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## **Standing Committee on Veterans Affairs**

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**EVIDENCE**

**Thursday, May 17, 2007**

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**Chair**

**Mr. Rob Anders**

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Thursday, May 17, 2007

• (1015)

[English]

**The Chair (Mr. Rob Anders (Calgary West, CPC)):** We're back into a public meeting.

Just to let everybody know—though we were talking about this procedurally—we're going to deem that there was unanimous consent not to have the previous decision recorded in the public minutes. That's the way we'll have to deal with it, in terms of the technicalities.

Does anybody have problems with that?

**Some hon. members:** No.

**The Chair:** Okay, fair enough.

We are carrying on with the veterans independence program and health care review. We are giving suggestions to our analysts with regard to the report on post-traumatic stress disorder.

The floor is open with regard to what people want to have dealt with or to give instructions on.

Mr. Stoffer.

**Mr. Peter Stoffer (Sackville—Eastern Shore, NDP):** First of all, I know it's always challenging to start a report. Where do you start it, and where do you get the middle and the end of it?

Among some of the concerns we've heard so far is the lack of trained psychologists—and it's not a military or a veterans problem, but a societal problem. What recommendations can we make to improve that situation, not only with financial resources but also with human resources?

In this case, I go back to the situation—and maybe I'm out of my realm when I say this—of the children of Petawawa. We heard Mr. Dallaire say that when everybody was overseas in Germany, everything fell under DND—everything. But when you're here and you're serving in Afghanistan, all of a sudden you have all of these different jurisdictions helping you: you have the province here, you have the military here, you have this here—and it's confusing. That's why we had that problem with the children in Petawawa, who were undergoing terrible mental challenges. But who's responsible for them? We had this political back and forth between the province and the federal government.

So I would like to see a recommendation saying that if there are children of a military family on a military base, then the military should be responsible. I know there are going to be discussions with the provincial government on that, but this is one recommendation I

would like to see in order to simplify the process for them. Veterans and their families and their children shouldn't have to go to this department and that department to get one problem solved. If they're with the military, if they're attached to the military, it should be the military that looks after their needs, just like Dallaire said when they were in Germany.

The other concern, of course, is the PTSD. I thought of the symbol used for it, that it's a fracture, and that some fractures heal and some don't. And you heard him mention the pills he takes. Well, I have two veterans with PTSD in my riding and they take more pills than him. Again, it's to prevent them from being suicidal. Of course, what happens to people who are suicidal is that sometimes they take other people with them. That is a concern that we need to be able to deal with, by providing constant reassurance and constant assistance for them in this regard. So we need recommendations in this regard too.

How do we monitor not just Mr. Dallaire but other people and their families as they go through life? We need recommendations in these areas on how to maintain...or keep an eye on them, and especially the situation of the reservists. I think recommendations of that nature would be quite helpful.

Thank you.

• (1020)

**The Chair:** All right.

Monsieur Perron.

[Translation]

**Mr. Gilles-A. Perron (Rivière-des-Mille-Îles, BQ):** I have a question for the clerk to clarify.

In its report, can the Standing Committee on Veterans Affairs make recommendations that apply to other departments? For example, could it make a recommendation to the Department of National Defence, or recommend that Health Canada promote personnel's psychiatric and psychological development, and so on?

Can it make such recommendations, or do they have to be addressed only to the Department of Veterans Affairs?

[English]

**The Chair:** Yes, sure, go ahead.

[Translation]

**The Clerk of the Committee (Mr. Alexandre Roger):** In a report, recommendations are made to the House of Commons. They can be of any nature and pertain to any given topic. The Committee can decide to recommend that blue shirts be worn, if it wants. The House will decide how it will deal with the recommendations. So as a committee, we can do absolutely everything we want.

**Mr. Gilles-A. Perron:** Thank you.

**The Chair:** Mr. St. Denis, you have the floor.

[English]

**Mr. Brent St. Denis (Algoma—Manitoulin—Kapuskasing, Lib.):** Thank you, Mr. Chair. I'll try to give some thoughts here, for Michel's benefit.

On the very question just asked about making recommendations outside Veterans Affairs, I was glad to hear Alexandre's response. Even if we can't be specific, we may have some examples of where there's a lack of seamlessness. Even if we can't be specific, we can recommend that no effort be spared by DND and Veterans Affairs to look at those cracks between one department and the other, for the benefit of the soldiers who become veterans.

Maybe there's a term, one word, that describes a soldier who becomes a veteran. We've heard that a veteran is a veteran is a veteran, just as a soldier is a soldier is a soldier. But in the continuum, they are the same person, so maybe there is a word that can describe both phases of a military person's life, a word that promotes the idea that it is seamless, that their career in service and post-service is really one.

I think some formalization of a buddy system of some kind—I don't know how formal.... I think there are pieces of buddy systems, depending on whether you end up going to this hospital or to that clinic. AA has made a very successful thing of the buddy system. Obviously, it has to be voluntary, but I don't think AA would ever tell you anything but that their buddy system is the core of their success. You can have your twelve points, but without your AA partner, it seldom can work.

Do our military colleges train psychologists? I don't think they do, although I don't know that. Maybe it's something to inquire about, because there seems to be a great need.

Was it Dr. Descôteaux who raised the point that under the charter, soldiers can apply for benefits while they're in service, much like we have workers' compensation? There are pluses and minuses, pros and cons, to that system, because it was overlaid on an existing system. If somebody who loses, say, some fingers on a hand is still in the military, they get the equivalent of some kind of workers' compensation benefits. She was explaining that this caused a great burden, because they're focused on rehab as opposed to getting people into the benefits system. It's different. You're either helping somebody get a cashflow—and I'm not arguing against the need for that—versus trying to make somebody better. There was a conflict in terms of human resources and approaches, so I think it's fair to look at that duality, that inconsistency.

On the whole question of the preparation, we should somehow comment or make a recommendation on the pre-deployment. When you're going to Afghanistan or Sudan, maybe, versus working in the

kitchen at Valcartier—those are all equally important jobs in the military, and I don't dispute that—there is potential for being injured in the kitchen, where you can hurt yourself physically, but the possibility of PTSD is going to be in Afghanistan. It's not likely going to be at the base. So we have to understand better the briefing part, the preparation, the pre-deployment, and how it ties into the debriefing or the post-deployment.

• (1025)

There's post-deployment and then there's post-career. You could be coming back from Afghanistan but still have 15 more years of service. There's that kind of decompression or debriefing, but then you're finished your career. Is there a post-career period of debriefing?

**The Chair:** Before we move on to Mr. Shipley, there's just one thing I want to say.

You raised a question about whether or not we train psychologists. I just want to respond by saying that I'm sure we have people in the reserves who are training as psychologists. They are probably members of the reserves, and they are therefore members of the forces in a way. I know the Americans have people who are specifically trained, either at the Naval Academy in Annapolis or somewhere closely associated with it, because of psychological warfare and stuff like that. I don't really know if Canada has a deployment like that, for whatever that's worth.

Mr. Shipley.

**Mr. Bev Shipley (Lambton—Kent—Middlesex, CPC):** All the things we've talked about here are likely. We're bringing up the discussions and the topics that we've had with our witnesses. All of those are things we've talked about. Obviously everything we've talked about has to do with families—not just the concern of when they're away, but actually of families when they're here and actually when the parent comes back. Also, there's the concern of the military in terms of the professional services we need to supply and of trying to work with just our general population, with the shortage of medical people that we have in all kinds of areas, just to meet those demands.

I don't know what direction you're looking at, Michel, but I would submit that if we could ask for a draft based on what we've heard from witnesses so far, we would each have our notes if there's not something that we see in it.

In the essence of time and actually being efficient, I'm wondering if that isn't a step to take first. We can then move on with our next project, after setting a time when Michel will have that draft report back for us to consider. We would then have some time to go over it both individually and then as a committee.

I'll just leave that for your consideration, Mr. Chairman.

•(1030)

**The Chair:** Does anybody else want to give some feedback? I'm at the end of my list now.

Mr. Perron.

[Translation]

**Mr. Gilles-A. Perron:** The eventuality will need to be considered of this report's being voted on in the House.

[English]

**The Chair:** You're saying that because it's going to be voted on in the House, you're asking for a government response, is that it?

**Mr. Gilles-A. Perron:** Yes, and maybe a voting report.

**The Chair:** The clerk was just explaining to me that you'll need to move a motion in the House requesting that.

[Translation]

**Mr. Gilles-A. Perron:** If I'm not mistaken, Brent was concerned about the report on post-traumatic stress being the first report of the Veterans Independence Program and the Review of Veterans Care Needs. I'm talking about the final report that will be ready to be tabled in a few months.

[English]

**The Chair:** That's my understanding.

If I may, I'm going to turn to our analyst, because it just logically makes sense to me.

Is there anything you're looking for from the committee with regard to direction on this? Are there any questions you have?

**Mr. Michel Rossignol (Committee Researcher):** Thank you.

The only issue is that at the moment I was planning to put all that information within a 20-page interim report. I just wanted to have some guidance on just what length the committee was thinking about for an interim report, in terms of the number of pages.

**Mr. Bev Shipley:** About 4,000.

**Voices:** Oh, oh!

**The Chair:** I would probably tend toward shorter rather than longer. If you feel short is 20 pages, then I'm fine leaving it to the analyst.

**Mr. Bev Shipley:** No more than that.

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

**Mr. Brent St. Denis:** Just to be clear, why don't we call the interim report chapter 1, volume 1, or section 1? We're talking about the PTSD piece of it, which could be rolled into or somehow knitted together with the subsequent volume or volumes. Somehow, though, it has to be the introduction to the PTSD, but it has to be a little bit broader than PTSD, so that you have the context for this first volume. It might be 22 pages, meaning that it will have to set up the whole piece a little bit.

**The Chair:** I think we get the idea.

Carry on, if there's any other stuff you're looking for.

**Mr. Michel Rossignol:** I'll just try to put in all of that information.

Actually, there is also the question of whether or not you wanted detailed recommendations. Mr. St. Denis had raised the issue of our maybe keeping them general, and making more specific recommendations in the final report on the study. Or there could be recommendations on the issues that members of the committee raised.

**The Chair:** Well, I always think when you crank out reports that you probably should have recommendations; otherwise, what's the point? That being said, we haven't really discussed what recommendations to come together on.

**Mr. Michel Rossignol:** Some of the members have—

**The Chair:** Yes.

**Hon. Albina Guarnieri (Mississauga East—Cooksville, Lib.):** Mr. Chair, perhaps we can submit some in writing to assist in this. This way you can digest and synthesize them, as there might be overlap.

**The Chair:** That's a good idea; I'll make a note of that.

Mr. Shipley.

**Mr. Bev Shipley:** Are we dealing with this one?

**The Chair:** I think so.

**Mr. Bev Shipley:** I was going to ask a question about where we're going with the next part of our round table. I apologize, but I need a refresher, quite honestly, on the VIP. So if we're done with the discussion on PTSD for Michel... As Albina said, if we have some ideas for recommendations, we could forward them.

I am just wondering where we're at now on the VIP. If somebody could give me a status report on this, it would be helpful.

•(1035)

**The Chair:** The way I see this, first off, the next thing I'll bring up here in committee, depending on our time—though we still have half an hour—is the letter to the minister and see if there's any discussion on that, or concerns, or whatever. We've now dealt with the PTSD aspect of this health care review, and we'll be carrying on with some of the other people we wanted to bring in, and that type of thing.

The analyst—

**Mr. Michel Rossignol:** There was also the informal meeting.

**The Chair:** Oh, that's right, if we can get an update on that in terms of how we're going to structure the informal meeting on PTSD with the survivors or victims.

**The Clerk:** The issue is that if we have an informal meeting with the PTSD victims on the 30th—which is scheduled right now—do we want this to be part of the report? If we do, then the production of the report goes into June, and I don't know if we'll have time to report it to the House in time for the end of this session.

The other issue is that the victims are coming before the committee so that MPs can speak with them and get acquainted with them and learn from them. At the same time, I'm not sure if they want their thoughts to be made public. That's a point I'm putting forward to the committee.

My initial feeling from the committee was that it was just something you wanted to do informally and not have public; therefore, anything that was said in those informal meetings was not going to be in the report and not be cited at all. That's why it's an informal meeting.

**The Chair:** I have a follow-up question on this for the clerk. We originally were hoping to do this yesterday, but because they felt uncomfortable doing it in that short timeframe, and given the negotiations with Mr. Bruyca, and what not, what is the timeframe we're looking at for this meeting?

**The Clerk:** It's going to be on May 30.

Again, it depends on how many people there will be. Right now, I don't have a lot of names. Either they all come or they not come at all. They're requesting that their families come with them; they're requesting that therapists come with them, because it makes them very anxious. This is something Mr. Bruyca told me, and it takes him a long time to make those kinds of decisions, and understandably so. That's why I thought it was going to be realistic to give him a week and a half; obviously that was a judgment call on my part, and it's why I cancelled the meeting for this week. That's why I'm putting it two weeks from now, on May 30, on the Wednesday of the week the House comes back.

**Mrs. Betty Hinton (Kamloops—Thompson—Cariboo, CPC):** I think everybody at this table would agree that it's imperative that we accommodate the PTSD people we're going to meet with, and that we also protect their privacy.

**The Chair:** I'm comfortable with the timeframe of May 30. One of the questions the committee will have to deal with then is whether we want recommendations or a report prepared before we've heard from those victims. These are things to consider.

Mr. St. Denis.

**Mr. Brent St. Denis:** On that very question, from what I've heard from the front table, I think it would make sense that if Michel proceeds, this meeting on the 30th absolutely should be confidential or in camera—and I'm sure they'll know that.

There may be some general insights given. Nothing says we won't find or learn something that we could.... We may be talking about a few paragraphs.

We're not going to have a translated document by May 30 anyway.

**The Clerk:** That remains to be seen.

**Mr. Brent St. Denis:** But if it just involves incorporating some general insights that hopefully we may have, I think that's a fairly minor thing.

So I would agree with you that Michel should go ahead.

**The Chair:** All right. That sounds fine to me.

Mr. Shipley.

**Mr. Bev Shipley:** Just to verbalize my thoughts, clearly, we don't want to have any quotes. So this won't be like it is with any other witness. But there may be some general observations that will come from that day.

I agree. I think Michel should move ahead on this, and if there are some general observations that we would have, then maybe they can be submitted as an addendum, or whatever, to the report.

**The Chair:** I'll turn it back to the analyst again. Is there anything in this where you need more direction, or are there any questions you want to pose? Are there any dichotomies you want to lay out, in terms of what you choose? You're happy?

• (1040)

**Mr. Michel Rossignol:** That can be discussed when the draft is presented.

**The Chair:** Okay. He's happy; we're happy.

Are there any other contributions or feedback or suggestions from committee members?

There is the question of the timing of the draft report. The clerk is discussing whether or not it will be available for the next meeting.

Is that a rush for you? How do you feel about that?

**Mr. Michel Rossignol:** The next meeting being the 29th?

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

**Mr. Michel Rossignol:** Yes—but subject to anything that might be added after the informal meeting.

**The Chair:** So “yes” means it's not a rush and you're okay with this?

**Mr. Michel Rossignol:** Yes—assuming that the translators will be able to translate this in time. They should be able to.

**The Chair:** Okay, so pending translation.

Mr. Stoffer.

**Mr. Peter Stoffer:** Just a little point, but when we meet with the families of PTSD victims, besides just having coffee and juice, is it possible to have cookies and something else as well?

**The Chair:** The clerk is going to respond to that.

**The Clerk:** The meeting is going to be from 5:30 to 7. From 7 to 7:30 we will have a full meal that will accommodate the people from the first meeting and the people from the second meeting and all of the MPs and their staff. It's going to be a hot meal. It's going to be served as a buffet and it's going to be chicken.

**The Chair:** On that subject, I think the idea of breaking bread is a good idea, because it changes the atmosphere and maybe makes it easier for some of these people to open up—drop their inhibitions and just let them open right up.

Unless there are any other contributions to that, I think that wraps up the feedback on PTSD in this report.

At the last meeting I know I was hoping to have my staff circulate copies of the letter we sent to the minister. And I apologize to Mr. St. Denis and others who may have been particularly animated about this. We were just very wrapped up I think in Mr. Perron's presentation, and of course in Mr. Dallaire's, so we ran out of time. I apologize for that. But I made sure that my office got copies to the clerk.

Did everybody receive copies of the letter we sent to the minister?

**Mr. Brent St. Denis:** The minister's letter has gone?

**The Chair:** Yes.

Fair enough.

**Mr. Brent St. Denis:** Good.

**The Chair:** So everybody has copies.

Are there any questions about that?

We're close to wrap-up time, so I think at this stage we'll declare the meeting adjourned.

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