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**Chair**

**Mr. Greg Kerr**



## Standing Committee on Veterans Affairs

Thursday, March 7, 2013

• (0850)

[English]

**The Vice-Chair (Mr. Peter Stoffer (Sackville—Eastern Shore, NDP)):** Good morning, everyone. We have quorum. Today, pursuant to Standing Order 108(2), we resume the study of depleted uranium and Canadian veterans.

Let me inform you all that we received a call from Louise Richard. Unfortunately she is sick this morning and cannot make it.

Our meeting will be starting off with Mr. Pascal Lacoste, and then we'll go in camera, I believe, to consider future business.

Before we start, on behalf of our committee I want to note to all the women in the room and outside this room that tomorrow is International Women's Day. Congratulations to each and every one of you.

Also, I offer commiserations to our colleague Sean Casey on the loss of a great troubadour of Canada, the great Stompin' Tom Connors, from Skinners Pond, P.E.I. There are two great people who come from Skinners Pond, and they are Stompin' Tom and Gail Shea, the Minister of National Revenue. Well done.

Mr. Lacoste, thank you for coming, sir. You have 10 to 12 minutes, if you wish.

**Mr. Pascal Lacoste (As an Individual):** Thank you.

[Translation]

Good morning.

Thank you for finally agreeing to talk about depleted uranium. It's a sensitive subject, I know. But not so for me; it's a matter of survival. I am here for one reason only. My pressure tactics have always been solely for the purpose of receiving care with dignity. I am sorry to say I found the report I saw bitterly disappointing, and I will tell you why.

I want to start by thanking Minister Blaney for finally agreeing to a discussion on uranium poisoning and for taking a stand. Now, we have at least one tool to work from, and that is the decision made by the current government. Unfortunately, its report does not state what uranium is, merely what it is not. Nowhere does the report address the effects on the reproductive system. And yet, that is the first system affected. Dr. Gosselin, a urology specialist, told me that my inability to have children—my sterility—was directly tied to uranium poisoning. Why does Dr. Morisset's report make absolutely no mention of that?

The report is said to be impartial. That's fine, but why did those conducting the study refuse to hear from Sister Rosalie Bertell? She is a Canadian and was the United Nation's chief medical officer during the Chernobyl nuclear disaster. I can't understand why an impartial committee would refuse to hear from such a highly qualified Canadian expert. She is an authority in the field. So forgive me for questioning the report's impartiality.

The first attachment you were provided with may help to explain why the report is incomplete. It's an article by the Canadian Press. It says that the Canadian government has a tendency to interfere in research that involves ecology, the economy and defence. And uranium fits in all three of those categories. I want to sincerely thank those Canadian scientists who think like I do and who voiced their views publicly.

Dr. Morisset's report says that uranium exposure is unlikely to cause health problems. I would point to the Department of Veterans Affairs Act, which stipulates that, if there is a doubt, the benefit of the doubt goes to the claimant. As for my own medical history, I have undergone four psychiatric assessments, all of which showed that I had no psychosomatic illness and that I did not suffer from a mental illness. I do have an operational stress injury, but it does not explain my sterility, my immune deficiency problems or my chronic throat ulcers. No psychosomatic illness can affect the kidneys, but uranium can.

When he appeared before you, Dr. Morisset said that the report was meant to inform veterans. That's great. Why, then, does the report not indicate what constitutes a worrisome level of exposure to uranium? To my mind, that is the first question that should be asked. In Dr. Morisset's report, which he says is meant to inform us, he indicates that the U.S. treats American soldiers with uranium poisoning at a hospital in Baltimore. Why does he not inform us of those treatment options?

I have had uranium poisoning since 1996, and I have known about it since 2000. I have spent 13 years now chasing down treatment all over the world. Whenever I see specialists, they always tell me that the science is not advanced enough in this field and that we don't know enough about the harmful effects of depleted uranium on human health. They say it's necessary to rule out all possible causes before they can attribute all the remaining effects to uranium exposure. That's how medicine works, from what the specialists have told me.

Different Canadian specialists, at Hôtel-Dieu de Québec, Hôtel-Dieu de Lévis, as well as institutions in Ontario and Nova Scotia, have told me, on four occasions, that the only possible cause of my health problems was uranium poisoning. And yet, according to Dr. Morisset's report, that is unlikely. I sincerely hope the veterans affairs minister will read the section of the act stipulating that, in the event of doubt, the benefit of the doubt goes to the claimant. In my own case, reasonable doubt does exist. I can prove it, and I am going to have fun with the media in that respect, mark my words. Will the minister adhere to his own legislation or not? I look forward to meeting with him. I am extremely worried.

The Canadian Forces vehemently deny using weapons containing depleted uranium. If there's no problem with the use of depleted uranium weapons, especially if they are much less expensive than those containing tungsten, why doesn't the army use them?

While Canada says it doesn't use depleted uranium, the report addresses solely weapons. Why is there no talk of the explosive reactive armour we used in Bosnia on our Grizzly, Bison and Cougar tanks? During that mission, we needed extra armour for our tanks. The only thing protecting us, those of us who were supposed to maintain the vehicle, from porcelain plates of depleted uranium was a piece of canvas. I can tell you that when we were driving on unmarked roads, it damaged those armour plates and we had to replace them. The mere act of replacing them meant that we were breathing in radioactive dust.

Dr. Morisset asserts that some U.S. soldiers have large chunks of uranium in their bodies without any real problems. That is true. It's not the large chunks that are the problem, but the microdust. When you breathe in a cloud of radioactive dust, it enters your respiratory tract. Then those particles travel from the pulmonary alveoli to the blood and migrate to the bone marrow.

I am telling you that I have a bone marrow disease that is directly linked to uranium poisoning, according to the four groups of specialists I consulted. Dr. Morisset can say what he likes about the unlikelihood of uranium poisoning among Canadian soldiers. The documents accompanying my brief include one of the uranium contamination tests that I underwent. You'll see that it's quite the graph. I am in the red: I am 61 times more radioactive than the acceptable limit.

Dr. Morisset pointed to the fact that certain populations have fairly high radiation levels, but he made no mention of fertility problems or deformed and extremely sick newborns. There is a direct correlation with those high levels of radiation.

There is something else tremendously hurtful in the Canadian government's treatment of its veterans. Canada has previously acknowledged harm caused to radioactive veterans who served as guinea pigs in connection with the Manhattan Project at the end of the Second World War. Although it took the Canadian government 60 years, it did recognize that those past veterans had suffered uranium poisoning.

Up until 1995, the Department of Veterans Affairs had compensation charts. You can check; the information's included in the attachments I provided. Why is a distinction being made between old veterans and new veterans? Why is it acceptable to recognize the

radioactivity-related problems of our veteran predecessors, but not us, young veterans? That is unfair. There are precedents. Less than two years ago, you passed legislation on case law. Can you please respect your own laws?

When you do things like that, we get the message loud and clear. And I was just a corporal in the army. How do you think that affects the confidence military personnel have in the chain of command? They are asked to demonstrate loyalty. No member of the military will ever complain because loyalty is part and parcel of their duty. But do you ever allow military personnel to question the loyalty they are shown, when they are told that old veterans were entitled to something that they aren't? We're being told that it's not the same for us, young veterans, that radioactivity affects us less. Believe me when I say those words hurt.

In his report, Dr. Morisset discusses uranium miners. I hope the labour standards in Canada's uranium mines are high enough to protect miners. Everyone knows they work in a contaminated area, a high-risk zone. But, since they have the benefit of protective equipment while working in high-risk zones, they are better off than we, the members of the military, are out in the field.

Dr. Morisset confirmed that we, members of the military, had absolutely no tools to determine whether or not we were in a uranium-contaminated zone. The only tool we had was the DT-60 you see here. It's a disc-shaped indicator that provides no reading. Only our chain of command had the ability to read the results when analyzing the device. We were ordered to wear it at all times on our ID or dog tag, so it could be read when we returned from a mission.

In 1996, when we returned from our mission, all the DT-60s were read, and then they conveniently disappeared. The person who did my DT-60 reading told me that I had the highest level of radiation of everyone. He told me to keep it because it might come in handy one day. I have it on me today. I never take it off. If you want proof of my radiation level, I have it here.

Under the Access to Information Act, I learned that the Canadian Forces had tested me for uranium. I found that, while I was in hospital in Sainte-Anne-de-Bellevue, I had been tested for uranium exposure. Both times, the results showed that I was 61 times more radioactive than the tolerated standard. Why didn't the army tell me that I had uranium poisoning? Why did I have to go through civilian channels and fight for that information? If depleted uranium does not have adverse effects on health, why do they test us? Why are those tests hidden from members of the military?

The Canadian government does not want to acknowledge that I have uranium poisoning. When I joined the forces at 19, I was in such good shape that I was sent for biathlon training. I was actually so fit that I was considered an Olympic hopeful. In 2000, during my mission in East Timor, I lost 35 pounds of muscle mass in 9 days, and I haven't been healthy since. I went from an athletic specimen to someone who has a disability, legally speaking.

The Department of Veterans Affairs claims that I have absolutely no problems. But how do you explain the fact that my exit from the Canadian Forces was for medical reasons without the slightest diagnosis and that I still have serious health problems today, even needing a wheelchair to get around at times? How can needing a wheelchair be related to having post-traumatic stress disorder? The seventh conclusion in Dr. Morisset's report suggests that the problems may be in our heads.

PTSD, or post-traumatic stress disorder, is a serious and important illness. I have lost comrades in arms to suicide. But PTSD does not explain everything. Keep in mind that a person is made up of body and mind. I sometimes get the feeling that PTSD is used as a diagnostic dumping ground, if you will, to explain any problems that they don't really want answers to.

The report states that it is unlikely that Canadian soldiers have been exposed to harmful levels of uranium. I joined the army as soon as I finished school. It's the only job I've ever had. While I was in the army, I was tested and the results came back positive for uranium. How do you explain that? How else could I have ended up with such a high level of radiation in my body if not by being in the army?

It is a fact that both the Valcartier and Longue-Pointe bases put out public calls for tender for the decontamination of storage areas contaminated by heavy metals, including depleted uranium. I actually obtained the information on the storage areas on the Internet, thanks to the Access to Information Act. And if I can find it, anyone can.

When I ended my hunger strike, the Minister of Veterans Affairs promised me that I would receive appropriate care for my condition. I am still waiting. What is my condition? What care can they offer me? The only thing I was offered was psychiatric treatment, but no one was ever able to tell me what the goal of the treatment plan was. After 10 months of rehabilitation without the slightest goal, I felt like I was wasting taxpayers' money, so I asked to stop the treatment. I was troubled by the fact that they were bringing someone in twice a week to go for a walk with me. The person had to travel from Montreal to Quebec City and back every time. I was so uncomfortable with the idea of taxpayers' money being spent like that, that I wanted it to stop.

I want to make something clear. All the specialists I saw regarding my uranium exposure came to the same conclusion. Uranium poisoning is a health problem we know little about today, just like AIDS in the late 1970s.

Unfortunately, there aren't any real tools that can help. According to former UN chief medical officer Rosalie Bertell, the only tangible thing that can help is drinking distilled water.

After that, the Department of Veterans Affairs acknowledged that I suffered from chronic fatigue, chronic pain and fibromyalgia. Why wasn't I treated for those symptoms? The department can deny everything, but what will it do to help us get better? There has to be the tiniest bit of accountability.

Mr. Chair, am I out of time?

● (0905)

[English]

**The Vice-Chair (Mr. Peter Stoffer):** We are running out of time now. If you could wrap up, we'll have plenty of time for questions and comments after, if you wish. You probably have a lot to say, but we are against the clock.

If you could move to your concluding remarks, there will be lots of questions, and then you can comment following them, if you wish.

**Mr. Pascal Lacoste:** I'm sorry.

[Translation]

That was in English only, and I didn't catch what he said.

Regardless, I am finished.

[English]

**The Vice-Chair (Mr. Peter Stoffer):** Mr. Lacoste, thank you very much for your presentation.

We're going to have rounds of questioning.

We'll start off with Mr. Chicoine, for five minutes, please.

● (0910)

[Translation]

**Mr. Sylvain Chicoine (Châteauguay—Saint-Constant, NDP):** Thank you, Mr. Chair.

Mr. Lacoste, thank you for being here and sharing your story with us.

I have a lot of questions, and I'm going to try to ask as many of them as possible in five minutes.

I will start with something you said at the end of your presentation. You said you hadn't received any treatment for your chronic fatigue. You also mentioned fibromyalgia. Do you suffer from that as well?

**Mr. Pascal Lacoste:** Yes. I suffer from chronic fatigue, fibromyalgia and chronic pain.

**Mr. Sylvain Chicoine:** You didn't receive any care and you weren't given any treatment for your kidney problems?

**Mr. Pascal Lacoste:** Absolutely not.

I went to Nova Scotia at my own expense. They were supposed to help me see a specialist who treats other veterans and serving members of the military for the same problems I have. They confirmed it, so I'm not the only one. But I didn't receive any assistance.

I showed up with my treatment plan, but veterans affairs did not acknowledge it. I was asked to prove that my uranium poisoning was related to my service. I was told that as long as the government had not established a correlation between the two, I wouldn't receive any services or support. So, as far as my kidney and other problems go, I get nothing.

**Mr. Sylvain Chicoine:** You said you went to Nova Scotia a few times for treatment of your health problems related to depleted uranium. Does that mean they are specialists in the field?

**Mr. Pascal Lacoste:** There are doctors who specialize in environmental problems. That was the first time in 13 years I'd ever received any real treatment. I was given an intravenous injection of magnesium, which did me a world of good. However, veterans affairs does not recognize the correlation between the magnesium treatments and service, so I pay out of my own pocket. So far, I've spent \$6,000.

**Mr. Sylvain Chicoine:** Has your health improved with the magnesium treatments?

**Mr. Pascal Lacoste:** Yes, a lot. The first time I had the treatment, it was 4 o'clock in the afternoon, and the next morning, around 7:30 or 8, I woke up refreshed and ready to go. That was the first time in 13 years that I felt free.

**Mr. Sylvain Chicoine:** How many magnesium treatments have you received, Mr. Lacoste?

**Mr. Pascal Lacoste:** I was supposed to get six magnesium treatments, but the conditions weren't optimal from a medical perspective. So unfortunately, I had to stop at four. Now I have kidney problems, and I can't receive any more treatments as long as those problems persist.

**Mr. Sylvain Chicoine:** Very well. Thank you.

Early in your presentation, you mentioned Sister Rosalie Bertell, who Dr. Morisset did not agree to hear from as part of his review. Did she contact the committee and Dr. Morisset for the purposes of the study?

**Mr. Pascal Lacoste:** I strongly urged the committee to speak with Dr. Rosalie Bertell, as well as Dr. June Irwin, who has tested numerous serving members and veterans. She is aware that many have uranium poisoning. She did the tests herself.

The committee did not see fit to follow that recommendation. I was totally disregarded. I raised the matter three times, and every time, I was totally disregarded by the committee.

**Mr. Sylvain Chicoine:** Were you asking if you could appear before the committee or if Dr. June Irwin and Dr. Rosalie Bertell could appear?

**Mr. Pascal Lacoste:** Myself, as well as the two doctors.

**Mr. Sylvain Chicoine:** Did they invite you to provide your input for the study?

**Mr. Pascal Lacoste:** Never. I was ignored. I never even got an answer.

**Mr. Sylvain Chicoine:** You didn't get an answer?

**Mr. Pascal Lacoste:** I got no response from the committee, even after trying three times.

**Mr. Sylvain Chicoine:** That's interesting. That isn't quite what we were told. When Dr. Morisset appeared before us, he said that he and his team had received some input from veterans. We can talk about that a bit later.

So you reject the conclusions of Dr. Morisset's report and study. Why do you think you were exposed to depleted uranium? Tell me a bit about the missions you went on. I believe your health problems got worse rather quickly. That was probably in East Timor. I recall reading something about that. Do you recall any particular instances when you think you may have been exposed to uranium? You said it

caused your health problems. What makes you think you were exposed to depleted uranium during the missions you were on?

**Mr. Pascal Lacoste:** It's quite simple. First of all, as a driver, I had to maintain armour plating on our vehicles in Bosnia. Second, I was physically in the place where A-10 air raids were conducted. American aircraft fired on armoured vehicles in Bosnia. I was there. I went there. I even have a picture of me on those tanks. We didn't know they were bombarded with depleted uranium. I was physically there.

Then, in East Timor, the tangible incident was my contracting a tropical disease called dengue. I was brought back to Canada. The army told me to drink water because, according to them, I didn't have any illness. I was told that if I complained too much, I would be thrown out of the Canadian Forces. In their eyes, either I walked or I died. That's basically what they told me.

At the same time, some of my friends were doctors, and they told me it wasn't normal to lose 35 pounds of muscle mass in 9 days. I went from having the body of an athlete to that of a person with a disability. From then on, I underwent tests in the civilian system on a confidential basis.

In East Timor, the ground is so contaminated birds won't even land on it. Finally, after that, we realized I had uranium poisoning. But there is nothing to prove that there was uranium in East Timor. The doctors told me I'd had uranium poisoning for years. Since I was in excellent shape, I was able to handle it. The health problems I experienced as a result of the tropical illness totally pummeled my immune system, however. One problem aggravated the other. And I haven't recovered since. The poison is constantly weakening my health.

• (0915)

[English]

**The Vice-Chair (Mr. Peter Stoffer):** Thank you, Mr. Lacoste. Now we go on to Mr. O'Toole.

[Translation]

**Mr. Erin O'Toole (Durham, CPC):** Thank you, Mr. Lacoste.

I'm going to ask you my questions in English.

[English]

Thank you very much for appearing here today on a difficult subject. As a veteran myself, I thank you for your service. I think all sides in this room appreciate our men and women who serve.

It's clear you've read the study prepared by the scientific committee. It appears you don't agree with it. Is that fair to say?

[Translation]

**Mr. Pascal Lacoste:** Absolutely not. What's more, Minister Blaney told me that I could meet with Dr. Morisset so he could better explain it to me. That is another promise Minister Blaney has yet to follow through on. I really wish Minister Blaney would have done what he said, so I could have had a fine presentation, gained a better understanding of the issue and been even more prepared today, but that didn't happen.

[English]

**Mr. Erin O'Toole:** I want to follow up on a question from my colleague, Mr. Chicoine. Specifically, the committee established a number of methods for veterans to comment and to provide feedback to their study. Could you share with us a summary of what information you supplied? It sounds like you didn't appear before them. Did you supply them with this material we have today? Can you give us a summary of what you provided to the committee?

[Translation]

**Mr. Pascal Lacoste:** I sent the committee an email to tell them I felt it would be important for them to meet with Dr. June Irwin and Dr. Rosalie Bertell. I was told I had to provide briefs and so forth. I replied that it wasn't my responsibility to provide them, because they were the doctors. I'm not the specialist, but the patient. I provided the contact information for the two doctors via email, but I never heard anything more about it.

As far as administrative procedures go, I've got no skills. I'm no expert. So I gave the committee the necessary tools to access doctors with a direct connection to the subject matter. I left it to the committee, if it was indeed impartial and interested.

[English]

**Mr. Erin O'Toole:** Did Dr. Irwin or the sister you mentioned provide material? Did you ask them to provide materials to Dr. Morisset and his team?

[Translation]

**Mr. Pascal Lacoste:** You would have to ask them.

[English]

**Mr. Erin O'Toole:** The study essentially has two conclusions or two areas that they examined. The first was whether Canadian Forces personnel had been in areas where there was a potential for DU exposure. The second was more of an overview of the health impacts of DU.

You spoke about your tour in Bosnia. Their study seemed to indicate that the Doha fire was really the only potential area of exposure for forces personnel. Did you serve at Camp Doha at any point in your career? I don't know what your service background is.

● (0920)

[Translation]

**Mr. Pascal Lacoste:** I wasn't in the first Gulf War, only the one in Bosnia. We didn't always have maps on us. I followed; I wasn't a commander. So I can't tell you exactly where I was. But I can tell you that today, without a shadow of a doubt, I have depleted uranium in my body.

According to the department's legislation, I don't have to prove that beyond all doubt. The department is supposed to give us the benefit of the doubt. I went on a mission and I have uranium in my body. That's all I know. As Dr. Morisset said in his report, Canadian military members have no way to determine if they are in a contaminated zone or not. So we weren't informed.

I would like to point out that one of the documents I provided is the United Nation's report on uranium poisoning in Bosnia. It's a lengthy but extremely important report, and it contradicts Dr. Morisset's work.

[English]

**Mr. Erin O'Toole:** Here's my last question. In the conclusions, Dr. Morisset indicated at conclusion number seven that whether it's Gulf War syndrome or a number of environmental maladies, in his professional opinion sometimes it's more important to treat the symptoms and how they manifest themselves than it is to find a cause.

Would you agree with that? Also, are you trying to find the right set of medical services whether or not it's DU related? I know that the Nova Scotia clinic is an environmental sensitivities clinic, and that was helpful. Do you think it's helpful, when we don't know the cause, to treat the condition?

[Translation]

**Mr. Pascal Lacoste:** The only thing I want is quality care. My greatest dream is to be able to do what I could before I joined the Canadian Forces: run a marathon. If I could get up in the morning and go to work, like a regular person, I would be the happiest man in the world. All I want is my health back.

The impetus for my hunger strike was the fact that I was sick and tired of seeing my comrades in arms kill themselves because they were told that all their problems were in their heads. The Department of Veterans Affairs has a tendency of treating only psychological problems and turning a blind eye to our physical problems. How do you explain the fact that most veterans of our generation are being told that their problems are all in their heads, and yet they're walking around with a limp or a cane. If it's all in our minds, why do our bodies hurt so much?

We want recognition and treatment. That is the only thing I am fighting for. All of my outings have been solely for the purpose of seeking treatment. If you can give me treatment, I will be the happiest man in the world. I don't want to meet with psychiatrists at the Matrix clinic, like I was forced to last year, meetings during which I was told my pain was purely psychosomatic. No, that's not the case. I want treatment for my body, please. Leave my head alone. I am able to manage my post-traumatic stress disorder with the help of my psychologist. Can you treat the body as well?

If they give me treatment, I will be the happiest man in the world, and believe me, as a veteran, I will stand up and go out to find my comrades in arms to tell them the road to success is here. I will bring them myself so they can get better too.

[English]

**The Vice-Chair (Mr. Peter Stoffer):** Mr. Lacoste, thank you very much. Mr. O'Toole, thank you.

Now on to Mr. Casey, please.

**Mr. Sean Casey (Charlottetown, Lib.):** Thank you, Mr. Chairman.

[Translation]

Welcome, Mr. Lacoste.

The first question I want to ask you has to do with your contact with Rosalie Bertell. I believe you said she was a nun. But as you know, she is renowned for her expertise in epidemiology and cancer.

Could you kindly describe your contact, your conversations and your relationship with Rosalie Bertell?

● (0925)

**Mr. Pascal Lacoste:** It's quite simple.

Unfortunately, Rosalie Bertell is no longer alive, but her team continues to do her work. They are continuing her research. I had the opportunity to communicate with her by email. I wrote to her, and to my surprise, she wrote back herself. She told me that she had repeatedly provided reports on uranium poisoning to the Canadian government, but no attention was paid to them.

As I said earlier, she advised me to drink large quantities of distilled water, precisely to slow the degenerative process caused by depleted uranium poisoning. She told me that when you first breathe in radioactive dust, it finds a home in the pulmonary alveoli before moving into the blood stream. If the army had given me dialysis within the first six months after my Bosnia mission, I would still be healthy enough to serve my country today. Unfortunately, that didn't happen. My blood was not filtered.

Depleted uranium, like mercury and the other heavy metals, does not eliminate itself from the body. Over time, it settles in the bone marrow. And that's when you start to see serious effects on the immune system and the reproductive system. I told her that I used to be fertile, that I had, in fact, impregnated someone, but that I was now completely and irreversibly sterile. I asked her if she thought my sterility could be attributed solely to uranium, and she said yes. She even said that contaminated regions like Iraq had tremendous birth-related problems.

She told me that the abnormally high number of cancer and leukemia cases in Sarajevo could also be attributed to uranium. She said that depleted uranium warheads are extremely dangerous as they make their way to the ground, even if they don't explode. When uranium is in the ambient air—and Dr. Morisset's report makes no mention of this—it has a very high level of corrosion. It corrodes very quickly and the metal turns into dust fast. That radioactive dust can then travel wherever the wind blows. It just so happened that I breathed in that dust.

When I asked her why I was more infected than others, her answer was that even though four people may drink six beers each, they all have different levels of alcohol contamination. Unfortunately, I have a delicate constitution as far as radioactivity goes; I react more strongly than others. It does more damage to my system than theirs. She also told me that, because I had been so sick in the jungle—I actually contracted either Lyme disease or dengue, or both, I can't recall anymore—it totally weakened my immune system, allowing the uranium to keep me in very poor health.

**Mr. Sean Casey:** I will ask my next question in English.

[English]

Mr. Lacoste, in your opening remarks, you talked about the importance of the benefit of the doubt. This isn't a question, but I want you to know, sir, that this committee has done a study into the

workings of the Veterans Review and Appeal Board. The Liberal Party wrote a minority report—a report that wasn't accepted by the majority of the committee—that indicated that the biggest problem with the veterans claim process right through to the appeal level is the application of the benefit of the doubt. We put forward the view that the bar needs to be lowered.

What I want you to know, sir, is that I've enlisted Senator Dallaire to help me with this effort. We're going to try to get the benefit of the doubt to have some real meaning. Okay? That's not a question. I just want you to know that.

Is that it?

● (0930)

**The Vice-Chair (Mr. Peter Stoffer):** We're well over time.

Thank you. That was just a comment, Mr. Lacoste. You don't necessarily have to comment.

Now we will move on to Mr. Hayes, please, for five minutes.

**Mr. Bryan Hayes (Sault Ste. Marie, CPC):** Thank you, Mr. Chair. Mr. Lacoste, welcome.

I just want to say that I've only been on this committee since September, and my observation thus far is that this committee cares very much for its veterans. I want you to know that up front. My father had a 36-year career. One sister, 15 years. The other sister, 10 years. My brother-in-law, 20 years in the military. I care about veterans and I care about your concerns. All of this committee does. I just want you to know that up front.

I want to get a sense of your military history. You spoke about it a bit. I just want to know exactly when you started and where you were deployed, chronologically with the dates so I can really understand that.

[Translation]

**Mr. Pascal Lacoste:** I joined the armed forces in 1991 because I wanted to go to Iraq. I wanted to do my patriotic duty. I hadn't finished school, so from 1991 to 1993, I was initially a reservist with the Fusiliers Mont-Royal.

In 1993, I was transferred to the Royal 22<sup>e</sup> Régiment. As a reservist, my military abilities were such that in less than two years, I trained to become a master corporal and came in second. So normally I would be promoted within a year.



I then took, infantry soldier classes in the regular forces, with merit. I was at the top of the class. When I underwent physical testing, my level was high. I was the third fastest 10k runner in the country. I was a serious athlete. I was training to be a good soldier. I didn't do anything halfway. When I got to the battalion, my master warrant officer was an incredibly impressive guy. His nickname was "the Viking". When I was just a young soldier on the parade square, he told me that I would do biathlons. In a biathlon, you cross-country ski and you shoot a rifle. I'd never skied in my life. But off I went to compete in biathlons.

My first few years in the army were wonderful. I competed in international contests all over the world. I did all kinds of competitions, shooting, running, skiing and so on. Anytime a sporting event was being held, I was there. If you have access to the newspaper *Adsum*, you'll see that I won a lot of medals. I earned them with much confidence.

Unfortunately, when I was skiing, I would watch my colleagues training to go to war, and it made me jealous. When my unit was about to leave for Bosnia, my assistant told me they needed snipers. I was tested and I can tell you that, with a precision rifle up to a distance of 1.8 kilometres, my margin of error was 4 inches. So I was quite valuable in the theatre of operations.

I am under oath, so I can say anything, is that right? I am asking.  
[English]

**Mr. Bryan Hayes:** Absolutely.

[Translation]

**Mr. Pascal Lacoste:** Great.

In Bosnia, I had a nice European face.

[English]

**Mr. Bryan Hayes:** What year did you go to Bosnia?

[Translation]

**Mr. Pascal Lacoste:** In 1995 and 1996.

[English]

**The Vice-Chair (Mr. Peter Stoffer):** Mr. Lacoste, just to interrupt for a second.

Anything you say in this room is protected by parliamentary committee rules, just to let you know.

Feel free to speak freely with all of us.

[Translation]

**Mr. Pascal Lacoste:** Thank you, Mr. Chair. I apologize in advance to anyone who may be offended by my comments.

I have a real Aryan face. I was partnered with a Canadian soldier of Croatian background. We did a lot of undercover work. I dressed in civilian clothes a number of times, and we had to walk around certain areas to get to know certain faces, conduct passive recon missions, and so on. So I walked around a lot, I stole vehicles, weapons and equipment from other armies. I had to dress as a soldier of the other armies and infiltrated the camps. But I could not say exactly where I went when it was not what I saw. It was very vague. I walked a lot. We did not always have maps and we did not go to the nicest of places.

At the same time as these missions, I had my normal soldier duties. When we were assigned to certain duties and the warrant officer came to tell us that he needed "two reliable guys", we knew what was waiting for us. Officially, we were on vacation or on sick leave, and nothing we did was ever recorded.

When we opened up Titov Drvar, I had the worst experience of my life. Our resupply convoys were attacked and logistics personnel were taken hostage. So, it was winter, and we had no more supplies. At one point, the warrant officer asked for his "two reliable guys" to go find food to feed the platoon for at least a month and a half, given that Canada could no longer supply us with food. Horrible things had to be done and we had to go places that I prefer not to remember anymore.

I'm sorry for getting emotional.

Coincidentally, after the Bosnia mission, I was asked to join the airborne unit, since I had perfectly fulfilled my soldier work. Reading between the lines, you can see that, in Bosnia, I went from child to soldier fairly quickly.

Then, going with parachutists, I loved that. I changed a lot. I learned about Joint Task Force Two. I started training body and soul to get into the special forces. I took part in the special forces selection, and it went very well. Keep in mind that when I was in the reserves, I was promoted to master corporal and sergeant. Before leaving, the major told me that if I wanted to, I could get into Joint Task Force Two, but that he needed me in East Timor. So I agreed to be involved in the mission because I felt that was the best way I could serve my country. However, I had one condition: on my return from East Timor, he had to let me join Joint Task Force Two. The major promised.

We went to East Timor in 1999. When we arrived in Australia, the Australian military didn't even know we were showing up. We spent some time at a military camp in Darwin, Australia, and eventually went through and had a naval landing. It was very funny because it was the first time the Canadians had done a naval landing since the Korean War. We did not have any experience in that. We did it and expected to be attacked. When we arrived on the beach, journalists were waiting for us and were filming. We knew that there wasn't much danger. So we got up, gave ourselves a shake and continued our work. The East Timor mission was fairly passive. The worst attack was when a fisherman attacked with a spear. It didn't get very far.

The most difficult thing in East Timor was searching refugee camps. Full searches had to be done of men, children, babies. Weapons were sometimes hidden in dead babies and other similarly sickening things. It made me feel sick, but we did it.

We also had to bring people back home. When the soldiers got out of the trucks with a 12-year-old girl or younger children, they looked for the adult, but no, there were no adults. They had to leave children alone in the jungle, left to their fate. Humanly speaking, I swear that, at that moment, you feel powerless.

While I was in the jungle, I did not know what was going on. I was stung on the finger by an insect. My finger became paralyzed. Then my neck and my body became completely paralyzed. I lost 35 pounds of muscle in nine days. After that, I was a dead weight, a burden on my platoon.

• (0935)

A few days later, I wasn't even able to take care of myself, to butter my toast and feed myself. My friends had to spoon-feed me because I couldn't use my hands anymore.

The doctor told me that if I continued to pretend to be sick, he would send me back to Canada. Listen, no one can pretend to lose 35 pounds of muscle. So, I was sent back to Canada. I was extremely humiliated because the military authorities said there was nothing wrong with me. I was judged by my comrades in arms. Fortunately, I have friends who are doctors who discovered that I had uranium poisoning, which would explain all my health problems. As a result, I returned, with honour, to the ranks of the parachute company and told my comrades that if they were sick and had symptoms like mine, they should be tested because they, too, could be radioactive. After that, my pride, love and respect for my comrades in arms was renewed.

I was then released for medical reasons in 2005, but I wasn't given a medical diagnosis. I was then entitled to the wonderful administrative machinery of the Department of Veterans Affairs. I was told to prove that my physical condition was due to my military service. Then, the doctors told me that I was pretending to be sick, so they did not want to see me in their office.

And there you have it: my military career.

[English]

**The Vice-Chair (Mr. Peter Stoffer):** Thank you very much. You'll notice we extended that time to give you the ability to answer Mr. Hayes' question rather fully.

As well, I will just let everybody know that Dr. Rosalie Bertell actually passed away, unfortunately, in June 2012.

We now go to Madame Papillon, please, for five minutes.

• (0940)

[Translation]

**Ms. Annick Papillon (Québec, NDP):** Thank you, Mr. Chair.

Thank you, Mr. Lacoste, for being here this morning.

I would like to quickly go back over the sequence of certain events and your background. So I will ask a lot of questions. If you can answer as briefly as possible, I would appreciate it very much.

**Mr. Pascal Lacoste:** Yes.

**Ms. Annick Papillon:** When you were enrolled and during your first few years of service, you were in excellent physical condition, is that correct?

**Mr. Pascal Lacoste:** I was a world class athlete.

**Ms. Annick Papillon:** You were an athlete. You left the armed forces with a devastating combination of physical and psychological injuries. Were you offered support?

**Mr. Pascal Lacoste:** It was very hard because no one believed I was sick.

**Ms. Annick Papillon:** Did you feel alone or abandoned when you left the armed forces?

**Mr. Pascal Lacoste:** I was angry and desperate, and I felt betrayed.

**Ms. Annick Papillon:** When you turned to Veterans Affairs Canada, did you receive the help you expected? I would like you to tell me a little bit about the steps you took. How many telephone calls did you make to Veterans Affairs Canada? How many emails did you send? Tell us about everything you did. I will use your story to learn a little more about how this happened, exactly.

**Mr. Pascal Lacoste:** It's very simple.

First, when you are a member of the Canadian Airborne Regiment, you are proud, you're a tough guy, you don't have the right to complain. One day, after a jump, I had three scolioses in the spine. I remained completely paralyzed on the landing strip. When I arrived at the office of Dr. Deslandes of the 1<sup>st</sup> Battalion with a seized back, he told me that he was allowed up to 10 back problems a month and that I was the eleventh. Therefore, I would have to come back the next month. I am still fighting with the Department of Veterans Affairs to have my back problems recognized because the unit doctor always refused to see me. I was told to take some painkillers and shut my mouth. That's the care I got. I'm sorry, but those are the words that were used.

I had other problems after that, like PTSD. One morning, I woke up completely naked in my yard. I was in a sweat and had a hunting knife. I was looking for prey to kill. I was afraid of myself. I went to the military base and said that this was really not right and that I needed help. I was told that someone would call me back in six to eight months and that I could see a social worker. I said that that didn't work and that I couldn't wait six to eight months.

I then went to the Veterans Affairs Canada office. I brought with me my biggest and strongest friend, and I told him that he had to stop me from doing things I wouldn't normally do because I wasn't my usual self. I asked the employee to see a psychologist because it was urgent. I was told to stay where I was and to fill out some forms. I completely cracked. I took my wallet out of my jacket. I took the doctor's card out of my wallet and said that I was not a doctor but a soldier. I said that they'd need to get the answers from the doctor, not me. I was in a crisis state.

I went home and when I got there, the police were waiting for me. The two Veterans Affairs Canada employees had complained about me, saying that I had made death threats. I asked the police officers how I had threatened them. One employee said that I had a knife and the other said I had a gun. I laughed and said, "Mister, I'm trained in hand-to-hand combat; I don't need a weapon."

After that, for each pension request, I was told to prove that it was due to military service. I could not get papers. As for all my related to uranium poisoning-related health problems, they said that they did not recognize that kind of poisoning.

**Ms. Annick Papillon:** I know that you had to wait 10 or 11 years to get certain compensations. Did submitting applications to Veterans Affairs Canada become a part-time job?

**Mr. Pascal Lacoste:** When a person is exhausted, it's a full-time job. It creates an enormous amount of despair. As soon as you have a bit of energy, you are trying to survive. People in the department see us as an undesirable expense. I got called "BS in uniform". But what we want is care. When we come back sick, like any human being, we are extremely unstable, and we want care. However, before being able to get that care, there are administrative steps that need to be taken. When we step into the office we are, by default, profiteers who want a bigger pension.

**Ms. Annick Papillon:** Faced with this lack of confidence you mentioned, you have practically received no real support. In fact, it took time to get any care.

Lastly, the only person who gave you some kind of answer to explain your physical condition was Dr. June Irwin. She ran tests using a sample of your hair that showed a concentration of uranium that was 25 times higher. Is a doctor able to determine another reason that could explain your health problems?

I'm trying to show how much help you received. In fact, veterans seem to have difficulty getting tests or tools to prove what it is they are suffering from. However, from the administrative side of things, they want diagnoses and proof. Did anyone try to help you come to those conclusions?

• (0945)

**Mr. Pascal Lacoste:** There was no help from the Department of Veterans Affairs. There's always a grey area between the real needs and our problem.

When you have a so-called rare disorder, in other words, unknown medical problems, such as uranium poisoning, the administrative machine freezes right away. People say that since a connection cannot be made between the service and the medical problem, it's no, and we have to manage on our own. The door is shut.

In addition, for clients registered in the rehabilitation program, the Department of Veterans Affairs regulations stipulate that if the department is able to give clients care that can help their condition, the department must provide it, even if it is not linked to service. Even though I put that on the table, the answer was no. I went to Nova Scotia for health care, and I came back with much better results. In fact, my health improved by 50%. Even there, I was told that a connection could not be made between service and my care, so I was told no.

**Ms. Annick Papillon:** And no one gave you the benefit of the doubt.

**Mr. Pascal Lacoste:** No.

[*English*]

**The Vice-Chair (Mr. Peter Stoffer):** The time is up, Madame.

Now we move on to Mr. Lobb, please, for five minutes.

**Mr. Ben Lobb (Huron—Bruce, CPC):** Thank you, Mr. Chair.

Mr. Lacoste, welcome to the committee.

I'm just trying to go through the chronology again in my head. You are saying, are you, that you served over in Bosnia in 1995 and 1996?

[*Translation*]

**Mr. Pascal Lacoste:** Yes.

[*English*]

**Mr. Ben Lobb:** At that time, I think you said in your comments at the beginning to the committee, you felt as though your troop was attacked or your tank was hit. Is that the idea?

[*Translation*]

**Mr. Pascal Lacoste:** No. I in no way said that the troops were attacked and that the tank was touched. This is what I said. In 1995, before we arrived, the Americans had conducted an air raid with A-10 aircraft. It's documented and acknowledged. You can see it in the UN report I showed you.

Once there has been an explosion, the uranium has a half-life, which is 60,000 years. Therefore, the area remains contaminated for 60,000 years. I went through there a few months later. The guys said that it was right there that the A-10 air raid had taken place. We did not know that the area was contaminated. So we climbed up on the tanks and had our picture taken on the tanks.

No, I was not there during the air raid and, no, I was not involved in the fire fight that took place.

[*English*]

**Mr. Ben Lobb:** From your perspective, then, your possible contamination could come from that or it could come from the exposure you mentioned having had while driving, from the friction from the plates. Is that what you said in your testimony?

[*Translation*]

**Mr. Pascal Lacoste:** I have no tool that measures it. So I cannot comment on something I'm not sure about. I don't know. I know that I joined the Canadian Forces when I was 19 and that I was in excellent shape. When I left the Canadian Forces, I had uranium poisoning and was in disastrous condition. How, when and where? I have no tool to specify that.

[*English*]

**Mr. Ben Lobb:** Are you still in contact with any of your colleagues you served with at the same period of time? Are they experiencing any of these effects as well?

[Translation]

**Mr. Pascal Lacoste:** Absolutely. There was one I was very close to. He is in the process of getting out of the Canadian Forces for medical reasons. All operational military members are afraid of the system. They are afraid that the same thing that happened to me will happen to them if they say that they have uranium poisoning. So they do exactly what they learned in the army: shut up and don't say a damn word.

As for the other veterans with uranium poisoning, I am pleased to see that some of them are appearing before this committee. Unfortunately, the woman who was to appear this morning was too tired to come. If you want a long list of names of people with uranium poisoning, I strongly suggest you contact Dr. June Irwin. That's what I clearly recommended to the committee. She tested a huge number of Canadian serving members and veterans. Unfortunately, a good number of them have uranium poisoning, according to the results.

[English]

**Mr. Ben Lobb:** Obviously you've done a lot of reading and research on cause and effect with depleted uranium and on some of the side effects that come with this exposure. From 1995-96 through 1999, from what I understand from what you said today, you didn't really experience anything.

I was pretty sure from what Dr. Morisset said that you would experience something right after you were exposed, or within a pretty close timeframe you would have some side effects.

Did you have side effects immediately after your exposure?

• (0950)

[Translation]

**Mr. Pascal Lacoste:** Honestly, I am an excessive person. I focused on my mission and I trained. I don't strictly remember if I felt any major effects. Maybe I was tired, but that didn't prevent me from doing my duty and carrying on.

No, I was not aware of it. As I said earlier, I am not an expert. So I can't explain how or why. But I can tell you that when I finished school, I joined the army in good shape. However, while I was still in the army, I was diagnosed with uranium poisoning. That's the only thing I can say. As for the details, I would really like answers. It would be easier, and I would be even more credible before the committee.

[English]

**Mr. Ben Lobb:** Did any of your colleagues you served with in Bosnia put forward submissions to Dr. Morisset about being examined in the study?

[Translation]

**Mr. Pascal Lacoste:** I don't know. I can't answer for them. However, given that it isn't a known illness, there aren't a lot of people who have been tested. Even me, and I was tested by the Canadian Forces; I was never informed of that. There is even a lack of information about this problem. I am telling you that I am working very hard to check it. I strongly encourage my brothers and sisters in arms to be screened for uranium poisoning. It will certainly take a few months.

You can count on me. I'm getting ready and I will be able to respond to that question. I have sort of made it my mission for the coming months.

[English]

**The Vice-Chair (Mr. Peter Stoffer):** I'm sorry, Mr. Lobb; your time is up.

We now go on to your colleague Mr. Lizon for five minutes.

**Mr. Wladyslaw Lizon (Mississauga East—Cooksville, CPC):** Thank you very much, Mr. Chair.

Thank you, Mr. Lacoste, for coming here this morning.

I think you were already asked the question and stated that you do not agree with the report.

Would that be correct?

[Translation]

**Mr. Pascal Lacoste:** I think the report is incomplete because at no point does it talk about the effects on the reproductive system. However, it's the first to be affect. The report does not talk about the lymphatic system, either. It seems to me that the report mainly states what uranium does not do. It does not really cover what it does do.

[English]

**Mr. Wladyslaw Lizon:** Do you agree with any of the seven conclusions in the report?

[Translation]

**Mr. Pascal Lacoste:** I only accept the one that says it is unlikely. That doesn't mean it is improbable.

I understand very well that, in 2013, the medical field doesn't know a lot about uranium poisoning. I would have liked to have seen this in the report, but it wasn't in there. There is still a lot of work to be done on this. The fact that it is unlikely gives me a lot of hope, especially since Dr. Morisset said in his testimony that he was going to work on a tool to better detect these things. In that respect, I'm asking myself this: if it isn't dangerous, why are we investing money in developing a detector?

[English]

**Mr. Wladyslaw Lizon:** There are seven conclusions, and you said you would agree with one.

**I'll read what conclusion number one states:** Depleted uranium...is potentially harmful to human health by virtue of its chemical and radiological effects.

I suppose you would agree with that, wouldn't you?

[Translation]

**Mr. Pascal Lacoste:** Absolutely.

[English]

**Mr. Wladyslaw Lizon:** Would you also agree with any of the other six conclusions? If yes, can you tell the committee which ones?

[Translation]

**Mr. Pascal Lacoste:** I'll take the time to find them so I can refresh my memory.

If you could give me the page number, that would really help me.

**An hon. member:** It's on page 33.

**Mr. Pascal Lacoste:** It's on page 33.

[English]

**Mr. Wladyslaw Lizon:** It's page 27. I don't know whether or not the French version has the same page numbers.

[Translation]

**Mr. Pascal Lacoste:** I was told that it's on page 33 of the French version.

● (0955)

[English]

**Mr. Wladyslaw Lizon:** Okay. It's point 3.

[Translation]

**Mr. Pascal Lacoste:** Okay. It says:

1. Depleted uranium (DU) is potentially harmful to human health by virtue of its chemical and radiological effects.

It states that radioactivity has two kinds of effects. I agree with that.

2. Within a military setting, the highest risk of exposure to depleted uranium is in those who were: in, on or near vehicles hit with friendly fire;...

That was my experience.

...entering or near these burning vehicles; near fires involving DU munitions; salvaging damaged vehicles; or involved in clean up operations of contaminated sites.

I agree with point 2. As for point 3, it reads:

3. It is unlikely that Canadian soldiers have been exposed to levels of depleted uranium which could be harmful to their health.

It is unlikely, but that does not mean it isn't possible. How can you explain that there is uranium in my body? Where was I contaminated? As for the word "unlikely", I have mixed feelings about it and I really hope the Minister of Veterans Affairs, Mr. Blaney, will be inclined to favour our side.

Point 5 reads:

5. There is no strong evidence of adverse health effects reported in larger civilian studies with longer follow-up periods of populations with increased exposure to uranium (e.g. uranium production and fabrication workers).

Point 5 is incomplete. All the specialists I consulted told me that they could not weigh in completely on that matter. Even your doctor, Dr. Morisset, said that a lot of studies were contradictory. As for me, I would not have worded point 5 that way.

[English]

**The Vice-Chair (Mr. Peter Stoffer):** Thank you very much, Mr. Lacoste.

We'll now go to the second round, but before we do, the chair has to leave to introduce the two reports on the estimates, so we're going to ask Mr. Casey, the second vice-chair, to sit in the chair. I'll probably be about seven minutes and then I'll come right back.

Mr. Casey, would you like to assume the chair?

We're moving on to Ms. Mathysen for four minutes when Mr. Casey gets in the chair.

Thank you.

**The Vice-Chair (Mr. Sean Casey (Charlottetown, Lib.)):** I'm mindful of the fact that the committee has in the past overturned their own chair, so let me assure you that occupying the chair certainly won't go to my head.

Ms. Mathysen, go ahead, please.

**Ms. Irene Mathysen (London—Fanshawe, NDP):** Thank you, Mr. Chair. I'll try not to be too rebellious. I'll keep that in mind.

Monsieur Lacoste, welcome to our committee and thank you for agreeing to share this time with us and to bring us your story.

I want to hear some more of that story. You recounted your military service, and you mentioned that during that service you contracted what you believe was dengue fever. What are the long-term effects of dengue fever? I'm also wondering if you were vaccinated when you went into the field. Do you know whether or not you were exposed to pesticides or chemicals? Is it possible that beyond the depleted uranium you were victim to a cocktail of exposures?

[Translation]

**Mr. Pascal Lacoste:** Yes, absolutely.

Some biologists conducted an investigation on the island of East Timor. We found out that East Timor was used for the storage of chemical agents for the American army during the Vietnam war.

I would like to mention something else. My level of toxicity is so high that I just have to go into a shopping centre and the chemical smell inside completely knocks me out.

Dr. June Irwin confirmed that I am contaminated with 14 heavy metals and with BPDE. BPDE is the little brother of the PCBs. It is what the army uses to flameproof tents and other flammable things. It is a chemical compound that retards flames on flammable material. It is also used to poison rats and get rid of mould. Dr. Irwin was doing a study on the effects of the product on veterans. All the veterans she tested have it in their bodies to different degrees.

As to the side effects of dengue fever and Lyme disease, I admit that I have not been told about them. The only treatment I received, since the army said that I did not have anything, was a recommendation that I should drink water and try to rest.

● (1000)

[English]

**Ms. Irene Mathysen:** Thank you.

As I'm sure you know, we've had some experts come and give testimony. Among them was Dr. Nicholas Priest, who indicated that there were a great many things we don't know in terms of the exposure that soldiers experienced. Also, he indicated that in some cases, it was kept secret for military purposes or purposes of security. He also said that we should be working very hard to find out what is causing the problems that Canadian Forces or military personnel are suffering from once they leave the service.

Would you like Veterans Affairs, would you like the Canadian military, to do more research? Do you think they need to do a better job of finding out exactly what is impacting your life?

[Translation]

**The Vice-Chair (Mr. Sean Casey):** Mr. Lacoste, can I ask you for a quick answer, please?

**Mr. Pascal Lacoste:** Quickly, it is very simple.

Without exactly knowing all the details because I know it is a matter of national security, I am asking that we at least get adequate care and that people stop the blanket denials. The constant denials cause veterans a lot of distress. I am just asking them to take care of us.

[English]

**The Vice-Chair (Mr. Sean Casey):** Thank you, Ms. Mathysen.

Mr. Zimmer, go ahead for four minutes.

**Mr. Bob Zimmer (Prince George—Peace River, CPC):** Thank you, Chair.

Thank you for coming, and thank you for your service to Canada. As Mr. Hayes stated earlier, we really care about our veterans, we care about you, we care that you get well. We really do want you to get well.

My questions are based on what Mr. Lizon had started to ask. We didn't get through all the questions—about which ones you completely agree with or ones you don't agree with—so I want to continue with that. It's in the document you have in front of you. Correct me if I'm wrong: you've agreed with number one of the report, in the conclusion, is that correct?

[Translation]

**Mr. Pascal Lacoste:** Yes, I agree with the first conclusion, which reads:

1. Depleted uranium is potentially harmful to human health by virtue of its chemical and radiological effects.

[English]

**Mr. Bob Zimmer:** How about number two?

[Translation]

**Mr. Pascal Lacoste:** I have already replied favourably to the second conclusion.

I do not agree with the third conclusion, which reads:

3. It is unlikely that Canadian soldiers have been exposed to levels of depleted uranium which could be harmful to their health.

The fourth conclusion says this:

4. There is no consistent evidence from the military cohort studies of adverse health effects that could be attributed to depleted uranium.

That is just denial. I do not understand how American, Canadian and British soldiers can be in the field and we are protected from the adverse effects because we wear a Canadian uniform. I do not believe that.

Please understand that Italy has recognized the problem and is taking care of its veterans who are contaminated with uranium. Why do the Italians have the right to be ill and we do not have that right, even though we were working in exactly the same place? Was something special going to happen so that we would not get contaminated just because we are Canadian? No, that is absurd. With everything that is going on in the world, that's absurd.

[English]

**Mr. Bob Zimmer:** Number five....

[Translation]

**Mr. Pascal Lacoste:** Point 5 talks about “larger civilian studies”. This is completely contradicted by the United Nations report that I have provided as supporting documentation. What I find troubling about point 5 is that Dr. Morisset thinks that he holds the truth in his hands. But currently, medicine knows very little about uranium contamination. So point 5 is highly doubtful. Personally, I find it removes a lot of credibility from the document.

Point 6 says that:

6. Our finding that exposure to uranium is not associated with a large or frequent health effect is in agreement with the conclusions of other expert bodies.

So it is not frequent. As I said earlier, I do not know why I react to uranium poisoning more than others do. I just take the words “not frequent” to mean that it exists all the same. Can you take care of people who have health problems associated with uranium poisoning? “Not frequent” does not mean that it does not exist.

Point 7 says this:

7. There are many veterans suffering from persistent symptoms following deployment or military conflict which, although not linked to specific exposures such as depleted uranium, can cause considerable suffering and can be effectively treated.

If that is the case, why do you not provide us with the treatment? We are ready to be treated. You say that the symptoms are not associated with uranium poisoning. But what I want is to feel good when I get up in the morning. What I want is some quality of life. So if ever that means anything to you...

●(1005)

[English]

**Mr. Bob Zimmer:** It follows what you're talking about in question number seven, I guess, and why the study, why we want to come to some conclusion. At the end of the day, we know veterans are still suffering ill health effects. That's the bottom line. We know that.

In your case, relating to what Ms. Mathysen had suggested, too, there were some other things that you had been exposed to. You had referred to a bite and it caused a severe reaction. At the end of the day we want to find out if it is something else. I'd ask you this. If you or a doctor could come to the conclusion that it is something else that's causing the negative health effects, would you be open to treatment based on what that decision would be? What I'm saying is, are you open to other causes of your ill health effects?

[Translation]

**Mr. Pascal Lacoste:** I have a number of health problems and I am well aware of them. If you have some treatment for me that will get me a better quality of life, tell me where to sign up. I am in. I want to get better. I am not the kind of person who whines for whining's sake. I am here to get results. But watch out, if things happen like they did with Minister Blaney during the hunger strike, when the first offer was made to me and it just involved treatment for me alone, the answer will be no. Take care of us all. Because each time I lose a brother-in-arms to suicide because he is not receiving care appropriate to his condition, a part of me dies too.

Can you look after us? Why does the only veterans hospital in Canada take care of psychological conditions only? Are physical conditions not important? They made me leave Ste. Anne's Hospital because there was too much physically wrong with me. They said I was too ill to stay in that hospital. But it is the only veterans hospital in Canada. I asked where I could go for treatment. They said they didn't know, that it was not their problem and that I had to leave. That is not what I call care. I would like some help to improve my overall state of health.

Specialists have told me that, with uranium poisoning, as with mercury poisoning, there is no recognized treatment at the moment. I am aware of that, but can you help with the chronic fatigue, the chronic pain, the fibromyalgia, the ulcers and all the other problems? Can the Department acknowledge my kidney problems? Even though I am told that it is not possible to establish a link between my service and my kidney problems—because they are linked to uranium poisoning—can you take care of my overall state of health?

As soon as I get some care and am being looked after, what will I have to complain about? People will not keep telling me that they are sorry. It is a bit of a disgrace, but that is exactly what officials at Veterans Affairs Canada told me: “Listen, you are BS in uniform, go home; you are not going to get a bigger social assistance cheque”. I don't want cheques, I want treatment.

Up to now, the department has offered me a lot of prescriptions for anti-depressants, then a psychiatrist, then another psychiatrist. But that does nothing for my physical condition. By the way, they have done studies in Great Britain and none of them proves any beneficial effects from taking anti-depressants for more than six months.

Why does Veterans Affairs Canada keep on giving us anti-depressants when no study proves that they do us any good? Do you understand? Anti-depressants and post-traumatic stress disorder aside, can you take care of our other health problems?

So to answer your question, yes, please, give us some care. I will be happy to go and get it.

[English]

**Mr. Bob Zimmer:** Mr. Chair, is it time?

**The Vice-Chair (Mr. Peter Stoffer):** You have another minute. Go ahead, buddy.

Oh, he's done? Sorry. You are way past time.

I wanted to advise the committee that I tried to introduce the supplementary estimates. Unfortunately, a Conservative member moved to orders of the day so supplementary estimates could not have been done yesterday or today.

We have 30-minute bells so we're done. We have about 26 minutes before we have to vote, so I need to seek unanimous consent to continue with committee business.

•(1010)

**Ms. Eve Adams (Mississauga—Brampton South, CPC):** Shall we say 15 minutes?

**The Vice-Chair (Mr. Peter Stoffer):** We'll say 15 minutes?

**Some hon. members:** Agreed.

**The Vice-Chair (Mr. Peter Stoffer):** Very good.

Ms. Papillon, you have four minutes, and then Ms. Adams.

[Translation]

**Ms. Annick Papillon:** Thank you, Mr. Chair.

Often the soldier is not the only one affected. It also affects the people around him, the people he associates with.

How is your family dealing with this situation, with no care for 10 years, with little or no response from Veterans Affairs Canada? How has this affected you all?

**Mr. Pascal Lacoste:** First, my family did not understand. Over and above what I went through for my country, my family judged me and rejected me. I was engaged to a wonderful woman for nine years. She even shared my passion for serving my country. She went to Afghanistan with the reserve. She came back with full-blown PTSD, post-traumatic stress disorder. Though I was very familiar with it and though I supported her as best I could, we went to the base hospital at Longue-Pointe a number of times and she did not get adequate care. I had to leave her in emergency because she was suicidal. She tried to commit suicide several times because she was not getting adequate care. At the civilian hospital, they left her unattended.

One morning, when I went to visit her, I found her on the floor in the middle of the emergency room area. She had empty pill containers in her hands. I took her in my arms and said “Come with me, sweetheart, I am going to take you home and keep looking after you.” I told her that even though I was in no longer in any condition to do so. She lifted her hands and I saw that she had tried to take her own life. My poor darling had to be resuscitated. When I came back to see her after she had been revived, I asked her: “Why, sweetie?” She said: “Because I am fighting this all alone”.

I managed to get her a bed in the hospital in Sainte-Anne-de-Bellevue. They stuffed her full of pills. Instead of helping her illness, they drugged it up. At the end, we had to break up because we were no longer able to take care of each other. We only had each other in the world. We were killing each other. We were too demanding with each other and we did not understand it ourselves. When we asked for help, we were told to take some pills and stop bothering people. This is just a big despair factory that almost cost myself and my fiancée our lives. That is the help we got.

**Ms. Annick Papillon:** To sum up, you were in good health, you were an athlete and you joined the army. There is probably a mix of all sorts of things. You left the army specifically because you were no longer in good health. You have sent applications to Veterans Affairs Canada. From what I gather, you felt misunderstood and it took weeks and months before you got some help, very little help.

Then, given all those applications, you no longer believed in the help provided. I also know, but you can confirm it, that the veterans health advisory committee was created because Minister Blaney made a promise to you following your hunger strike. You went on the hunger strike because you have asked to meet with the minister a number of times, but he refused. You said that you did not want to take more extreme measures.

Yet you went to those lengths because you wanted the government to promise that it would take care of veterans health. You are still asking for the same thing now. It does not matter much that there are tests, tools, diagnoses, appropriate care or that the veterans have the benefit of the doubt for their service, when it is not really clear and when it may be unlikely that...

[English]

**The Vice-Chair (Mr. Peter Stoffer):** You're over your time right now.

Monsieur Lacoste, I'll allow you a very short reply.

[Translation]

**Mr. Pascal Lacoste:** I will be quick. When I was on the hunger strike, I was ready to die. I would have been dead in less than 12 hours and the priest came to give me the extreme unction. I was ready to go. I did it because I no longer had anything to lose, since you have taken everything from me.

• (1015)

[English]

**The Vice-Chair (Mr. Peter Stoffer):** Thank you, Mr. Lacoste.

We conclude our questioning with Ms. Adams, the parliamentary secretary, please.

[Translation]

**Ms. Eve Adams:** Mr. Lacoste, I would like to thank you for your service to Canada.

[English]

I am terribly sorry for what you have endured and what your former fiancée has endured. We are earnest when we say we are legitimately studying this to see how we might be able to offer assistance to you and to all veterans.

Turning back to the study, could you please comment on how you found the process and the methodology in that study?

[Translation]

**Mr. Pascal Lacoste:** There has been a huge lack of transparency. First, I would have liked to be informed of the progress with the file. As a member of Parliament, Annick Papillon has often asked Minister Blaney questions in the House and she received the same answers as I did when I asked him whether I could get care or not. He talked to me about redecorating his office. Thank you, Mr. Minister!

All I am asking you is to follow your own laws. Now, as young veterans, we have access to information. We have the Internet and we know your laws. When Veterans Affairs Canada does not comply with its own laws, it tears us apart. When we signed a contract with you, we were prepared to give our lives for our country and we told

ourselves that we had nothing to worry about. If we got sick, we would be taken care of. That is not what is happening.

[English]

**Ms. Eve Adams:** What do you think of the credentials of the experts who were involved in the study, those who helped draft this report?

[Translation]

**Mr. Pascal Lacoste:** I think the report is absolutely incomplete. My impression is that there was a goal and that the report is not neutral. The goal was to minimize the effects of radioactivity on people. I don't understand.

I think the report is really incomplete, considering the case law. Canada has previously recognized that its veterans were poisoned with uranium and the department's charts disappeared in 2005. Why do we need to redo the work that has already been done? Veterans have already been recognized. Why does this report trivialize the effects of uranium poisoning?

I will be honest with you. I was expecting this type of report. I went on a hunger strike because I wanted the government to make a statement and give its opinion on uranium poisoning.

Believe me, I am hard at work. I am putting together a team and we will call the report into question because it is incomplete. How do you explain that a doctor told me that my sterility is strictly linked to uranium poisoning and that the report does not mention uranium? How can you explain that the report claims to keep veterans informed, but that it does not even tell us what the maximum radioactivity level is for us to stay healthy? Why are we not told about the signs and symptoms that we are going to experience? The report only talks about what uranium doesn't do. This report does not tell us anything. I am not sure who it is for, but it is not for us. This report does not do anything for veterans. I get the feeling that its purpose is to support a predetermined opinion.

[English]

**Ms. Eve Adams:** I'm not sure if you're aware, Mr. Lacoste. It was put together by an independent scientific committee, but then it was also circulated to other leading experts in the field who all commented on it independent of one another. So they're putting their resumé on the line as they offer their written commentary on it.

[Translation]

**Mr. Pascal Lacoste:** Usually, an impartial report should contain arguments on both sides. I have seen other reports. This report only looks at the cons.

There is something ironic. In his testimony, Dr. Pierre Morisset himself said that there are contradictory reports. That's great. Why are there no contradictory reports in the file? There is a paradox. Why does the file suggest that they hold the truth? The doctor himself said that there are contradictions. Why aren't they in the report?

[English]

**Ms. Eve Adams:** Finally, Mr. Lacoste, as we assemble our report on this study, do you have any recommendations for this parliamentary committee?



[*Translation*]

**Mr. Pascal Lacoste:** Thank you for your question.

The report uses the word “unlikely”. I for one have had four assessments, both physical and psychiatric. The four groups of specialists said that the only cause that can explain my state of health is uranium poisoning. My file is available on the Internet. Everyone can access it. I can sign as many powers of attorney as you want. I would really like the Minister of Veterans Affairs to send a strong message about veterans. He talks about reform and about changing the department's way of doing things. That's great. So the government must comply with its own laws, give us the benefit of the doubt and take care of us.

I would like to make two recommendations. My first recommendation is to agree to take care of us, regardless of where the uranium comes from. I have never debated the origin of the uranium, whether it is Canadian or not. I don't even want to get into that. Give us the benefit of the doubt and provide us with proper care.

Here is my second recommendation. The rehabilitation program is supposed to provide care to veterans even though it is not directly linked to their pension conditions. Give us the care.

• (1020)

[*English*]

**Ms. Eve Adams:** Mr. Lacoste, at your convenience, might we request the names of those four specialists?

[*Translation*]

Could you provide us with their names?

**Mr. Pascal Lacoste:** They are the specialists at the following hospitals: Hôtel-Dieu de Québec, Hôtel-Dieu de Lévis and Hôtel-Dieu de Montréal. I even went to a hospital in Ontario—I can't remember which one—and the clinic in Fall River where the Fox doctors—father and son—work. If you want still more information, you can contact Sister Rosalie Bertell's team and Dr. June Irwin's team.

[*English*]

**The Vice-Chair (Mr. Peter Stoffer):** Thank you very much, Ms. Adams.

Monsieur Lacoste, on behalf of the committee, thank you very, very much, sir, not only for your service to Canada but also for presenting your personal situation here with us today. I know at times it was hard to reflect on some of the concerns, but rest assured that your testimony will be taken very seriously by all of us on the committee.

We do thank you very, very much for your time, sir, and wish you the very best. Merci.

**Mr. Pascal Lacoste:** Merci beaucoup.

**The Chair:** To the committee, I've just been advised that in order for us to discuss the proposed travel for Washington, that request has to be in *tout de suite*. We have about 12 or 15 minutes for it.

Again, Mr. Lacoste, thank you very much.

[*Proceedings continue in camera*]

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