

# **HANSARD**

**NOVA SCOTIA HOUSE OF ASSEMBLY**

**STANDING COMMITTEE**

**ON**

**VETERANS AFFAIRS**

**Thursday, November 19, 1998**

**Committee Room 1**

**Veterans Affairs Canada**

**Printed and Published by Nova Scotia Hansard Reporting Services**

## **VETERANS AFFAIRS COMMITTEE**

Murray Scott (Chair)  
Hon. Wayne Gaudet  
Hon. Russell MacKinnon  
Charles MacDonald  
Frank Corbett  
Peter Delefos  
William Estabrooks  
Gordon Balser  
James DeWolfe

[Hon. Russell MacKinnon was replaced by Lawrence Montgomery.]

In Attendance:

Darlene Henry  
Legislative Committee Clerk

## **WITNESSES**

Veterans Affairs Canada

Walter Bowes  
Chief of Client Services

Barry Gallant  
District Director for Nova Scotia

Julie Babineau  
Director General for Atlantic Canada



**HALIFAX, THURSDAY, NOV. 19, 1998**

**STANDING COMMITTEE ON VETERANS AFFAIRS**

**9:00 A.M.**

CHAIR  
Murray Scott

THE CHAIR: Good morning, ladies and gentlemen. I would like to welcome the representatives from Veterans Affairs Canada to our meeting this morning. My name is Murray Scott and I am the Chairman of the Standing Committee on Veterans Affairs. What we normally do is go around the table and introduce ourselves and then we will be open to your presentation.

[The committee members introduced themselves.]

THE CHAIR: If you would like to introduce yourselves and start with your presentation, that would be fine.

WALTER BOWES: My name is Walter Bowes. I am at Veterans Affairs. My job with the department is called Chief of Client Services and I have been there for 32 years, I guess.

FRANK CORBETT: You must have started when you were 12. (Laughter)

WALTER BOWES: Fourteen.

BARRY GALLANT: I am Barry Gallant, the District Director for Nova Scotia. I am based here in Halifax and I have an office in Sydney as well.

JULIE BABINEAU: I am Julie Babineau. I am the Director General for Veterans Affairs for Atlantic Canada. I will talk to you in a few seconds about our structure so it might indicate to you a little bit more what we do, who we are and that is the reason, I guess, that we are here today.

I thought what I would do first is, now that we have introduced ourselves, I will just tell you a little bit about the presentation. I realize that you wanted to have a short presentation but it is the first opportunity we have to be here. We are a pretty new group so I guess I have a few objectives of being here as well. You have your own, we have our own. One of them is that I hope that you understand a lot better our services, who we are and what we do and I think there are a lot of things that we can do together as well and I think that is certainly an objective.

The way we want to do the presentation, I will talk to you very briefly about our structure, who we are. I will give you a few statistics that are in your books as well and what I will talk about is the stakeholders, the partnerships and I will talk extremely briefly about Veterans Week because we have just been through that and we have done a lot of things together. A lot of us have had a chance to meet quite a few of you around the table. So I thought we would just give you a bit of an overview of what we have done there.

Barry, as District Director of Nova Scotia, is going to talk to you about Nova Scotia specifics, Cape Breton and the whole mainland. He will give you a bit of statistics how we do it and he will also address you on long-term care issues because I know it is something about which there are a few questions around the table.

Walter is going to talk to you about the nuts and bolts of the services, the programs, the benefits that we give to the veterans and to all the people who come through our front door. So that is how we wanted to do our presentation. Whichever way, if you want to ask the questions meanwhile or after, it is up to you. We are okay with that.

What we have done is we have also given you a handout that most of you have received. If there are a few missing, Darlene, let me know. We are not following the order in there. That is something for you to keep. I think it is a lot of background information. The statistics are up to date, a few forecasts are in there but you also have some contacts in there. The presentation today is a little bit more informal to be able to address any specific concerns.

What I wanted to do is, in a nutshell, tell you about the DVA structure, obviously being a federal department, we have - the slide is in one of your appendices. As any federal department, we are divided up into regions. We have five regions and I have the region of the Atlantic Provinces. We have offices in Nova Scotia, as Barry is going to go into in more specific details, in Prince Edward Island, in Newfoundland and also in New Brunswick. We have front-line offices, district offices in all of these offices. We have district directors who lead all of these provinces and also as you all know, our head office is in Charlottetown so a lot of times there can be advantages and a lot of times they are very close to us and we get picked to do a lot of pilot projects as well. So that is the

reality of our structure.

I just wanted to give you a few general statistics. Very general statistics can be overwhelming at times but it is just to tell you, because people often say, veterans, there are not that many anymore and what is happening with the veterans. We have a new client population coming in and we will talk about it a little bit later. Our total clients, when we talk nationally, it is presently about 210,000. What we do is we forecast it and the scientific forecast is that we have looked at the veteran population that we have got and we are forecasting with the death rate that we have right now. So that is the veteran population. We are forecasting in year 2005 to have about 169,000, so that is a decrease of 20 per cent. If we look at the total clients in the Atlantic region, we are looking at a decrease of 19 per cent.

What is really interesting, and people don't realize, I think, is that a lot of our new clients are the Canadian Forces clients, the peacekeepers, any time that there are injuries. Walter will talk to you a bit more about who these clients are but right now we have about 25,000 nationally and we are looking at an increase of 37,000. Again, it is mathematical. What we have done is we have looked at the increase over the last four years or five years and we have used the same scale to see what increase it would be. So obviously if there are new programs, new services, we will see a bigger increase than what we have now. But these are the new clients that we are looking at as well. So we have the older veteran population and we have the younger clients as well, so our programs need to be tailored to both.

To do that, very quickly, the average age we are talking about, and it is very average. It depends, they change, obviously, very regularly, depending on the number of veterans we have left, but right now we are talking about 78 years old, average age for a veteran client and 59 years old for an average age for Canadian Forces. We do recognize that a lot of the Canadian Forces clients that come to our office are a lot younger but here this is the average age across the country. So if we just go seven years down the road, we are looking at 84 and 64 years old.

PETER DELEFES: Can I ask one question?

JULIE BABINEAU: Yes, sure.

PETER DELEFES: The 59, does that represent the age at retirement from the Armed Forces?

JULIE BABINEAU: I don't think that it represents the age of retirement, unless you have a better answer. It depends on the services that they are entitled to. They have to not be in the forces anymore to receive services from us.

PETER DELEFES: I see.

WALTER BOWES: That is the age our clients so it is not still serving. It is a peace-time person who has come to us and is a client.

JULIE BABINEAU: So those are all the stats I wanted to give you. There are a few more in there but it is just to give you an idea of the new clients coming in and the average age of our present clients right now.

Briefly I wanted to tell you about the stakeholders and the partnerships that we do. I believe that you have talked to the Royal Canadian Legion a while ago. Obviously we work hand in hand with them or they work hand in hand with us. We don't know anymore. We work very closely with them. In the four provinces we have a lot of committees. We work in consultation with them. There are service officers in each province and they work very directly with the chiefs and with the counsellors in the district offices.

At the national level, there are also committees of the Royal Canadian Legion, War Amps, and we work with all of the veterans organizations. At our own level here, in each province, we have some committees as well that we try to meet with on a regular basis but when there are major changes, we consult with them whenever there are issues, questions. I mean we are a phone call away. We work with them very closely. So veterans organizations are definitely our closest stakeholders and our closest partner.

We also work with other federal government departments. Obviously, we work with the provincial departments and one of the objectives I have by coming here is I think that we can probably work closer. We have just been through Veterans Week. We saw the success - we were talking a little earlier - of the thank you postcards, I think the success is because it was done together in partnership and I think if we can work closer with the Department of Education next year, we can get it everywhere.

One of the other places I think we can work together is in the Department of Health. I mean we talk about long-term care and Barry will talk about that in a few seconds but we work with the provinces because they are the deliverers of the long-term care in the hospitals and the community nursing homes. So these are places we could and we should work even closely together. We also work at the municipal level. We work very closely in rural areas, in specific areas. Walter will get into the benefits that we give. We do referrals so we have to know what is happening. We have to have a full inventory of the services that are available at all levels of the organization.

That is what I wanted to tell you and I won't go into Veterans Week. I didn't want to cut into the time of my two colleagues here but if we have time at the end, or if you have any questions, I have included - and it is fresh off the press, at the end of your

package - all of the activities that we know of, and we know there are more, of Veterans Week that just happened last week in Nova Scotia. So you have a list of a lot of activities there and, again, the objective of Veterans Week is really to give the communities enhancement and to give them the power and the tools and everything to be able to organize their own Veterans Week activities. This year it was a real success. It is the fourth year it exists and it was a great success.

I will let Barry go on and then Walter and if there are any questions, please don't hesitate.

BARRY GALLANT: What I wanted to talk about just for a couple of minutes is the make-up of our offices in Nova Scotia. As I said earlier, we have one in Sydney and one in Halifax. In Sydney we have 18 employees. Because we are delivering health care and social programs we have a mix of employees. In Sydney, for example, we have a part-time nurse and a full-time nurse. We have a doctor part-time. We have seven counsellors and the rest are clerical support staff, including client service agents who do a lot of work directly with the veterans and the other clients as well.

In Halifax we are a fair bit bigger. We have 43 employees. In Halifax we have two full-time doctors, 2.5 nurses. We have 16 counsellors; that includes Walter and his counterpart. We have two supervisors at counselling services. We also have seven client service agents. Where we differ in Halifax is that we also have the pension officers there. The pension officers are now the people who do the first applications along with the veteran if the veteran decides to come to our department. They can also either have their own legal services or go to the Royal Canadian Legion, for example, but we do have the ability to do first applications out of the Halifax office. For example, right now we're doing about 119 applications for first awards, for pensions a month and 60 per cent of those applications are from regular forces people.

Just to add to what Julie was saying about the number of veterans, we are still averaging, per counsellor, 350 clients. So it is still a pretty heavy workload for that group of people.

In addition, I would like to take a few minutes just to talk about long-term care; Walter, if you can put up that map. We basically utilize two types of long-term care. The first type that I want to talk about is our contract facilities that we have in the master agreement with the Province of Nova Scotia. These contract facilities, there are 11 of them, are listed on your map and the number of beds in each. Obviously, Camp Hill is the biggest with 175 beds serving this area. You will notice that they are fairly well spread out across the province. For example, I had a call from Ontario last week and they're looking at us as a guide to see how they can spread their beds out. They have them mostly in southern Ontario, none in the north at this point in time, and they're starting to

work at that and they're using Nova Scotia as a guide because of the way we spread them out.

GORDON BALSER: Say, for example, in Yarmouth, Veterans Affairs funds that bed, like 15 beds are paid for through Veterans Affairs.

BARRY GALLANT: That's right.

GORDON BALSER: So if the bed is not being used by a veteran, then it is available to . . .

BARRY GALLANT: No. Well, by contract they are but what the situation is now, is we have priority access to them and because we always have a waiting list that has not happened in my 16 years in the department. The beds are always utilized by veterans. I am not sure what would happen if a civilian went in and a veteran came up the next day and wanted to get in.

GORDON BALSER: . . . hospitals are losing beds in terms of downsizing, if there were 15 set aside specifically. Thank you.

THE CHAIR: Excuse me. Mr. Corbett had a question.

FRANK CORBETT: I wouldn't want to steal Mr. MacDonald's thunder. It was going to be about Victoria and Inverness Counties. Have you ever talked about beds there, Charlie?

CHARLES MACDONALD: I just had a question on it I guess. I assumed that your beds flow. I know we had a vet in the Port Hawkesbury area and it was paid for through Veterans Affairs. So I assumed that you contracted with that group for the time that he was there?

BARRY GALLANT: That is the second type of bed which is a community care bed and basically that is if a veteran needs a nursing home in their community and he is eligible under our programs, under the Veterans' Independence Program for example, we will pay for the cost of care in that community nursing home.

CHARLES MACDONALD: Thank you.

FRANK CORBETT: One quick one, I notice the Counties of Victoria and Inverness, which are fairly large counties and have an aging population which I think a fair number of them would be veterans, why none of the hospitals in Neil's Harbour or Inverness have hospital beds allocated to Veterans Affairs?

BARRY GALLANT: Basically when we were doing this spread, I am guessing



here, my memory is not as good as it used to be, but I think it was about five years ago we did the last redistribution. For example, we put beds in Arichat, Truro, Pictou and maybe one other place, Springhill, at that time. Those were negotiations with the province about where they could give us beds, where the client population was, and also some input from veterans' groups about where they wanted beds and where they felt they were needed. Those are the kinds of criteria we used at the time.

If you add all those together, we have 334 of those beds in Nova Scotia and the beds that we were just talking about, the community care beds, we are also funding another 288 veterans and that varies from day to day but 288 veterans today in nursing homes throughout the province. So, in total, we have about 600 veterans in long-term care. I think that's about all I have. Walter?

WALTER BOWES: As Julie said, I will speak now about the nuts and bolts. I said earlier, I have been around for a long time. I have given this presentation many times before. It usually takes 60 to 90 minutes. I was asked if I could give a Reader's Digest version originally and cut it down to 15 minutes. This morning I was asked to give a Coles notes version of the Reader's Digest and they told me I might have three minutes.

I guess I am here for, probably what they call corporate memory, and I should say Barry has only been with us in Nova Scotia for three months. Julie has been with us five months, 1.5 weeks. So if their memory of how these beds came about seemed fuzzy, it is because they really are brand new and that's why I am here, to get them out of trouble I guess.

JULIE BABINEAU: You have got to say that we have been with the department 16 years each, so it is 30 together with his; we haven't been here.

WALTER BOWES: Just one personal thing, I know Mr. Estabrooks personally and he was worried when he came in that I might take a shot at him. I want to assure him that I won't. I lived for 25 years down in Brookside, which is in the riding of Timberlea-Prospect. I left there three months ago and it has nothing to do with his election. (Laughter)

WILLIAM ESTABROOKS: And the roads are just as bad.

WALTER BOWES: I think the first thing I would like to say is that it is important that you remember that not everybody who wears the uniform is a veteran. It is in vogue these days to say, I am a veteran. Our definition of a veteran is somebody who served in World War I, World War II, Korea, or who receives a disability pension for service in a special duty area. That, to us, is a veteran. Julie mentioned we are now expanding our client base to include the peacetime service personnel. So, they are clients but, under our definition, they are still not veterans. Keep that in mind.

Services and benefits. We have a whole host of services and benefits, and I will show an overhead a little bit later listing some of them. The eligibility for services and benefits varies from service to service, benefit to benefit. The person responsible for making decisions varies; it could be the counsellor who sits in the client's kitchen with him or it could be our health care teams. We do use a multi-disciplinary health care team approach on some of our decision-making in the district office in Halifax and in Sydney, consisting of the chief of client services, our doctor, our nurse, the counsellor, and we also bring in health professionals when required.

If we are looking at something like a piece of special equipment, we will want to consult with an occupational therapist or physiotherapist. We do have an occupational therapist on staff now; that is new. We consult with whatever health care professionals required to give us good advice to see that the client gets the proper piece of special equipment that he requires.

So not everybody is a veteran, and not every veteran is entitled to every service and benefit. The services are pretty broad. All of our veterans - World War I, World War II, Korea - are eligible for our services, as are the peacetime personnel. We offer counselling services; we offer referrals; we act as advocates, often daily, on behalf of our clients; we act as advocates, and we act as a liaison avenue for these people. MLAs call us daily, and MPs call us daily. We are always acting on behalf of these clients because we recognize, without a doubt, our staff all genuinely feel that our clients are special and we treat them that way.

These are some of the benefits, just to list them - I don't know how much time I will have to go into each of them - the Veterans Independence Program is the big one, I will save that because I will want to give a little more time to that; War Veterans Allowance, after the war, in the 1950's, 1960's and 1970's, the biggest need of our veterans was the need for financial assistance so the War Veterans Allowance Act was passed and, basically, what that is is an allowance that is income tested.

We have now something that is called the Merchant Navy Veterans and Civilian War Related Benefits. This was passed July 1, 1992, and the forerunner to that was called the Civilian War Pensions and Allowance Act which gave a monthly allowance to Merchant Navy veterans as far back as 1951. In 1951, if the Merchant Navy veteran applied for benefit and he met the same income test as the Army, Navy and Air Force veterans he was given an allowance, and if he was given any allowance at all, even one cent, he was also given full health care and treatment benefits. Interesting. We also have disability benefits; we have long-term care; we have funeral and burial grants; and we have trust funds. Those are some of the benefits. As I said, I am really zipping along so if you have any questions, stop me. I can go forever or I can stop.

The War Veterans Allowance, basically this is the big one. World War I, World War II and Korea, if you had service in those areas, you are eligible, provided your income falls within our ceiling. Right now the ceiling is roughly \$980 for a single man, it is up around \$1,500 for a married couple, and that is tax free. So - down the bottom there - if you qualify in service, income, age and residency, that gets you through the door into the War Veterans Allowance Benefits. It is the monthly allowance depending upon your income, treatment benefits, access to the Veterans Independence Program, which is the biggie, and also things like medical, travel.

[9:30 a.m.]

There is another fund that is available if you qualify here, it is something called the Assistance Fund. Basically what it is, is a grant of up to \$500 a year for emergencies. The thought there is if you are on a limited income and an emergency comes up, it is often difficult to solve that emergency without additional funds and you can go to this Assistance Fund, it is that quick once we have the paperwork. If the fridge breaks down and has to be repaired, you get two estimates, a letter from the repairman saying it can't be repaired, and if you are on the allowance a counsellor can approve it like that. We react as quickly as we can and we pride ourselves on the quick response that we give to our clients.

Disability pensions. Anybody who serves in the Armed Forces and the Militia who has an injury or an illness that was caused by service can apply for a disability pension. Barry gave you some statistics earlier. People say, wow, World War II has been over 50 years and you still get pension applications? The answer is yes, yes, yes, because if you get a disability pension it opens the door to what I keep calling the Veterans Independence Program and that you will see, I am saving the best for the last. Somebody who has served in World War I, World War II, Korea, a special duty area, or somebody drops a crate on his toe down in the dockyard this morning, if there is an injury resulting from that he can apply for a disability pension. The paperwork is done by our pension officers in the district offices and fed through to Charlottetown where the final adjudication is made.

As with all of our decisions, there is an appeal process. Every client has the right to appeal every decision that we make and, usually, what happens is the appeal goes to the next level of adjudication. Ex-RCMP guys too, by the way. If an RCMP guy is hit over the head in a bar-room brawl and suffers some kind of disability, upon discharge from the forces, he can receive a disability pension from us. We also recognize too, War Veterans Allowance and the Merchant Navy one.

Service required, service in a theatre of war. In 1989, it was recognized that there were quite a number of personnel who enlisted to go overseas and, in their basic training,

it was discovered that they were very good at what they did and so they were kept home as instructors. The government's thought at that time is we should recognize the contribution that these people made to the war effort and to their country, so if you served 365 uninterrupted days in Canada during one of the wars and your income was below that magic number, then you could qualify as what we call a Canada Service Veteran. So somebody applies, gets that status and what that does for them is it doesn't give them a monthly pension, but it opens the door to this VIP that I keep talking about. So that was innovative, 40 years after the war somebody said, let's include another group.

PETER DELEFES: What sort of service would there have been on the home front to have qualified for this?

WALTER BOWES: Instructors.

PETER DELEFES: On the military bases, that sort of thing?

WALTER BOWES: Yes, at the training camps they kept drill instructors, rifle instructors, radar instructors, a whole slew of them.

Being a government department, there is always an exception. For our veterans who don't qualify for the Veterans Independence Program because they don't have War Veterans Allowance eligibility or a disability benefit pension, if a veteran requires services that are normally covered under the Veterans Independence Program and he or she is not eligible, if paying for those services reduces his monthly income down below the War Veterans Allowance ceiling that I keep talking about, it would create undue hardship for him. In those cases we can invoke what we call Section 18; it is exceptional-needs legislation.

We can look at helping that person and basically what we do is take the income ceiling, we look at the ceiling of the applicant, the income that they have above the ceiling is what we call excess income. The client must pay the excess income toward the cost of the services and if that falls short of the total, we will make up the difference. If we give even one dollar, then that gives the client the health care benefits and all of the treatment benefits. It says exceptional; here in Nova Scotia I saw a statistic one time that said something like 84 per cent of all those clients in the country are here in Nova Scotia so we really push it.

The Veterans Independence Program, we are finally getting to it. If you qualify for War Veterans Allowance, the Merchant Navy, the Canada Service, the disability pension or you are an exceptional health needs client, it gets you through the door into the Veterans Independence Program. That program is our biggie, it is our home care support program. It was passed in 1981 and started mainly with World War I, World War II veterans who were receiving a large disability. Through the years we have expanded it to

include additional people. Now it is the people that I mentioned.

The interventions are listed there; we can pay a housekeeper to go in, we can pay somebody to go in and mow the lawn or shovel the snow, clean the gutters, chop the firewood, stack the firewood. We can pay people to do personal care of an elderly client who has trouble getting out of bed in the morning, like Mr. Estabrooks after a hockey night. (Laughter) Access to nutrition, if we have an elderly client who can't get out and we are worried about that person not eating properly, we can look at having Meals on Wheels come in and we will pay for that.

Ambulatory health care covers things like when somebody needs dialysis and it can be done at home; rather than travel to a hospital or another community to get it done, we can look at that. Social transportation is for a frail, elderly client who used to love to go to the Legion for a beer on Saturday or would like to go see an old-timer's hockey game, would like to go down to the Wanderers Grounds and watch a ball game, things that people would do normally, socially, we can give them money to pay for taxis to do that.

Intermediate care, there was a question earlier on this. Places like the Veterans Memorial building, the big institutions where we contract and pay for beds, we call them contract beds. Intermediate care refers to the bed in the community. No matter what community you are in, if the client is eligible for the program and not able to remain in his own home, then we can look at funding most of the cost in any licensed facility in the country. In fact, if the facility is not licensed, if they haven't gone to the province to go through that process, then we will send our counsellor out and our nurse out and they will do reports for us, bring them back, we will look at it and we can say okay, even though these people haven't gone through the formal process of being licensed, their facility and services meet our requirements. We like to say we are even more stringent than the province might be. This is our client. We want to satisfy ourselves as to the level of care. If that is done, we will pay the cost.

If you are on the Veterans Independence Program, too, it gives you access to all of our health care and treatment benefits. Our treatment benefits far exceed any other program that I know of, including Pharmacare in the provinces. Prescription medication - paid for. Eyeglasses, dentures, dental work - paid for. Canes, crutches, wheelchairs, hospital beds, electric wheelchairs - paid for. VON services - paid for. Physiotherapy, occupational therapy - paid for.

You name it, as long as the client has the eligibility and if it is a recognized service, we will pay for it. If a new type of service comes into effect that we do not know about, we go out of our way to find out about the service. We make a recommendation. If it is new in the district office, we send it over to Julie and her health care team in the

region and they give it a stamp of approval. We go out of our way. Ensure, diapers, you name it, we pay for it. That is why we are getting some of these guys 50 years after the war.

Why would you apply for a pension that could be as low as \$80 a month? It is not the \$80 a month they are looking for. They are looking for our treatment benefits. The unfortunate thing about it is that it is restricted to the client. Unfortunately, at this point in time we are not able to extend it to the spouses, but we are working on it.

Barry talked about long-term care. I do not want to add to that, except that long-term care is in the institutions. Think of the Veterans Memorial building or the hospital-type settings. That is our long-term care. To get there, the eligibility is pretty simple. You have to have served overseas during World War I, World War II or Korea and have been honourably discharged. Guys that deserted, we don't look too favourably upon. There is always a waiting list, always. We get MLAs, we get MPs, we get the Legion calling us every day, saying, but surely you must be able to find a bed somewhere. No. Our beds are full. There is never an empty bed. Always.

My last overhead, basically is, if you run across a veteran and you are wondering what he is entitled to, ask him if he has the DVA card. It looks like that. It is a little plastic card. It is platinum. It is like an unsigned cheque. You will see 14 blocks on the card and when you flip the card over, each of those 14 represents a service. It could be medication, it could be aids to daily living, it could be ambulance service, VON service. If there are Bs all across, if every one of those 14 blocks has a B, that means that client is entitled to all of those services, because he qualifies under the Veterans Independence Program or he qualified on income grounds. If his status with us is just as a disability pensioner, what we do for them is the condition for which they receive a disability, we give them treatment benefits. So if you are pensioned for this, anything that has to do with this, we will cover. If this happens, this is not covered, but this is.

If your constituents call you, the first thing you should say to them is, do you have the DVA card, and if they say yes, ask if it has the Bs and if they say yes, then the doors are pretty well open. If they do not, get in touch with me soon, because there are still some people out there who have the eligibility and have not come forward. If there is one of them out there that we have not gotten to yet, we are not going to sleep at night. We want them all. The ultimate is to have every one of them. Are there any questions on that?

THE CHAIR: I want to thank you very much for the presentation and now we will open up to the committee for questions and we will do it by indication through the Chair so we can have it on record who asked the question. Mr. Estabrooks.

WILLIAM ESTABROOKS: Thank you for your presentation and Wally in

particular. I have known Wally longer so I can sense your commitment. To all of you, I congratulate you on that.

I had the opportunity to meet a 104 year old lady up at Northwood. How many of your clients are women? How many of the veterans who are accessible to some of these, I mean there were nurses overseas and so on?

WALTER BOWES: I don't know a number except that I would answer this way by saying that during the war, the nurses were given the rank of Lieutenant Nursing Sister. In Nova Scotia, they actually have an association, so I would say there is a fair amount; also the Army, Navy, Air Force a number of females. But to give you an exact number, I can't give it to you.

WILLIAM ESTABROOKS: It is a reduced, I understand, percentage . . .

WALTER BOWES: Yes.

WILLIAM ESTABROOKS: If I may, Mr. Chairman, just going back to the number of beds as they are spread across the province, again, maybe just for my own mind's sake here. This is based upon need and I look at major centres such as Truro and Antigonish; I would understand that that is based upon the number of veterans in those situations that need accessibility to those beds. But the waiting lists for these various needs, are they compartmentalized? We hear this all the time, Halifax gets everything, and I understand this with the major medical facilities here. It does sort of concern me that places such as Antigonish and Truro only have five beds each.

WALTER BOWES: What has happened historically there is years ago the contract beds were in the major centres, you are right about that, but as we evolved and become smarter, I guess, we have started to disperse the beds throughout the province, the thought being that if the beds were only in the major centres then all our clients would have to leave their home communities. So of late you now see that they are being dispersed. We are headed in the right direction. We would like to have beds available in Terence Bay, in Timbuktu and some day we may. What you see on that chart is where we are now. It is like anything else, you have to crawl before you can run. So this is what you see today. It would be interesting to call us back in another few years and see how many red dots are on that.

JULIE BABINEAU: There are two things that are important with long-term care facilities, as well. Please keep in mind that we do match our agreement with the provinces, we negotiate with the provinces. Once we have negotiated with the provinces the number of beds and only in Atlantic Canada, the four provinces including Nova Scotia, do we pay 100 per cent per diem. So when we negotiate we have power, we can go in and say, listen, we don't want you guys to discharge a veteran on a Friday afternoon

at 4:30 p.m., because we want to take care of that veteran, so we have negotiating power.

This being said, it is still, you know, a fight right now with the health care reform. We have to try to get the priorities, we have waiting lists. Also, all the things that Walter and Barry were talking about is we have a lot of services and when they are eligible, it opens the door. But it is need basis. When there is a waiting list it is not first come, first served. There is an evaluation that is done to get them on the waiting list and then there is an evaluation done to get them in when the term comes up. Did you want to talk just a little bit about that, I think it is important.

BARRY GALLANT: Yes. Before I start on that maybe what I can tell you a little bit too, is the beds, even though Truro looks like a fair-sized community and Antigonish, when we put the first five beds in Antigonish - Walter doesn't remember but I was around in the regional office at that time - we had a hard time filling five beds. I was just looking at the waiting list the other day for my own benefit and, for example, in Halifax we have 74 veterans waiting to enter Camp Hill, that was earlier this week. We have one or two in Truro and it is one or two in Antigonish. It seems high in Halifax, but proportionately the need is addressed fairly closely. You will always see that fluctuate, maybe next week there will be five in Antigonish for some reason, but it is pretty evened out. As I say, although Halifax looks big, we do have 74 veterans and of the 74 on the waiting list I think there were 12 of a really high need that could go in tomorrow if we had a bed to put them in. So, it does work out.

There was a fair bit of analysis done before the beds were distributed by the province and by ourselves. Most of you know John Malcolm was quite involved in this at the time. He was from the Department of Health and he did a lot of analysis as well with us to find out where these beds went.

When we are talking about admitting a person, and just to talk about need versus want and the stuff that Walter was talking about, we want to make sure the veterans get what they need. At times the veteran will want to go into a long-term care institution, well, what we have to look at is the need. So we prioritize our people that want to go into an institution by need. So first of all you need a doctor's medical, you need a nursing assessment, you need one of our counsellors to go out and visit and then the health care team decides where that person's need fits in relation to his neighbour's need. As those needs change, the person may change on the list or if a more sick or severely ill person comes on the list, they go automatically to the first, we don't date it. So if you do your application today, it doesn't mean you are going to get in tomorrow if someone comes in behind you with a higher need.

That is hard for people who are not involved in the business to understand sometimes, because one of you may phone and your constituent, we will say, yes, he is on



the list and you will want to know, well, is he getting in next week or next month. Well, first of all, unfortunately, the only way to get in, because they are always full, is a death in the facility. Then although your client may have been near the top last week, this week there might be two or three people who have a more severe need. So, it is based solely on medical grounds, once the guy gets eligibility.

Now, Walter can probably talk a little bit more about pensioner versus, I am not quite clear on that, we supposed to give priority to a pensioner person if that pension person has the same amount of disability as the non-pensioner, for example. So if a guy needs to go in because he is pensioned for emphysema, he needs to go to long-term care and we have another guy who is not pensioned but has emphysema as well, we are supposed to take the pensioner first. That rarely happens that somebody has an equal amount of disability, so we rarely invoke that, but that is still in the regulations. So it is based on health.

WALTER BOWES: One other part of your question, too. No matter where the client is, the client has the right to stipulate one facility or I will go wherever the next bed is available. So if you are in Sydney and you really want a bed and it really doesn't matter where, you can say wherever. So the client in Sydney could end up in Halifax or he could say, no, I want to wait for a bed in Sydney. But also remember this, and it is important to remember this, these are the contract beds and they are limited. But under our Veterans Independence Program, remember, I said any nursing home as long as it is a Level 2 facility. So if all of the beds in Sydney are full, all of the contract beds are full and there is a bed in a private nursing home, we will put the client in with the same funding. In the contract beds there is a portion of the care paid for by the client. It is \$727.20 a month maximum, it could be less if it is a married client and depending upon the income, it could be \$315.53 a month or in some cases if the need to go into a facility is related to a condition that the client is pensioned for, then there is no charge. So you are not restricted. I wouldn't be overly concerned about where the red dots are, just picture some green dots wherever there is a nursing home. So that makes the field bigger.

WILLIAM ESTABROOKS: I thank you for that.

JULIE BABINEAU: If there is a need, remember, there has to be a medical need or a socialization need.

WALTER BOWES: There should be a nursing home somewhere in Terence Bay.

WILLIAM ESTABROOKS: Yes, if you can get over Porcupine Hill.

BARRY GALLANT: The other issue too, when we say we can move people around the province, we also move people around the country, for your information. We have a veteran here and his family are living in Vancouver and he is eligible for a bed,

say, at Camp Hill, we can put him a facility in Vancouver.

THE CHAIR: Mr. Corbett.

FRANK CORBETT: Mr. Chairman, by way of statement, I guess, you probably answered one of the first questions I was going to ask you about. An elderly gentleman I know that lives in the Margarees, his wife is in Sydney Mines and it is quite a trek for him and he tries to do this daily. They are both veterans of World War II so you just know by virtue of age they are in their mid to high 70's so it takes a toll on them. You often wonder and this is what my question was going to be, I guess, could they have gone into a Level 2 nursing home and you seemed to have answered that. I wonder if that is something we could probably pursue with him at some point.

One of the biggest complaints, and I guess we are talking about people who are fairly elderly, is burial and perpetual care. There seems to be a complaint that the level of support for this has fallen. Is that accurate and if it is, why was it taken down?

JULIE BABINEAU: I will start to answer by saying you are accurate because we went through a program review four years ago and that was part of the program review. We do give some services for burial and funeral for eligible veterans but maybe, Walter, if you want to get into the detail of the Last Post Fund because there are different ways to get the help. I will let Walter explain the nuts and bolts of the program that we do have.

WALTER BOWES: There is a non-Veterans Affairs Canada agency that is called the Last Post Fund. In Nova Scotia the head of it is Dr. Harris Miller, some people may know that name. He is a former Nova Scotia Deputy Minister of Health. Their offices are located here in Halifax on Young Street. They have a 24 hour call line. The idea of the Last Post Fund is to guarantee that no veteran receives a burial less than befitting. There are restrictions on who is eligible. The fact that you are a veteran does not automatically qualify you for a grant. Picture somebody dying with millions of dollars looking for somebody to pay \$2,900 for a funeral bill. So there are qualifying factors.

My advice to you on that would be if you have specifics, call them; they deal with them daily. I know that we look at such things as did the veteran leave any dependants or was he or she dependant free. They look at the estate, if a single veteran dies and he has an estate worth \$100,000 or \$200,000, perhaps the family can pay for the funeral. So there are criteria but it is guaranteed that nobody gets a funeral that is less than befitting.

If you qualify for the funeral and burial grant, the family also have the choice of an upright marker, a headstone or a flat marker. In fact, I spent Monday afternoon in Camp Hill Cemetery with a camera inspecting headstones of some veterans there, that is part of our job. Also, the stones are available through what is called the Commonwealth War Graves. The Department of National Defence also have stones available. Anybody

who has military service pretty well, one way or the other, is going to have a befitting funeral. You are right in that there were some cutbacks but still the grants are available with reasonable eligibility criteria.

FRANK CORBETT: It was one that quite a few Legion members, just in the last week, had mentioned to me on my rounds on November 11th and that seemed to be a large concern. Someone who comes from a Legion background, my father used to be a district command president who had to take some funds from the Last Post Fund.

[10:00 a.m.]

What about survivors - and, again, I think it is fair to say that the majority of survivors of veterans are female - are there any benefits continued on for them?

WALTER BOWES: Almost all of our programs allow for a transition period. The War Veterans Allowance, if the veteran dies, the spouse can continue on the allowance provided the income is within the ceiling. The disability pensions that are paid, if the disability is 50 per cent or greater, the spouse is awarded a widow or widower's pension automatically. If the degree of disability is less than 50 per cent, then the surviving spouse receives the full pension for 12 months and then after the 12 months it is cut in half, regardless if that spouse remarries, and anything paid by us is tax-free which helps a bit.

The Veterans Independence Program, the housekeeping, the groundskeeping, upon death can continue for up to 12 months as well for the spouse. So even our clients, if there is some reason why our clients lose their eligibility, suppose their income goes over, our legislation says that we won't cut anybody cold turkey as long as there is still a need for the services. So when somebody is determined not to have the eligibility any longer, we give them a 12 month transition period. One exception would be something like if somebody is in their own home and we're paying for somebody to mow their lawn and they move to an apartment building, then we will cut that service right away. So, yes, almost all of our services and benefits continue on. That's another area where we want to strengthen up.

We are now recognizing the fact that as our veterans, who are mostly male, age, the onus - onus might not be the proper word - but more and more of the spouses are the principal caregivers and if the spouse is providing a lot of care, the more care that the spouse provides, the less government dollars that are required go into that household. There is now a need and a recognition that these people are very important to us, so there is a committee that is reviewing all of our programs and that is one of the areas that they are looking at.

I think probably that is something we should touch on for you. At any time

Veterans Affairs has something like 37 initiatives going on. We are always looking at everything we're doing. We're always looking at our services and our benefits. Even if something is working well, we want to look at it to see if it can work better. There is a review going on now. We do things, like we go into the communities and bring in focus groups of veterans. We have focus groups with Veterans Affairs' members, Home Care Nova Scotia members. We have all of these initiatives. We are always looking at what we do. We are always looking for a better way to do it.

One of the things we're recognizing now is we have to watch our caregivers and we do. The caregivers, we are very careful. We don't want them to burn out. So that is where the councillor plays an important role. If we see a client that we feel is at risk for any reason, then we have frequent follow-up and we do watch the caregiver. We don't want them to burn out. Often, we will twist arms. The spouses will say, well, I married in sickness and in health, for better or worse, and it is my duty to look after my spouse. What we do is we gently nudge them and remind them, hey, if you do it all by yourself and you get sick and you go to a nursing home, where is your hubby then? So we are often able to persuade them to take some help to ease the situation. We don't want them to burn out. So that's another area that we are very proud of in our department. There is the saying, if it ain't broke, don't fix it. Well, we're looking anyway, we don't want it to break.

FRANK CORBETT: In the interest of time, I am going to try to combine these two. It is just basically, I don't mean to put anybody on the spot but in the sense of merchant seamen it is a fairly topical question, and peacekeepers, is there anything concrete coming in the future for either one of these groups that would see changes in Veterans Affairs vis-a-vis benefits for either one of these groups? I appreciate that if there are discussions going on behind closed doors, I don't expect any tales out of school, but is there anything that we could relay to these people?

JULIE BABINEAU: I will just divide the two groups because they are very different.

FRANK CORBETT: Yes.

JULIE BABINEAU: The merchant mariners are the ones that you said. I think we all know that there is an omnibus bill coming and one of their main concerns is to be recognized the same as a veteran. I can tell you that the bill will be tabled probably the first week of December and, as of yesterday, this is the news that we were receiving for our minister's office which will make them part of the same Act - what is it? - the War Veterans and Civilian Act. So they will be part of the same Act. That is one issue.

I will address the other issue before you ask for it, but the other issue that we've been hearing is about the compensation. That right now is being discussed. When the bill

is tabled, the committee will take the issues at hand, and that's where it is going to come up again. I mean it is not for us here to be able to answer on that, unfortunately. So, presently, the answer from the department has been compensation is not part of the Act of the legislation. This being said, there is still discussion on it right now.

The second part, when you were talking about the peacekeepers, or Canadian Forces clients, is we work very closely with DND right now and when I did talk about the stakeholders, I did not mention it as much, but now that the question is there, is we have committees of DND and VAC. We have committees of Department of National Defence and Veterans Affairs Canada. At the higher level we have a brigadier general and we have an assistant deputy minister who are meeting and we have committees that are looking to address all of the issues that have been coming out from DND that touch the Veterans Affairs, as well and how we can help each other.

We are working, I mean we are right in the process of looking at all of the entitlement. We are definitely not in a process to say can we give them more benefits. Right now we do give them benefits for pension; we give them counselling benefits; we give them the benefits or the services, if we need to refer them somewhere. Any Canadian Force peacekeeper who feels that they can get help from us, will come to us, but the only program that we give them, the money program, is really the pension program.

We are very much looking at it right now with the joint committees that we have. I am on the national committee as well that's looking at jointly what we can see, what we can do. We are looking at eligibility but, mind you, we have to do this with the Department of National Defence. The whole idea is we don't want to have duplication of service, but we want to make sure that we have a joint venture of services. So, Merchant Navy, the bill is going to be tabled and our new client, the peacekeepers, it is a big top issue for a department and we are certainly looking at it.

Also in the region here we are working very closely with the base in New Brunswick. We have Gagetown here, we have the base. We have probably the biggest number of Canadian Forces clients but, remember, right now they are entitled to our benefits. They can apply at any time but they're entitled to it when they leave the forces because the forces give them the services right now. I work very closely with Dusty Miller and his team. We work with them. Whenever they go overseas for missions, we go ahead of time to tell them if something happens, this is what you need. We are not hiding things; we are really trying to give them anything that we need, anything that will be needed.

Often it is paperwork that is needed. So we need to also talk to the doctors and to them, make sure you keep your paper because that's what we need. So we are really much more present on the bases and what we want to do is to get much more present as well.

We are working very closely with Miller, with Foster, with the two base commanders, and with all of the areas. That, by the way, is a national initiative. It is on everybody's mind. Does that answer you?

FRANK CORBETT: Thank you.

CHARLES MACDONALD: Just a follow-up on counsellor services. Where would I go to get, or direct somebody to get, the counsellor services?

WALTER BOWES: It is in the book.

CHARLES MACDONALD: It is in the book there. All that is in there, okay.

WALTER BOWES: We have local numbers and we have toll-free numbers.

CHARLES MACDONALD: And that also would have any updates on programs that are new on the block and that sort of thing?

WALTER BOWES: Sure.

CHARLES MACDONALD: That would all be contained in there?

WALTER BOWES: Yes.

CHARLES MACDONALD: There was one area - and Frank touched on it before - on the funeral services and I guess the Last Post services, there was some concern I guess addressed and I assume there's only a limited amount of funding that's available for the service, is that right?

WALTER BOWES: If you are asking will it dry up, . . .

CHARLES MACDONALD: No, no, if you have a debt . . .

WALTER BOWES: The amount of the grant you mean?

CHARLES MACDONALD: Yes.

WALTER BOWES: Yes.

CHARLES MACDONALD: And that decides the quality of the funeral or whatever?

WALTER BOWES: Yes.

CHARLES MACDONALD: In fact, what they should have done was do the

funeral themselves, or whatever. I think they had that ability, but they went to the Last Post services and then they were not satisfied with the quality of the service afterwards. I guess it was the stone; I may talk to you about that at some point.

WALTER BOWES: The Last Post Fund will cover things like the cost of the funeral, the cost of the casket, opening and closing the grave, and the grave itself. What we ask people, always, is to, if possible, call the Last Post Fund before you call the funeral director, because what you pay \$6,000 for may only cost the Last Post Fund \$3,000. I have seen the caskets, I have seen the headstones; I would take a headstone if I could get it. I cannot. I mentioned that we spent Monday afternoon in the graveyard, in the cemetery. You can stand in a row in the cemetery and you can look down and you can pick out the stones that are issued by the Last Post Fund, Veterans Affairs. They are unique. They are all the same. They are all the same colour. The inscriptions on them, I think, are very appropriate. They say things like the name of the person, the rank, the unit they served in, date of death, date of birth. The Last Post Fund ones all say "Lest We Forget".

In my opinion the stones are excellent and I really cannot understand if anybody had a complaint against them. I think they are excellent and I would have one if I could. The only knock against them is the headstone is for the veteran and the knock we hear is that when the spouse dies and is buried in the same grave, the spouse's name cannot be included on the upright. So what is often recommended to our clients is when the veteran dies, if he is first, take the flat marker. The flat marker goes at the head of the grave and then when the spouse dies, that marker is moved to the foot and then the family can put the double stone with both mum's and dad's names on it. Complaints about them, I have a hard time understanding where the complaint would come from.

THE CHAIR: Mr. DeWolfe.

JAMES DEWOLFE: First of all, I would like to say my father passed away in one of the 20 beds that are in Pictou County. It is an A-one facility. It is just a wonderful, beautiful facility, with exceptional care and service.

I was not going to get into this, but you have painted such a positive picture on it and it has been a bee in my bonnet that it is not quite as positive and as rosy as you think. I guess rosy is not the word to use when we are talking about funeral expenses and so on. We were under the impression that Veterans Affairs did pay for help line and VON services, as we attempted to keep my father in his home for the years leading up to going in. The problem I have is that the Last Post did not pay for the funeral and we were of the understanding, and so was the funeral director, that that would happen. All of his disposable income was chewed up for home care, and so on, in the years leading up to his passing or going into the home.

It came as a big surprise when the woman from the Last Post called me at the funeral home during the wake to say that it wouldn't be covered. Of course, during a time like that I was pleased to be able to help him out at that time and pay the expenses but it was a burden, certainly, on myself and my family. He was always of the understanding that it would be looked after too because he told me that and so did the caseworkers that came to our home. I just want to make it clear that that is not always the case. There was no money, a very modest home was left, that is all.

BARRY GALLANT: Was your mom deceased at the time?

JAMES DEWOLFE: She had passed away prior to that.

BARRY GALLANT: So you see it would be the home . . .

JAMES DEWOLFE: Hers was covered.

WALTER BOWES: The rationale there would be that the home is considered as an asset or part of the estate and right or wrong, the rationale of it is if he passes away without a spouse and there is a house, then the house could be sold and the proceeds from the sale could be used toward the cost of the funeral.

JAMES DEWOLFE: But what I am saying is that wasn't portrayed by the gentleman who used to come see him occasionally from Veterans' Affairs. It was not the understanding that we had in the months leading up to the passing as well.

WALTER BOWES: I guess to speak on that, one of the things that we do find, given the age of our clients, they are elderly and I don't want to generalize but sometimes their memory is not what it used to be. We will often hear families say, dad always told us this and dad always told us that. We don't know where dad always got his information. Sometimes the information that dad hears in the Legion is not correct or it is not . . .

JAMES DEWOLFE: I guarantee, sir, this was not heard in the Legion, it was heard right in his living room by one of your caseworkers and I was there. They said that it would be looked after because the question was posed by my father. Putting that aside, that is water under the bridge. I have one more thing.

I introduced a resolution at this committee level and it was adopted by this committee that your programs be expanded to include, for some services, anyone who served in the Allied Forces. I was citing a case in my area as an example where a gentleman who lives in Pictou County is in need of going, for instance, to one of those 20 beds in Pictou right now. He served during the war in the Allied Forces in the British Air Force; he is a Canadian citizen. He resides in Pictou County and he is, of course, not able to take advantage of the program. But if a Canadian was living in Britain, they would be



looked after. Hopefully, with that resolution something will come of it down the road and I am just bringing it to your attention. You may be aware of it; you may have had this sort of thing put to you before.

JULIE BABINEAU: May I just turn the table around for one second because I said I had a few objectives and one of them was to hopefully give you a better understanding of what we do and who we are, which I am glad and I hope that this will be achieved by the end. Also, I wanted to talk about the partnerships we can do with the province. I was also very curious as to exactly your role as a provincial legislative committee with the federal government department. I think that you have just opened the door for my question by putting a proposal forward. What would be the role that you would take or how would you do that, Mr. Chairman?

THE CHAIR: If I may, Julie, when the members are finished I have a few questions for you but what our role would be is we have met with several groups, Legions, veterans and yourselves and we are compiling a report which we will present to the House of Assembly with recommendations.

One of the questions I was going to ask - and I am not asking this to kind of help you short circuit something you are trying - could this committee make recommendations, for example, for more beds in a certain area or something to do with benefits or is there something that this committee can make a recommendation on through our report, because our report will be to the House and through to the Premier and, hopefully, on to the federal government. I am only speaking personally, the committee has not discussed this, but where I can see our role is addressing some of the concerns I am sure Veterans Affairs Canada has as well, that we can work together and maybe make some suggestions in our report or recommendations that, hopefully, will be followed through on.

JULIE BABINEAU: I think it is great. Like anything else, there are things we can do and things we cannot do. I think that if we are honest with each other, and I tell you that this is something we cannot do, but there is a role that has always been underestimated by client services or the district offices or the regional offices, that we have a direct impact to influence the policy makers. That is our role to do that. We know where the needs are, so we do that constantly. We do it through focus groups, as Walter was saying; we do it through Veterans Affairs groups; through our stakeholders groups. As far as I am concerned, I think there are things that we can do together to address the needs, where we are going to come in and step in.

I have always said, I guess, there is a difference between needs and wants. If a veteran wants an electric wheelchair, unfortunately, he might not need it. If he needs it, trust me, we are right there behind him. I will always be the one coming back and saying,

well, is there a need for this. But if there is a need, I think this is where we should start, by working together.

The long-term care is certainly a good issue for that. This is something that we can do together and we do with the province, so I think that things can be discussed here. It doesn't even have to go to the Premier before we can make changes or see where we want to distribute our beds. We have committees looking at that, but we should do it together. Merchant Navy is something that has to go to a different level when you are talking about back-pay compensation. There are things we can do here, so I think it is great that we opened these doors.

THE CHAIR: So if I understand you right, you are saying that with provincial issues, maybe we could work together and come up with some solutions, particularly if the members have areas of concern from their own constituencies. On the federal side of it, obviously it is going to have to be in our report and recommendations made.

JULIE BABINEAU: Even with the provincial ones we might need a change in policy and it is our role to say that there are changes. That is how the policy changes. It is when the users say we need something else and we are speaking on behalf of and with the users. I think these are things we can do together. Even on the provincial side, we want changes happening. We might need a change of policy. Then we have to take it up higher. There is nothing wrong with us doing it together.

PETER DELEFES: I was a school teacher for 30 years so I have been in the trenches. Do I qualify for any of these benefits? (Laughter) You don't see the scars.

Anyhow, I do want to commend you for your commitment to these veterans and for the very proactive stance you appear to be taking. I just want to ask a couple of questions. First of all, about the home care, the Veterans Independence Program, for a veteran to qualify for that program, is there an income threshold below which they are rated?

WALTER BOWES: There are three ways to get in that door. There is the War Veterans Allowance, which is income tested, or in receipt of a disability pension and if the needs are related to the pension condition. The other way is exceptional hardship, that I mentioned, and also the Canada Service veteran.

PETER DELEFES: The maximum benefits one would receive, say to have a personal care worker in the home, how many hours a day would a personal care worker be available over a week-long period?

WALTER BOWES: That is a good question. We are embroiled in one of those right now. There is no legislation which says thou shalt receive four hours, six hours,

eight hours. In each of these clients, in the case of personal care particularly, we look at the client, we look at his situation, we look at his needs, we look at the resources that are available and then with the clients we sit down and we tailor-make what we call a care plan, based on his needs.

How many hours? It depends. If a doctor has said to us, we have a client who is palliative by our definition - our definition is that if death is likely within three months - we will put in 24 hour care because we want the last stages of life to be as dignified as possible and make that client as comfortable as possible. In that case, 24 hours. If a client calls us and says, I am bedridden, my spouse is my primary caregiver, the spouse has to go to the hospital for the weekend to have a cataract removed or something and I am going to need somebody 24 hours for three days, we can look at that.

If the non-dying client says, I would like somebody 24 hours a day because I would feel safer then that is not quite as easy. If it is a finite period of time, we will look at the 24 hours. Apart from that, with the ongoing one we have to look at the total picture, we have to look at the needs and be mindful of fiscal prudence as well, although at the district level we will bend a rule as far as we can without breaking it. Sometimes the dollar limits restrict what we can do in the district.

The counsellor in the client's house can approve up to \$6,780 and some cents on the spot. The next \$10,000 has to come into the district office to our health care team. The next \$10,000 has to be approved by the district director and anything above that has to go to Julie and her team in the region. If it becomes big bucks, we are looking at one now where we are being asked for \$140,000 a year. Something like that will go to the policy makers, the policy makers will likely say, what are your recommendations and give us some guidance and then they will formulate the policy. To give you an exact number of hours, there is not an exact amount.

PETER DELEFES: That can add up to big, big bucks if you have a personal care worker in the home for five or six hours a day, seven days a week, plus perhaps a licenced practical nurse for eight hours a night.

WALTER BOWES: The case we discussed yesterday had a daily cost of \$389.

PETER DELEFES: Thank you. If I can just ask one other question. What request for services do you get that you cannot provide from veterans? What areas are sort of outside your purview that you get requests for from veterans?

WALTER BOWES: The one that immediately comes to mind is, I need some help for my spouse, the non-veteran. What we do in that case is refer him to an area where you guys come in, Home Care Nova Scotia. There is some discussion there too, should a veteran be coming to Veterans Affairs or should he be coming to Home Care Nova

Scotia. What we often do is say if the need is for your spouse, the spouse is not covered directly by Veterans Affairs so you will have to contact Home Care Nova Scotia.

JULIE BABINEAU: The biggest complaint that we do have because we have appeal levels and there is the district regional office and head office and most of the time it is people who want something that we give services for but they are not entitled to it. If the need is not there - for example, they want a new pair of glasses but it is their fourth pair they want in one year - we have limits and that is normal so often it is things like that, unfortunately, that we get as appeals. Perhaps they didn't serve their 365 days, they only served for two months but they still want to have the benefit. So often it is regulated, it is eligibility criteria.

[10:30 a.m.]

PETER DELEFES: We have had people come and ask for different things or assistance in different areas like from groups representing Legions asking for some monies for improvements to a furnace or something of that sort, or they want their driveway paved or things of that sort. Do you get requests of that kind?

JULIE BABINEAU: I personally have not. If we would, the President of the Legion, like John Landsburg who you had here, would come and talk to me and I would say come on, that is not the mission of the department. That is what it is, we go back to the mission of the department and obviously we are not there.

I would like to hear Walter say that we do everything that we can. Trust me, most of them are social workers and they do do everything they can and I know that they are very creative in what they do. I have been a counsellor for eight years, so I know how creative I was, but we still have legislation, we still have regulations and if we start paying for things that we're not entitled to, then obviously we have less for the health care or the treatment, and that is really what we want to do with the veterans.

PETER DELEFES: So you have no discretionary funds that allow you to engage . . .

JULIE BABINEAU: No. The only thing is a lot of people will come with the assistance fund - Walter was talking about earlier - that's for emergencies. Someone will come at the beginning and they say I want my \$500. We say, no, no, it is not a grant, it is for an emergency if you need it. It is a one-time thing, and it has got to be a solution to a problem. They are entitled to an assistance fund, some veterans are entitled to it, but it has got to be an emergency but, no, there are no discretionary funds for that.

WALTER BOWES: I mentioned too, we make referrals. If somebody came to me asking to pave the parking lot in the Legion, I would probably refer them to their MLA.

(Laughter)

JULIE BABINEAU: Each service and each program, and more and more, we used to be a lot more oriented toward the programs, we were trying to get oriented towards the client and the client is at the centre of what we do, so if we can't give the service, we want to be able to refer them to where they can get the service. That's what really our business is more and more, and if there is a health need there, even the VIP, I mean some people say, how come you pay for snow-shovelling, some of them can walk to the corner store every day. Well, to us, if there is any emergency, there has got to be a secure access for the ambulance to come. So that is why we pay for the snow-shovelling. We have limits for snow-shovelling, we won't pay for someone who lives in a mansion. There are limits that we pay. We will pay for part of it, but it is really always for health, isolation, social, economic.

GORDON BALSER: Mr. Chairman, I am just curious, I get the feeling that there is an increasing demand for services that you provide and with an aging veteran population that stands to reason. What has happened to the budget in terms of the Atlantic Region over the past little while? If you have increasing demands, the expectation would be that you're going to need the same funding or increased funding, so what's happening there?

JULIE BABINEAU: Our budget has increased. What we have, like everywhere else I guess, we have two parts of the budget. We have the operation management and salary budget. That has decreased over the years. What we are doing is we have a health and professional services budget, which is a legislated budget. If a veteran is entitled to something, he will come to us and, if he is entitled, he will have it. So we have that budget. We go back to Treasury Board and, if it is legislated, you will have it. We have some caps on a lot of the activities that they're entitled to, but if they're entitled to long-term care, that's why right now we have - 334 beds, you said we had? - we have 334 beds, contract, priority access, because that's what we've got the money to negotiate, but we've got another door with the VIP with the nursing home beds that we can have.

When it is legislated, they're entitled to it. So I would say, without having the numbers in front of me, that the program budget has increased, but the O & H budget would have decreased or been very stable. I don't know. Barry, you have been in the region longer.

BARRY GALLANT: Like the War Veterans Allowance that Walter talked about, we were spending big bucks on that 10 to 15 years ago. That has decreased dramatically because people have turned 65 and, once they turn 65, if they have no other income, we give them minimum, I think it is \$50 or \$60 a month. On the other hand, our nursing home care budget has skyrocketed; we are spending millions and millions every year in

Nova Scotia on nursing home care. We have 288, as I said, in nursing homes today. If that number goes to 400 tomorrow and they're all qualified, we will pay.

The beds that we can't increase are those Camp Hill beds - 334 in the province - without going to Treasury Board and the minister, and getting approval to put more beds in across the country, but it is a benefit that the veteran is entitled to. Like Julie said earlier, he can't have five pairs of glasses a year, if he is allowed two, then that's it, but if we get 100 more veterans that need two pairs of glasses, they will get them.

JULIE BABINEAU: We don't cap the veterans, the services.

WALTER BOWES: We cap our own salaries.

GORDON BALSER: Another question, if I may. You comment on the fact that there are some veterans, or some who are eligible for various services who have not entered the system. Do you have any idea how many people are missing out on the services that you provide?

JULIE BABINEAU: I have numbers of the Atlantic, I don't know if I have the Nova Scotia numbers. The way we have our numbers, one of the charts that I showed you at the beginning, it told you how many total clients we had in the Atlantic Region; we have 37,992 and I think we have about 20,000 of those that have services. Some of them, it is because they are not eligible and some of them, it is because they don't want to use our services. They want to stay by themselves, for whatever reason; they're healthy and they don't really have any disabilities they got today due to the war. So they are not our clients and we know they are out there but they know of our services.

We have done, in the past, we used to call them service centre officers, and we used to go into the communities and we used to advertise in the papers and we used to say if there is any veteran out there, please come and talk to us, we will tell you what the services that you are entitled to are. So if I look at 37,000, let's say 38,000, and we have about 20,000 that have the services, this is really a ballpark figure, with the numbers that we have. So obviously if they are not using any of our services, we don't know when they are passing away or if they are still there but that is a figure we have from all the records we have.

WALTER BOWES: We give these seminars wherever and whenever possible. I really like to do these because it is spreading the gospel. Next Monday, I do the Legions and the service organizations in mainland Nova Scotia. Last week I did the social workers down at the VG. I have done Home Care Nova Scotia. These are all people who are out in the community; the Legion knows of our services and benefits. So it is like that commercial, if you tell one person and they tell somebody and so on and so on, the more we spread this, the more people that are involved in the communities as service providers,

they act as our eyes and ears.

Veterans can stand out simply because of their age. So often a social worker will go into somebody's home and just by looking at the age, they are now saying, are you a veteran? There is Veterans Affairs and perhaps you should contact Veterans Affairs. That's working for us. But as Julie said, there are some people that for whatever reasons don't want to access our programs. We would like to, we would like to twist their arms, but I don't think there are very many out there who are eligible and not accessing our services and benefits.

GORDON BALSER: One last question, Mr. Chairman. How many clients, and I will use my area for example, it is my understanding that there is one sort of regional worker for, let's say, Digby-Annapolis around to Yarmouth and so on. One of the problems that veterans have talked about is that they find it difficult to get that direct face-to-face service. They can call somebody but they are concerned that there are not enough fieldworkers, I guess, out in the hinterlands to really provide services. Is that a problem you are aware of and if so, what can we do to fix it?

BARRY GALLANT: As I said, when we started we have for a counsellor - what we call the person that you are talking about, we call them counsellors - about 350 people on this Veterans Independence Program per person in the office. So they have 350 veterans they are responsible for. Last year or about two years ago, we did some changes internally in the department in that the counsellor used to be solely responsible for those 350 people.

If the person is what we consider at low risk for major health changes or needs - and that is getting harder to define because when your average age is 78, you might always be a risk but there are some people that we know need our services, our counselling, our visits more than some others do - so what we have done is - and this is probably what you are hearing - we have asked the counsellor to work more closely with the people that are at greatest risk of need. We have promoted within the department a number of clerical people to what we call a Clerical Level 5, which is a fairly substantial level, and they work hand-in-hand with the counsellors.

What we have in your geographic area, we would have a counsellor, plus one of these clerical people working with him or her. People who are at low risk have a 1-800 number and if they have something that they need, we ask them to call into the office and talk to this clerical person or if they want to, the counsellor; I mean the counsellor won't refuse to talk to anybody. If they want a faster service because the counsellor is out on the road and those kinds of things, they can talk to this clerical person. If that person determines that there is any reason why a counsellor should visit this person, then they will recommend that to the counsellor or to Walter and say, listen, Mr. so-and-so needs to

see somebody.

I don't want to make little of your concern because I think due to the high demands and increasing needs, we probably are not seeing some people as often as we should. So I would not say that is not happening, but that is kind of the rationale behind it.

GORDON BALSER: It wasn't necessarily meant to be a criticism, it was an observation. The gentleman who is servicing our area works diligently and tries to do the very best. It is just that I think it is a question of being understaffed.

BARRY GALLANT: Plus it is the distance too.

GORDON BALSER: Thank you.

THE CHAIR: Mr. Montgomery.

LAWRENCE MONTGOMERY: Mr. Chairman, I have a couple of questions related to my particular area which is in Annapolis. One of the things that I have had difficulty with in the past - mind you, I am only new at this - is I did have a couple of veterans write me a letter of concern based on their particular individual circumstances. Now with that kind of a situation, would I go directly to the counsellor or should I refer that to yourself? It is Barry Gallant, is it?

BARRY GALLANT: Yes. You are always free to contact me and if you want somebody who knows a little bit more than I do and who might be more accessible, we have this chief level which is Mr. Bowes and Mr. Thomas now. Their phone numbers are in your book. If you feel it warrants phoning me about something, feel free. For a service issue with one particular veteran you are probably better to go to the chief.

LAWRENCE MONTGOMERY: That leads me to another point related to that in the sense that since I am pinch-hitting, these will go to someone else. Would there be an opportunity for me to get a packet so that I may use it? My other question is one in terms of direction as well. I will mention the situation briefly to you but I would like perhaps maybe to follow-up with yourself, Mr. Gallant.

In the Middleton area it is dead-centre of the population of that particular area where the beds are presently. I would like to have some information pertaining to the usage of the beds presently there as well as opportunities for people to use those beds. What is the demand there?

Also, I had some people approach me with regard to the empty space that is above the unit which is attached to the Soldiers Memorial Hospital. Up overhead there are



vacant facilities and most of the people, in terms of long care, we have all kinds of beds west of that particular region but none near that particular region for regular citizens. The thought was why not use the empty space above the veteran wing in combination with federal authorities for long-term beds in that area? That would be the question that I would want to pose but I don't think it is appropriate for us to discuss this here in this setting. I would like to perhaps on the side get in touch with you on that matter to inform me.

BARRY GALLANT: I would be more than happy to do that. I am going to try to visit all of the facilities. As Walter says, I am fairly new and some of them I have been in already and some I haven't. I haven't been down to your area so I would be willing to go down some day and either meet with you or do it over the phone.

LAWRENCE MONTGOMERY: I would appreciate the opportunity to ask those questions. Thank you.

THE CHAIR: Mr. Balser.

GORDON BALSER: I would just like to follow up on Mr. Montgomery's comment about the availability of this information. The people who are here have the opportunity to hear first-hand and take this document away. I don't wish to speak for everyone in the House of Assembly but it seems to me that the new people would benefit from having that information made available in their constituency offices so they could use it. Is it possible for that to be done?

JULIE BABINEAU: That certainly is not a problem. Everything that is here is in documents at the office and you can make copies as you wish. There is nothing that we are afraid of in there, obviously. We do regular presentations to our federal MPs and their staff because they are the ones that often get the first phone call; they go to them and they come to us. We try to keep that communication open and anything we can deal with by picking up the phone and talking to each other, let's do it. It is to the best advantage of the people out there so please feel free to make copies. I will leave a few more copies with Darlene but please feel free, it is not a problem at all.

THE CHAIR: I just had a couple of questions of my own. If a veteran comes to one of us and they are either not satisfied with the level of disability that they are receiving benefits for or not satisfied whether they are A or B, can they appeal either one of those at any time? Maybe that is in your booklet, but can they appeal either one of those at any time, regardless of how many years they have been receiving the disability or the benefits? Can they launch an appeal?

WALTER BOWES: Sure, they can launch an appeal. They may not get anywhere with it.

THE CHAIR: That is okay, but can they launch the appeal?

WALTER BOWES: With the pension appeals, when a decision is made, by law there is a paragraph in the decision letter telling them their appeal rights. I believe it says something like six months. You have six months.

BARRY GALLANT: What they could ask for is a review of their pension. One group we did not talk about this morning, which we kind of omitted, is the Bureau of Pensions Advocates in our office. They are not related, they are not in our section at the department, but they are part of Veterans Affairs. They are on Young Street as well. Any time that a veteran is unhappy with his pension assessment, he can go and see Tony Sweet as the pensions advocate here, the regional pensions' advocate for Nova Scotia. He is in our book. They can talk to Tony, so it may not be an appeal, but it may be a review of his assessment.

JULIE BABINEAU: With any of the services that we have, I will tell you, we are the most generous people to listen to appeals. I have been in other departments, and I mean appeals at every level. Even if they do not appeal, as Barry said, whether it is for pensions or not, it is very regular that we get letters or we get phone calls or we get people to come in, and they will ask us to review a decision. We will always review a decision. When it is an appeal, again because it is legislated, there are certain periods. There is 60 days, 90 days, six months, it depends. We often go over the period. I am not saying that if it is 60 days we will go to three years. At three years we might call it a review instead of calling it an appeal, but certainly.

When you started the question, you said they often go to you because they are not satisfied. Please feel free to direct them to our office. As Barry said, the counsellor, the chiefs are the best people to answer the specifics. Barry and myself are available to talk as well. If it is services, I will not get in the way of the service providers. All of the numbers, the key contacts in Nova Scotia, are in your book as well. They are in one of the appendices, so you have all the numbers there and the toll-free numbers as well for the ones which are not in greater metropolitan Halifax.

THE CHAIR: Just one last question, there was an individual case that I ran into. The gentleman told me he had been hurt during service. He was a young man at the time and he remembers specifically the incident. He said it was never reported, but over the years he has gotten worse. I am sure it is something you hear a lot. How do you assess someone like that? If there is no medical record, is it black and white, that is it? Is it that clear?

BARRY GALLANT: It certainly makes it very difficult to go somewhere. Julie had mentioned earlier that we tell the peacetime guys now, be sure you keep the piece of

paper. Do not lose it. We will take or the pension officers will take statements of cases from people who were there with the person. If his buddy is still living next door and he says he remembers it, if there is some collaborating evidence like that, we can do it. Obviously, if there is a disability that still exists, if he hurt his hand and his hand is still bad, then that started somewhere.

If you get two people saying, yes, it happened on such and such a day, it makes the case much more difficult for the adjudicators to judge on, but I wouldn't not apply if I was that person. I would apply. I would try and get some evidence from friends, from maybe a commanding officer who still lives in the neighbourhood, or something like that. I would advise them to get in touch with us and talk to the pension officers about it if it is a first award.

JULIE BABINEAU: The last level of appeal is also the Veterans Review and Appeal Board which is a board that is not with the department and they are people who are appointed by their GICs and people appointed by the Prime Minister who are the decision makers, the members of the board, and there is a part in the law that says the benefit of the doubt – and you might hear about that - whenever there is a situation like that, like Barry says, the more information they can get from people around them, the better it will help. I have seen some cases go through and I have seen some cases being refused as well. It just depends on the documentation and the presentation.

BARRY GALLANT: I have an 84 year old veteran I am working with right now and this is the first time he has ever applied. He is in a nursing home and I think there's probably a good connection between his reason for being in a nursing home and his disability. His is on file, however. So it is going to make it a lot easier. So it is never too late.

THE CHAIR: Thank you. Any other questions from the members? I would like to take the opportunity to thank you very much for your presentation today. I know for myself, and I am sure for all the members, it has been very interesting and very informative, particularly for the new people.

I know we get a lot of requests from different people for different reasons but I know in my area - and I will throw a little commercial in, too - in Springhill we had the highest rate per capita in Canada, World War I, and the second highest for World War II. So we really appreciate those 10 veterans' beds in our area. I can tell you that I get a lot of calls from veterans, families and widows so it has been very informative for me and I appreciate you taking the time to come today.

Like you said earlier, Julie, I would hope this committee and you people could work together to make life easier for some people out there that really deserve it. Once

again, thanks very much for your presentation today and, by the way, you will get a copy of Hansard, all the minutes from today, so you will be able to review what we've talked about and maybe we will come up with some suggestions either way, as I say, to make it better for those people that deserve it. Thank you very much.

JULIE BABINEAU: Thank you.

THE CHAIR: Darlene has presented the draft copy of the report of the committee. It does not include the Hansard from October 29th, which you should have as well. Darlene was just saying it depended on the printer, but my hopes were that we could take a look at this as quickly as we can and with any suggested recommendations or changes or whatever, get it back to Darlene as fast as we can so that, hopefully, we can get this report tabled before the House closes. Now, as Darlene suggested, from October 29th on, we can include in our next report, but it would be nice to see this report at least tabled before this session ends. What are your wishes?

JAMES DEWOLFE: When would you need them back?

DARLENE HENRY: It is going to take a while to get through a printer, so as fast as you can get them back and we can incorporate the changes.

THE CHAIR: Can we do it today? I don't mean at this minute, but could we take them back and try to get any changes back?

GORDON BALSER: What if we had changes in by Monday? That would give people the weekend to look them over and so on.

THE CHAIR: How long do you anticipate, Darlene, it would take once it went to the printer?

DARLENE HENRY: I am not sure, but I would have to say maybe two weeks. You can probably go less. I don't know. It depends on how quick and how busy they are.

JAMES DEWOLFE: I was just wondering. Is it possible to have a bound copy of this nature for tabling and with the other printed copies to follow?

DARLENE HENRY: I can see if they can do that, get at least one copy to put out and the rest to follow.

JAMES DEWOLFE: If you would look into that, that would resolve that problem. (Interruptions)

THE CHAIR: Is that agreeable to everyone? What else is there, Darlene? The next meeting date? Darlene does not have any presenters lined up at this point. Do you

want to wait until she is able to see if there are any other interested groups or the next interested group? Charlie.

CHARLES MACDONALD: I am just wondering if we should wind up this section of the report and really get that done before we go into new presenters. I am not sure that we need a great deal to wind this up, either. Maybe it is not necessary.

PETER DELEFES: So we are going to present our recommendations by Monday, if there are any changes or alterations to this. I guess there are basically seven recommendations here that we are going to look at, right? These are the ones that are highlighted here. So basically, we should look those over and see if those, in fact, do represent what we do want to recommend?

[11:00 a.m.]

THE CHAIR: Any additions or deletions or changes, whatever.

PETER DELEFES: Then we will present that to the House and ask for their acceptance of the report?

THE CHAIR: To be honest, I am not sure what happens. Darlene said that once we agree on the final copy, she will send it to the printer and we would table the final copy in the Legislature. After that, Darlene, what happens? The copies, you said, you send out?

DARLENE HENRY: Well, yes, the copies are sent out to all the members across Canada and all of the counterparts, it goes out to everybody.

FRANK CORBETT: What if we just keep it open for our next meeting, if we used it for a quick meeting just to proof the document after it is printed. Is that usual, Darlene? I mean it doesn't have to be a two hour meeting.

THE CHAIR: Does the bound copy have to be the one that is tabled?

JAMES DEWOLFE: That is what she is going to find out.

THE CHAIR: I am just wondering in the past, has it always been the bound copy?

DARLENE HENRY: It has always been a bound copy, yes.

PETER DELEFES: For the purposes of the presentation to the House, can we not just have these two pages with the recommendations or do you have to have the whole package with all of the reports of all the groups that have come forward? I would like to get it in before the House rises.

THE CHAIR: Exactly.

PETER DELEFES: If we put it off we won't.

THE CHAIR: Can we do this, then? Can we look at the recommendations, changes, whatever, by Monday. Once that is in, Darlene, if we could have the same thing put back in this form here and then we will table it that way saying that the bound copy is to follow once it is finished at the printer.

JAMES DEWOLFE: I don't see how there would be any problem with that.

THE CHAIR: Does everyone agree to that?

SOME HON. MEMBERS: Agreed.

THE CHAIR: What time on Monday?

DARLENE HENRY: I would like to have them by noon if I can.

THE CHAIR: Okay. If there are any changes or anything, have it to Darlene by Monday at noon. Thank you.

A motion to adjourn?

WILLIAM ESTABROOKS: So moved.

THE CHAIR: We are adjourned.

[The committee adjourned at 11:03 a.m.]