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## **Standing Committee on Veterans Affairs**

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**Tuesday, February 13, 2007**

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**Chair**

**Mr. Rob Anders**

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## Standing Committee on Veterans Affairs

Tuesday, February 13, 2007

•(0905)

[English]

**The Chair (Mr. Rob Anders (Calgary West, CPC)):** Good morning, everybody. We have another start of our committee.

I just wanted to let you know that yesterday I received from Michel the corrected version. Good, other people have it as well.

Monsieur Perron wants to speak.

[Translation]

**Mr. Gilles-A. Perron (Rivière-des-Mille-Îles, BQ):** Mr. Chair, allow me to continue the custom by introducing Jean-Yves Roy, the Bloc québécois member for the riding of Haute-Gaspésie—La Mitis—Matane—Matapédia. He's joining our committee.

I believe we can call him Jean-Yves, as a way of continuing the kind of camaraderie that enlivens our committee.

Jean-Yves, welcome to the committee.

**Mr. Jean-Yves Roy (Haute-Gaspésie—La Mitis—Matane—Matapédia, BQ):** Thank you.

[English]

**The Chair:** Welcome to the committee, sir.

**Some hon. members:** Hear, hear!

[Translation]

**Mr. Jean-Yves Roy:** Thank you.

[English]

**The Chair:** We try to have fun around here. I hope you will enjoy it.

I want to thank Michel for that work. As well, my staff has drafted a foreword, where I thank the witnesses who appeared, as well as our researcher and clerk. On a separate page are going to be mentioned all the members of the committee, chair, vice-chairs, etc. I have prepared a list of people who have contributed as members to this report. I want to make sure I'm not missing anybody from the various parties.

For the Liberals, for example, I have Mr. Cuzner, Ms. Guarnieri, Mr. Rota, and Mr. Thibault. Is there anybody else I should be mentioning?

**Mr. Brent St. Denis (Algoma—Manitoulin—Kapuskasing, Lib.):** Mr. Valley.

**The Chair:** Mr. Valley, of course.

**A voice:** He's already there.

**The Chair:** Is he there?

**A voice:** Yes.

**The Chair:** He is. I am sorry.

I was looking for you, Roger, and your name was at the end of the second list. I was trying to scan. Mr. Valley is on. Sorry about that, Roger.

Is there anybody else?

**Mr. Brent St. Denis:** The vice-chairs?

**The Chair:** Yes, sir, you are there. Yes, of course, Mr. St. Denis, you are there as a vice-chair, sir.

I think that's fairly exhaustive.

With regard to the Bloc, I have Monsieur Perron, I have Monsieur Roy. We also had Monsieur Lévesque, yes?

**Mr. Gilles-A. Perron:** He came one day, Monsieur Lévesque, and Roger Gaudet.

**The Chair:** All right.

Mr. Gaudet is there, of course. Sorry. He is here.

Monsieur Lévesque did participate in the discussion, did he?

**Mr. Gilles-A. Perron:** Yes, he did.

**The Chair:** Okay. We're going to include Mr. Lévesque.

Mr. Stoffer, as far as I know, you are the only representative of the NDP who has been attending, sir.

On the Conservative side we have Mrs. Hinton, Mr. Sweet, Mr. Shipley, Mr. Mayes, and of course me.

Is there anybody else who has subbed in for us, who participated in this?

•(0910)

**Mr. Bev Shipley (Lambton—Kent—Middlesex, CPC):** We come to every meeting.

**Mrs. Betty Hinton (Kamloops—Thompson—Cariboo, CPC):** No, we come to the meetings.

**An hon. member:** Yes, we're always there.

**Some hon. members:** Hear, hear!

**Mrs. Betty Hinton:** Just like the Bloc.

**The Chair:** All right. We will make sure that we add Monsieur Lévesque to that. My staff should have that to you probably by the end of the day, certainly later this meeting, I think.

That deals with that.

Now we are moving on to the question of what we are going to deal with next. We do already have a vote that we have taken early on with regard to moving on to health and what not. I sense some people want to have discussion of where to move next.

Mr. Shipley.

**Mr. Bev Shipley:** Just before we go to that, Michel has come back over with the deletions and the changes. I guess everyone is all right with that, and it seems to be fine? Okay.

**Mr. Gilles-A. Perron:** I trust Michel.

**Mr. Bev Shipley:** That's good. We all do.

As the chairman, you had mentioned to move on to the next step, following from the ombudsman. Since that has gone so well, it takes us to that next step of the bill of rights, and I think that is where we want to go. I know we had that discussion earlier, but this is likely just formalizing the bill of rights. Hopefully then we can move to the VIP health care. That seems to be a step of getting to what we actually want to accomplish for the vets.

**The Chair:** Monsieur Perron.

[Translation]

**Mr. Gilles-A. Perron:** Mr. Chair, I believe I'm going to offer you the opportunity to take part in Canadian history, as a group.

You know I am very much concerned about the fate of the victims of post-traumatic stress. I believe, and I have evidence to support this, that we could save the government a lot of money. We know the act and regulations can't be amended, but the required qualifications when young soldiers are recruited can be.

National Defence is currently enrolling youths who will become soldiers as though it were buying pounds of ground beef at the grocery store. They quickly determine whether they're suitable, and, if they are, they hire them. I've discovered that they rely on no psychological profile when they recruit these youths. They aren't all suited to going to war, using firearms and so on.

Perhaps we could give National Defence a hand. It would take two meetings to confirm what I'm telling you. I'd like to tell you about what I've discovered through reading and enquiring into post-traumatic stress. I could talk to you about it for hours and hours, but that wouldn't be convincing enough.

I'll give you an example. Pascale Brillon is a doctor of psychology and a professor at the University of Montreal. She has written a number of books on post-traumatic stress. I think we could invite her to spend an afternoon with us, simply to teach us about the nature of post-traumatic stress.

In addition, Robert Belzile is a doctor in the region. He treated me for prostate cancer, and I developed a friendship with him. He's also a specialist in post-traumatic stress. Before resigning as physician-in-chief at the RCMP, he treated victims of post-traumatic stress. These are people for whom we pay for insurance. We should also devote

one meeting to Dr. Belzile so he can thoroughly explain to us what post-traumatic stress is. After hearing from those two experts, we could decide what influence we could have and whether it's worth doing an in-depth study of this matter.

I haven't contacted Ms. Brillon. Consequently, I don't know whether she could meet with us. I've read her books. I think it may be beneficial to have psychologists on the battlefield. In her books she recommends that a person who has suffered post-traumatic stress should be debriefed within 24 hours, not six months to a year, after the mission. In short, we need personnel on the front.

Thank you, Mr. Chair.

● (0915)

[English]

**The Chair:** I certainly think that sounds interesting.

Mrs. Hinton.

**Mrs. Betty Hinton:** I was just going to say that I thought that did sound extremely interesting. I don't know why we couldn't do that under the health care review, because everyone seems to want to go in that direction. We have the bill of rights that we have promised the veterans we'll complete. We're going to be meeting with the minister and the deputy minister so all of us get to know the new deputy minister.

When we do that health care review, I don't know why we couldn't touch on exactly what you're talking about.

[Translation]

**Mr. Gilles-A. Perron:** I agree with you, Betty, but post-traumatic stress should be treated immediately, like a disease. Every day, young people come back from Afghanistan very disturbed. How do we care for them? How can we prevent this stress in those who will be going to Afghanistan? The changing of the guard will take place in August.

The timing is very critical. I'm tired of seeing young fellow citizens 30, 32 or 34 years of age going as far as suicide after coming back from overseas. There are a lot of them. We're only seeing the tip of the iceberg; most of the problems lie beneath the surface.

We urgently need to ask ourselves the following question: do we let them die or do we try to prevent post-traumatic stress syndrome by preparing them better, so as to reduce the number of young people who suffer from it? That's our dilemma. What do we do with these youths who leave poorly prepared and who come back disturbed?

[English]

**The Chair:** I'm just going to toss in something, and then I have Mr. St. Denis and Mr. Shipley up next.

Mr. Perron, would you want them to be the first witnesses on an examination of health? Is that acceptable to you?

[Translation]

**Mr. Gilles-A. Perron:** We should immediately accept my first proposal, that we hear from people who are experiencing post-traumatic stress syndrome. In the course of our proceedings, we could ask questions, educate ourselves, improve and develop our thinking.

At the rate things are going, we'll be starting late. However, we have to proceed as quickly as possible because this is urgent, very urgent. We'll lose even more young people. I'm thinking of my sons.  
[English]

**The Chair:** I'm not saying it isn't. That's why I'm saying that they would be the first witnesses to appear.

Mr. St. Denis.

**Mr. Brent St. Denis:** Thank you, Mr. Chair.

I had written down an issue I thought was important, and then as I listen to Gilles, it seemed to fit right in.

It seemed to me, and as I've been involved some months now, that the needs of this present and future generation of veterans are not exactly the same as the generation of veterans out of World War II and Korea and so on. Post-traumatic stress disorder is one of the things that's evolved probably most of all. We don't know for sure, but it seems like it might have.

Whether it's under the general veterans health study or whether it's a separate piece on post-traumatic, I'd be interested in getting a sense through that of how have the veterans' needs and the veteran profile changed from the older times to the present time so that at least we'd have some sense. Maybe it would provide some guidance to the department in years to come, when the 2007 veterans are 60 and 70 years old. Their needs will be different 30 years from now from the ones we're dealing with who are now 70. That's a general subject area for me, but it fits into the comments that we have heard.

If I can continue, are we talking new business in general?

● (0920)

**The Chair:** I think so.

**Mr. Brent St. Denis:** To continue, when the minister and deputy minister are here—and you'll tell us at some point whether those dates have been set yet—I would be interested, on our part, in finding out at that session or some other session about a work plan for the implementation of an ombudsman. We're assuming that the government heard the minister say it's a good idea; it was a campaign commitment, and we've all agreed to it. I'd like to hear a work plan, some outline that the department is going to do this for consultations and hopes to have a bill presented at some point in time, just so that we have a sense when we're talking to our legions and others that this has not come to a report and now we won't hear anything for two years, but that we have some sense of when that might be.

**The Chair:** I sense that it will be incredibly fast, sir, but I know that Mrs. Hinton may have something to add to it.

**Mr. Brent St. Denis:** I'll just conclude with my last point. I agree, but I won't repeat what Bev said on the issues he raised.

Finally, on the Agent Orange issue, again, that will come up when the deputy minister and minister are here, but it's something we need to keep top of mind.

**The Chair:** I have Mr. Shipley next, then Mr. Stoffer, but I believe, Ms. Hinton, you wanted to speak to this issue specifically.

**Mrs. Betty Hinton:** I just wanted to go back to when we began this session with the committee, when we talked about the ombudsman. We plowed through that issue rather well, and I think

we did a really great job as a team. But we also talked about the bill of rights, and that's part and parcel of the ombudsman position—they mesh. We haven't dealt with that yet, and we need to deal with it as well. I don't think it is going to take very long. We've listened to enough witnesses and have certainly heard from a number of people who told us what they want to see in a bill of rights. So I don't think it's going to take us very long at all.

**The Chair:** Okay.

[Translation]

**Mr. Gilles-A. Perron:** Mr. Chair, I'd like to correct what Mr. St. Denis said in his presentation, that post-traumatic stress is recent. Pardon me for correcting you so abruptly, Mr. St. Denis. On page 168 of the *Journal de guerre (1914-1919)* by Brigadier-General Thomas-Louis Tremblay of the 22nd Battalion, he states that colonels, including Mr. Georges Vanier, who was Governor General, were withdrawn from the front because of shell shock. Since the commander and soldiers were losing control, they were withdrawn from the front line for two or three months, then brought back in. That was post-traumatic stress.

I have another anecdote to tell you. Two years ago, the President of the Deux-Montagnes branch of the Royal Canadian Legion told me that his sons weren't right in the head. His wife, who was seated beside him, then answered that, when he left for the war, the Second World War, he was a good husband, and when he returned, he was still a good husband, except that he solved and continues to solve the problems he has in his head with the tall gin he drinks every day.

Post-traumatic stress is quite a bit more widespread than we believe, and we want to make that understood.

● (0925)

[English]

**The Chair:** Okay.

I'm certainly not trying to indicate it's not important. I thought Mrs. Hinton was going to respond to your question of timeliness.

I sense that as soon as the report is tabled.... And I know we're just waiting to include the foreword of the report and that's its five working days from that type of thing until the production of the report. So I'm hoping we'll have our press conference next week. I don't know if it's going to be in the middle or late next week, as it all depends how fast the publication will be done, but hopefully late next week, or whatever it will be, we'll have a press conference with regard to this.

I sense that very, very soon after that, you're going to see a lot of action on that file, sir. I'm very confident of that.

Mr. Shipley, you were up next.

**Mr. Bev Shipley:** Just as we're trying to get our minds around where to go, as Gilles has said, there are a number of issues in terms of health care. I guess we knew it as shell shock in the past, but PTSD or post-traumatic stress disorder is certainly one of those.

I'm suggesting that on the fifteenth, or two days from now, we move ahead with the bill of rights. Mr. Victor Marchand would be able to come, and as we start into that next phase, we wanted the minister to come. We have not met the new deputy minister, Ms. Tining. If we could have those two individuals, the minister and deputy minister, come on the twentieth—though I don't know if those dates are feasible—then we could talk about health as we move into the session on the health care review. I really believe that's all part of it.

As much as it is an emergency or as much as it's really important that we understand that, I really think we still want to start by having the minister and deputy minister in. If we're going to deal with health care in the very near future, then why don't we do that and put that at the top of the list to deal with? This is the first time it's actually come up at the meeting in terms of it being an emergency. I think we've all known about it, but we were tied up on the ombudsman issue, which we've actually completed in very good time. I think the bill of rights will not take long, and the health care review, if we want to.... Unless it's been deemed by someone outside of here to be an emergency and that we actually need to get direction on it and move on it to come to a solution, we can still do that in very good time.

I would just suggest, Mr. Chairman, that if we have those commitments from those individuals to come here, then why don't we get those dates set up and allow us time in between to do the tabling of the report on the ombudsman?

**The Chair:** Mr. Stoffer is up next. Mr. Stoffer, carry on.

**Mr. Peter Stoffer (Sackville—Eastern Shore, NDP):** Thank you, Mr. Chairman.

Yes, I do believe the bill of rights should follow up on this. Also, under the health, I don't know about the rest of you, but the one biggest complaint I get from veterans is when they apply for hearing aids or hearing pensions. The vast majority of them get turned down because it's very difficult to prove that standing next to a gunner or big guns on the ships in the forties led to a hearing loss today.

One of the premier audiologists in the country, Dr. David Lyon, is in Dartmouth, in Mike Savage's riding, and he works solely on veterans. Some of them get hearing aids, some don't, even though they may have worked on the same ship at the same time. It is one of the most irritating little problems that we have. It's very important for them, but for us, when they go through the appeals, we send it to the minister and we speak to the regional people on the ground, and they're just turning them down left, right, and centre. Most of these guys just want hearing aids.

So when we go on to the health concerns, Mr. Perron's issue is extremely important. That's an issue we do need to deal with.

It would be interesting to compare the PTSD of today to shell shock, what was known as shell shock before. It would be interesting to get some veterans in to see how they reacted when they came back after that, and to get some comparisons on it, on whether things have improved or not.

On the hearing loss, it would be interesting under the health aspect to bring in someone like Dr. David Lyon to understand why there is difficulty in accessing either pensions or hearing aids for veterans when it comes to hearing loss. That's the one I deal with the most, and it's most frustrating.

• (0930)

**The Chair:** Fair enough, Mr. Stoffer.

Mr. Sweet, I believe you indicated you wanted to speak.

**Mr. David Sweet (Ancaster—Dundas—Flamborough—Westdale, CPC):** I just wanted to make sure that you heard my voice too, Mr. Chairman. It's necessary for us to move quickly on the bill of rights if the government is going to move quickly on an ombudsman, which, as you have said, we're all confident will happen.

The only other thing I would say is that I'm certainly in agreement with the PTSD conversation and the hearing conversation, but I would just caution that we should not get too broad and then get into a health care study that is ad infinitum.

**The Chair:** Mr. Valley.

**Mr. Roger Valley (Kenora, Lib.):** Thank you, Mr. Chair. I'm concerned, and I want to get clarification here on something. We've done the ombudsman. It's going to move forward regardless of the next step we take. Right? Am I correct on that?

**The Chair:** Sure.

**Mr. Roger Valley:** Okay, good.

I don't know exactly what is going to be involved in the bill of rights, or how long it's going to take us. Mr. Perron has made a very good point about two meetings, taking one week to deal with PTSD, to look at it.

I can tell you when we get into health care after the bill of rights, health care is going to be a big issue for us. We're going to have a lot of work to do there. If it's something as important as he said, maybe we'll get that sense from the individual who comes to see us, the individual he mentioned, or maybe the clerk has some better ideas. We know we're sending people home every day who are coming back from very tough situations in Afghanistan. Maybe it's something we should consider: doing those two days, getting that part done, keeping it out of the big picture of health care as it's going to come along.

The ombudsman is not going to be tied up. We're going to get that done. With the bill of rights, whether it's one month or three months, I don't know how much work that is going to be, and it could put off these two days that he's asking for. I think maybe we should really consider doing these two days with some witnesses, whether they're those people or others, and try to find out if it's something that we need to dig into. Because when we get into the health care, the health care is going to be a much bigger picture we're looking at, and if it's something we should make a recommendation on, maybe it's something we should do more quickly.

**The Chair:** Okay. I sense there are three options here. I think one is a health care study. That can include PTSD up front. Another option is to say PTSD right off the bat, in its own separate little way, I sense, and then another one of course is to proceed with the bill of rights. That's the way I see the options we have laid out.

I'm wondering if we can take a straw vote or something like that or whatever to determine that.

Those in favour of the bill of rights?

**Mr. David Sweet:** Mr. Chairman, before we do that, in the spirit of cooperation, I think we could handle taking two specific days on PTSD as long as we had an agreement that was it and then we get to the bill of rights. I'm afraid that if we got into more delay.... The bill of rights is an essential tool for whoever is going to be hired as an ombudsman to take as a framework for his work. Certainly I don't have any problem with taking two days for a longstanding member who wants to take a look at something that's very critical. It doesn't really diminish the fact that we're saying the bill of rights is top priority. We're just taking two days out on something else that's very important as well.

**The Chair:** I'm still trying to hold a straw vote to determine what's what. How do you feel about it?

Mr. St. Denis, do you wish to say something?

**Mr. Brent St. Denis:** I was just going to say that it's not an either/or, I don't think, for any of us. If the bill of rights, as Betty suggested, was only a couple of sessions, since we have her quite a bit, then for me it would make sense to do that. If there was any tie-in between that and the ombudsman at the departmental level, well that's taken care of. Then we go into a couple of days on the post-traumatic stress disorder. That might be a greater segue into the health care. If I say bill of rights first, it's only to accommodate Betty to get that done and dispense with it so we can get into the health, starting with the post-traumatic stress disorder that Gilles has raised.

• (0935)

**The Chair:** I can try to take a straw vote on this, but I sense we do have a bit of a consensus. I'll describe this for Mrs. Hinton and Mr. Perron.

I sense the consensus we have is that we quickly deal with the bill of rights and then move on to a study of health, with PTSD almost dealt with in a separate way right upfront at the get-go.

**Mrs. Betty Hinton:** The order would be bill of rights, meet the ministers, start the health care review, and have PTSD on that agenda.

**The Chair:** First on the agenda.

**Mrs. Betty Hinton:** I have no problem with that at all.

**The Chair:** Okay.

**Mr. David Sweet:** Just to clarify and to take some initiative so there's no misunderstanding down the road, Mr. St. Denis said relatively quick, a few sessions. The only way I can see that in execution would be to have large panels back here. I know we've talked about it, but I would think there are probably going to be close to as many veterans groups that want to chime in on something specific on the bill of rights as there were on the ombudsman. Are we going to do broad sweeping meetings where we have five or six representatives here and clear that through because the topic is narrower than the ombudsman?

**The Chair:** My sense is that as far as the next two meetings go—and we'll certainly spend some grey matter thinking about exactly how we're going to try to tie up the bill of rights as quickly as possible—we do have the minister and deputy minister, who we approached a couple of weeks ago. I think they're about ready to come. If we can get them in as soon as possible, then we move into wrapping up the bill of rights. Maybe they'll touch on that in what they have to say. Then PTSD will lead us off in terms of the health debate.

**Mr. David Sweet:** Mr. Shipley said that Victor Marchand is also available, coming up as well.

**The Chair:** That's right.

**Mr. David Sweet:** I just wanted to make sure that there was no misconception on the execution of it, that nobody had a predetermined idea it was going to be four or six meetings, and that if it was, how we are going to do it. I don't want to get us bogged down on that point.

**The Chair:** Mr. Shipley.

**Mr. Bev Shipley:** So that we can move ahead expediently on it in terms of the bill of rights, following up on Mr. Sweet's comments, do we have a list of witnesses that we would want to have here at the start of the discussions around the bill of rights? If we're going to have it, we might as well fill up the agenda.

**The Chair:** Who do you want to have as your witnesses on the bill of rights?

**Mrs. Betty Hinton:** We've already heard from most of them, I think.

**Mr. Bev Shipley:** As Ms. Hinton and Mr. Sweet said, many of those are going to be the same ones we've had in terms of the discussion about the ombudsman. I think we should contact them and tell them that this is our next step and ask if they have additional information they want to bring forward for the discussion on the bill of rights.

**The Chair:** Go ahead, Mr. St. Denis.

**Mr. Brent St. Denis:** Would it be possible for Michel to make a little chart, as he did before, saying which witness has already talked about it, so we're not asking them to come back unless, as Bev suggests, they have something new to add? If there's nothing new, they're done. We'd really only be asking those to come who have never mentioned it. And I like David's idea. There's no problem having four or five participants in a panel setting. Limit them to five or six minutes each. It's not a huge subject.

Then we can get into post-traumatic stress disorder.

**The Chair:** All right, we have a plan on that. So I think that kind of wraps up the discussion.

Now that I have the latest, final version of the foreword, I'd like to just read it. I'd also like to indicate that we want to add Mr. Lévesque to the list. Mind you, I think what's going to happen is that the clerk will look after the list of the members who have participated. Fair enough.

So the way it would read is:

In the spring of 2006, the Standing Committee on Veterans Affairs undertook its study on the creation of a veterans' ombudsman office. Over the past year, the committee heard from an extensive list of witnesses. The committee visited care facilities to see first-hand how our veterans are supported. Throughout the process, the enormous sacrifices our veterans have made were brought home again and again.

An ombudsman would give our veterans an advocate, someone to help them obtain the best services possible. Here is a list of recommendations that reinforce this premise. Support for this report is unanimous and stands as testimony to how parliamentarians can work together.

I would like to thank all the witnesses who have appeared before the committee. Thanks also to the members of the committee for their hard work. A special thanks to the clerk of the committee and the researcher....

I thought we wanted to mention specifically the names. We want to make sure that you guys have your names mentioned. So it will provide that.

A special thanks to the clerk of the committee and the researcher who compiled this report. Their hard work and assistance is appreciated by all.

Lest we forget

● (0940)

**Mr. Gilles-A. Perron:** You wrote that? Great!

**The Chair:** No, actually it was Jeff. He deserves full credit.

So that's the way that will sound. We'll make sure to include Mr. Lévesque, and I want to make sure we have the names of our researcher and clerk in there.

I think that's about it.

Yes, Monsieur Perron.

[*Translation*]

**Mr. Gilles-A. Perron:** Mr. Chair, I don't know whether the subject is appropriate. Last Thursday, when we were out walking, I told you about a project of interest to me. I propose to go meet with the Veterans Committee people in Prince Edward Island. This is a personal project that I'm telling the committee about. Why not make it a tourist, information and meeting trip, and go and put faces to the names of the people we regularly talk to. I'm ready to use one of the points that are allotted to me for my travel as an MP to go there.

I have another, really ridiculous and stupid suggestion to make. When time permits, why don't we go and meet, as we did in the case of the Saint-Anne-de-Bellevue Hospital... We could check and see how things are going, and whether the people are good there, without it being an official trip. I think we have a duty to go and meet these people, at least to provide them with our support and to tell them that we appreciate the work they're doing for Canada's veterans or to suggest improvements to them. I'm not making this a motion, but rather a topic for discussion, since the meeting is coming to an end.

[*English*]

**The Chair:** I certainly don't oppose that. I know we talked about that previously, outside in a non-committee context at the unveiling.

I am wondering, Monsieur Perron, if maybe a trip to Prince Edward Island is something...maybe after the witnesses on PTSD.

**Mr. Gilles-A. Perron:** Some time.

**The Chair:** I think we are all amenable to that. I am guessing.

Maybe after the witnesses you want to hear on PTSD, and then... Yes? Is that fair? Okay.

I think that pretty much takes care of business.

At that, I will call the meeting adjourned.

● (0945)

**Mr. Peter Stoffer:** Do we have everything planned for Thursday?

**The Chair:** It looks as though we are going to try to get Victor Marchand.

The meeting is adjourned.









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