

Open Houses Summary Report



Prepared for the
Lambton Community Health Study Board



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Open Houses Summary Report

Executive Summary

Process:

- As part of the Phase II data collection process, five evening Open Houses were held in November in Petrolia, Aamjiwnaang, Corunna, Forest, and Sarnia.
- At each meeting, the Facilitation team made a brief presentation to provide a context for community input. For the rest of the time, members of the public were encouraged to share their experiences and views.
- Their comments were loosely focused by asking individuals to address:
 1. What health concerns do you have?
 2. What should be studied?
 3. Why?
 4. What outcomes does our community want?
 5. Community support?
- Participants were told that:
 1. Notes would document concerns, questions, issues, suggestions
 2. No names would be recorded
 3. Summary report would go to the Board in early Jan. 2011.
 4. Summary report would be posted on Web site immediately after being received by the Board.

Content:

- 57 members of the public attended in total, along with Board and Staff. Three individuals attended two or more meetings.
- While each was unique, several themes were present to varying degrees in most if not all five meetings. These were:
 1. **Considerable individual angst over health issues, either of the presenter themselves, a close relationship, or our community in general** There was a strong feeling that "People are ill because of where they live and work."

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2. **A feeling of community need for the clarity that a study could provide.** "A well done study will get people past issues ... we need proper outcomes so people can move on."
3. **The study must be broad and comprehensive.** It must consider, as a minimum, health issues in:
 - a. Cancers of all types
 - b. Reproductive health, including endocrine disruptors
 - c. Respiratory health
 - d. Mental health
4. **It should also look at industries/areas in addition to petrochemical ones.**
5. **Industry and government should fund the study. Environmental fines should be a major source of financial support.**
6. **Concern over the level of community support for such a study, and how is the Board going to determine that level, coupled with a strong belief that this study is crucial to our community.** "There is only one kick at the can, so, if we miss it, it's gone."

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Introduction to Meeting Notes

- At each meeting, we noted the questions, comments, and concerns. These notes are not verbatim transcripts, but, we believe, accurately capture the general content of the discussion. One individual read a prepared statement. PB&A offered to collect it for inclusion in this report; the author declined.
- The attendance figures show the maximum number of members of the public who were present for part or all of each meeting. Most people attended and participated throughout entire meetings.
- Board members were present at each meeting. In general, they listened, speaking only in response to specific queries if requested by the Facilitator.
- Staff members were also present, providing logistical support. They too, spoke rarely, and only in response to specific queries if requested by the Facilitator.
- The questions, comments, and concerns voiced, were sorted, transcribed and organized into six clusters as follows:
 - Phase II Study - The process so far.
 - Transparency/Governance - Who is in charge, and what will the public have access to.
 - Scope of Study - What, where, when, and who should be included.
 - Who should pay? - Funding responsibilities, who, how, and why.
 - Public education on issues - What should be priorities in communication outreach?
 - Summary: General Expectations/Desired Outcomes/Concerns - What, when the study is completed, should we know?
- As always, sorting and organizing comments is a judgment call. Virtually all comments are included somewhere, and many could easily exist in more than one category.
- Individual contributors' names are not included, nor were they recorded. After consideration, names of local industries specifically mentioned were included.
- Quotation marks indicate actual language used. [Comments by the Facilitator, Board or staff members are in square brackets.]

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Open House Meeting Notes - Petrolia

Lion's Hall- Nov.16, 2010

Attendance - 10 people [7 M, 3 F] + Board members & staff

Phase 11 Study

- Who designed the questions?
- Answers sometimes reflect who asks the question and how it is asked
- Who made the decision as to what was asked?
- Did not look at issues that drove the need for a study. Ex. There is nothing about the endocrine disruption issues related to the Aamjiwnaang community.
- Why ask about employment? Not a health concern.

Transparency/Governance

- How was it decided who would sit on Board?
- Was the literature review project put out for tender?
- Same company that did the Shell Review did the Literature Review. Would they not have a 'bias for industry?'
- Will the list of literature reviewed be made public?
- "Must be seen to be doing the right thing."
- Who will be doing the report on the Open Houses? How will it be organized?
- Where does the final report of the Open Houses go? Will it be published?
- Need to have a second meeting to discuss findings of Open Houses.
- Need to know how the final study will be designed; how the questions will be asked. "Therefore need another cycle of review to review what should be asked and how. Allow a tweaking of the process"
- Final study must have credibility. Should have an Independent Peer Review by specialists in epidemiology at the university level with no direct ties to industry.
- [All results of Lambton Community Health Study will be available on line.]
- Must have opportunity to provide feedback at each phase of study.

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Scope of study

- Should cover all areas of Lambton County not just proximity to Chemical Valley.
- Should be broad enough to represent the all demographics - age groups, occupations, rural areas, urban areas etc.
- Segregate data based on where people work and where they live
- Tired of the emphasis on lifestyle. "I find it offensive that emphasis is placed on smoking, drug use, drinking etc, when I don't do any of that"
- Should cover all areas of concern, -what people consume, levels of exercise, household products etc. as well as issues with airborne properties. Perhaps a comparison to other countries. "Even Health Canada changes as to what health and means."
- Study should look at lifestyles and ask the right questions to get at the root causes of health problems. "Need to ask a lot of questions"
- Long term health concerns related to industry should be studied.
- Are learning and behavioral problems related to our proximity to industry? Mental Health Concerns?
- Will it be segregated by occupation?
- Must have endocrine disruption on list. Ex birth ratio issues in Aamjiwnaang community.
- "Are we looking backward or forward?"
- How long will it take to do study? Could take years. Need mortality/morbidity studies etc and control groups etc.
- What are we generating and what are we importing?
- Must address all issues related to benzene. "Pollution is not getting better and will only get worse"
- Need to gather as many vital statistics as possible.
- Final study should have enough data to change what has been learned and to develop an action plan

Who should pay?

- Health Canada. After all it initiated the idea only to "abandon the project."
- The Government should pay. "Do not let the Government off easy. Vote in kind if necessary"

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- Needs to be fully funded. Need to have a comprehensive scope of parameters for study before asking for money
- Need adequate funding for long term.
- Government funding lives in 'silos' so all parties must be brought in.
- How do we mount a campaign to get funding?
- What will happen if there is no funding?

Public Education on issues

- Public needs to know
 - What is out there?
 - What are the standards that are deemed acceptable?
 - What are the potential risks of living here?
- Politicians need to be aware of issues/concerns. Is there a model for this process/study?

Summary: General Expectations / Desired Outcomes /Concerns

- Does the support exist in the community for this study?
- Study "must have teeth," "provide for a positive corrective action plan."
- All outcomes must be transparent. Educate the public on all results.
- Action plan must engage all government levels, industries and individuals in the community.
- Attendance number at Open Houses is not indicative of community concerns.

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Open House Meeting Notes - Aamjiwnaang

Health Centre Community Room - Nov. 17, 2010

Attendance - 14 people [8 M, 6F, 2 repeats] + Board members & Staff

Phase 11 Study

- Were there any other studies done to determine more health related diseases as compared to others? [There were some studies done by UWO comparing cardio-vascular issues in Sarnia, London, and Windsor.]
- Did the literature studies that were looked at include all populations? Ex: First Nations residing near Petro-Chemical areas. Was that aspect an important aspect of any study? "We are the reason this study is being done. We complained!"
- Could not believe issues related to endocrine disrupter factors were not on list. Ignored the relevant studies done in Lambton County. Why?

Transparency/Governance

- Why not have testing facilities locally, at Bluewater Health say? For example, testing for benzene needs to be done in the first 24 hours. "Is the lack of testing a direct result of the concern of 'who pays' if correlations are found and made public?"
- Why not put a list in the paper of specific companies that have emissions/spills? Should also list what has been emitted, and what the potential effects of the emitted chemicals are. This would allow an informed and targeted response.
- Should have a meeting to discuss the outcome of the Open Houses.

Scope of Study

- All factors such as population density, rural, agriculture should be considered.
- Should who owned land before be considered?
- Need to find out what was located/identified where other studies done. Importance? Need to include what was important.

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- "Area is known to have more diseases, ex. Cancers, than other areas." Need to address this.
- Should there be mandatory testing before a job and during a job? "Industry will not do it because it will have to pay!"
- Need to include meteorological data. Is wind direction a major influence as well as proximity to industry?
- Need to address our fears about our health issues? Fear causes stress. Does this affect our health?
- Is our employment our main cause of health issues? Need the jobs but are they endangering our families. More fear!
- Is the length of the employment as well as the nature of the job a factor?
- Should address our health concerns and their relationship to the environment and location related to industry: asthma, cancer rates, leukemia rates, reproductive issues [male vs. female babies, miscarriages, etc.], respiratory illness, allergies, migraines
- Are there more learning disabilities as a result of the air pollution?
- The effects of benzene must be addressed.
- Why are the young people suffering from illness only previously seen in older people, ex. Bone Density issues?
- Contamination levels brought on by rain should be looked into. "We have to walk in areas after an emission."

Who Should Pay?

- "Industry makes billions and yet it says the study costs too much! It is human lives we are talking about."
- If the treatment is for a work related illness, who pays the compensation?
- Should the Ministry pay for the study?
- "If the Government can spend \$20 million for an artificial lake surely it can spend \$2-3 million for a study?"
- "When industries get an environmental fine, the money goes into a 'Crime Prevention' fund. Pollution is a crime; why not fund this study from those dollars?"

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Public Education on Issues.

- Need to know what industry is releasing. Need to know allowable limits.
- Are these emissions related to specific health hazards? "Nobody seems to give a damn!"
- If alarms are sounded where do you get information? "If you call '211 alert,' that information will be given."
- What systems of communication are in place? Ex. Are the hospitals alerted after a release? Do the responders to an alarm [police etc] know the nature of the event? Do they have the proper protection? [Scott Packs]
- Environment Canada should be able to produce a graph on wind patterns over the last 10 years. This would allow a comparison to pollution levels over the same period.

Summary: General Expectations/Desired Outcomes/Concerns

- How do we get community support? Study will not happen if no support.
- This study must be done for the future generations as well as this generation.

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Open House Meeting Notes - Corunna

Royal Canadian Legion Hall- Nov.24, 2010

Attendance - 8 people [4 M, 4 F, 2 repeats] + Board members & staff

Phase 11 Study

- How were Open houses advertised? Someone's got to spend some money! That's why there's poor attendance.
- Where are the telephone surveys?
- Possible mail survey to all residences. This would give people the privacy to respond.
- People really need a chance to give input. "No one has ever even asked about my problem."

Transparency/Governance

- Fallout issue. The company did pay for cleanup but didn't tell us what the materials were. We need to be informed, to be told what is emitted and what the possible effects are, especially for children.
- How well equipped are environmental groups to do the necessary tests to protect us?
- Does the MOE actually monitor? Always thought the MOE was looking after us. Who really is policing these industries? They have so much power to affect us and don't seem to have to follow rules.

Scope of study

- "Cancers ... rare brain cancer and told it came from chemicals she worked with." No explanation except chemical trigger. Are workers protected?
- Reproductive issues including birth defects, gender imbalances, and miscarriages.
- Mental health issues including
 - learning and/or behavioural difficulties such as HDD and ADD
 - depression
 - post traumatic stress

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- Children's health; more cancers and behavioural problems? "It certainly seems so."

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Who should pay?

- Industry.
- Fine money, it should all go to the Health Study.
- Reinvest the fine money in community education.

Public Education on issues

- We need to have more detailed information on releases. "What to do when a release happens. When sirens go, what should we do"?
- We need to get people more involved. More advertising such as TV to get people out to meetings to give their opinions.
- "How many times do you have to beat on people to get them to come?"

Summary: General Expectations/Desired Outcomes/Concerns

- The community must make it clear that they want answers. "They need to express themselves."
- How do we gauge this area compared to others? Where are the 'hot spots'?
- London says this area has more kidney failures and long-term problems than others. How do you back that up?
- How do you access health data and yet keep privacy?
- What about Clean Harbours? "They are burning really bad stuff there. It's a time bomb for our kids just waiting to go off!"
- Do not limit study to one small area.
- We want a list of the chemicals that are out there with their possible effects on us. That should include what we eat and breath. "This might be costly, but is there a price you can put on Health and Safety?"
- Lack of attendance doesn't mean lack of community support.
- "How many deaths does it take? ... Must be aware of urgency!"

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Open House Meeting Notes - Forest

Royal Canadian Legion Hall- Nov.25, 2010

Attendance - 7 people [2 M, 5 F, 2 repeats] + Board members & staff

Phase 11 Study

- Does the literature review include the Aamjiwnaang Study, the birth ratios?
- The numbers at the community meetings are low, so how much of the study is based on this? What measures are you using to gauge community support? Are there attendance targets?
- When does the online survey process end? [No date set. It will be available at least until the end of this year.]
- Are you trying to find out the concerns of students, of younger people?
- Is it possible to do a door-to-door survey? Could use students and/or volunteers.

Transparency/Governance

- Are Board Meetings open to public? Where and when? [Yes. First Thursday of month, 9:00 am, Community Health Services building in Point Edward]

Scope of study

- Cancer is a real concern. Breast cancer could be environmentally triggered, but the triggers could be household chemicals such as shampoo, etc.
- Have there been any base studies of our community? [Yes. The Health Unit has these over the past 20 odd years. They look at Lambton as a whole, not at geographically smaller samples. They're available on the LHU website and the MOH as well. They show health data, but no causality.]
- Causality should be studied, particularly proximity to industry, especially for children.
- Endocrine disruptors must be included along with all facets of reproductive health.

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- Neurological diseases, suicides, other mental health issues, addictions, all need to be included.
- Is there a healthy community anywhere? How do we compare to them?
- Fear is a real mental health issue, especially the "fear of blowing up!" These cause anxieties and mental stress leading to PTSD.
- Specifically, "We're finding migraine headaches, PTSD ... and perhaps brain tumours."
- How do you balance collecting health record data with privacy issues? [MOH does this now. A lot of data is online.]
- Study should concentrate on specific areas over time.

Who should pay?

- "Industry has been criminal. The whole chemical valley is a crime scene. They should pay compensation to victims."
- [There was considerable discussion around environmental fines.]
- "Why not 100% of fines to support study, not just 10%?"
- Who's paid so far? [Sources and amounts listed as
 - \$15,000 Sarnia/Lambton Environmental Association
 - \$10,000 Chamber of Commerce
 - \$38,000 County of Lambton in kind
 - \$50,000 Province of Ontario
 - \$100,000 Government of Canada in kind]

Public Education on issues

Summary: General Expectations/Desired Outcomes/Concerns

- Any chemical manufactured or released should be studied to learn effects.
- Companies should have no say.
- Politics should not influence the study.
- Illnesses should be noted on a map so we can see clusters.
- Base study should include blood work data from across community.
- Test benzene levels and the effect on people. "We should be able to go to the hospital after a spill and be tested."
- New standards for products, pesticides, etc. Recognition of the cumulative effects of all of these together over time.

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Open House Meeting Notes - Sarnia

CEP Union Hall- Nov.30, 2010

Attendance - 18 people [11 M, 7 F, 2 repeats] + Board members & staff

Phase 11 Study

- Support the study but I was disappointed that the phone survey had a sample of only 500. The Internet option is a good idea. How many have answered it so far? [70 to 80. We're having another media release to encourage more participation.]

Transparency/Governance

- Funding by the Chamber. Its job is to produce a good area for people to work. What will it do if the results are not conducive to local economic development? Isn't this a conflict of interest?
- The Federal Government has a vested interest in keeping industry here and paying taxes, so how do you deal with this conflict of interest?
- Doesn't every one who is funding the study have an interest in controlling the results? Who is accountable? [We, the community, are. Just because some entity is funding the study doesn't give it control over the results.] What can the local community do? Even local government is powerless.
- We must be realistic; if there's no dollars, there's no study. It will not happen. "We need money, but no strings. That's why transparency is really important."
- Politicians say one thing and do the opposite. Political correctness is rampant. Nothing gets done.

Scope of study

- "...worked in Sarnia from 51 ... Dow, Prestolite, Mueller, foundry ... many told what to do but companies took no responsibility ... WSIB issues ... something is wrong in Sarnia."

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- "We have the support of local government ... need avenue to make changes and local government is powerless ... provincial government does nil ... local industries have come a long way and are trying but there are many issues of cancer ... the Cancer clinic says. Something must be done ... we are a sacrificed area."
- Be careful of info gathered. If people, who live here, die in London, are they added to our numbers? The death certificate may say pneumonia, but the root cause was a cancer.
- Town is dying from chemicals, from environment. We have pockets of illness; study them. People are ill because of where they live and work.
- Lifestyle needs to be considered, the air we breath and the water we drink
- Cancers including leukemia, hormonal issues, MS, asthma
- Should include a sampling and comparison of the food available in the area, local vs. other sources.
- Should include an actual interview process to document the experiences, both good and bad, of living here.
- Why not door-to-door? Let the people tell us their experiences. They can also identify siblings who've moved away and we could compare their health experiences. It's "... not scientific but people have stories to tell."
- Why would we not reinforce other studies as necessary? [Facilitator's clarification from presentation - other studies give us help in designing our process. We would like to use what they did that worked, and avoid their errors and/or inefficiencies.] The Aamjiwnaang have done studies, and these mirror or duplicate other studies. They reinforce what that there is a problem, so pay attention to them. "We are losing our people, losing our history. Our environment is affecting all life, not just humans."
- Need to include respiratory issues. Need to have a large enough sample to meet scientific review. Needs to be big enough to be credible.

Who should pay?

- Is there no indication from the government as to a level of funding? [Government is waiting for the results of P II and then to see our proposal.]
- Who's paying so far? [Sources and amounts listed as

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- \$15,000 Sarnia/Lambton Environmental Association
- \$10,000 Chamber of Commerce
- \$38,000 County of Lambton in kind
- \$50,000 Province of Ontario
- \$100,000 Government of Canada in kind]
- The dollars from Pat Davidson's office, the federal dollars? [No firm commitment so far. The \$100,000 in kind is for scientific advice.]
- Too many people are ill. The solution to who pays is to employ the precautionary principle. The 'burden of proof' should be on industry to prove there are no risks. Surely the industries and the province can come up with the money. "They should do the right thing."
- How will the CHS Board tell the community if there's no money? "We need to know there will be a study. Perhaps more Open houses? Community must be made aware how important it is to give input. There's only one kick at the can, so if we miss it, it's gone!"
- Some studies have been stopped when funding ran out.

Public Education on issues

- We need to know more about the "domino explosion theory." Fear of a catastrophic explosion can lead to PTSD and other mental health issues.
- "I worked in industry and I know for sure this domino explosion cannot happen here, particularly now with the hugely improved control systems being used."

Summary: General Expectations/Desired Outcomes/Concerns

- A well-done study will get people past issues and develop an environment for people to live. "We need proper outcomes so people can move on."
- We can fix the future ... need change ... companies must be accountable ... they do better environmentally when they move to other areas ... Sarnia just accepts ... need voices like the palliative care issue had. "Too bad there aren't more people here. [at the meeting]"
- Something has to be done with the info. Past studies did result in bans and stronger regulations but we have to keep going.

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- There is community support, but people have to speak up and stop being so complacent.
- One outcome should be more services available in Sarnia. Going to London is just so difficult. We need appropriate funding for Sarnia/Lambton. "What can the city do to get more qualified physicians?"
- We need to "understand the consequences of today for tomorrow." We need to take actions that will correct but not destroy local industry. We need to "Build tomorrow ... move on ... never give up the power to say what goes on." We need to be careful to not say "NIMBY." Everything is in somebody's backyard.
- To get community support, we need more and better PR. Having concerns is not anti-industry. We need a stable economy and the goods that are produced, but we do have legitimate concerns. These must be addressed. "It's OK to fight for change."
- 0% emissions needed. We need accurate information from industry on what's coming out. We need scrubbers to minimize outflows. "We need to clean up."
- If industry is found responsible, what are they going to do? Build a Cancer Clinic? Look at our controls and better Health and Safety? What about alternatives to benzene? Is it only about cost?
- It looks like there are two studies. One recognizes the "sins of the past 50 years." The other looks at concerns for the next generations. How are these reconciled? [Understanding our legacy is a key to planning our future. Both are essential]

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Common Themes at Open Houses

The semi-structured agenda of Open Houses makes theme identification a judgment call. We believe that the following are reasonably evident. After each theme statement, we list quotes from the various meetings to support that statement. For ease of analysis, the source of each quote is indicated by P, A, C, F, or S, for the Petrolia, Aamjiwnaang, Corunna, Forest, and Sarnia meetings respectively.

1. Considerable angst over health issues, either of the presenter themselves, a close relationship, or our community in general:

- a. Tired of the emphasis on lifestyle. "I find it offensive that emphasis is placed on smoking, drug use, drinking etc, when I don't do any of that" [P]
- a. "Area is known to have more diseases, ex. Cancers, than other areas." Need to address this. [A]
- b. Why are the young people suffering from illness only previously seen in older people, ex. Bone Density issues? [A]
- c. Children's health; more cancers and behavioural problems? "It certainly seems so." [C]
- d. Is there a healthy community anywhere? How do we compare to them? [F]
- e. Specifically, "We're finding migraine headaches, PTSD ... and perhaps brain tumours." [F]
- f. "there are many issues of cancer ... the Cancer clinic says. Something must be done ... we are a sacrificed area." [S]
- g. Town is dying from chemicals, from environment. We have pockets of illness; study them. People are ill because of where they live and work. [S]

2. A feeling of community need for the clarity that a study could provide:

- a. Final study should have enough data to change what has been learned and to develop an action plan [P]
- b. This study must be done for the future generations as well as this generation. [A]

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- c. The community must make it clear that they want answers. "They need to express themselves." [C]
- d. A well-done study will get people past issues and develop an environment for people to live. "We need proper outcomes so people can move on." [S]
- e. We need to "understand the consequences of today for tomorrow." We need to take actions that will correct but not destroy local industry. We need to "Build tomorrow ... move on ... never give up the power to say what goes on." [S]

3. The study must be broad and comprehensive. It must consider, as a minimum, health issues in: Cancers of all types, Reproductive health, including endocrine disruptors, Respiratory health, and Mental health:

- a. Study should look at lifestyles and ask the right questions to get at the root causes of health problems. "Need to ask a lot of questions" [P]
- b. Long term health concerns related to industry should be studied. [P]
- c. Are learning and behavioral problems related to our proximity to industry? Mental Health Concerns? [P]
- d. Should address our health concerns and their relationship to the environment and location related to industry: asthma, cancer rates, leukemia rates, reproductive issues [male vs. female babies, miscarriages, etc.], respiratory illness, allergies, and migraines. [A]
- e. London says this area has more kidney failures and long-term problems than others. How do you back that up? [C]
- f. We want a list of the chemicals that are out there with their possible effects on us. That should include what we eat and breath. [C]
- g. Causality should be studied, particularly proximity to industry, especially for children. [F]
- h. Endocrine disruptors must be included along with all facets of reproductive health. [F]
- i. Neurological diseases, suicides, other mental health issues, addictions, all need to be included. [F]

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- j. Cancers including leukemia, hormonal issues, MS, asthma [S]
- k. Should include a sampling and comparison of the food available in the area, local vs. other sources. [S]

4. It should also look at industries/areas in addition to petrochemical ones:

- a. Action plan must engage all government levels, industries and individuals in the community. [P]
- b. What about Clean Harbours? "They are burning really bad stuff there. It's a time bomb for our kids just waiting to go off!" [C]
- c. Do not limit study to one small area. [C]
- d. Illnesses should be noted on a map so we can see clusters. [F]

5. Industry and government should fund the study. Environmental fines should be a major source of financial support:

- a. Health Canada. After all it initiated the idea only to "abandon the project." [P]
- b. The Government should pay. "Do not let the Government off easy. Vote in kind if necessary" [P]
- c. "If the Government can spend \$20 million for an artificial lake surely it can spend \$2-3 million for a study?" [A]
- d. "When industries get an environmental fine, the money goes into a 'Crime Prevention' fund. Pollution is a crime; why not fund this study from those dollars?" [A]
- e. Industry. [C]
- f. Fine money, it should all go to the Health Study. [C]
- g. "Industry has been criminal. The whole chemical valley is a crime scene. They should pay compensation to victims." [F]
- h. "Why not 100% of fines to support study, not just 10%?" [F]
- i. Too many people are ill. The solution to who pays is to employ the precautionary principle. The 'burden of proof' should be on industry to prove there are no risks. Surely

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the industries and the province can come up with the money.
"They should do the right thing."

6. **Concern over the level of community support for such a study, and how is the Board going to determine that level, coupled with a strong belief that this study is crucial to our community.**
 - a. Does the support exist in the community for this study? [P]
 - b. How do we get community support? Study will not happen if no support. [A]
 - c. This study must be done for the future generations as well as this generation. [A]
 - d. Lack of attendance doesn't mean lack of community support. [C]
 - e. The numbers at the community meetings are low, so how much of the study is based on this? What measures are you using to gauge community support? Are there attendance targets? [F]
 - f. . "Too bad there aren't more people here. [at the meeting]" [S]
 - g. There is community support, but people have to speak up and stop being so complacent. [S]
 - h. "There's only one kick at the can, so if we miss it, it's gone!" [S]