who, once the home was remediated, decontaminated and sealed, could feel secure and safe going through with the complete renovation.

That is the process.

And we've ensured the safety of the homeowners while we were doing remediation. In fact, our priority was to ensure we were not putting our workers at risk. They are some of the approximately 150 individuals who have been contaminated, because prior to our knowing about Zonolite and the potential harmful effects, we had been renovating our homes with Indian Affairs RRAP program since 1984, and many of our members were indirectly exposed without having the full knowledge of what they were dealing with.

•(1205)

Mr. Roger Valley: It raises my confidence that you know the procedure and you're doing it correctly to protect the workers and the families who are going back into those homes.

I have one last quick question. Have you been able to do anything with the other 10 homes in the short term? Is there any kind of protection you can provide the residents?

Chief Lance Haymond: Short term—and again, it's part of the process—we've sealed up all cracks, openings, and gaps that have been identified with the view that it is a preventive measure until we can do the remediation and removal the following year. We ran out of time. You cannot do this remediation after the fall, because as I said, we have a shower that's hooked up, and you have to have running water. There are a number of things that had to be done.

The Chair: Thank you very much.

What I would like to do is give opportunity to the witnesses to make their closing remarks to the discussion we've had around the table. I'll give you this opportunity to close off your presentation and add anything you feel you might have missed in your presentation and in the answers to the questions. So feel free to add remarks.

Chief Haymond, perhaps you'd like to start.

Chief Lance Haymond: I would just like to thank the committee for the opportunity to speak in regard to this particular issue. I have a number of statements that I would very much like to make.

As a community, as I mentioned earlier, we did not wait for the approval or the financing, the necessary funding, from INAC to do the remediation. We took a very proactive approach because the health of our members indicated to us that it was a necessary role that chief and council had to take. And irrespective of the fact that there were no budgets available for the remediation, we chose to undertake the work ourselves.

In regard to the expertise we've garnered, as I said, we have been more than willing to share that expertise and the remediation process with other first nation communities that find themselves in a similar situation. Because what we learned is that if we bring in a professional firm, the cost will be extremely elevated versus training your own people and doing the work yourself. But as I mentioned in

the presentation, it may not necessarily be the option for every first nation community across this country.

Second, we have worked jointly with the Assembly of First Nations in trying to get the federal government to understand the seriousness of the overall housing situation that exists within first nation communities—the lack of housing, the overcrowding, the number of units that need to be built just to deal with the backlog, the mould contamination, and now this new issue of the vermiculite contamination. Our understanding is that it was to be a joint discussion on how it should be done, and indirectly we are finding out that the government, through CMHC and INAC, has been preparing budgetary submissions unilaterally, without the involvement of first nations.

So we're not convinced they fully appreciate and understand the seriousness of the issues as they relate to housing.

On a final note, if the committee were to consider doing anything specific, we would recommend that more hearings be held on housing. Visit some of our first nation communities to see first-hand some of the experiences that our communities live through, the type of housing that multi-generations of families are having to live in, raising their children and ensuring they have adequate education. We've had this discussion. It's really a sad sight in first nation communities when children and family members have to sleep in shifts because there is not adequate space when they're living with two or three generations in the same home.

We would ask the committee to pass a motion to involve the Assembly of First Nations and first nations in general in developing memorandums of cabinet to address the housing issue across this country.

Thank you.

•(1210)

The Chair: Thank you, Chief Haymond.

Mr. Johnson.

Mr. Carl Johnson: Thank you.

I have just a couple of closing points. I believe Health Canada's—or perhaps it's INAC's—website has a statement that says you have to assume this insulation contains asbestos. I think it's important that we understand we should not assume there is a safe level of exposure. We cannot gamble with the livelihood of people across the country. I think the example of the government removing the insulation from the military bases is a perfect example. That has to be carried through to the first nations communities as well.

Finally, yes, we can do the maintenance and the stopgaps, but those aren't the answer. Full remediation has to take place to ensure the safety and the health of the first nations communities.

Thank you.

The Chair: Thank you, Mr. Johnson.

Ms. Thundersky, please.

Ms. Raven Thundersky: I just want to make it clear that all Zonolite is contaminated with asbestos. The ore that came from Libby, Montana—that vermiculite was sold under the trade name Zonolite in Canada.

As I said earlier, nobody is immune to asbestos fibres, and there is no cure for cancer. What happens in between is agonizing, very painful, and very heartbreaking. There is no safe level.

Thank you.

The Chair: Mr. Aitken.

Mr. Alan Aitken: To sum up, in Canada we seem to have dealt with this matter with a cavalier, devil-may-care attitude. That was the attitude of Health Canada and Indian Affairs when we first approached them. They would have rather not heard, and when they did hear they just dismissed us as not knowing, or as exaggerating what in fact is the case.

When you look to the United States of America, their EPA has declared even the exfoliation sites for this vermiculite, where it's heated to 2,000 degrees and expands to 15 times its size, as hazardous sites. They go in with multi-million-dollar cleanups in places as small as Minot, North Dakota, and Great Falls, Montana, where the processing plants were.

We had a processing plant in downtown Winnipeg, right across from a school, and there's still been no cleanup. Nothing whatsoever has been considered. It's as if it had been there and now it's not. Let's get rid of it; we don't have to worry about it.

In Manitoba, on three reserves we know of, one had five houses identified with vermiculite. None of those houses is standing today. On another reserve with 21 houses, only one house is standing. On a third reserve in western Manitoba, 17 houses were identified. Two are left, and neither is being lived in.

So what we're finding, at least in western Canada, is that it's not the houses now standing that need to be cleaned. The people who lived in those houses need to be tracked and monitored for the rest of their lives, because they were exposed. They can no longer draw a parallel and say, "Well, we still live in it". They're not living in it any longer, but some of them are still living. Health Canada has to take a proactive stance and find these people and tell them, "This is what you need to do for the rest of your lives because you were exposed, and it could appear in you at any time". If that is not done, these people will be left out there to die.

That's what is happening right now. The people are unidentified. They have no idea what the risks were. They have no idea that they were exposed, and when they start to develop the chest pains, the coughing, the blood, they have no idea what started it, where it came from, or where they're going to wind up as a result of it.

Health Canada is not taking the lead. They are not doing their job. They're not identifying the people, and they're leaving them out there to die of unknown causes. We know what the cause is, if we can identify who they are.

• (1215)

The Chair: Thank you very much.

I thank all of you for your great presentations to the committee. Again, thank you for coming on short notice for this particular study. I thank all the members for their patience, because this has run a little longer than our scheduled agenda.

I have to suspend for a few minutes to get ready for the next witnesses.

Thank you again.

• _____ (Pause) _____

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• (1220)

The Chair: I'd like to call the meeting back to order so we can get to the second hour of the agenda.

We have with us Mr. Gilles Rochon, Mr. Jules Hébert, and Ms. Susan Burgess, representing the Department of Indian Affairs and Northern Development. We also have the Canada Mortgage and Housing Corporation, which is represented by Mr. Bill Smith and Ms. Deborah Taylor.

We'll start with some time for the presentation from the Department of Indian Affairs and Northern Development, and then we'll move on to the CMHC, followed by a round of questions from the members.

Mr. Rochon.

Mr. Gilles Rochon (Director General, Infrastructure and Housing, Department of Indian Affairs and Northern Development): Thank you, Madam Chair.

My first comment is that obviously as a representative of the department, I've been a witness to and heard the testimony about a very tragic story, just as all of you have. I am, just like all of you, very touched by it. The comments that I will offer from here on are with respect to official positions of the department and the policies and the approaches that are in place.

To start with, and to put some context around the challenge we are facing, I need to provide an explanation of the department's involvement with on-reserve housing.

Even back in the 1960s, the department's role in housing on reserve was to provide financial assistance to the first nation communities. The department does not purport to own the houses on reserve or to have built and managed those homes. Currently, we're providing financial assistance in the amount of \$138 million per year. These funds are used by the communities for a wide range of housing-related activities. Funds cover expenditures that will of course involve new construction of homes as well as the renovation of homes. They include as well the provision of maintenance, insurance, the administration and management of the housing portfolio, in addition to training and debt servicing.

INAC's funding assistance was never intended to cover the full cost of housing. It is up to the first nation communities to identify and obtain the funds necessary to complete the projects, including the use of debt financing. That's the explanation and the context I wanted to provide with respect to the role of the department in regard to the issue of housing on reserve.

Let me now move to the main topic of discussion today and provide members of the committee with an outline of the department's approach with regard to the use of Zonolite vermiculite insulation in on-reserve housing. In February 2004, the head office in Ottawa received information from our Manitoba regional office with respect to the use of Zonolite as an insulating product in a home in Poplar River First Nation and the subsequent illnesses of those who resided in the home. As already mentioned, this home no longer stands.

On receipt of that information and on further research around this whole issue, the department immediately set in motion a plan to undertake a record search of all departmental records available in order to help first nations— not only Poplar River, but all first nations—determine to what extent this product may have been used within their communities. Let me provide an explanation of these records at Indian Affairs.

I just explained to you our involvement back in the 1960s with respect to on-reserve housing. There was no policy, no obligation, on the part of first nations to submit purchase orders, invoices, or bills of delivery to the department for the material that was being received for construction. This being said, there was some correspondence, and there were instances where the department was involved in facilitating the consolidation of orders to lumber yards, especially with respect to the remote communities.

•(1225)

We felt that the least effort, the decent thing we had to do, was to go through our records, however incomplete they were. In March 2004, regional staff were asked to conduct a search of their respective records for the period covering 1960 to 1990 and report on the results. Records pertaining to housing construction were searched manually, page by page, line by line, and the search was completed in August 2004.

In the meantime, in early April a campaign was launched to provide each chief and council with an information package regarding the potential health risks of asbestos and vermiculite insulation. The package was developed by Health Canada in consultation with Canada Mortgage and Housing Corporation, Natural Resources Canada, and us. The department also met with the Assembly of First Nations to inform them of the issue and provide them with the information packages that we were in the process of sending out to all first nations.

In July 2004 a template letter to chiefs and councils was drafted for regions to use when informing affected communities of the results of the record search.

As was previously said in the testimony that you have heard, the search of our records found 597 references to Zonolite vermiculite insulation. I underline "references". I don't want to overemphasize or minimize the word, but "references" should not be equated to homes. Our records may have indicated the receipt or the sending of Zonolite to a community, but the Zonolite could have been used in a number of homes and not necessarily in one home.

Each affected first nation community was advised of the results by the regional officials of the department. When we communicated the

results of the search, we made a number of recommendations to chiefs and councils.

The first one was to undertake a review of their own records. In our minds, it was very clear that our record search was only a start, but it had to be complemented by the respective communities that were identified to carry out the search of their own records. It was recommended that chiefs and councils undertake a review of their records, determine if there were any houses still standing that may have been built using Zonolite, contact the Health Canada environmental health officer for more information about the potential health risks, and if they suspected that a house contained Zonolite, contact Health Canada to request a visual inspection by the environmental officer to determine if there was possible exposure to the occupants of the house.

At the beginning of September 2004, all affected communities at that time had been notified by our regional officers of our record search results. Again, as I said, the band records were not included in our record search.

At this point, we are working closely with first nations to collect more data on how extensively Zonolite has been used in on-reserve housing. As you heard in the previous testimony, by looking at their records, looking at their own experiences, and speaking to their people, first nations are finding out that Zonolite had been used in some of their houses.

•(1230)

Needless to say, as I mentioned at the beginning, the Government of Canada is concerned about this issue, and we in the department continue to work closely with first nation communities and other departments, because it is a closely coordinated effort at the federal level to address this important issue.

Thank you.

The Chair: Mr. Rochon, does that conclude the presentation from INAC?

Mr. Gilles Rochon: Yes, it does.

The Chair: All right, thank you very much.

We'll go on to the Canada Mortgage and Housing Corporation. Mr. Smith, please.

Mr. Bill Smith (Vice-President, Assisted Housing, Canada Mortgage and Housing Corporation): Thank you, Madam Chair.

My comments will be quite short. The contribution I can make to your discussion today is to tell you, as you're interested, about the housing programs that CMHC delivers on reserve.

The other remark I would make in introduction is that our program delivery on reserve contributes to but is not all of the housing supply program or renovation program. It did not begin until 1978, which is about 15 years after the events of which Raven Thundersky apprised you.

Beyond that, I have no initial comments to make and would prefer to leave the time to the committee to explore the areas in which it's interested.

•(1235)

The Chair: Thank you very much.

Next we have Mr. Prentice for the Conservative Party.

Mr. Jim Prentice: First, thank you very much for coming today.

Mr. Rochon, I'll direct the questions to you, if I might, since you made the presentation. If there are other people who should answer, please feel free to refer the question to them.

You mentioned that you were touched by what you heard here today from Ms. Thundersky, and I think it would be fair to say that everyone was. The difference between you and me, at least, is that you can do something about it; I can't, other than ask questions at this committee. So this is very much in your hands.

Based on what we've heard today, there are potentially 597 homes that have this particular product in them, or a version of this product. According to the previous witnesses, it would cost about \$15,000 per house to have that material removed. That is something in the nature of \$9 million. That is not a lot of money compared to the budget of your department, which I believe is something in the nature of \$7 billion to \$8 billion.

Now, it is fair enough for you to describe the steps that have been taken to inventory the problem. My question is, what are you going to do about the problem?

Mr. Gilles Rochon: The initial step, as I said, following the record search, was to identify 597 references. The step we are undertaking now with first nations is to identify how many of those homes are still standing. As we have heard from the previous testimony, so far we have come to the conclusion that there have not been that many; a good number of homes are not still standing. But that effort is not yet completed. We are still waiting. The first nation communities are still undertaking their own research and providing the results of that search to either Indian Affairs or Health Canada for further inspection, if that is required.

That is the first thing that needs to be determined: is the home still in existence or not? That is what is currently being done.

Mr. Jim Prentice: I appreciate that it's the first step, that you have to determine whether the house is standing. But knowing what I know about the living conditions on Indian reserves in this country, I suspect most of the houses are still standing, are still inhabited, and are probably crowded. So I come back to the question, why isn't the government proceeding expeditiously to deal with this and to get this vermiculite removed from the houses?

I don't see why this is so complicated and needs the involvement of multiple layers of bureaucracy in different departments. Why

don't you just go and fix the problem so that it's not a health risk to Canadians?

Mr. Gilles Rochon: To fix the problem, the house has to be in existence. You need to identify those homes.

We need to distinguish between overcrowding...and I admit that there is overcrowding and poor condition of homes. But that doesn't mean that house has the product in question. So you need to determine first whether that home has the product—we're dealing with Zonolite here—and if it has that product, what is the condition of the home and does it have exposure? That's the stage we are at.

Mr. Jim Prentice: Let me come at this another way. Has the department advised the minister of this problem? Has the department requested direction from the minister to fix the problem?

Mr. Gilles Rochon: Yes, we have informed the minister of the problem. We have informed the minister of the approach taken.

•(1240)

Mr. Jim Prentice: I'm not asking if you've informed the minister of the problem; I'm asking if the minister has given you direction to fix the problem, and to spend the \$9 million to get the vermiculite removed from these houses—yes or no?

Mr. Gilles Rochon: In terms of the financial aspects of it—and that may perhaps appear insensitive—we have, as I said, a budget of \$138 million. It is sent to the first nation communities. They have control over that budget; they determine their priorities. A number of them are using their regular budget, because a number of those homes are scheduled to be renovated anyway, so the renovations are taking place.

Mr. Jim Prentice: Fair enough, but I think I am entitled to an answer to my question. You've indicated that the minister is informed. My question to you is this: has the minister given you direction, as the senior bureaucrat, to fix the problem—yes or no?

Mr. Gilles Rochon: We are fixing the problem, by the approach that we are undertaking with Health Canada. We are fixing the problem.

Mr. Jim Prentice: Has the minister given you the direction to spend the funds to get the vermiculite removed from the houses—yes or no?

Mr. Gilles Rochon: The position that was received and accepted by the department is to deal with the situation on the basis of the budget we have now. Those situations that require additional financial support will be dealt with on a case-by-case basis.

Mr. Jim Prentice: So I take it the answer to my question is no, and that your direction from the minister is to deal with this only on a case-by-case basis, as in when money becomes available. Is that fair?

Mr. Gilles Rochon: No, not to deal on a case-by-case basis... The financial help, over and above the regular budget, will be on a case-by-case basis, if there are extenuating circumstances. But we are dealing with the situation by—

Mr. Jim Prentice: Would it not be an extenuating circumstance to have Canadian citizens living in houses that have vermiculite, which on all the evidence we have heard causes cancer? That would seem to me to be extenuating circumstances for all the women, children, and male adults living in the houses.

Mr. Gilles Rochon: The extenuating circumstances I am referring to are with respect to the financial ability of the band to deal with the situation they have with Zonolite.

Mr. Jim Prentice: With all due respect, sir, I am back to the point that I asked you. This is \$9 million, and your department has ample money to be able to fix the problem. I've asked you repeatedly, in several different ways, if you have received direction from the minister to spend the money to solve the problem. I take it the answer is no.

Mr. Gilles Rochon: The answer is yes. If you're asking me if we have put \$9 million aside over our regular budget, the answer to that is no, not at this time. But we are addressing it, and we need to see whether it couldn't be addressed through our regular budget. Honestly, so far, at this point we have not received any financial requests, except one, from the first nation communities.

The Chair: Thank you, Mr. Prentice.

Mr. Cleary.

[Translation]

Mr. Bernard Cleary: I, myself, am an Indian and I have been actively involved in aboriginal affairs as a negotiator and in other capacities for about 30 years.

I don't understand how you can say that, in the case of houses, the department provides financial assistance. You should be aware that all of the treaties, without exception, state the Government of Canada has a fiduciary responsibility to Indians and has undertaken—because the Indians were put on reserves so their lands could be taken—to provide housing for Indians, not financial assistance. The role of a trustee for Canada's Indians is no small thing. It is important. You cannot escape your role as a trustee by saying that you don't have the necessary funds, or because they are not being used properly, or because you have no control over them.

So, when you tell me, Bernard Cleary, that your role is to provide financial assistance, I tell you that you are wrong. You don't understand what your role is. If that is what the departments or others are telling you, as professionals, then you are willing to accept just about anything. You should begin by getting your facts straight and by finding out what rights the Indians do have and what fiduciary commitments the government has made to the Indians.

The role of a trustee is also to ensure that the Indians do not die in the houses that you built for them. When we hear cases like the ones that were presented today, we can't imagine why the department is considering undertaking studies, etc., instead of trying to solve the problem. You say there was only one. If you kick them out without even listening to them and you have never worked with people to try to find out what houses were involved... That was part of your responsibility as a trustee. You are there. A trustee is supposed to help the person for whom he is responsible. What were you thinking? A trustee should not be trying to find loopholes to jump through.

I have heard some terrible stories since I became a member of this committee. On numerous occasions, there have been excuses given for education, housing, just about anything. I don't think that is the best way to go about it. You should work with people to try to give them that to which they are entitled according to the treaties or their historical rights. You can't do that by trying to get out of acting or by providing only the barest of budgets. I think your role is to help us, as aboriginal groups, to overcome our problems.

The royal commission provided countless recommendations. They have all being shelved and you have studiously ignored them. However, they didn't come from the Indians but from a royal commission.

As to the houses, the very first Royal commission on Indians, struck after Confederation, said the same thing: you have to ensure that Indians are given... You did not pay any more attention to it then than you are doing now. When are you going to take care of this and stop telling us that you have no responsibilities because, when it comes down to it, you give the Indians some money and it is up to them to make do with it? Can we ever expect to see a satisfactory response to these issues?

● (1245)

We don't know how to go about ensuring that you play your role of trustee. How are we going to do that? It isn't working. We can't do it. Why? Because you are running away. As soon as we touch upon a problem, and try to identify solutions, we are stonewalled. There are studies. You have quite an affection for studies. You always have enough money for studies. But that time has passed, we have to get the junk out of these houses. It is quite simple. You have identified them, you say that you are aware of them. Well then, show us the \$9 million! You won't bankrupt the Department of Indian Affairs and the Canadian government. People will die because of this, and you don't care. You are studying it.

When this type of issue arises, what we want is support from the Department of Indian Affairs. We're not looking for excuses, we want support. How can we work together to find solutions? You tell us. That's what I would like to hear from you. You are the specialists in the field, so tell us. That is what we want to know.

● (1250)

[English]

The Chair: You have about 45 seconds.

[Translation]

Mr. Gilles Rochon: Madam Chair, the solution can be found in cooperating with the first nations. The first nations are asking, are demanding control over the programs, and increasingly, that is what they are getting. We are supporting them. What is being done about Zonolite is not a theoretical study. We are asking the first nations, based upon information that we have given them, to go to their land, to their communities, and clearly identify which houses are still standing. Once these houses have been identified, we will work with the first nations to see how we can best solve the problem.

[English]

The Chair: I have to move on to Mr. Martin, the next questioner.

Mr. Pat Martin: Thank you, Madam Chair.

From what I've heard and read, contrary to your presentation and your brief, this whole file has been a history of stalling, delaying, denying, and stonewalling on the part of INAC for at least the eight years the Thundersky family been seeking recognition and remedy. In your brief you make it sound like it was in March 2004 that you became aware Zonolite was a health hazard. Well, I've been involved with it longer than that, and the Thundersky family has been seeking some kind of attention for a lot longer than that.

There's been an access to information request done, and we have the original scripts for your INAC people for their meetings with the Thundersky family. It's hard to believe somebody would script sympathy, but that's how it's itemized: make sure you sound sympathetic, but for God's sake, don't use the word "asbestos", etc. So there was a deliberate cover-up, a deliberate attempt to downplay this public health emergency on reserves, and you're not being forthright about it in your presentation. I'm not saying it's you personally, but to read your brief, someone would never know the sad legacy and the sad history of this file.

Now, what I want and what we are calling for on behalf of many first nations is a comprehensive testing and removal program to clean up these death houses, as they're known in northern Manitoba.

And it's not just the 594 houses. I understand from what you tell me that you were just tracking building materials and bills of lading, but testimony we heard earlier today says your numbers are way off. There are far more houses than 594. Natural Resources Canada estimates 300,000 homes in the general population had Zonolite insulation. On reserves, we believe, the usage was common and frequent.

How do you juxtapose the script of denial your department officials were given to the testimony you've given us today, that as soon as you were alerted to it in March 2004, you leaped into action?

Mr. Gilles Rochon: As I said, with respect to the national office, it was in February 2004 that we became fully conscious of the presence of Zonolite in construction on reserves and of the health implications of that product.

Mr. Pat Martin: The class action suits in the United States have been going on for decades. It's hard for me to imagine that people were unaware when the largest single cluster of mesothelioma in the world comes to your office and the reaction is to draw up a script of denial to make sure that none of your officials steps in the doo-doo and implicates the government somehow for liability and culpability.

That's a pattern of denial, a pattern of stalling. I don't know if you were hoping it would go away—again, not you personally.

What would you advise us to do as a committee to get this message to the minister that we want a comprehensive testing and removal program on reserves?

• (1255)

Mr. Gilles Rochon: What is it I have to say to convince you that I believe that's what we're doing now?

What we are doing now is trying to determine the extent of the presence of that product in homes that are currently standing, not homes that were built in 1960 and that do not exist any longer. We cannot do anything with homes that no longer exist. They may be mentioned in the file back then, but the homes do not exist.

We're working closely with the first nations. First nations have to be involved. They're the ones who have a better appreciation, a better knowledge of whether the homes still exist or not. That's what we're doing. We're working closely with them to identify those that are in existence, and then we proceed with the assessment and removal, if so required.

Mrs. Bev Desjarlais: Could I just question you there? You're giving an implication that you're following up with the first nations on this. Could you tell me exactly what type of follow-up is happening with those first nations?

If you get a recall on your car, they tell you to go and fix the brakes. There is a follow-up later saying that you haven't brought your car in and asking if you are going to bring it in. That's just for something like fixing your brakes, where nobody has necessarily even been killed. In this, we have a situation where it could be causing cancer. Can you let me know what your process of follow-up is?

I'm also wondering whether or not you can make available to the committee copies of the package that was sent to the first nations as well as the letters that were sent to them.

You indicated that the Department of Indian Affairs and Northern Development wasn't responsible for providing the housing but only for providing financial assistance. I'm not going to get into the question of whether or not you're responsible. Could you tell me if any other government department was responsible for providing supplies or materials for the first nations? As many of us will know, looking after a first nation, so to speak, was never always done by the Department of Indian Affairs and Northern Development. There were different names involved, in which departments? I would hate to think that someone might be skirting around and trying to get out of a little loophole. So could you just fill me in on that?

There was no representative from Health Canada here, was there? However, you have been working in conjunction with Health Canada. Could you tell me what Health Canada gave as the overall cost of care for someone who developed mesothelioma cancer?

Thank you.

Mr. Gilles Rochon: Your last question I cannot answer. You'll need to ask Health Canada that.

In terms of a follow-up, we have had a number of meetings, normally with first nation communities, but with tribal councils. We fund tribal councils. One of the purposes of tribal councils is to provide technical advice and to help a number of first nations. A number of first nations are very small. They have limited capacity, and so the existence of the tribal council is exactly for that, to help them out and to provide them with direction on how to proceed.

We have as well, as I mentioned, a follow-up with the Assembly of First Nations. They have to be congratulated. They have also sent a communication to their communities saying not to limit themselves to only what the Indian affairs department has found in its record search, but by all means, to proceed and make a conscious effort to identify homes that may possibly contain the product.

The Chair: We have to move on to the next questioner. Thank you.

Mr. St. Amand, thank you for your patience.

Mr. Lloyd St. Amand: Just so that I understand this, Mr. Rochon or anyone else, the buildings occupied and presumably owned by the Department of National Defence have been cleared of this vermiculite. Is that correct?

Mr. Gilles Rochon: I don't know whether they have been cleared of the product now, but steps have been taken, I'm told.

Mr. Lloyd St. Amand: Is it fair to say that more steps have been taken with respect to DND buildings than with respect to houses on reserves?

Mr. Gilles Rochon: There is a parallel, I think, between what DND is doing and what we are doing. DND's first step was to identify which homes had the problem, and the second to determine whether there was exposure in that home, and if there was exposure, then to remove the product. I think we're following a parallel track.

Mr. Lloyd St. Amand: I take it the subtle difference from the department's point of view is that because, strictly speaking, the department does not own these structures, you feel something of a lesser responsibility than you would if in fact you owned them. Is that fair to say?

• (1300)

Mr. Gilles Rochon: That is fair to say.

Mr. Lloyd St. Amand: The \$138 million—I believe that's the figure—that is allocated to first nations for housing purchases, is that Canada-wide?

Mr. Gilles Rochon: Yes.

Mr. Lloyd St. Amand: What amount is provided on an annual basis to the Poplar River First Nation?

Mr. Gilles Rochon: I'll have to get back to you on this.

Mr. Lloyd St. Amand: Can you approximate it?

Mr. Gilles Rochon: No, I'm sorry, I wouldn't dare.

Mr. Lloyd St. Amand: To some extent I presume it's the department's position that out of that unknown amount of money there's an obligation on the council itself, which owns the structures, to remedy the problem.

Mr. Gilles Rochon: That's right, or at least to assess the situation. There may be instances where there's only one home still in existence.

Mr. Lloyd St. Amand: In your opening comment, you eschewed or did away with the notion that the department owns the residences, and I understand that, but then you said at times—and you were fair in your opening—the department has been involved in facilitating certain materials being used. I'm paraphrasing, but do you recall that comment?

Mr. Gilles Rochon: Yes. I don't believe I said “being used”.

I'm referring to the period of the 1960s. There were instances... We are dealing with remote communities. I think it's fair to say back in 1960 there weren't the communication systems or transportation systems that are in place now. One could say, when you look at past records, that there were instances where to help out first nations, rather than have each one of them place an order with a lumber yard in a faraway urban centre, the department would consolidate the requests for those materials and place the order on their behalf.

Mr. Lloyd St. Amand: With a lumber yard or an insulation supplier?

Mr. Gilles Rochon: Or supplier, yes.

Mr. Lloyd St. Amand: You may not want to answer this, but do you not think that if the department subtly or overtly encouraged the use of vermiculite, some onus rests on the department to remedy the problem?

Mr. Gilles Rochon: I think, with all due respect, you're characterizing it improperly. There is no indication that our officials at the time promoted Zonolite. It was a brand that, especially in western Canada, was very much in use, but we didn't promote Zonolite. We'd place an order for insulation; the lumberyard was selling Zonolite; the lumberyard offered Zonolite; and Zonolite was purchased, with no one at that time knowing what the product contained.

Mr. Lloyd St. Amand: Is that, then, what distinguishes these cases, from the department's point of view, from cases of urea formaldehyde foam?

Mr. Gilles Rochon: I'm not that familiar with formaldehyde.

Mr. Lloyd St. Amand: It was a government program.

Mr. Gilles Rochon: I'm not in a position to answer that.

Mr. Lloyd St. Amand: Of the 597 homes—and there may be more, but of those that have been identified as most likely containing this vermiculite—how many are yet standing?

Mr. Gilles Rochon: We don't know yet. That's what we are in the process of determining with the help of first nations.

Mr. Lloyd St. Amand: Am I correct, then, that the \$9 million you used as the figure in response to Mr. Prentice's questions is the maximum—that is, 597 times \$15,000?

Mr. Gilles Rochon: No. I don't think we can say that it is a maximum because of the fact that first nations themselves can uncover situations where Zonolite had been used in their homes. If we were to say that 597 is the maximum, it would imply that our records were entirely complete, that we had the entire population. But as I said in my opening remarks, we didn't have that.

Mr. Lloyd St. Amand: I understand.

Mr. Smith may have a question.

Mr. David Smith (Pontiac, Lib.): When do you expect to have the final results available on the number of homes that are still out there? When do you expect a date for that? Did you identify a date and, at such a date, expect to have all responses back from all the different bands?

• (1305)

Mr. Gilles Rochon: We didn't establish a date with first nations and say, please respond to us by such a date. What we're doing is following up with them in order to make sure the effort is being undertaken. I really can't offer a guess as to what that date would be.

The Chair: I think you can go for 30 seconds, Judi.

Hon. Judi Longfield: How many homes have you inspected to date, and what has been the result of the inspection?

Mr. Gilles Rochon: The homes are inspected by Health Canada; they're not inspected by Indian Affairs. The last information I

received from Health Canada is that 119 homes, I believe, had been requested to be inspected and had been inspected.

Hon. Judi Longfield: And were all of them determined to be in need of immediate remediation, or in some of them was it found that the Zonolite was appropriately contained?

Mr. Gilles Rochon: The last information I received was that from the 119 inspections, 40 homes had been identified as being high risk.

Hon. Judi Longfield: And the others...?

Mr. Gilles Rochon: The others, I can only assume, were either no risk or minor risk.

Hon. Judi Longfield: Thank you.

The Chair: Thank you very much.

I think we've used up the time to question the witnesses. I thank everyone for their patience in going over our time on the agenda. I don't know whether the presenters want to make their closing remarks or feel that they've exhausted their responses.

Mr. Gilles Rochon: No, Madam Chair, I don't have any more comments.

The Chair: Thank you very much.

Our next meeting will be February 15 in room 308 of the West Block, and we will be starting a new study.

Thank you, everyone. The meeting is adjourned.

Published under the authority of the Speaker of the House of Commons

Publié en conformité de l'autorité du Président de la Chambre des communes

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