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## **Standing Committee on Veterans Affairs**

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**EVIDENCE**

**Thursday, May 3, 2007**

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**Chair**

**Mr. Rob Anders**

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## Standing Committee on Veterans Affairs

Thursday, May 3, 2007

• (0905)

[English]

**The Chair (Mr. Rob Anders (Calgary West, CPC)):** Good morning, folks.

We're at the point where we're going to be calling more witnesses with regard to the health care review. Part of that health care review, early on, was the study on post-traumatic stress disorder. This morning I thought it would be wise to give some suggestions to the men who will be writing that.

I also want to let people know that yesterday the clerk did a good bunch of work to make sure we have an ability to report on the private member's bill, Bill C-287. I was told by our whip's office that to negotiate at the last minute to remove the vote on proceeding, or allowing it to carry forward, was problematic. Today we have our meeting from 9 until 11. I have the ability to present it at 10 this morning, depending on how the committee goes. The other option is tomorrow at 12. I'm attending a wedding, though, so today at 10 is better.

**Mr. Brent St. Denis (Algoma—Manitoulin—Kapuskasing, Lib.):** It would probably be fine.

**The Chair:** All right. You're happy with that.

That being said, do we have any thoughts with regard to the report that Michel is going to prepare?

Monsieur Perron.

[Translation]

**Mr. Gilles-A. Perron (Rivière-des-Mille-Îles, BQ):** I'm pleased to receive confirmation that a separate report will be produced on post-traumatic stress disorder. That's wonderful news.

We've done a fine job, but we're missing one small piece of the puzzle. We haven't heard from witnesses like Louise Richard, Sean Bruyey and other veterans who are suffering from PTSD. Shouldn't we hear what they have to say? Their testimony could be interesting.

So far, these hearings have been highly educational. We've learned about the existence of PTSD. We know that we could recommend to DND that it better prepare its members prior to deployment and that better treatment options be available to them when their tour of duty ends. As far as I'm concerned, we've done an excellent job. However, we're missing one small piece of the puzzle, namely testimony from actual sufferers.

Therefore, Mr. Chairman, I suggest that we invite a few people to testify. We don't need to hear from 25 or 50 people, only from four, five or six witnesses. That would round out our study of PTSD.

• (0910)

[English]

**The Chair:** Mr. Stoffer is next, and I see Mr. St. Denis' hand up.

Mr. Stoffer.

**Mr. Peter Stoffer (Sackville—Eastern Shore, NDP):** Quite quickly, although we didn't go into it in depth, I'd like to talk about the situation of Petawawa, with the children on the base. I know the delivery of the mental health services is a provincial responsibility, but there was an agreement—correct me if I'm wrong—between the federal government and the provincial government to assess those concerns. Maybe in our report we could give advice and further recommendations to the federal government on how to cooperate in a better and timely manner to assist children on military bases whose parents are overseas.

**The Chair:** Mr. St. Denis.

**Mr. Brent St. Denis:** I think this interim report should be portrayed as the pre-release of a section of a larger report. Whether you want to say chapter or section, it's clearly part of a series. We don't know if the series is going to have two, ten, or a hundred sections, but it's an early release of a section.

In this interim report we should stay away from a whole series of detailed recommendations. But as Gilles suggests, maybe we can make some generalized, kind of global suggestions in the belief that, as we do the rest of this health review, when we get to the end maybe our thinking on specific recommendations for PTSD some months from now might be different versus now. Let's not limit ourselves later on by making too detailed a series of recommendations now.

In my mind, it would be an overview of what we've heard with some general themes, some of which might include a recognition that we need to do more with this one, or the department should look in more detail at such and such. Hopefully they can get something back to us.

It's hard to know how long this is going to take. We may be out of here as early as after the first week of June. I heard that the government's talking about that.

**A voice:** You know something we don't know.

**The Chair:** It's exciting to me.

**Mr. Brent St. Denis:** I heard that on the news. You know the asterisk weeks on the calendar—we might not get to them.

Those are my general comments.

**The Chair:** All right. Are there any further comments?

**Mrs. Betty Hinton (Kamloops—Thompson—Cariboo, CPC):** I certainly have no objection to anything I've heard. I agree with you that it's always wise to look at the big picture before making specific recommendations.

On having witnesses who are suffering from PTSD, I don't object to that either. I think it's safe to say that every person at this table has had individual constituents come to them who are suffering from PTSD. My only concern is that we might put added pressure on someone who is already very fragile. But I certainly don't object to having the witnesses, if that's what everyone wants.

**The Chair:** Mr. Perron.

[Translation]

**Mr. Gilles-A. Perron:** Betty, like you, I too am concerned about the potential impact on these individuals. However, I don't think it would affect someone like Louise Richard or Sean Bruyey, to mention only two people. We would have to select our witnesses very carefully.

My objective in including the testimony of these individuals in our report is to have their stories formally on the record. Like everyone, I know of hundreds of individuals suffering from PTSD. It's all well and good to discuss the problem amongst ourselves, but if we hear from witnesses who formally testify, then it's even better. The credibility factor increases. Therefore, my goal, as Peter as just said, is to hear testimony relating to the children of military personnel who, down the road, may develop... We can start to look into this, in order to include it in the first part of our final report.

I want to hear people's first hand experience with this disorder. It's good to rely on the testimony of our experts, who have really shed light on this issue for us. I was really pleased with the testimony of all of the witnesses, including Ms. LeBeau, Dr. Descôteaux and Ms. Brillon. They helped us to realize that our Canadian Forces members and our veterans are experiencing real problems. The government—and I don't care what political bent it happens to have—absolutely needs to take this into account. We cannot let PTSD sufferers, who are primarily young people, fall through the cracks.

● (0915)

[English]

**The Chair:** Mr. St. Denis is next, and Mr. Sweet is on deck.

I'm just going to suggest something from my sense of chivalry, if you will. We had Senator Dallaire attend one of our meetings. It was an awkward situation, because he wanted to sit on the committee. I wish he'd given us more advance notice, and what have you. It was an unusual circumstance, but he certainly is recognized as somebody who has knowledge or interest in this issue, so he may be one of these witnesses.

Anyhow, Mr. St. Denis.

[Translation]

**Mr. Brent St. Denis:** I support the idea.

[English]

I think that's a great idea.

I recently met a victim of PTSD in my riding in Wawa last Thursday. He had moved to Wawa, which is in northern Ontario, from his town somewhere in southern Ontario. He's out of the military now. Just talking to him, you knew he was able to go to this event, but you knew he was suffering.

It occurs to me that the ideal would be to take two and a half or three hours, maybe cut in half, among the PTSD victims in the Ottawa area. We can spread the word out to Sean and some others, to help us gather some volunteers who are willing to come here in two groups, in camera. Let them know that the meeting will be in camera—except for our staff, obviously—so they feel they could speak more freely. We could treat them to a nice little evening, maybe with more than coffee that night; we could have a food tray, or something like that, and make this meeting very hospitable in our newly named Veterans' Room. So make it in camera, and rather than having people from all over the place, let's just maybe assume we can find a small set of victims here, who would come voluntarily, and that they would represent, generally, victims across the country, for the purposes of having a very....

Rather than sitting like this, maybe we can spread out and have these people in-between us, more like a kitchen or living room setting, if we can somehow make it more informal—though we will still have our translators, of course.

I agree with those—Gilles and all of us—who say that, yes, we've talked to constituents, but that we should have our researchers hear this as well, and that we be in a situation where we can at least have a confidential recording of the meeting.

To conclude, if we felt we had to get some people from outside, I think we could just have some people by telephone, to save them the travel and the additional trauma of having to speak. We're only asking for local volunteers willing to come and share with us.

**The Chair:** At that thought, I'm still going to say that Perry has brought a lot of acuity to the meetings.

Mr. Sweet.

● (0920)

**Mr. David Sweet (Ancaster—Dundas—Flamborough—Westdale, CPC):** Thank you, Mr. Chairman.

I wanted to say that it's very important, but if we should be efficient enough to finish by ten, the restored flag from the former Victoria Tower, the flag that we spoke about the other day, is being unveiled at the Bytown Museum just next door. I know many parliamentarians participated financially, because that's how they raised the funds for that restoration, so that might be something the committee would be interested in if we're efficient in our work here.

Regarding a path forward, I kind of like that idea. That resonates, to have an informal setting where there'd be some comfort level, where, as Ms. Hinton just said, no added stress would be inflicted on these folks. I'm concerned about the child aspect, not because it's not important—and we know here on the Hill there's no end to things that are important and urgent and tug at our heartstrings—but it does fall outside of the realm of the veterans affairs committee. I'd like to stay focused on veterans.

Roméo Dallaire is actually a good name, because I think one of the things we should try to focus on, if we're going to go this way, where we have sufferers of PTSD, is to try to find those who've suffered the trauma, who've gone through the therapy, and are healthy enough to be able to reflect back for us and say “Here are the things that stymied my capability to come to psychological health, and here are the things that were very encouraging in the therapy.”

I just think that would be good to target, and then we could really get some insight, because we have the professionals here already describing the symptoms, describing how this happens, and the kind of research you're doing, and we've heard some pretty good witnesses. But I'd really like to hear what they felt was working, if there was any intervention that was unproductive, that in fact caused what they thought was a delay in coming to full psychological health. I think that would be very productive and would be something I'd certainly support.

**The Chair:** Thanks, Mr. Sweet.

Just to interject, it reminds me of dealing with people who've been survivors of rape, for example. The ones who have worked through their trauma and can speak about it are the ones who are probably best to talk to, because it's harder for the ones who are still dealing with some of those issues.

**Mr. David Sweet:** They're in the middle of it, and it's very difficult for them to speak rationally and reflectively when they're still coming through that process.

**The Chair:** Fair enough.

Monsieur Perron.

[*Translation*]

**Mr. Gilles-A. Perron:** I'd simply like to respond to Brent, not argue with him.

Yes, ideally, it would be nice to work with people from this area, with “victims”, as you called them.

**An hon. member:** On both sides.

**Mr. Gilles-A. Perron:** That's not exactly the point.

However, how would it look if this process were self-contained? I'm sure one or two victims live in the Maritimes or in Manitoba. By restricting the process, will we give the impression that we are excluding them from the process? It comes down to appearances. We have to be careful in dealing with PTSD sufferers. I don't know, but I think we need to give this matter some thought, as a committee. How will our actions look to others? What message will we be conveying?

As you know, in politics, the appearance of a conflict of interest is just as important as an actual conflict of interest. Are we walking a

tightrope by restricting ourselves to the Ottawa area? I really can't say.

[*English*]

**The Chair:** Okay, I sense that due to that intervention, it probably will be a broader consultation.

Mr. Shipley.

**Mr. Bev Shipley (Lambton—Kent—Middlesex, CPC):** I won't take up time just to talk.

I agree with what David has said. I think an informal setting is much more conducive, likely for us as well as for them, under this circumstance. As Mr. Sweet just said, we have not spent much of our budget. If we wanted to bring one or two in from another part, I would have no objection to that.

● (0925)

**The Chair:** Okay.

**Mr. Bev Shipley:** I think we need to get a resource from that area who would feel comfortable about coming in. But I think that reflects, too, having someone who has worked through it and who is not in the middle of that stress disorder, someone who has come out and dealt with it. That's just a thought.

**The Chair:** Okay, we'll now move on to Mrs. Hinton.

**Mrs. Betty Hinton:** I'm not quite sure how to say this. I'm very comfortable meeting with more witnesses. I think Mr. St. Denis' suggestion that it be done in a more private setting would probably be more beneficial to the sufferers.

I also agree with what Mr. Sweet has said. I believe that if you are able to have a number of people in a room who have actually survived this and have made it through and are back on their feet, that might also encourage those who are still going through the process and wondering if there is light at the end of the tunnel. I think that would be a very positive way to go.

But this is my concern with the direction we're going as a committee. I know that PTSD is extremely important, and it is something that's near and dear to my heart. But we made a promise to veterans that we were going to do the health care review, and before that health care review can touch on things such as the VIP program and expand, we actually have to get down to the business of doing the whole health care review.

I believe we have spent—correct me if I'm wrong, clerk—six meetings on PTSD. And although that's a very important aspect of health care, it's not what is affecting today's traditional veterans. And those are the people who are involved in the VIP program. If we're going to move forward and do something for the VIP program, and if this committee wants to be part of that, we need to move forward. If we don't want to get involved in the VIP program, and the committee would prefer to pursue the post traumatic stress disorder issue, then I think we need to say that as a committee so the government can move forward on the VIP program without input from the committee, if that's the choice of the committee.

So I'm looking for some direction as to which way you want to go. If you want to go down the PTSD path, that's fine with me. We'll just make a decision here one way or the other about what we're going to accomplish as a committee.

**The Chair:** My guess is that we're probably looking at some sort of consensus whereby we have another couple of meetings on PTSD: one day with people, kind of informally, and maybe something with Monsieur Dallaire.

Go ahead, Mr. Stoffer.

**Mr. Peter Stoffer:** I would tend to agree. I think that with a couple of meetings we should more or less, with the best of intentions, wrap up that particular subject. I agree with Madam Hinton that we should move on that.

But I'm still asking this question: Where is the department? The department is doing its own health care review, from my understanding. Do we have a sort of profile of where they're at now? Are they in the middle of it? Are they near the end of it? Are they beginning the process?

Finally, we heard very clearly that PTSD is not a singular issue; it affects the whole family. So no matter how we deal with PTSD, the individual going through that process brings along a spouse and children who also suffer from it. So we need to be cognizant of that fact. Even though Mr. Sweet is correct that some of the realms of this discussion may be outside our purview and under National Defence or something, we have to always keep in mind, and I'm sure the committee does, that PTSD is not a singular issue; it affects the whole family.

**The Chair:** Your point is well made.

I just wanted to say that my guess is that the department will be very closely following and watching what the committee does with regard to these things, and it will shape some of their actions, as well, I imagine.

Go ahead, Monsieur Ouellet.

[*Translation*]

**Mr. Christian Ouellet (Brome—Missisquoi, BQ):** Since health matters are confidential, do we not run the risk of inviting people from the same area who may know one another and who may not be comfortable talking about private personal matters? The same thing happens when family members get together for a therapy session. When certain family members exhibit more serious problems, the other members accept the feelings of isolation that person might have.

In my view, the safer thing to do would be to invite people from different regions so that they feel comfortable talking about themselves and don't have to worry that some other veteran from their area may recognize them. Perhaps it would be wiser if the witnesses were strangers from different parts of the country.

• (0930)

[*English*]

**The Chair:** That's why we have these discussions—to come up with the best way to do this.

Mr. St. Denis.

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

I don't disagree at all with the idea of having some people from outside the area. My only reason for suggesting that we keep it local was so that it would be more efficient. We could put it together fairly

quickly, if we wanted to get on it quickly, and it never precluded us from—I was just thinking of one session—expanding it to a second session. So it was more to get it together quickly, if that was our wish, and to not make it a big thing. For at least our first one, we would just keep it close, quiet. People would volunteer.

Christian, if there were any issues of people saying “I don't want somebody else to hear”—they're going to volunteer to come as a group, in a family setting or a group setting, for that particular session.

I have no objections to opening it up, if that's the consensus. I was only thinking maybe for the first one, let's just, fairly quickly, put together something locally, because we do know that there are some people on both sides of the river who are victims. I'm not concerned either way how you do it.

**The Chair:** Understood.

Monsieur Perron.

[*Translation*]

**Mr. Gilles-A. Perron:** Not to disagree with you, but I'd like to focus on a problem that Ms. Hinton raised, namely the care of our traditional veterans. I don't disagree that young persons suffering from PTSD are also veterans. Unfortunately for them, they are only 30 years old. They may have to deal with this problem for the next 50, 60 or 70 years.

Also, with the experience we've gained working on this committee, it is my fervent wish that we can save other young members of Canada's military from PTSD. I hope that we can manage to accomplish that feat.

I also have a suggestion for the clerk, Alexandre Roger. Since I like the idea of making this an evening get-together and working session with PTSD sufferers and since we are looking for potential witnesses, why not get in touch with officials at Sainte-Anne-de-Bellevue Hospital and ask them if they have any patients, both male and female, who are either on the road to recovery, have recovered or are healthy enough to testify before our committee? Surely they could recommend to us the names of one, two, three or four individuals.

By the way, Mr. Chairman, I'd like to take this opportunity to inform you that I won't be able to make next Tuesday's meeting. On Monday, Tuesday and Wednesday of next week, I'll be in Montreal attending the second international conference on PTSD hosted by Sainte-Anne-de-Bellevue Hospital. I'll be attending the conference for my own personal enlightenment and, if you like, I can report back to you on the issues discussed.

If you like, I can speak to Mr. Lalonde, who testified before the committee, about recommending some names to us. If you don't like the idea, then I won't speak to him.

[*English*]

**The Chair:** Does the clerk wish to respond?

[*Translation*]

**The Clerk of the Committee (Mr. Alexandre Roger):** Yes, by all means. The committee can decide to invite whomever it wants. That decision is not up to me.

•(0935)

**Mr. Gilles-A. Perron:** It was a suggestion.

**The Clerk:** Yes, of course. The committee decides what it wants to do and my job is to extend an invitation to prospective witnesses. The committee has the final say on the witness list, not me.

[*English*]

**The Chair:** Okay.

Mr. Shipley.

**Mr. Bev Shipley:** I want to follow up on how we select those individuals. I don't have a preferred selection, but I think Mr. Perron has a good suggestion: those who have knowledge of it.

I think in some respects we're trying to get some recognition across the country for those who may come. I agree with Mr. Ouellet that sometimes it's better to have some distance. They may feel more comfortable because it's not someone they know.

And I think we can have them all. We can have it all in one evening or afternoon, or whenever we select to do it. I don't think we need to stretch this out. We can get some volunteers and we can invite them in. Let's just get it done so we can start to move on to the second phase of the health care. We can't continue to be chastised about not moving ahead, and yet we're the ones responsible if we're not moving ahead.

We've had great dialogue and great witnesses on this, and I think this is that final chapter. Unless there's a good reason to have them in two different sessions, I suggest we instruct the clerk to move ahead and try to set up the witnesses in one meeting.

We've kind of agreed on an informal setting, where it's good for them. We've agreed that it would be better if we can get some disbursement across the country. That may not be as wide as across the country, but we could try to do that.

Now, Mr. Perron is away. Is our next meeting on Tuesday morning?

**A voice:** I think so.

**Mr. Bev Shipley:** We have to decide when we want to have these witnesses, but I don't think we should lose a meeting on Tuesday if they aren't coming until a week or so from now. I think we need to set our plan for the next meeting so we spend our two hours being productive in moving ahead on the health care.

Thank you.

**The Chair:** Mrs. Hinton.

**Mrs. Betty Hinton:** I would like to address a couple of comments that have been made.

This committee controls its own destiny; it always has. At the beginning we made a decision on three things that we were going to pursue: the ombudsman, the bill of rights, and the VIP program. I agree that PTSD is definitely a health care issue, and I found the witnesses most informative. If nothing else, I learned very clearly that there's a shortage of professionals who can handle the PTSD issue. That's something that's going to have to be addressed. There's no question about that, at all. I'm happy to listen to more witnesses, if that is what this committee wants to do, but we agreed, as a

committee, to pursue the VIP program. That VIP program deals with traditional veterans, not modern-day veterans. My concern is that there are a number of traditional veterans out there who are waiting for some answers.

In answer to Mr. Stoffer's question, the department is in the process of trying to deal with this. It's also trying to do some costing. It can't complete that work unless the committee says we're not going to deal with this and go ahead and do it on your own. But if we're going to pursue the VIP process, we need to have witnesses. We need to hear from people as to what the actual needs are. As a government, how do you make improvements to a VIP program if you don't know what the needs are?

I'm happy to go whichever way you want. If you want to pursue the PTSD, I think the committee needs to say that clearly and allow the government to do the VIP program, without input from the committee. I'm just asking for a decision.

•(0940)

**The Chair:** Mr. Sweet.

**Mr. David Sweet:** With the comments in mind, if we finish—as apparently the insider information may be—in the first week of June, we have a maximum of eight meetings left. If we have the extended time, then my math tells me we have a potential of 12 meetings. We need to say how we're going to steward those meetings and be decisive about exactly how many we want for PTSD and how quickly we're going to get into the VIP review. This will also give the clerk a lot more advantage to start lining up the witnesses on the VIP aspect of the health care agreement.

**The Chair:** Mr. St. Denis.

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

I suggest that Tuesday we get back to the VIP. I certainly want Gilles to be here when we have our session with the victims. It will nonetheless take a week or more to get such a private session set up. I would suggest we do it in one day, but two sessions of one and a half hours. Let's say it was 3:30 to 6:00 with a small break in between, and rather than one bigger group, two smaller groups. Or it could be 6:30 to 9:30 in the evening—however you break it up. But do that in one day, two sessions of one and a half hours, so we're in a mind frame to do.... Once you're in that mind frame—because you'll learn a lot from the first one—in the second session we might have different questions to ask. So essentially we would only be dedicating one time slot to an enlarged three-hour gathering and then continuing as early as Tuesday with the VIP.

[*Translation*]

**The Chair:** Mr. Perron.

**Mr. Gilles-A. Perron:** I understand perfectly what Betty said, namely that we're pressed for time. We are rolling the work of almost two committee meetings into one. I'm well aware of that.

I have a proposition along the same lines as Brent's suggestion. I'm willing to hold a three-or four-hour meeting one evening—say from 6:30 p.m. to 9:30 or 10 p.m.—with people from the surrounding regions. As Brent said, we could serve drinks and finger foods. We could break every half hour so that Ms. Hinton and myself can step out for a cigarette.

Seriously though, it's important to hold a proper meeting with our young people. I'm willing to give up a Saturday or a Sunday, but I know that Michel will disagree with me about that. We need to have this meeting and I think the best time to schedule one is in the evening. At the rate we're paid, I think we can afford to put in some overtime, all for the sake of continuing our study. I suggest we find a suitable evening, if possible. It's important.

[*English*]

**The Chair:** Mr. Stoffer. I'm going to ask, if I may, because you're the last one I have on the list right now, it is now 9:41, and depending on how long this intervention takes and us wrapping up, I will need to make it up to the House and present the bill.

**Mr. Peter Stoffer:** I agree next Tuesday we should do VIP. I agree with Madam Hinton it's a good thing to review, but I remind the parliamentary secretary that I only go by what I'm advised by the Minister of Veterans Affairs. When he was questioned at a conference in New Brunswick, he said to expand the VIP program for all widows and all veterans would be an additional \$290 million. It was a question we received from Larry. Mr. Harper himself had signed. It That's what he said. It would be under the same parameters as the current VIP system. I can only go by what the minister himself said. There is no question that may have been a bit of an oversimplified statement, and there is no question we need to ascertain how to improve the system. So on Tuesday it would be good to do VIP.

Thank you. Let's go see the flag.

• (0945)

**The Chair:** At this stage I think the clerk has received lots of instruction with regard to PTSD victims. I hope Michel will receive some instruction with regard to how to do the study. I sense that what will probably happen then is that we will proceed on Tuesday with the health care review, and then sometime either later next week or whenever the clerk can see fit to put together the type of arrangement we talked about here on one of the evenings, that's probably where we'll go.

Mr. Shipley.

**Mr. Bev Shipley:** How many witnesses?

**The Clerk:** What I can do from what I've heard is that I can set up two informal meetings that will have translation or interpretation. That will not be published on the website; it will be something just for us. I can invite whoever's name comes forward. So I invite all the members to submit names from every part of the country, as was suggested. It will be my pleasure to set that up at whatever time the chair wishes and that suits everyone.

**Mr. Bev Shipley:** When do you need the names?

**The Clerk:** As soon as you can.

I can organize it any evening next week. I can organize it whenever you want.

**Mr. Bev Shipley:** No, no, we're talking about two different things. I'm talking about next Tuesday, for the VIP and health.

Does that include witnesses?

**The Clerk:** Right now there are no witnesses except for the Gerontology Advisory Council.

**Mr. Bev Shipley:** We don't need a whole two hours with them—or at least I wouldn't think so.

**The Clerk:** It's up to you.

**Mr. Bev Shipley:** Can we have any other ones?

**The Clerk:** Yes, we can.

**Mr. Bev Shipley:** I guess I'm trying to fill it in, to be as productive as we can.

**The Chair:** I'm going to go to Mr. Perron and Mr. Stoffer.

Please let's make it very quick. I have to get to Mr. St. Denis' bill.

[*Translation*]

**Mr. Gilles-A. Perron:** So then, does Alexandre have the committee's permission to contact Sainte-Anne-de-Bellevue Hospital and request names of prospective witnesses?

[*English*]

**The Chair:** You're asking for our permission to call a hospital?

**Mr. Gilles-A. Perron:** Yes.

**The Chair:** I don't see why not.

**Mr. Gilles-A. Perron:** Alexandre told me a few minutes ago that we have to tell him if we want him to call the Sainte-Anne hospital.

**The Chair:** Sure, that's a great idea.

**Mr. Gilles-A. Perron:** So do we want him to call the Sainte-Anne hospital?

**The Chair:** Absolutely.

**Mr. Brent St. Denis:** Could Alex call Perley as well?

**The Chair:** How about that, Alex—call two?

**The Clerk:** Sure.

**The Chair:** All right.

Mr. Stoffer.

**Mr. Peter Stoffer:** In response to Mr. Shipley, if on Tuesday we could have some people from the department maybe to discuss VIP, that would be very helpful.

Thank you.

**The Chair:** Those are always easy witnesses: by golly, you ask and they show up.

At that, I'm going to head up. I will be presenting and reporting on Mr. St. Denis' bill.

So there you go, lots of good stuff.

We're adjourned until Tuesday next week.









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