



House of Commons  
CANADA

## **Standing Committee on Veterans Affairs**

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ACVA • NUMBER 038 • 2nd SESSION • 40th PARLIAMENT

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**EVIDENCE**

**Thursday, December 10, 2009**

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**Chair**

**Mr. David Sweet**



## Standing Committee on Veterans Affairs

Thursday, December 10, 2009

• (0900)

[English]

**The Chair (Mr. David Sweet (Ancaster—Dundas—Flamborough—Westdale, CPC)):** *Bonjour, mesdames et messieurs.*

I want to welcome you to the 38th meeting of the Standing Committee on Veterans Affairs. We have one witness with us here in person, Brian Ferguson, and we have two on the line, Darragh Mogan and Rachel Gravel.

Prior to going to the witnesses—and Mr. Ferguson has already informed me that he has the only opening statement, and Mr. Ferguson also needs to catch a flight—let me make a suggestion, because there was some concern expressed to me that we ran out of time last time. We have two motions before us, and I think Madam Sgro also wanted to talk about some modification to her motion. So my suggestion would be that we hear our first set of witnesses from 9:00 to 9:50, and then we go to business from 9:50 to 10:10, and then we'll hear our second set of witnesses. Then we won't have to be concerned about running out of time for business.

Does that meet with the approval of the committee?

**Some hon. members:** Agreed.

**The Chair:** All right, then without any further ado, we'll get right to our witnesses who are before us right now.

I just want to check to make sure. Madam Gravel, Mr. Mogan, are you online?

**Ms. Rachel Corneille Gravel (Executive Director, Ste. Anne's Hospital, Department of Veterans Affairs):** Yes, I am. It's Rachel Corneille Gravel here in Ste. Anne's.

**Mr. Darragh Mogan (Director General, Policy and Research, Department of Veterans Affairs):** And Darragh Mogan from Charlottetown.

**The Chair:** Very good.

Now that we know we're connected technologically, I will let Mr. Ferguson go ahead with his opening remarks.

**Mr. Brian Ferguson (Senior Assistant Deputy Minister, Policy, Programs and Partnerships, Department of Veterans Affairs):** Thank you, Mr. Chair and committee members. It is my pleasure to appear before you today with, via telephone, Darragh Mogan, director general of policy and research at Veterans Affairs, and Rachel Corneille Gravel, executive director of Ste. Anne's Hospital.

We are here today to provide an update on the future of the hospital.

A deck with background has been provided to you with further information on Ste. Anne's itself and on the history of previous transfers by Veterans Affairs Canada of veterans facilities. I'm not going to go through it in detail; it is provided for your information. I will have opening remarks and cover some of the content that is in the deck.

[Translation]

First of all I would like to give the committee an update on discussions regarding a potential transfer.

Last July the Department of Veterans Affairs and the Quebec government Health Department exchanged letters of interest as to discussions on a potential transfer. A first meeting was held at the end of September and led to preliminary discussions on the matter. A follow-up meeting was held mid-November and another will take place in January.

[English]

We are committed to keeping veterans, their families, and key stakeholders informed. We have established a link on our website to provide easy public access for up-to-date information. We have met and will continue to meet with national bargaining representatives and local unions.

The Government of Canada has a very long and proud history of providing facility-based health care and long-term care services and benefits to Canada's veterans. In the early 1960s the department had 18 hospitals. At that time the delivery of health care became a provincial responsibility and we saw the inauguration of universal hospital insurance.

Given these changes, the 1963 Glassco commission recommended to government that departmental hospitals be transferred to the provinces. VAC began transferring its facilities to the provinces in which they were located. The last such transfer was the Saskatoon Veterans Home in 1996.

• (0905)

[Translation]

Ste. Anne's Hospital is the last federal hospital to be administered by Veterans Affairs Canada. Its role as a leader in the field of care and support for military staff dates back to 1917 when it was founded by the Invalid Soldiers Commission, to care for wounded World War I veterans.

The building of Ste. Anne's Hospital was then part of a national initiative started in 1915 due to the lack of capacity in the provinces, because of improper infrastructure, to meet the needs of wounded soldiers upon their return from the front. The first buildings were built quickly and without any major investment, to meet the immediate need in beds. They were torn down in 1970 and replaced by a modern 13-storey building.

[English]

The hospital has a reputation for excellence in several clinical fields and is nationally known for its high quality of care and services offered in both official languages. It has developed a unique expertise that is perfectly adapted to the complex clinical needs of traditional veterans. For younger generations of veterans, the hospital provides mental health care and services accessible throughout the country thanks to a coordinated national network of operational stress injury clinics. The area of research is growing at Ste. Anne's, and a research affiliation with McGill University has recently been formalized.

We have made two attempts in the past decade to transfer Ste. Anne's. We are optimistic that it will work this time, because the province's need for long-term care aligns well with the availability of beds at Ste. Anne's. After the last attempt to transfer Ste. Anne's in 2001, the Government of Canada recognized the needs at Ste. Anne's and allocated \$114 million over time to modernize the physical plant and infrastructure. The renovations at Ste. Anne's have been undertaken to eliminate all health and safety risks for residents and employees, to provide veterans with an environment adapted to their changing needs, and to bring the hospital in line with provincial standards. The modernization is mainly complete, and the facility is now able to house 446 residents, all with their own private room and adjoining bathroom.

In all previous transfers of VAC facilities the department has put in place guarantees to maintain priority access for veterans, to maintain the high quality of care for veterans, to retain the high quality of personnel, and to guarantee care in the official language of the patient's choice, where required. The care of veterans in these facilities has been integrated into the department's overall long-term care strategy. Veterans Affairs ensures these guarantees are met through monitoring to ensure that all facilities remain accredited through the national hospital accrediting process, ongoing monitoring at the facilities by VAC personnel, enforcement of the obligations set out in the negotiated agreements to transfer, and monitoring and analysis of provincial compliance monitoring data. In addition, to ensure the guarantees meet the needs of VAC clients, we measure client satisfaction through ongoing client surveys. Our most recent national survey showed client satisfaction rates of 97%.

I know the committee has expressed its intention in the past to visit Ste. Anne's. We would welcome such a visit. In addition, the committee may wish to consider visiting previously transferred facilities to see how such transfers have worked.

Admission of eligible veterans to Ste. Anne's has peaked and projections show it will decline steadily over the next ten years. The average age of clients admitted to Ste. Anne's is 87. The department's demographic projections show the supply of beds will begin to exceed veteran demand by 2010 and that by 2015-16 there will be

more empty beds than resident veterans. Maintaining the quality of care and services at Ste. Anne's involves maintaining a critical mass of residents. To ensure the potential of the facility is maximized and that full advantage is taken of the government's investment in modernizing the hospital, its ability to use vacant beds is a key issue. Any discussions about the hospital's future have as their first priority to ensure that our veterans at Ste. Anne's continue to receive the quality care they have earned and deserve.

Transferring Ste. Anne's to the Province of Quebec would maintain and maximize the hospital's expertise in geriatrics and psycho-geriatrics and increase bed availability for other Canadians in need. Currently there are needs for long-term care beds in the provincial health region where Ste. Anne's is located. Any future transfer agreement would require that veterans continue to have priority access to quality of care and services, that the interests of hospital employees are protected, and that official languages guarantees are respected, as was the case in the government's previous successful transfers.

• (0910)

[Translation]

If a transfer agreement were to be signed, it would have to be approved by both orders of government before it could be implemented. To give you an idea of expected timelines, I would point out that previous transfers have taken between three and five years to be finalized. The Government of Canada has undertaken to duly inform the public, internally and externally, during the entire process.

[English]

Thank you very much.

**The Chair:** Thank you, Mr. Ferguson.

Now we'll go on to questions. We have less than 40 minutes, so we'll begin with five minutes for questioners. That will still leave a number of people short, but at least it will still give a lot of time for most.

Mr. Scarpaleggia, for five minutes.

**Mr. Francis Scarpaleggia (Lac-Saint-Louis, Lib.):** Thank you, Mr. Chair.

I would appreciate fairly succinct answers, Mr. Ferguson, given the limited time.

Who has priority access to the hospital right now?

**Mr. Brian Ferguson:** It should be veterans who have overseas service or who were injured in the service of Canada. I'll ask Mr. Mogan to elaborate on whether there are any further eligibilities that I missed there.

Darragh.

**Mr. Darragh Mogan:** That summarizes it quite well, Brian.

**Mr. Francis Scarpaleggia:** I think that's a very incomplete answer, because it's a little bit more complicated than that, based on what I've been told. For example, Canadian citizens who fought for Allied forces overseas do not enjoy the same eligibility as a Canadian citizen who fought for Canada overseas. Is that correct?

**Mr. Brian Ferguson:** They have their own specific eligibility, and I'll ask Darragh to elaborate.

Darragh.

**Mr. Darragh Mogan:** Allied veterans, as of a change in 2003, have access to the beds in Ste. Anne's Hospital if the care that they need is not available in their community.

**Mr. Francis Scarpaleggia:** There are two levels here of veterans, really. If you fought for the Canadian Forces, you have immediate eligibility. If you're a Canadian citizen and you fought for the Allied forces, you can go but only after your condition in a community health facility deteriorates to a certain point. What would the harm be in levelling the playing field and just giving Canadian citizens who fought for the Allied forces overseas the same eligibility?

It seems to me that there are empty floors at Ste Anne's at the moment. There is apparently no waiting list. What's the harm in allowing these veterans the same access, since they fought in the same war, they're Canadian citizens, and they've paid their taxes? There are probably not that many of them, as well. I know that there are a few cases in my community where Allied forces vets are fighting to get into the hospital, and they're coming up against a brick wall.

What would the harm be? I can't imagine that it would cause too much stress on the hospital's facilities. As I say, the numbers are very small.

**Mr. Brian Ferguson:** I'll ask Darragh and Rachel both to comment, if I may, Mr. Chair.

Darragh will comment from the point of view of the Allied veterans, and Rachel on the situation of the beds in the hospital.

**Mr. Darragh Mogan:** Certainly eligibility changes are a policy issue to be addressed by government.

I should correct one thing, an impression that may be there. In order to be eligible for care at Ste. Anne's, you have to have served overseas. For instance, in the Second World War, fully half of the force did not serve overseas, the Canada service veterans.

• (0915)

**Mr. Francis Scarpaleggia:** I understand that completely. I'm talking about people who served overseas, either for the Canadian Forces or for the Allied forces.

**Mr. Darragh Mogan:** I understand it, but I want to correct that for the other members who may not understand it. The point is that a change in the eligibility would have to be a change in government policy.

**Mr. Francis Scarpaleggia:** I understand. So it's incumbent upon the minister to make that change if he cares to do so.

My next question has to do with—

**Mr. Brian Ferguson:** Sir, could I ask Rachel Gravel, if I may—

**Mr. Francis Scarpaleggia:** It's been answered. My question has been answered, thank you.

There is a glaring need for chronic beds in the West Island of Montreal. How soon would it be possible to enter into a rental agreement with, say, the Lakeshore General Hospital, which is the community hospital there in the West Island, to rent beds on some of those empty floors? Hopefully we wouldn't have to wait three to five years for an agreement between the province and the federal government. Could we not start renting beds as soon as possible, without transferring control?

**Mr. Brian Ferguson:** That is a possibility, sir, and we are still, as I said, in exploratory discussions with Quebec and looking at their needs and our needs. We're looking at that possibility.

**Mr. Francis Scarpaleggia:** I must tell you very honestly that this news of a potential transfer is causing enormous stress among aged veterans in my community. I meet them all the time, and they're very worried. They're worried not only about the standards of care, but they're worried about access to bilingual services.

If there were a transfer, how could guarantees be put in place that veterans would continue to receive care in either official language? Once it's gone from the federal government's hands, the federal government has no levers of control over that. Maybe you could enlighten me on how we could guarantee bilingual services after a transfer.

**Mr. Brian Ferguson:** Certainly that would be part of the negotiated arrangement. Should we proceed to formal negotiations and get to that stage, we would be ensuring that in the negotiated arrangement those guarantees would be in place.

**Mr. Francis Scarpaleggia:** But you couldn't enforce those guarantees, in my view. Bilingual services could deteriorate and there's nothing the federal government could do after it was transferred. I think that's pretty clear, and talk about writing guarantees into an agreement I think is more symbolic than anything, to be honest. I think that the minute it's transferred, you lose that control. I think that's something the government should think about and maybe develop some sort of system for making the guarantees firm and enforceable.

Thank you. I'll pass my—

**The Chair:** Actually, that's the time, but do you want to comment on the last statement of Mr. Scarpaleggia?

**Mr. Brian Ferguson:** No, I'll just take that as a statement.

**The Chair:** Thank you, Mr. Ferguson.

Now on to Monsieur André, *pour cinq minutes*.

[Translation]

**Mr. Guy André (Berthier—Maskinongé, BQ):** Good morning, Mr. Ferguson.

I will continue in the same vein as my colleague. First of all, I would like to ask you what are the issues relating to the transfer of Ste. Anne to the Government of Quebec in terms of providing quality care to patients.

Let me explain. Ste. Anne's Hospital provides a framework, specifically for nurses in the care provided to veterans. In my opinion, there is a higher level of oversight than what you would find in the CHSLDs (residential and long-term care centres) which exist throughout Quebec.

According to your objectives, you must provide the same quality of care to veterans. How will you do this under the new structure?

[English]

**Mr. Brian Ferguson:** Thank you for that question.

I'll ask Darragh to comment. We've made these types of arrangements in all the previous transfers, so Darragh might just want to speak briefly about how that has been accomplished.

**Mr. Darragh Mogan:** What happened in previous agreements is where we require a different or a higher organization of care, we arrange for that, and if it's above the provincial standard of care, we pay for it. So that's certainly a possibility. That has happened in previous transfers.

[Translation]

**Mr. Guy André:** At Ste. Anne's Hospital, there are far more nurses than nursing assistants. So, there is far more specialized care than what you would find in other similar institutions.

From that perspective, I'd like to ask you a question. If long-term care beds were to be offered to people on the West Island of Montreal, and it is a need, we'll admit, how would you establish the boundaries for these services? Would the civilian population have the same services as veterans? How would this work?

• (0920)

[English]

**Mr. Brian Ferguson:** I'll ask Madame Gravel to elaborate, but essentially if we do that—and I underline “if” because it's still a discussion item—it would be an arrangement where we would reflect the needs that Quebec has in services provided, the beds they would use. So we would attempt for the civilians to provide services that would be requested by the Government of Québec.

Rachel, did you have anything you wanted to add?

**Ms. Rachel Corneille Gravel:** Yes, I have maybe just one comment.

[Translation]

Mr. André, one of the reasons why there are more nurses at Ste. Anne's Hospital is because it is a subacute care hospital and therefore [Editor's Note—Technical Difficulties] to care for residents having a more serious condition at Ste. Anne [Editor's Note—Technical Difficulties] in acute care hospitals.

As an example, nurses are able to oversee IVs in hospital. It substantially reduces the cost of transfers to other institutions. Based on the agreement we are considering with [Editor's Note—Inaudible], if they are interested in having programs that require certain types of care at Ste. Anne, the fact that we have nurses is a definite asset. These are things that we will have to look into. We will have to correctly assess our needs and see what they are prepared to take over [Editor's Note—Technical difficulties] from Ste. Anne's Hospital.

[English]

**The Chair:** Madame Gravel, the translators are just having a little bit of difficulty. The sound was cutting out, so you might want to speak into the phone a little bit clearer if possible.

**Ms. Rachel Corneille Gravel:** Do you want me to repeat it? I could repeat it in English. Can you hear me well?

**The Chair:** Monsieur André, would you like the answer repeated?

[Translation]

**Mr. Guy André:** Perhaps for the others, if need be, but I am fine. I lost a few words—

[English]

**The Chair:** Okay, Madame Gravel.

**Ms. Rachel Corneille Gravel:** I apologize for that. Maybe I'll speak a little slower.

**The Chair:** You're loud and clear now.

**Ms. Rachel Corneille Gravel:** Thank you.

**The Chair:** Do you want to repeat your answer?

**Ms. Rachel Corneille Gravel:** Yes. I apologize.

I was saying that Ste. Anne is a sub-acute-care hospital. We're not like the traditional long-term-care institutions. That's the main reason why we have nurses and we don't have auxiliaries. That situation presents a lot of transfers to acute-care institutions. We have doctors 24 hours a day, so if the condition of the patient deteriorates we have the capacity at Ste. Anne to keep the veteran here and take care of him, unless the condition worsens so much that we need to transfer him.

With Quebec, we will have to look at these options. For instance, if they want a very specific program or different programs at Ste. Anne, where sub-acute care needs to be provided to their clientele, they will definitely need nurses. We have the capacity to provide that service. We need to look at their needs and the type of service and level of service they're willing to buy from us.

[Translation]

**Mr. Guy André:** I fully understood what she said. Quality services are offered to very frail individuals, veterans, along with close monitoring. Also, there is another client base in the civilian population.

If the civilian population were to share the same environment as veterans, would we continue to offer the same types of services to both veterans and civilians, acute care? Also, where do the discussions with the Government of Quebec stand on this point?

• (0925)

[English]

**Mr. Brian Ferguson:** Thank you for the question.

The discussions haven't reached that stage, but we know we will have to cover those points. In the way it's been handled, there are a number of successful institutions across Canada—for example, The Lodge at Broadmead—where there are civilians and veterans in the hospital and they intermingle quite well. We pay for the difference in the cost of increased services that Mr. Mogan mentioned. It seems to work very well.

That's one of the reasons we suggested that it might be useful for committee members to not only see Ste. Anne, but also visit some of these facilities to see how they've worked out in practice. It's the expertise of the department in having arranged those kinds of settlements in the past that we hope to bring to bear in this instance and make sure those guarantees are there.

**The Chair:** Thank you, Monsieur André.

Mr. Stoffer is next, for five minutes.

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

Just to make it very clear, when the department talks about overseas veterans they mean World War Two and Korean veterans. Right now we have a lot of overseas veterans from Bosnia and the Middle East, but they don't qualify for those beds. Is that correct?

**Mr. Brian Ferguson:** I can ask Darragh to elaborate, but if their injuries are so severe that they need institutionalization, they can be considered veterans for the purposes of long-term care facilities.

Is that correct, Darragh?

**Mr. Darragh Mogan:** Yes. The issue here for the modern veteran is the capacity for in-patient care for OSIs. That can be headed at Ste. Anne and networked into the OSI clinics. It's something we would maintain after transfer.

**Mr. Peter Stoffer:** Okay, but my concern is that one of our colleagues in Newfoundland is working on a particular case of a gentleman who's 71 years old. He can't get access to hospital care because he does not meet the current eligibility. Mr. Mogan said quite clearly that any change in this has to be government policy, and I agree with that. That doesn't come from the department.

My concern is not right now; it's ten years from now. Starting in January, as you know, we're going to lose 100 World War II and Korean veterans due to the aging process. In about ten years we're talking about a handful of them will be left. My concern is the future of our veterans who are here with us now and also for their spouses.

As you know, the Maybee case of Sheet Harbour was a classic example of where two governments, provincially and federally, completely dropped the ball, had one person—the veteran—in a hospital, and his spouse of over 60 years had to be somewhere else. They couldn't get it together to put them together.

I'd just like you to elaborate. Has the department made the suggestions at all to government, that instead of transferring Ste. Anne's to the provincial one, to keep it a federal responsibility, to set up what I would call an RCMP veterans centre of excellence, and allow a furtherance of people—RCMP veterans, military personnel, and their individual spouses—access to these beds in the future? In ten years there will be no veterans at Ste. Anne's. They will all be under the provincial guidance, if I'm not mistaken, unless the criteria

change quite rapidly to allow more access to our modern-day veterans and their families.

I'd like your view on that, sir.

**Mr. Brian Ferguson:** I'll say a couple of things. One is that we are constantly looking at the long-term care strategy that the department has within the current eligibility framework. It might be useful for the committee, at some point, to have a more fulsome briefing on that particular aspect. Part of that is looking at needs down the road. Without commenting on specifics today, we have been looking at the needs within the current eligibilities. We've also considered the fact that when new hospitals were built, the social safety net in Canada was relatively non-existent. Basically now there are hundreds of thousands of beds across the country for which the department pays for various types of eligibilities. So it's a fairly complex environment, and I'd like to make that suggestion in response to your comment. You're quite right about the government policy.

The other thing is, if Ste. Anne's opens its beds to civilians... Whenever we run into a case and learn about a case where there's a spousal separation, we do our level best, working with the provincial authorities, to try to fix that. If Ste. Anne's had beds available, that would give us another option in that community to make a co-location. So there are a number of factors there.

● (0930)

**Mr. Peter Stoffer:** My bottom-line thinking is that a veteran is a veteran. All veterans should be treated equally, whether they served overseas or whether they did not. Their spouses, as you know, are the best friends the government has in looking after them. The best thing to do is to keep them in their own home, if possible, to allow them to die in their own home, if that's their choice. But in the case where they need that institutional care, we shouldn't have to be putting them on lists.

I know at Camp Hill, for example, there's a three-step thing that you have to be able to meet before you can get in there. It is quite frustrating for a person who's 89 years old and doesn't understand the complexities of the bureaucracy.

Perhaps I can just leave this with you. Perhaps you can take it back to the department to look at the future eligibility of our modern-day veterans who are now in their seventies. They're going to come up the ladder and they're going to be requesting this type of care. We're going to need to work on it fairly quickly.

**Mr. Brian Ferguson:** Thank you for those comments.

**The Chair:** Thank you, Mr. Stoffer. You're quite punctual.

We're now on to the Conservative Party for five minutes. Mr. Kerr.

**Mr. Greg Kerr (West Nova, CPC):** Thank you very much, Mr. Chair.

I will welcome our guests. I'm still in shock that we stopped in time with the previous speaker.

**Mr. Peter Stoffer:** I'm happy to allow the parliamentary secretary enough time.

**Mr. Greg Kerr:** I'm just going to make a comment and pass it along to Ben for a question.

I think what we're hearing is no surprise. There are some very legitimate points being put out. I do say, having done a lot of looking at this and research, including on the previous transfers, I understand why it's a three- to five-year process. The last thing we want to do is speed it up. We've heard the other is to make sure that we cover off all of the responsibilities. But I do agree with you. One of the best things we can do is not only visit Ste. Anne's, but go and visit and talk to those who are running one of the transferred facilities, to give us a better understanding. The last points made by Peter are concerning ongoing policy challenges, regardless of whether it's in-hospital or just direct department care. I just want to get on record, from our perspective, that the last thing we want to do is to speed up what is a very important transfer, and what for the most part has been a very successful start.

Ben, I think you had a question.

**Mr. Ben Lobb (Huron—Bruce, CPC):** Thank you again for coming before the committee.

Could you comment a little to the committee on the \$114-million investment on slide 13 and explain a little more about the work that was done and where this sets up Ste. Anne's in relation to other facilities in the province of Quebec?

**Mr. Brian Ferguson:** If I may, I will refer that to Madame Gravel, who has been managing that project since its inception quite successfully.

Rachel, I'll just refer this to you, if I may.

**Ms. Rachel Corneille Gravel:** Thank you, Brian.

That was a big endeavour, I have to admit. We started this project eight years ago. It was a major planning exercise.

All the plans and specifications were done in compliance with provincial standards. The environment now is secure, not only for the residents but for the employees as well. In the old infrastructure, some of the private bathrooms in private rooms, for instance, were so narrow that a patient could not wheel himself into the bathroom, so there were many manipulations that employees had to do, and we had a lot of work accidents at Ste. Anne's.

Now the environment is secure and it's also well adapted to the changing needs of the clientele, considering that more than half our patients are in wheelchairs. What we did was build a new power plant. We then built a pavilion for residents who have cognitive impairments such as Alzheimer's disease. It's a pavilion that is only two storeys high and has 116 private rooms with semi-private bathrooms.

Then we transferred 116 patients from our main pavilion to that adjacent pavilion and started renovating the main pavilion. We did it in four phases, and now it's completed. We have 330 private rooms

with semi-private bathrooms in the main tower. We also improved the outside area and we have a new security system.

In a nutshell, that's really what we did at Ste. Anne's. The project is not completely finished yet. They had to redo all the outside of the building and remove the concrete panels. Right now, they're finishing the external envelope of the building, and hopefully by the beginning of the new year the whole building will be completed.

● (0935)

**Mr. Ben Lobb:** So it's definitely a modern or near-modern facility that would potentially be transferred; it isn't an outdated relic of a building that the province would be getting.

The other part I want to explore just a bit in the time remaining is this. In southern Ontario, where I'm from, and in particular rural Ontario, one of the issues we have in our health care system concerns availability of beds and the ability to let patients stay in the hospital until they are well. The other concerns long-term beds and the treatment they get. Another issue we have is to have a facility for those with mental health problems or cognitive problems to be in a safe and secure environment.

With the projections we've seen in your data today, can you comment on the potential benefits the province of Quebec may have with having a state-of-the-art facility with open and available beds for civilians?

**Mr. Brian Ferguson:** Our feeling is that this is really an alignment of the needs they have with the issues we're facing with the declining number of veterans. It's actually lining up very well. We think this would solve some of their issues in the area around Ste. Anne's for access to long-term care beds. It's probably the reason why the talks have begun from both sides: that we both see that opportunity. It really would provide, I think, an increase in capacity in the area. It therefore gives, as other transfers have done, an injection back into the community of the value of the infrastructure.

**Mr. Ben Lobb:** I can certainly—

**The Chair:** Your time is up.

Thank you, Mr. Ferguson.

Now we go on to the Liberal Party, to Mr. Oliphant for five minutes.

**Mr. Robert Oliphant (Don Valley West, Lib.):** Thank you, and thank you to all the witnesses.

These are some relatively short questions, with, I hope, relatively short answers.

First, would there be a significant difference in the H1N1 protocol at Ste. Anne's compared with that at the George Hees Centre at Sunnybrook Hospital, a contracted facility?

**Mr. Brian Ferguson:** Rachel, would you respond, please?

**Ms. Rachel Corneille Gravel:** I wouldn't know; I don't know what their protocols are. What I can say is that at Ste. Anne's we have been following the protocols of the provincial network.

**Mr. Robert Oliphant:** I express that question because we had hoped to visit the hospital today, but weren't able to because of the H1N1 situation. Yet two weeks ago the minister and 150 outside visitors went to George Hees, a contracted facility, for a major event. We did that event, and I have been in five contracted facilities in the last four weeks and have not had a problem. I'm just wondering why it is we weren't able to go there today.

**Ms. Rachel Corneille Gravel:** I think the demand may have been made at the beginning of some of the protocols we were enforcing. I know that if the demand had been made, for instance, last week, now that we know that this second phase of H1N1 is almost over, the answer would probably have been different from when it was made.

• (0940)

**Mr. Robert Oliphant:** Thank you; that's good.

The second question is why was Ste. Anne's chosen to house the national centre for OSI?

**Mr. Brian Ferguson:** I can answer that. The reason is that we recognized the need to have clinical expertise in managing the developing network of OSI clinics that we wanted to create across the country, and Ste. Anne's offered a logical place to develop that expertise, because of the doctors who were there. It was just the best place for us to begin.

**Mr. Robert Oliphant:** If we don't have one facility operated by the federal government, where would you have put that centre?

**Mr. Brian Ferguson:** That's a hypothetical sort of question. If we had the opportunity to put it with ourselves, sir, we would have had to create a capacity somewhere—

**The Chair:** Just a moment, Mr. Ferguson.

**Mr. Francis Scarpaleggia:** I'm sorry. I can't hear anything Mr. Ferguson is saying. There are too many extraneous conversations.

**The Chair:** Monsieur André, we're not able to hear, with the side conversation.

**Mr. Robert Oliphant:** I guess it is hypothetical, except that the government is planning a transfer of this facility, and yet it was chosen as the national centre. I have a great concern that if we don't have a federal facility, we would not have a place to study and have a centre for excellence for post-traumatic stress disorder. In your slides, you say that it won't be transferred. Will you then contract with a facility to do this, or how will it happen?

**Mr. Brian Ferguson:** In all likelihood we will contract. We would retain the expertise and the staff of that facility under the department's authority, and it would simply be a matter of housing it. So we could enter into an agreement—

**Mr. Robert Oliphant:** But is it an issue of housing it, or do you have medical expertise there? You just said you had medical expertise there that you needed, and now.... Is it just a building, or is it medical expertise?

**Mr. Brian Ferguson:** I'm saying that there's a staff complement there of medical experts who would remain staff of the department.

**Mr. Robert Oliphant:** Okay. So we're going to end up losing our ability to run a centre and we become a tenant there in two ways: we

would contract with them for long-term care and we would contract with them for the national centre.

**Mr. Brian Ferguson:** Well, we haven't decided how we will.... We're looking at options as to where the national centre would be housed. I simply mentioned that as one option. But basically, if that were the option we would not transfer the management of it; we would simply, under that option, likely rent the space.

**Mr. Robert Oliphant:** We would rent the space.

Why wouldn't we take our state-of-the-art facility, our national centre of excellence, and rent out space to the province for long-term care for the community that they need? Why wouldn't that be the preferred option?

**Mr. Brian Ferguson:** Well, I think, as you can see, the national centre is a relatively small part of the overall hospital operations, and it's a part—

**Mr. Robert Oliphant:** You have 255 active clients.

**Mr. Brian Ferguson:** That's right, but they're not resident clients.

**Mr. Robert Oliphant:** Not resident, but 255 is a significant number of clients, I would think. I know you have only ten active beds—

**Mr. Brian Ferguson:** That's right.

**Mr. Robert Oliphant:** —but 255 active clients, and we have no other place in Canada to do significant research on OSI.

**Mr. Brian Ferguson:** I think that's one of the reasons it would be useful to have perhaps a more in-depth briefing on what the clinics are doing. Actually, the network is sort of the brain centre. The centre is operating one facility, and now a second residential facility will be developed, but they're managing and overseeing the other eight facilities across the country. They're sort of the guiding light for the full facility management. That will remain. All the other OSI clinics are in facilities near the hospitals and operate in a coordinated fashion.

I think it would be useful, sir, to give you more detail on that.

**Mr. Robert Oliphant:** Thank you.

**The Chair:** Thank you, Mr. Ferguson.

Now we'll go to the Conservative Party for five minutes. Mr. Storseth.

**Mr. Brian Storseth (Westlock—St. Paul, CPC):** Thank you very much, Mr. Chairman.

I have only a couple questions for you, Mr. Ferguson. Thank you for coming today.

I have to admit that whenever we meet with departments and talk to individuals such as yourselves, it always worries me when I hear things like complex strategies and decisions that are ongoing, because it generally means there's a fairly simple solution that oftentimes isn't being looked at. I just want to make sure that's not the case here.

What is your long-term policy vision when it comes to not only Ste. Anne's, but other hospitals of this nature?

● (0945)

**Mr. Brian Ferguson:** I apologize if I left the impression that it wasn't possible to boil it down. I was offering a briefing on the broader subject.

I will ask Darragh to give you in a nutshell the direction in which we're heading right now.

**Mr. Darragh Mogan:** Thank you, Brian.

The long-term care strategy that we have is based on the modern environment. If you look at when these hospitals were constructed, from 1946 to 1955, there was really no sophisticated long-term capacity in any province in the country. There is now, and more and more veterans want to stay closer to home. So our long-term vision is to capitalize on the expertise, particularly psycho-geriatric expertise, that we have in these contracted facilities in Ste. Anne's but allow those people who can stay in the community—and the majority of people we have in long-term care are staying in the community, either at home or in institutions—the choice of where they go.

When the veteran numbers wind down to a point where maybe the contract facilities aren't necessary, at least the care will be available in the community. Eight out of ten, or four out of five, veterans who approach us for long-term care want to stay in the community. But it's excellent in the long term to have a psycho-geriatric resource like Ste. Anne's either as a hospital that we own or as one we contract with.

**Mr. Brian Storseth:** Did I get it right that there are eight other facilities of this nature?

**Mr. Brian Ferguson:** No, that was operational stress injury clinics.

**Mr. Brian Storseth:** Where are they located?

**Mr. Brian Ferguson:** The operational stress injury clinics are located across the country.

Darragh, do you have the list in front of you?

**Mr. Darragh Mogan:** No, I don't have the list, but they're in Fredericton, Gagetown, Halifax, Ottawa, London, Winnipeg, Calgary, and of course the one at Ste. Anne's. I may have left out one or two of them.

**Mr. Brian Ferguson:** We'll get you the list of names of the hospitals.

**Mr. Brian Storseth:** I would appreciate that as well.

Further to Mr. Stoffer's concerns, how are current veterans going to be looked after in the next ten years?

**Mr. Brian Ferguson:** With respect to the operational stress injury clinics, they were set up specifically for the mental health concerns of veterans, including modern-day and traditional veterans. Those operational stress injury clinics are available for diagnosis and the development of treatment plans. As Mr. Stoffer mentioned, we operate completely within the current eligibilities, so our strategy is predicated on the fact that we have certain eligibilities for veterans in these facilities and we're trying to maximize the benefits to that client

base within that framework. So what they are saying is that almost everybody who has approached the department and has eligibility for a long-term care bed would rather stay in the community they're close to.

Our vision is to build on that capacity in the provinces and continue to provide the benefits the government owes to these veterans in the community setting. Where they need the specialized care of a centre such as Ste. Anne's and can't get it in the community, that's when they will avail themselves of that capacity.

**Mr. Brian Storseth:** I would think that this would require partnerships with provinces. Are we having any problems developing those partnerships with the individual provinces when it comes to developing these?

**Mr. Brian Ferguson:** We have very active consultation with the provincial authorities on the management of the hospitals. We have annual plans that are put in place for the operations of the hospitals, of what we will pay for in the upcoming year, what the emerging needs are, the changing needs of the clients who are in there. So there's quite an active, ongoing partnership with the provinces, and I'm not aware of any difficulties we're facing with that.

**Mr. Brian Storseth:** Thank you.

**The Chair:** Thank you, Mr. Storseth.

Now we'll move to the Bloc Québécois, Monsieur Asselin.

[*Translation*]

**Mr. Gérard Asselin (Manicouagan, BQ):** Thank you, Mr. Chairman.

In the document that was distributed to us, I see that a number of hospitals like Sainte-Anne were transferred to a number of provinces. Approximately 17 have been transferred to date, including 2 in Quebec.

We know that as soon as the transfer agreement is signed maintenance responsibilities would fall to the Government of Quebec, which would manage collective agreements, services, etc.

When the federal government transfers this type of facility, belonging to Veterans Affairs, to a province, how does it proceed? Is it through a sale or a property transfer, or would a simple signature suffice? Is the facility sold at a certain price?

● (0950)

[*English*]

**Mr. Brian Ferguson:** I will ask Darragh to comment, but basically, back to the comments we made earlier, it's generally an agreement between the two provinces. It has to be a legal agreement, and it will cover many aspects of the agreement that is reached.

Darragh, do you want to add to that?

**Mr. Darragh Mogan:** As a rule, the negotiations contain, as Brian was saying, quite a number of considerations that have financial implications, but the nominal transfer is usually a nominal amount. In some agreements it's ten dollars, in some agreements it's one dollar. There is a financial exchange, but it's rather more formal; it's not really related to anything negotiated as such.

**Mr. Brian Ferguson:** The nature of the legal document is the essence of the question. Are there any comments you'd like to make on that?

**Mr. Darragh Mogan:** It's a federal-provincial agreement that is legally binding on both parties. There are dispute resolution mechanisms, and if a dispute gets legal it goes to the Federal Court.

That's never happened, by the way.

[*Translation*]

**Mr. Gérard Asselin:** Very well.

[*English*]

**The Chair:** Thank you very much.

That will end our session right at 9:50, as we had planned. How do you like that?

Mr. Mogan and Madame Corneille Gravel, thank you very much for joining us via teleconference.

Mr. Ferguson, I think this gives you ample time to make your flight. We appreciate your coming and providing the answers that you have.

**Mr. Brian Ferguson:** Thank you very much for your flexibility, Mr. Chair.

**Ms. Rachel Corneille Gravel:** Thank you.

**Mr. Darragh Mogan:** Thanks a lot.

**The Chair:** Now we'll move on to business.

The first item on business would be Mr. André's motion, but Mr. Kerr had presented an amendment to it, so we're on the amendment of the motion, which is within the study of the new Veterans Charter review. If you remember, Monsieur André's motion was regarding a study on suicides in the Canadian Forces, and then Mr. Kerr had this amendment.

Is there any discussion?

Mr. Kerr.

**Mr. Greg Kerr:** Yes, Mr. Chair.

Certainly in thinking about it we're very strongly of the same view and we have a number of comments and questions this morning on that regard. I very much think this belongs in the charter review that we're doing. We made commitments to all those who've been involved in the review process. They have raised this issue, along with other issues. I think it's appropriate, and it deserves the appropriate attention. It has to be very clear that it has to be thorough, but we're of the mind that it should be done under the charter review, as we agreed to when the committee started its process.

This is one of the issues of concern to those who've been looking at the charter review. They're very strongly of the opinion that this should be kept within the review that's ongoing in terms of the charter. It's probably fair to say that we think that is the right thing to do, and we're still in that position.

**The Chair:** Mr. Oliphant.

**Mr. Robert Oliphant:** I'm actually going to speak against the amendment and suggest that I think we actually need to do a stand-

alone study on this issue. There have been as many as 30 suicides by veterans from Afghanistan, so when we acknowledge the number of 137 or 136 deaths in that war, we are underestimating it. I think it is a significant issue that we have to consider. I can see how it relates to the new Veterans Charter. I think the new Veterans Charter has more to do with services and benefits than it does to do with issues around the very nature of what you're expecting of our military personnel. I will be voting against it and then voting for the motion.

**The Chair:** Thank you, Mr. Oliphant.

Mr. Stoffer.

● (0955)

**Mr. Peter Stoffer:** Mr. Chairman, I do believe that Mr. Kerr actually makes a good point about encompassing a particular study within the overall charter. I do want to say I just recently got back from Italy, and I mentioned this to several of the current military and to people who work with veterans issues. I specifically asked about the charter, and then I specifically asked about the unfortunate aspect of individuals taking their own lives. They said if they were committee members, they would study this specific issue outside, because this also deals with aspects of DND. This is why I'd like to make a friendly amendment to the review itself, because it says "suicide among former members", but we have suicide among current members as well. So it should be "former and current members".

So although Mr. Kerr makes a very valid point, I would have to agree with Mr. André's motion. I hope he would accept my friendly amendment of "former and current members of the service".

**The Chair:** Mr. Stoffer, you will be able to present that after we've disposed of this amendment.

I do have a speakers list, and right now I have Mr. Storseth, Mr. André, and Mr. Mayes.

Mr. Storseth.

**Mr. Brian Storseth:** Thank you very much, Mr. Chairman.

Mr. Stoffer makes part of my point for me. Mr. Oliphant brings up Afghanistan. Those are current serving members. I do believe that the Department of National Defence is outside the purview of our committee.

There are two points to this. I do believe that this is something that should be included within our review of the charter, because it's a very important aspect of veterans. If, however, the committee felt that it truly wanted to do justice to this issue, which is a very important issue, in regard to both former and current serving members of both DND and the RCMP, then I actually think you would need to expand the scope of it and include some kind of a joint committee to look at this with the Department of National Defence, because there's no way that it is within our purview to be looking at the things within DND itself. So you would need support from the other committee as well, I believe, if you were going to do it properly. Leaving out our current serving members would do little good, I believe.

**The Chair:** Thank you, Mr. Storseth.

Mr. André.

[*Translation*]

**Mr. Guy André:** Respectfully, Mr. Kerr, I also disagree with your motion. I will explain why.

The issue of suicide among armed forces personnel and veterans is distinct, and I agree with Mr. Stoffer to include it.

Increasingly we are hearing about soldiers suffering from post-traumatic stress disorder upon their return from Afghanistan or other military missions, and they experience a sense of isolation because of it.

It is fundamentally important to look into this matter because the problem of suicide is an increasing concern in the military. I do not believe we should address this problem within the context of the Veterans Charter, which deals rather with customer services and disability pensions for veterans and the military.

It is very important to examine the charter. I also went to Italy and spoke with a number of veterans. The charter does include some important issues. We have noticed it in a number of documents that have been circulated to the committee.

However, the problem of suicide has both a psychological and social dimension. How can we avoid these people experiencing this problem when they come back to the country? I do not think the charter will provide us with the answer. We need to carry out a specific study on the issue.

[*English*]

**The Chair:** Mr. Mayes.

**Mr. Colin Mayes (Okanagan—Shuswap, CPC):** Thank you, Mr. Chair.

I want to echo what Mr. Storseth said. I believe that the Department of National Defence has an employee-employer relationship with Canada. It is part of their function to deal with the problems of people who are serving. I recognize that, but I support the amendment. This is a sensitive issue. If I were a member of the Canadian Forces, I wouldn't want to have it out there in public, politicized, and being covered by the media. I wouldn't want to bring any politics into it. I'd want to handle it with kid gloves.

I think we could deal with this in a full and discreet manner within the review of the new Veterans Charter. That is my feeling, and I'm going to support the amendment provided by our parliamentary secretary. We're looking at the care of these veterans, and we should be sensitive.

•(1000)

**The Chair:** Thank you, Mr. Mayes.

Mr. Lobb.

**Mr. Ben Lobb:** Thank you, Mr. Chair.

In considering these arguments, for and against, we need to bear in mind what the new Veterans Charter is all about. It's based on wellness—not just physical wellness but wellness in all its forms. Any assertion within the scope of this charter that doesn't address mental health issues is turning a blind eye.

Those who went to Charlottetown and paid attention to the presentations saw what is probably one of the most extensive mental

health programs in the world. It's the Department of Veterans Affairs that provides this service. I think we're putting the cart before the horse. We're making assumptions about this issue without even bringing in anybody from the department to test those assumptions. We've categorized our troops and veterans without seeing the statistics that might bear out the differences, the percentages, the reasons why. Is it the transition from DND to Veterans Affairs? Is it all within DND? Is there a particular issue that is causing this? Is there a loophole? These things should fall within our study, because we're studying the new Veterans Charter. These are the things we're trying to do to make our veterans as healthy as they can be after their service.

If we did an individual study that focused only on this, would it come at the same time as this study? Would it come after this study? Is there going to be another issue that crops up? When are we going to do this study? Who will the players be within this study? Could it already be dealt with by the time the study is done? I think this is the best way to do justice to the new Veterans Charter. It is also the best way to find the solution we're looking for. If we have members of the department come in, and we're unhappy with what we hear, then we can take a different approach. Is it a subcommittee? Is it a further study? We haven't asked department members any tough questions about how this issue fits into the new Veterans Charter. Maybe this is done 100%, or maybe it's a glaring weakness. Based on the Charlottetown information, we have some good data, good programs. Maybe we should have the officials in for a few meetings as soon as the House comes back. I think we need to ask them some tough questions.

**The Chair:** Thank you, Mr. Lobb.

We'll go to Madam Sgro.

**Hon. Judy Sgro (York West, Lib.):** Thank you very much, Mr. Chair.

When that motion was moved by Mr. André, I initially felt that it was a bit of a stretch, at least in the way I was thinking about it.

I attended a presentation earlier this week that had nothing to do with this motion and our work. It was about the level of suicide among former members, and I guess possibly current members, which is not being talked about out there in public, because none of us want to talk about it, I suppose. These men and women put their lives on the line for us and then come back with very significant problems that are sometimes not identified at all and result in suicide. I was quite concerned when I heard this presentation earlier in the week. It's for that reason that I think our review of the charter isn't going to be enough. At the end of the charter we can make recommendations and then do a study specific to this issue.

In good conscience, after hearing the presentation earlier this week, I think it would be a disservice to not deal with it as a separate issue. How we do it, with whom we do it, whether it's a subcommittee—the technicalities of how we do it—are issues we can discuss at another time. I think we are talking here about suicide, and there is an alarming increase in the numbers. I think when we ask the questions, we would find out that there is a lot more of it than we're aware of. It's very sad to say that. I think we have an obligation to look at it and the seriousness of it. We can look at it within the confines of our charter, but I think it is a bigger issue.

We already know about it, and I think trying to keep it within those confines is a disservice. For me to know that I'm doing my job, I would want us to spend some time specifically on the issue of what we know is happening.

I will support Mr. André's motion and vote against Mr. Kerr.

● (1005)

**The Chair:** Go ahead, Mr. McColeman.

**Mr. Phil McColeman (Brant, CPC):** I tend to think that it is a serious issue, and I think the seriousness of it is dealt with best within the study of the charter. It seems to me that there is an implication in the discussion that we'll do a less than fulsome study of suicide if we move it into the charter. I don't think that's what is proposed here at all. I don't think because we take it outside the study of the charter we'll do more of a job than if we studied it inside the charter. It's not bigger or smaller in any regard, in my mind, whether we study it inside or outside the charter.

The reason I would like to study it inside the charter study is because it really addresses the core we can address if we study it fulsomely within the charter. As Mr. Lobb has said, within the wellness model, it has to do with mental health. Suicide has to do with mental health, and we will be looking at it when we study the charter. We will be looking at the mental health services provided by Veterans Affairs. When we get into that category of study, I believe that this is where this fits.

It doesn't mean that we have to spend less time or call fewer witnesses. Unless I'm mistaken, the parliamentary secretary isn't proposing something like a gloss-over by studying it. In my mind, that's not intended. I think we actually can do a better job by studying it within the context of the charter, realizing that we're going to put emphasis on it when we come to it. We will take a very thorough look at the core reasons behind suicide and why it occurs—which really amounts to a mental health issue—and how we provide services through Veterans Affairs for mental health.

The implication I'm sensing from the comments is that one is going to be bigger, and the other is going to be smaller. I see them as equal. I think we can do just as good a job—in fact, a better job—within the study of the charter while putting an emphasis on it. It is important, and it is serious.

**The Chair:** Thank you, Mr. McColeman.

Now I'm on to Mr. Kerr.

**Mr. Greg Kerr:** Yes, Mr. Chair.

The way I look at it—and I've been around this business a long time—I think we're all trying to say the same thing. I think we want

this study done; I really do. What I'd rather do is see our amendment disappear, and maybe Mr. André and I sit down and talk about wording that satisfies what we are insisting has to happen. This has to somehow link back into the charter review, whether it's a separate study that somehow reports to it or is considered by it. I don't want to leave out the players who have been doing a lot of work on our behalf out there, all those veterans organizations. I do know that the modern vets are very much part of what our concern is today. That's a consideration.

If Mr. André is in agreement, perhaps what we could do is withdraw it. I'd like to see the amendment disappear, but also see that we can cover off what we really believe has to be covered off. Maybe we can look at the wording and add to the wording of his motion words that say “as the study finishes up”. It is going to go beyond our committee. It's going to have to involve DND—there's no question—which is one of my concerns.

Rather than rush it, can we come back and say this would cover it off, this would cover off the study itself, but make sure the charter review is not left out of the piece, that somehow we're off doing this and it's separate from the other? There are a lot of other players out there we are obligated to, and I just want to make sure we're covering it.

If he's comfortable, I'd like us to find a way to make the amendment disappear and come up with wording that addresses the whole issue. If he's comfortable, I would be comfortable.

● (1010)

**The Chair:** Monsieur André.

[*Translation*]

**Mr. Guy André:** Mr. Chairman, members have spoken on the motion. I would call for a vote on Mr. Kerr's amendment and on the motion. We have witnesses here, and another motion is being introduced by Ms. Sgro.

I would call for the vote on Mr. Kerr's motion and on mine.

[*English*]

**The Chair:** Thank you, Mr. André.

There's really no time limit on debate, so Mr. Oliphant is next on the speakers list.

**Mr. Robert Oliphant:** My expression is still against the amendment, in support of the motion. But following up on what Mr. Kerr said, I think absolutely everything this committee will do over the next couple of years is related to the new Veterans Charter. Nothing we're going to do isn't related, so everything that could be suggested could be put into this review. It's all there. So I think what we're trying to do is find a way to highlight a study on this issue.

I'm actually agreeing with Mr. Kerr about finding a way to do that. I think it's best to do it outside the current review of the charter, but it has to be linked, too, because everything links to it. But we could end up doing five years of work and saying we have to keep putting it in, and then we would never finish the review of the new charter.

I'm going to trust that when we get to working as a committee to do this new study, we will link it to the study of the new Veterans Charter, but not formally.

**The Chair:** Monsieur André.

[*Translation*]

**Mr. Guy André:** Mr. Chairman, I think we can call for the vote on the motion, if most of us agree. We are calling for the vote on the amendment and then we can move to the vote on the motion.

[*English*]

**Mr. Brian Storseth:** A point of order, Mr. Chairman.

**The Chair:** Mr. Storseth.

**Mr. Brian Storseth:** Thank you, Mr. Chairman.

First of all, under the guidelines under the new—I'm used to Marleau and Montpetit—O'Brien and Bosc, you can't call for a vote.

Secondly, this is Mr. André's third time talking about it. So if we could, I do believe we should get to the vote on the motion, if Mr. Kerr is not withdrawing his motion.

**The Chair:** Okay. Well, that's just kind of interesting, Mr. Storseth.

Monsieur André, continue, please.

[*Translation*]

**Mr. Guy André:** Is Mr. Kerr prepared to withdraw his amendment?

[*English*]

**The Chair:** Right now, the vote will be on the amendment to the motion, if there's no further debate.

Mr. Lobb.

**Mr. Ben Lobb:** I'd just like to add one point to the committee.

I think we pretty well know how each person's going to vote here. But I'd just ask the honourable members how they can propose this in a way and still go along with this new Veterans Charter and the study and make a report to the department and basically omit one of the key parts of the new Veterans Charter—which is a key piece of the wellness model—and then say, “Yes, okay, we're not going to really look at that, but that is a major piece in the new Veterans Charter, and then when we've done that, we're actually going to do another study on this issue, and then we're going to report that back to you within the new Veterans Charter”.

And I disagree with Mr. Oliphant. I don't think every single thing this committee studies relates back to the new Veterans Charter. I disagree with that wholeheartedly.

So I think we know where the vote's going to go. I just hope the members opposite realize the kind of pseudo-hypocrisy in what we're actually going to do here.

**The Chair:** Thank you, Mr. Lobb.

Seeing no further interventions, the vote is on the amendment that Mr. Kerr has submitted: "within its study on the new Veterans Charter review".

(Amendment negatived)

**The Chair:** Now we'll move to Monsieur André's motion.

Mr. Stoffer.

●(1015)

**Mr. Peter Stoffer:** I beg, sir, to propose a friendly amendment that after the words “former”, we include “and current”.

**The Chair:** You know that I restrain myself from making comment, but let me say this. As I've said in the past, there is a symbiotic relationship between Veterans Affairs and the Department of National Defence. There is no question about that. But our job is to make sure we understand the line of responsibility and stay within the purview of that.

The Standing Orders are pretty clear regarding committees, in that if we go into current members of the Canadian Forces, then we are outside the mandate of this committee. But of course I'm always at the behest of the committee.

Mr. McColeman.

**Mr. Phil McColeman:** I need clarification here, because I am confused.

Mr. Stoffer, what you're proposing when you put the word “current” in there is that these are current members of the Canadian Forces and they are not veterans.

**Mr. Peter Stoffer:** That is absolutely correct. The reason I say that, Mr. McColeman, is because we've had two that I'm aware of—obviously the facts don't come out—one major and another person who had taken their own lives in Afghanistan.

Also, many of the current service personnel.... Well, not many; I shouldn't say the word “many”. There are some people serving today in the military who have contemplated suicide. And as Mr. Mayes said very clearly, this is a very sensitive and serious subject and this is something you can't discuss in the open. But these are people who are still serving. They are not former members of the military.

**Mr. Phil McColeman:** They are current members of the military. They are not veterans.

**Mr. Peter Stoffer:** That is correct.

**Mr. Phil McColeman:** Sir, how do you propose that we reconcile the fact that this is outside the purview of our committee?

**Mr. Peter Stoffer:** That is, of course, the dilemma we face. Any time we deal with veterans.... Don't forget that there are 980 current service personnel receiving a veteran's pension. If we were dealing with pension issues, we would be dealing with people who currently serve in the military. There is always that dichotomy. How do we rectify that situation between the veterans committee—if we're dealing on veterans issues—and those who are currently serving? This is one of those issues.

I think if we are going to discuss the issue of suicide, then we also have to touch on the aspect of prevention of suicide, and the ability to see what DND is doing in order to assist those who may be contemplating suicide as the only way out of their problems.

Either way we look at it, DND officials will be invited to discuss this issue, I assume.

**The Chair:** Yes.

**Mr. Robert Oliphant:** On a point of order, this is going to have to be an amendment. I don't think it's going to be unanimous.

**The Chair:** That was going to be my intervention. Thank you, Mr. Oliphant. It would have to have unanimous consent in order to be a friendly amendment.

**Mr. Peter Stoffer:** I know that, yes.

**The Chair:** I don't perceive that there's a—

**Mr. Peter Stoffer:** I'm not married to it.

**The Chair:** I have a speakers list already started here.

Mr. Mayes.

**Mr. Colin Mayes:** I've already said what I was going to say, but why do you have to have this in the motion? Why don't you just leave it? I'm sure when the discussion comes along, we'll be talking about both.

**Mr. Peter Stoffer:** All right, Mr. Chairman, if I may, I could cut this conversation off right now and just withdraw it and forget I even said it.

**The Chair:** After I mentioned that and I didn't see any consent, I felt the debate was on the original motion anyway, sir.

Mr. Mayes, have you completed your intervention?

**Mr. Colin Mayes:** Yes, I have, thank you.

**The Chair:** Mr. Storseth.

**Mr. Brian Storseth:** Thank you, Mr. Chairman.

The conversation has been going in all directions. I would ask Mr. Stoffer why he's not married to his amendment, because at the end of the day, if we're going to do this, you cannot do this right without having a full discussion with the Department of National Defence about its policies. We have to be able to recommend changes, not only to the policies of the Department of Veterans Affairs but to the policies of the Department of National Defence, if we're going to do this properly. I don't understand why we would take on such a large and important task as this, and at the same time tie our hands as to what we can do and recommend for changes.

As you said, under Standing Order 108(1), if we do include DND, it's outside the purview of our committee unless we recommend a joint subcommittee of the Department of National Defence and the Department of Veterans Affairs, in which case, as with listeriosis, we'd be taking extra meetings: it doesn't have to be the whole committee; it could be designated members of the committee. I agree with Mr. Mayes; it's something that would have to be kept reasonably quiet. You're going to have a lot of witnesses coming forward who would expect confidentiality. If we were going to do it, in my mind, we would have to do it properly with both DND and Veterans Affairs and we would have to undertake all the details today and make sure we draft our motions properly in the first place. We should also recognize that this is a huge undertaking, and if we were to draft a joint subcommittee of the two committees, it would require a lot of extra time in the next sitting of Parliament.

• (1020)

**The Chair:** Mr. Storseth, thank you.

Just a comment on your interjection. The way the motion stands right now, I did not have any problem with ruling it in order because it does say "former members of the Canadian Forces", but I understand your conversation is alluding to the friendly amendment,

which has since been defeated, or at least not supported, so it was not in order.

Mr. André.

[*Translation*]

**Mr. Guy André:** Mr. Storseth was discussing a motion that Mr. Stoffer had withdrawn. We could simply vote on the original motion and then move to Ms. Sgro's motion.

[*English*]

**The Chair:** Okay.

I did have one more person on the speakers list. Mr. Kerr.

**Mr. Greg Kerr:** Mr. Chair, I guess I'm a little disappointed in Mr. André's stance, because I would like to see us all carry on with this study. But it's so rigid in the wording, and if we're not going to get any comfort that it's going to be opened up to address the other problems that have been raised, I think it's a very selfish and very narrow view of what this important problem is about. I say that because the only reason I added the amendment way back was that this was simply an exercise that was going to report to the House; it didn't deal with all these other issues and complexities.

If we're just voting on the motion, we'd probably have to avoid even voting, because you haven't satisfied us that you have any interest in this being reported back to the charter review or any interest in looking at these other issues, which would require other committee involvement. At this point I just think it's an unsatisfactory motion that's way too narrow and it's not going to satisfy the problems.

**The Chair:** Thank you, Mr. Kerr.

Mr. McColeman.

**Mr. Phil McColeman:** Further to Mr. Kerr's comments, I would invite Mr. André to explain to us how this motion was crafted. If the issue Mr. Kerr just brought up is valid, this does not accomplish where it needs to go. What is your aspiration for it? If we can't put this plan into action, how are we going to deal with it?

**The Chair:** Mr. André, would you like to reply?

[*Translation*]

**Mr. Guy André:** I can give both you and Mr. Kerr a brief answer. We have called witnesses to appear here today, and I would like to be able to meet with them.

As I mentioned earlier, we want to study the issue of suicide and understand this phenomenon. But we mainly want to study suicide prevention for veterans. This is a very important concern. If we were to study it in the context of the charter, I would fear that we would not carry out an in-depth study and it would go by too quickly.

We have heard from witnesses. There was the case of Frédéric Couture, an armed forces member from Quebec, who attempted suicide in Afghanistan and then later became a veteran. He went home to Granby for a year and then proceeded to take his own life. There have been other similar situations. I would like to meet with witnesses, specialists who have studied the question and have written on the matter. They could present a number of alternatives and provides us with suicide prevention information. It is an essential question.

I sense that people are reacting to this, and that there are some concerns that this could become political. The purpose of my motion is not to make it a great political issue, but simply to understand the situation. It is essential. In my own riding, a former military force member who had gone to Kosovo committed suicide. We have all experienced this. I think we need to study the matter.

I would like us to now vote on the motion.

• (1025)

[English]

**The Chair:** Mr. Lobb.

**Mr. Robert Oliphant:** Could I check on the time—

**The Chair:** You sure can. It's 10:24.

**Mr. Robert Oliphant:** —in terms of our day.

I have a concern. We have an order of the day on another motion, and I am not convinced this is a fruitful discussion at this point.

**The Chair:** I understand that, Mr. Oliphant, but when we get into business, I cannot limit debate. If it's the wish of the committee to postpone this and deal with it at another meeting, I can, and we can move to the witnesses. But I can't really limit debate on a motion.

**Mr. Robert Oliphant:** Could I appeal to the committee to deal with the motion and if it's passed that we have a meeting to do the terms of reference for the study? That's not abnormal. We could then discuss the terms of reference, the witnesses, and the scope of the study.

**Mr. Brian Storseth:** I have a point of order, Mr. Chair. I understand what Mr. Oliphant is talking about, and I understand the haste with which he'd like to move this forward, but the terms of reference need to happen within the motion itself. If Mr. Oliphant wants to put a motion forth to table this, which means we will discuss it at another time, I would be okay with that.

**Mr. Robert Oliphant:** No, I'm fine.

**The Chair:** Okay, Mr. Oliphant.

Mr. Lobb is next on the speakers list, and then Mr. McColeman.

**Mr. Ben Lobb:** Thanks, Mr. Chair.

I echo the same feelings Mr. Oliphant has, to get down to the other business we have today, but I just have one thing that keeps picking away at me. It wasn't too long ago that I came from the business community, and I can tell you that in the business world, far removed from the world of politics up here, I must say, this whole notion that we're taking here is so bizarre that you would probably get fired if you were in the business world. What we're saying here, if I can put it in business terms, is that we think we have a problem—and let's not make light of this, we think there is a problem, and there have been articles put forward—but let's hire a whole pile of consultants to study this before we know for sure exactly where all the problems lie.

As I said to my colleagues—and I said this almost half an hour ago—why wouldn't we have people from within the department, whether it's from Veterans Affairs or DND, come to the very next meeting we have and explain to us how they see the issues today so that at least we have some understanding? If they put forward a

comprehensive plan from the day you start with the military until the day you retire, I think we would come from a much better position.

Today we're basing this decision on discussions that happened in Italy and what we've read in the newspaper. Let's hear it from the department and hear what they have.

I was in Charlottetown. You were in Charlottetown. You witnessed the most comprehensive plan around mental health and post-traumatic stress syndrome and OSI clinics and peer support groups—every possible step. So if there is an issue, the department has to have had it recognized. I think everybody has made their decision, as I said before, but I would just plead with my colleagues to let some department officials come before this committee and report what they see within the confines of the new Veterans Charter. If we find that it's unsatisfactory, then move forward.

But I'll go back to the business world. This is a bizarre approach to how to fix a problem. This would be something you'd see from a company that would be filing for chapter 11. This is something we've seen before in the boardroom of General Motors, perhaps, but certainly not within a normal company.

So I'll leave it at that.

• (1030)

**The Chair:** There's a speakers list here, and I have three other speakers.

But just to be clear about your intervention, Mr. Lobb, what in simplicity you're asking for is this to be tabled and for us to hear from both departments first—is that what you're saying?

**Mr. Ben Lobb:** That's exactly what I'm saying.

**The Chair:** Okay, I just wanted to make it—

**Mr. Robert Oliphant:** You have to make it a motion being placed. That's how parliamentary procedure works.

**Hon. Judy Sgro:** We don't have unanimous consent, so we'll need the same thing.

**Mr. Robert Oliphant:** He can make the motion and we can debate it, but we can't—

**The Chair:** Yes, I just wanted to be clear on what he was saying, because I wasn't clear.

**Mr. Robert Oliphant:** But I would be hoping that the chair would rule any discussion that's not on the substance of the motion to be out of order. So if people want to make a motion or make an amendment they can do that, but we will not work unless we actually stay on the motion.

**The Chair:** Mr. Oliphant, we may have a disagreement about whether that was germane to the motion.

Mr. McColeman, and then Madam Sgro, Mr. Storseth, and then Mr. André.

**Mr. Phil McColeman:** Again, I direct my comments to Monsieur André.

I want to clear up, sir, the fact that, at least from my point of view, in your last intervention you mentioned that you sensed a fear in us with regard to doing a fulsome study here, and that we certainly didn't want any witnesses. That is definitely not the case.

I'd like to have a study that treats this with all the seriousness and fulsomefulness that it requires. I'd also like to see action items roll out as a result of the study. I do not want to do a study and then say that it was nice to learn all that, but we don't know what to do with it or the direction it should go.

Judging by Mr. Kerr's comments earlier, his assessment is that the way the motion is written it will not allow us to do that properly and to take items for forward action. I totally agree, and I think our side agrees. Let's do a full study and analysis of this issue. It's a very serious issue.

Sir, I just want to dispel any impression you might have that I personally do not want to do that. I want to do a fulsome study. When we complete the study, I want to be sure that anything that rolls out in the form of recommendations and items for action is directed so that it can be acted on.

What Mr. Kerr was saying earlier would indicate that he has some difficulty with the way this is worded. I'd like you to deal with that, sir, if you would, so that I can learn and determine how I'm going to vote on this.

Right at this point I'm having a very difficult time personally determining how I'm going to vote on this. There's no sense, as far as I am concerned, in doing a study—and, sir, I agree that we should do it in full completeness—if we don't have something to move forward on and we don't have the right direction for this with regard to where it's going in the end. That's what the parliamentary secretary said. That's where I need your help to clarify.

**The Chair:** Thank you, Mr. McColeman.

I have a speakers list. We're going to go to Madam Sgro right now, and as the others have spoken multiple times, I will then go directly to Mr. Asselin, because he hasn't had an opportunity for an intervention in this case.

Madam Sgro.

**Hon. Judy Sgro:** Mr. Chair, I'm concerned with what's going on this morning. What are we doing here? We know this issue is important. This motion has been on the table for two or three weeks now. It's been here. I'm disappointed that there weren't discussions going on about possible amendments that would have achieved what everybody wants to achieve. Are we trying to deny it's a problem?

Let's get on with it. We know this is a problem. At the end of the day, we could do it in two years as part of the Veterans Charter and at the end of the Veterans Charter decide that we need a special study on this because it's a very important issue. We know it already. We don't need to wait another year to do more work to find out that it is.

As for the details on how we do it and the terms, I've been on this committee for more than a year or two. When we go forward to do a study, we don't have to have the terms of reference. It's the intent of this group to do this study and to report back to the House. It's pure and simple in front of us. Either we're supportive of it or we're not.

I'm concerned that the clock is running out. We have another motion that was put here that we didn't get to deal with, and we should have last week. I think we should deal with it. We have witnesses who are waiting to give us additional information on other things.

I think we should just get on with the vote. Either we're going to support this and then deal with the details at a subsequent meeting of a subcommittee, or not. I think to continue on we are not accomplishing anything more.

•(1035)

**The Chair:** Thank you, Madam Sgro.

Mr. Asselin.

[*Translation*]

**Mr. Gérard Asselin:** Mr. Chairman, I see, and you mentioned it yourself, that everyone has had an opportunity to speak at least once on this issue. This is why you've given me the floor. The names that you have on the list would be speaking for the second or third time. This seems to me to be a Conservative Party strategy to buy some time, or quite simply to delay the motion.

I would respectfully ask you, as chairman of the committee, to immediately proceed to the vote. If you are unable to make this decision, I would ask you to consult committee members one by one to see who would be prepared to proceed to a vote immediately. You can ask for help from the clerk, I have no objection to that.

[*English*]

**The Chair:** Merci, Monsieur Asselin.

I have two more speakers on the list, but I will look to see if there's consensus on going ahead to a vote.

**Some hon. members:** No.

**The Chair:** There's no consensus.

Mr. Storseth.

[*Translation*]

**Mr. Gérard Asselin:** Mr. Chairman, if there is no consensus, I would ask you to ask committee members, one by one whether they are ready. We have a majority. If committee members want to hear those two, we will choose. At this point I would ask you to consult committee members one by one to know whether they want to move to a vote immediately or not.

[*English*]

**The Chair:** Mr. Asselin, there's no consent to go that way. I have a speakers list, and I have a mandate not to limit debate. Whether you like the debate or not—

[*Translation*]

**Mr. Gérard Asselin:** Not only do you not need to ask for consensus, Mr. Chairman, but it would be a violation of the rules for you do to so. And you must respect that. Everyone has had an opportunity to speak. By asking for consensus, Mr. Chairman, you are in violation of the rules.

[*English*]

**The Chair:** I will check with the clerk once more, just to be sure, but I believe I've investigated this on several occasions. If you'll excuse me for a minute, I'll just consult with the clerk.

Okay, Mr. Storseth.

**Mr. Brian Storseth:** Thank you very much, Mr. Chairman.

To Ms. Sgro's comments, I disagree with you. First of all, this motion excludes current members of the Canadian armed forces. I can't vote for a study on suicide that excludes the current members of the Canadian armed forces and the RCMP, because it is very important that if we do this, we do it right. Our committee doesn't have the purview to review that unless it's a joint subcommittee. If that were the motion, I would vote for it.

I agree with you; we don't need to wait for this. If we go with this, the committee has already said we're studying the charter until fall. But we're not going to even start looking at this motion until the fall. So I think we should be looking at a different motion that has better terms of reference and actually gets us to do something right away.

Ms. Sgro tabled a motion the other day. I believe we should get to it. I believe we as a committee have more work to do. I don't think there's disagreement to study this. I think the disagreement on this side is that if we're going to do it, let's do it right and let's do it more quickly.

So I would actually put a motion forward that we table this motion as a committee, so that we can get on to Ms. Sgro's motion and hopefully get some resolution of that.

I would put a motion forward that we as a committee table this and bring it back at our next meeting to flesh out the details at that point in time.

**The Chair:** There has been a motion to table it, and that means we will go to a vote on that. It's my understanding that it's a simple majority to have that pass, or of course fail.

(Motion negatived)

**The Chair:** Monsieur André.

[Translation]

**Mr. Guy André:** I'm simply calling for the vote. No one is to be recognized, we vote on the motion and we move to something else.

I would call for the vote on my motion.

[English]

**The Chair:** Seeing no more interventions, we'll go to the vote on Monsieur André's motion.

(Motion agreed to) [See *Minutes of Proceedings*]

•(1040)

[Translation]

**Mr. Gérard Asselin:** Did you note, Mr. Chairman, that it was passed unanimously?

[English]

**The Chair:** No, it wasn't unanimous.

[Translation]

**Mr. Gérard Asselin:** When you asked who was opposed, no hands were raised.

[English]

**The Chair:** Mr. Kerr.

**Mr. Greg Kerr:** Mr. Chair, I want to make it clear that we indicated before that because of the principle that we want to see it

work somehow, we're abstaining. We think it's a poorly worded and poorly thought-out motion that's totally incomplete and doesn't cover it off. We look forward to the discussions that take place later on.

So it's not unanimous. Don't get that mistaken thought.

**The Chair:** Thank you.

We'll move on to the motion by Madam Sgro.

I believe you had some kind of modification you wanted. Do you want to move this motion now?

**Hon. Judy Sgro:** I want to move the motion.

I want to amend it. Where it says, "the Agent Orange tragedy", I want to change that to read:

That the committee recommends that the government immediately convene a full and public judicial inquiry into the chemical spraying of substances such as Agent Orange between 1956 and 1984 at Canadian Forces Base Gagetown.

I'll just speak to the reason for that change in wording. I think that would widen it a bit, rather than be specific to the Agent Orange issue that we know has created specifically an enormous amount of concern.

**Mr. Ben Lobb:** I'm sorry to interrupt you, Ms. Sgro. It's my understanding that motions in their entirety need to be presented to the committee 48 hours—

**The Chair:** Yes, notice was given in this, Mr. Lobb, absolutely.

**Mr. Ben Lobb:** This is a substantive change to the motion. Would it not require another 48 hours to bring before the committee?

**The Chair:** I was going to let Madam Sgro speak and then check for unanimous consent.

**Hon. Judy Sgro:** Yes, if I don't have unanimous consent—

**Mr. Phil McColeman:** Point of order, Mr. Chair.

Just quickly, Madam Sgro, could you re-read it? I'm trying to write it down, and you spoke very quickly, and I didn't get all the wording.

**Hon. Judy Sgro:** Okay: "...inquiry into the chemical spraying of substances such as Agent Orange between 1956 and 1984 at Canadian Forces Base Gagetown."

**An hon. member:** I've got what you were saying now.

**Hon. Judy Sgro:** If I can just speak to it very briefly, I think we heard a variety of different issues mentioned the other day, and I think it might be helpful for all of us. I'm hoping we will move forward on this as an issue of non-partisan nature. I think this is an issue all Canadians should be concerned about, and all of us. That would be the reason it's there.

I believe with the change I have suggested, at the end of the day it might be much more helpful in trying to truly understand what happened in that period of time.

Again, this is not partisan politics. This is all governments and the rest of it. I think it's an issue we all need to understand better as Canadians, and make sure that what went on there never does happen again in this country of ours.

**The Chair:** Does Madam Sgro have unanimous consent to change her motion?

Mr. Kerr had his hand up first, then Mr. Lobb.

**Mr. Ben Lobb:** I just wondered, for the record, if you could read the revised motion again.

**The Clerk of the Committee (Mr. Jacques Lahaie):** Ms. Sgro's amendment would read as follows. The new words are: "the chemical spraying of substances such as Agent Orange between 1956 and 1984 at Canadian Forces Base Gagetown."

**The Chair:** Mr. Kerr, do you have an intervention on this?

**Mr. Greg Kerr:** I'm sorry, Mr. Chair, this would apply whether it's this or back to the motion. I know the minister is quite prepared to come forward, but after the visitors we had, would it be appropriate to have him in here before the actual vote or not? I know he'd like to comment on a number of things that were raised and the parameters of why certain decisions were taken and so on. It seems to me that it would be appropriate to hear from him directly before we actually deal with the motion, because it may have an impact on it.

That's all I wanted to raise, that the minister is quite prepared to come forward and appear as a witness to the committee.

**The Chair:** I would just ask first, does Madam Sgro have unanimous consent on the changes to her motion here?

No, we have no consent. All right.

•(1045)

**Mr. Robert Oliphant:** I would still propose an amendment, which is the original reading to be voted on. It's not a friendly amendment. We could amend the motion.

**The Chair:** Sure.

**An hon. member:** But you need unanimous consent.

**The Chair:** No, we can go to debate over the—

**Mr. Robert Oliphant:** We can just have debate over the amendment to see what the discussion is on, why people would not give unanimous consent. That would be my interest—why they wouldn't want to look at agents other than Agent Orange, and why they wouldn't want to look at the period from 1956 to 1984, because that's all we're adding. I think we need that on the record, why there are people opposed to it, who just indicated they were against it.

**The Chair:** I think, for clarification, it's my understanding that this is a recommendation to the Government of Canada for a public inquiry, not to study it, so why they would be opposed to—

**Mr. Robert Oliphant:** That kind of a public inquiry.

I would then move an amendment to the original motion, which then inserts the words: "the chemical spraying of agents such as Agent Orange, between 1956 and 1984..." and then it reads as it continues. So it's exactly the same as was proposed, but as an amendment.

**The Chair:** Mr. McColeman.

**Mr. Robert Oliphant:** There's a seconder for it.

**An hon. member:** You don't need a seconder.

**Mr. Robert Oliphant:** The word "tragedy" is gone.

**Hon. Judy Sgro:** I thought I was broadening.... It would make it easier.

**The Chair:** Okay.

Mr. McColeman.

**Mr. Phil McColeman:** Two things. First of all, what Mr. Oliphant said did not match my wording. He said chemical spraying of "agents" such as Agent Orange.

**An hon. member:** It's "substances".

**Mr. Phil McColeman:** I just want to be clear that—

**Mr. Robert Oliphant:** So chemical spraying of "substances" such as Agent Orange between 1956 and 84.

**Mr. Phil McColeman:** Okay. The first question I have is why the timeframe? My sense from the witnesses we heard in committee was that these are issues that extend to today.

**An hon. member:** Was that a question?

**Mr. Phil McColeman:** Yes.

**The Chair:** I have a speakers list, though, Mr. McColeman.

**Mr. Phil McColeman:** I'm sorry, I thought I could ask a question.

**The Chair:** We'll go through it and then if Mr. Oliphant wants to respond...

**Mr. Robert Oliphant:** The materials I read focused on 1956 to 1984. We did hear from the Widows on the Warpath that some spraying has happened after that. I haven't heard that anywhere else.

**The Chair:** Committee members, I know there's a desire to respond as there are interjections, but to be faithful to my job I need to follow a speakers list. Please try to restrain yourself. If you'd like, just put up your hand and I'll put you on the list. You'll have the chance to answer at that time.

Mr. Lobb will be next.

Mr. Storseth, on a point of order.

**Mr. Brian Storseth:** To speed things up, if we could get unanimous consent of the committee I wonder if we could give the chair the ability to allow the mover to respond to the question. Is there any possibility of that?

**The Chair:** If there's unanimous consent of the committee, I would certainly allow that there be some dialogue, and the chairman will try to deal with that.

**Mr. Robert Oliphant:** As the mover of the amendment, I would see that "to the present" could be quite a friendly amendment. I would be fine with that. It could be "1956 to the present". That would be fine.

**The Chair:** It looks like there is consent.

**Mr. Robert Oliphant:** So that becomes the new amendment.

**The Chair:** All right.

Mr. Lahaie.

**The Clerk:** The amendment is to insert the words after “into the”, “chemical spraying of substances such as Agent Orange between 1956 and the present at Canadian Forces Base Gagetown.”

**The Chair:** Mr. Mayes.

**Mr. Colin Mayes:** Thank you, Mr. Chair.

First of all, we've limited this motion to Canadian Forces Base Gagetown. Are there other Canadian Forces bases that have had spray applied? Who knows?

So I really think the amendment.... If you're going to look at this with a broad brush, you should eliminate the word “Gagetown”. But you know, it's always disappointing to me when colleagues use issues like this one to bring political conflict into public policy.

The policy with regard to Gagetown resulted from consultation and professional recommendations by ministerial staff. It's public policy. Not only was the process followed, but it ensured that the terms and outcomes are sound. It also has the approval of elected representatives as a component. This issue's not new. We're not looking at something new. This has been looked at before. And the purpose of an inquiry is to find fault in either the principles or the process or the policy, and I do not believe there is any fault in the process or the policy. So I can't support any part of this motion because of that.

One thing that I have found in this job that is really difficult to deal with is that 80% of my work is to explain to people the word “no”. The fact is, eventually there have to be decisions that we stand by, and we have to say no. This is the policy. This is the decision that was made by your government, regardless of which party is dealing with it. We find people who are not necessarily happy with these policy decisions of government. What they do is they wait until there's a new government or a new MP. I found that after I was elected I had all the old files coming back to see if they'd get a different answer, and I'm sure all of you have experienced that in your political careers.

Ultimately, I found out that the word “no” was expressed because this had all been looked into by professional staff. It was a determination by elected people, and we have to stand by that. Really, that's all we're going to do here—rehash all the information, all the material that was dealt with previously by those who have had equal knowledge and common sense to what we have around this table, and by the same competent staff who deal with these issues. They will look at the same issues and listen to the same witnesses, and ultimately we're going to come up with the same conclusions, I believe.

If we go to some of the comments by Mr. Stoffer, when he talked about there being 3,000 children who could be—

• (1050)

**Mr. Peter Stoffer:** That's 300,000.

**Mr. Colin Mayes:** Yes, and you start multiplying that by \$20,000, which was the settlement. We're looking at \$60 billion or more. And let's face it, not everybody was satisfied with the \$20,000. They want more. We eventually have to say no, and we have to leave this alone.

**An hon. member:** [*Inaudible—Editor*]

**Mr. Colin Mayes:** Yes, but it all leads to that, and I think we have to stand by the determination of a previous decision of government and say there are always going to be people who are not satisfied with decisions of their elected representatives, but leadership is about standing by those decisions because they're sound, principled decisions.

If we go to an inquiry we are basically saying that there was fault in those previous decisions, and I totally disagree with that.

**The Chair:** Okay. Let me just address the committee as a whole for a moment.

We have three more speakers on the speakers list. It is 10:52. There is another committee coming in at eleven, and we do have a couple of witnesses, so basically we need to finish this debate. We need to apologize to these witnesses, and you need to give me ten seconds to say Merry Christmas to you.

I guess what I'm asking is whether everybody's okay with the fact that we're going to have to suspend the debate on this after these three more interventions.

**Hon. Judy Sgro:** Call the vote. It seems like we're not getting to the topic.

**The Chair:** I have no authority to call the vote as long as there are people who want to speak to the issue.

Mr. Lobb.

**Mr. Ben Lobb:** I have to tell you again, we're putting the cart before the horse on this. The Widows on a Warpath were here at our last meeting and presented a very heartfelt description of their life and how certain things have impacted their life, and I think we all can appreciate that.

With the motion in front of us, I go back to two documents that I have read and I'm sure members of this committee have read. One is Dr. Furlong's report that he put forward. And I would hope that the members who are going to vote on this motion have read that and have understood what he put into that report. Perhaps before this motion is voted on, we'd like to have him come before the committee and explain his journey in doing his research. It goes back at least 40 years and examines everything from the fish habitat in the surrounding areas, right through to how the chemicals react into the fatty content of one's body. He did a complete study and it took numerous years. Perhaps we'd like him to come before the committee, for us to hear some detailed, scientific facts. We heard testimony in our last meeting that was far from scientific, in my humble opinion.

We may also want to bring forth Inka Milewski, who did a study on behalf of the Conservation Council of New Brunswick. Inka, it is my understanding, did a non-partisan report. She was a former NDP candidate in the province of New Brunswick. I think the committee would find her findings surprising, possibly, and informative. They would want to bring her forward before voting on this motion so they would have all the facts before putting forth a motion that asks for a public judicial inquiry.

Think of the costs involved in a judicial inquiry alone, before the committee has perhaps some relevant facts brought before them. We may have all done our own little studies and our own little research and have come to our conclusions, which may in fact all point to what this motion indicates. But I don't think it is proper and prudent that this committee votes for this motion until we've at least heard some scientific evidence from some experts who have studied the specifics around New Brunswick, the specifics around Gaagetown. The Widows on a Warpath certainly brought heartfelt appreciation of their lives, but did not represent the scientific community or indicate that they've hired any independent scientist to study particular issues.

I think the committee should at least explore this before we go to the costs of a full public judicial inquiry. Their testimony and their information may very well lead us down that path, but I certainly think that I would have a hard time, as someone who represents taxpayers who work hard for their money, who pay taxes and expect their members of Parliament to be fiscally prudent, to go down this path without all the facts in front of us, or at least some facts in front of us on which we can make a good decision. I think that's why we're all here, to represent Canadians. Specifically, this motion recognizes a certain community within Canada. I certainly do not feel that we should vote for this motion until we have some witnesses in front of us who have some scientific facts behind them, who have studied the issue, to give us guidance on why we should or should not go forward with this—possibly, also, as Mr. Kerr said, from the minister himself or someone within the department. On this motion, to me, there's too much without knowing enough at this time.

• (1055)

**The Chair:** Ladies and gentlemen, there are two minutes left. Another committee is waiting outside the door to come in. I have three more people on the speakers list. I think it would be dignified if we at least ask the witnesses to come in and apologize to them because we've been in a business meeting that was extended. I hope that's acceptable to you before we gavel this meeting out so that we can allow the other committee to come in the room.

• (1100)

**Hon. Judy Sgro:** I have a point of order. We have managed to talk out the issue without resolving anything. I would suggest that this motion should be the first order of business at our next meeting.

**The Chair:** Could we have the witnesses come in so that we can make an official apology?

I think you've witnessed what's gone on here, so I don't have to give you a lot of explanation. We've had some passionate debate. I wanted to apologize to you on behalf of the committee. It wasn't our intention not to hear your testimony today, and I hope in spite of that you'll have a merry Christmas.

To all the members, Merry Christmas, Joyeux Noël, Bonne année, Happy New Year. As we leave this place, we might all do well to turn our minds to things of the spirit and to assess once again, during this Christmas interval, our efforts to make Canada a better nation.

The meeting is adjourned.

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