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I would first like to thank Minister Sajjan and Secretary McKay for their invitation to give my opinion. This is an unexpected opportunity and a responsibility that I take very seriously.

I wholeheartedly support the principles set out for the role of the CAF in the preparatory document, and in this order, the defence of Canada, the defence of North America, and the support for our allies.

I also want to clarify that I have no official study regarding strategy. So you will not hear me pronounce on topical subjects such the renewal of the Canadian Fleet or the replacement of the CF-118, other than to say that, daily, during my career, I have always found that if we needed cars to simply move our people, we could obtain forty Chevrolets for the price of twenty Cadillacs, and were thus more mobile and efficient. In the rare case where a Cadillac would prove absolutely necessary, it is possible to acquire or even rent one.

1. General opinion. Too often in the past, Canada, during quieter periods of history, has neglected its Armed Forces, so that when faced with a serious threat, we have had to "reinvent the wheel" in a hurried and not always organized way (1914, 1939, 2001) to catch up on a significant gap in equipment and training. Once again, at the end of a ten-year conflict, there is a tempting opportunity to lower our guard. But a chance has been given to us in the form of a promise made to our NATO allies, and the commitment to spend 2% of GDP on defence. Currently at 1%, we could immediately increase this proportion to 1.2% because, in this increase, there will doubtless be recurring expenses that will affect future budgets. Once recurring expenditures are identified, it will be possible to re-adjust our gradual and successive increases to the target of 2%.
2. One of these increases is directly related to geography and climatology. In effect a country bordered by two oceans, Canada is now bordered by three. The gradual opening of the Arctic Ocean poses a new challenge to the defence of our nation. We would be considered (with good reason) careless by subsequent generations if we ignored this challenge. The establishment of a permanently occupied base in northern Canada is, in my view, a minimum initial response to the new conditions which prevail in this section of the globe and in OUR country. This base would support at the same time our three services, as well as search and rescue activities, and the assertion of our sovereignty as a nation via land, sea, and air patrols.

Opinions related to my own experience as a Reservist and doctor.

1. For the largest part of my 39-year career, I was a doctor in a Reserve unit. I was able to observe the fluctuations in financing of these units and the negative effects of such fluctuations on the recruitment and retention of staff, as well as on the operational capabilities of units. Yet without Reservists, Canada would have NEVER been able to meet its obligations, neither in Afghanistan, nor our country.

   Recommendation No. 1: Stably finance the primary reserve units in Canada to ensure long-term planning, a stable workforce, efficient and predictable training, as well as an increased availability for support operations to the civilian authority.
2. In these support operations to the civilian authority (natural disaster, terrorist attack), too often our reservists are ill-prepared and poorly used because of a lack of knowledge of civilian capabilities, and especially, a lack of knowledge by the civil authorities of military capabilities. The absence of stability in budgets and training virtually guarantees that reserve units will carry the image often conveyed of "Sunday soldiers." Fortunately, despite these conditions, unit commanders on their own initiative have conducted coordinating operations without waiting for the order from their superiors. I was able to participate in Orange megacodes with stakeholders from Sherbrooke (police, fire, Centre hospitalier universitaire, 438

Squadron, 52 Field Ambulance) in 2000, and in Montreal (this time as Sector Chief Medical Officer) during a Code Orange involving several reserve units — as well as police, fire, Société de transport de Montréal, and the McGill University Health Centre — in 2012. These exercises not only give civilians knowledge of reservist capabilities, but also promote the integration of units into their local communities.

3. Finally, during aid interventions to civil authorities, medical staff, for example, for legal matters can not act directly with civilians, which greatly limits their usefulness and contributes to further tax civilian personnel sometimes already overwhelmed and in need of backup. Still, such interventions have proven easy to achieve in foreign countries.

   Recommendation No. 2: Require primary reserve units to directly coordinate at the operational level with their civilian counterparts through regular and compulsory joint exercises.

   Recommendation No. 3: The drafting and holding of specific intervention protocols for every possible distress situation with local civilian authorities.

   Recommendation No. 4: Negotiate with the various provincial governments agreements allowing CAF personnel (regular or reserve) to speak directly with civilians in their field of expertise. Examples: floods and drinking water, Lyme disease.

Opinions related to my experience as a Regular Force physician in a war zone.

1. In Afghanistan, in 2009, we were faced with situations for which we were not prepared (the H1N1 epidemic, possible phosphorus attacks). Moreover, for years of operations without a large number of casualties (since the Korean War), the regular forces had become self-satisfied and quasi-negligent about urgent health care needs in an operational environment. After 10 years of operations in combat zones, "operators" have now noticed the importance of having medical staff at the forefront of knowledge, and the necessity to train them and keep them prepared and well-equipped. It is the same for Chemical, Biological, Radiological and Nuclear Defence (CBRN) capabilities which, after years without an attack (the last in 1918), were seriously neglected, despite major efforts by the Canadian Forces Medical Service.

   Recommendation No. 5: Form specific CBRN defence units, as was the Gas Corps during the First World War, even if it means creating a new MOS.

   Recommendation No. 6: Improve CBRN collaboration with our allies in order to better share techniques and operations.

2. In the working paper, we are asked if it would be better for the CAF to focus on certain areas of expertise and become world experts in a few specific fields, rather than attempting to cover all areas. The same question could be asked about the Reg F in relation to the Res F. For example, expertise in CBRN defensive measures should become a primary rather than secondary task, as it currently is in Reg F units, which links to recommendation No. 5, above.

   Recommendation No. 7: A part of CBRN training could be given to "super-units" of reserves that would directly support their comrades in the Reg F.

3. During deployments in Afghanistan, the military doctors were, for the most part, at first completely unprepared to deal with war injuries, in spite of the concept of continuous training that would have them performing on-call duty in civilian emergency service. My full-time experience, from 2007 to 2013, has shown me that, for the vast majority of doctors, performing only the minimum number of hours in a civilian facility was unrealistic, in view of the operational demands creating holes in the schedules of military clinics. See recommendation No. 8, below.

Opinions related to my experience as chief physician of Reg F.

1. In the 90s, when the CAF completely dismantled their capability to be looked after in a quasi-autonomous way, I was of the opinion that this approach was a monumental error. I still am. The reasoning given was that civil institutions were perfectly capable of providing care for our military. But this decision was taken when the civil institutions themselves, struggling with major budget cuts, could not (and still can't) provide for the care of the Canadian civilian population. The result for our troops is unacceptable delays (for months, and often even years) in providing specialized services to our troops, while at the same time we keep at great cost in civilian hospitals (and free of charge for these hospitals), military medical specialists who would be capable of resolving all these conditions in an instant. It's the same for our nurses in non-primary care, working full-time in civilian hospitals until we call on them during deployments. Furthermore, when deploying from a Canadian hospital, very few medical technicians are trained in intra-hospital care.

   Recommendation No. 8, and the main recommendation of this speech: The re-establishment and re-opening of five Role 2+ hospitals, purely military, in Canada under the full responsibility of the CAF. One in Vancouver, one in Edmonton, one in Ottawa, one in Quebec, and one in Halifax. These hospitals can operate with civilian as well as military staff, but will be under the full responsibility of the CAF, and CAF medical personnel can carry out full-time regular internships in order to be ready for the institution of a field hospital, as was the case in Afghanistan from 2005 to 2009, and Haiti in 2010.

Ladies and gentlemen, I thank you for having heard me.