

HANSARD

NOVA SCOTIA HOUSE OF ASSEMBLY

STANDING COMMITTEE

ON

VETERANS AFFAIRS

Thursday, January 15, 2004

Committee Room 1

Veterans Affairs Canada

Printed and Published by Nova Scotia Hansard Reporting Services

VETERANS AFFAIRS COMMITTEE

Michel Samson (Chair)
William Langille
Cecil O'Donnell
John Chataway
Jerry Pye
Gordon Gosse
David Wilson (Sackville-Cobequid)
Harold Theriault
Stephen McNeil

In Attendance:

Darlene Henry
Legislative Committee Clerk

WITNESSES

Veterans Affairs Canada:

Krista Locke
Acting Regional Director General

Barry Gallant
District Director for Nova Scotia

Paul Brown
Area Director

Gordon Thomas
Client Service Team Manager



HALIFAX, THURSDAY, JAN. 15, 2004

STANDING COMMITTEE ON VETERANS AFFAIRS

9:00 A.M.

CHAIR

Michel Samson

THE CHAIR: Good morning, ladies and gentlemen. It's a pleasure to have everyone here this morning for a meeting of Veterans Affairs on this nice, warm day in Nova Scotia, the Halifax capital. We are pleased to welcome representatives from Veterans Affairs Canada, the Atlantic Region here today. I am wondering first if members of the committee might introduce themselves by their name along with their riding and then we will ask the representatives from Veterans Affairs to introduce themselves. I'm wondering if, Mr. Chataway, you would like to begin.

[The committee members introduced themselves.]

THE CHAIR: I know Jerry Pye from the NDP caucus may be joining us a little bit later. I'm wondering if you would like to introduce yourselves.

[The committee witnesses introduced themselves.]

THE CHAIR: Great. I want to welcome you all here to our committee. When we last met we had decided a lot of members are new members to this committee, including myself as chairman. We were hoping to get Veterans Affairs Canada in to maybe discuss some of the programs that are being offered. As I mentioned to you earlier this morning, while we are provincial members, veterans' issues are often some of the issues which we face in our constituency office and among our constituents who often have questions that they put to us and that they would like to see resolved. So the better understanding that we have of Veterans Affairs and the programs being offered, the better equipped we are to carry out our duties and our responsibilities on behalf of our constituents.

This morning we are looking forward to your presentation. As I mentioned to you earlier, do not feel pressured to speed up your presentation. We do have two hours and we are looking forward to a comprehensive presentation which then members can put questions and if for some reason there are any unresolved issues or outstanding issues at the end of the day, then we can certainly look at possibly scheduling to bring you back in at a future date. So with that, I believe, Krista, you will be leading us off, so you have the floor.

KRISTA LOCKE: Good morning. We are certainly pleased to be here. We always look forward to opportunities to come and speak to various groups and individuals on our programs and services. In front of you, you have a booklet that we put together providing some stats on our programs and services, as well the presentation that we will be speaking to is located in the back of that booklet for a future reference as well. The presentation will provide a general overview of our clients and our programs. We hope it will take no longer than 15 or 20 minutes and I understand followed by a question and answer period.

I wanted to start out just by speaking to our mission which is to provide high quality client-centred services and benefits that respond to the needs of our veteran clients and our other clients, including Canadian Armed Forces and RCMP as well as their families, in recognition of their services to Canada and as well to keep the memory of their achievements and sacrifices alive for all Canadians. We do that through our Canada Remembers Program as part of our services and programs that we provide.

The next slide speaks to the reporting relationships, the reporting structure within the department. Just to give you a bit of overview, because it can be confusing, there are five regional offices that are located across the country. Here, in Atlantic Region, the regional office is located in Dartmouth, Nova Scotia. We also have four district directors in Nova Scotia. Paul Brown, who is here, is responsible for both the Halifax district office, located in Halifax, and the Sydney district office in Sydney, Nova Scotia, obviously.

I, as Acting Regional Director General, report to the Assistant Deputy Minister of Veterans Services Branch, Brian Ferguson, who in turn reports to the Deputy Minister of Veterans Affairs, Jack Stagg.

What I am going to do now is turn the rest of the presentation over to Barry and then to Paul, but Barry will speak about our integrated service delivery framework which we are in the midst of implementing.

BARRY GALLANT: Since we last met with the committee - I know probably most of us are new around the table - and in the last two years in particular, we have been looking at the department and doing a comprehensive review of the way we provide services and actually what services we are providing. How we do the services, we titled the integrated service framework our delivery framework. It's a bunch of fancy words for making sure that

we are providing services at the right place at the right time for the veterans. It is to meet the changing needs of the veterans.

As you know, our group of clients are getting older and at the same time we are having more and more clients coming in from the CF group so our clientele basis is changing dramatically. We are trying to meet those changes by organizing our teams in each district into what we call a client service team, interdisciplinary. It simply means that we have a number of professionals on that team, along with the support to provide a whole range of services to the client so the client is assigned, so to speak, to one team and that team helps them with all their needs.

In order to allow that team in a district office to concentrate on the more complex and difficult issues that the client has, we have set up across the country three centres which we term loosely as the National Contact Centre. Although there are three sites, we call them one centre. Those centres are the centres that take the phone calls now from the client. Just this week we put the numbers in place. What we will have are two numbers, an English and a French number. So if you phone from Vancouver, you phone the same number as if you were phoning from Sydney. If you're phoning from Sydney, your call will come into the contact centre here in Dartmouth. If you're calling from Vancouver, it will go to the contact centre in Winnipeg.

So there's three sites, but only one number. It makes things much simpler for the client. I forget, at last count, how many 1-800 numbers Veterans Affairs had, but it would scare you to know. Now we're down to two numbers for clients, they phone either English or French and they will get a live person answering their phone call.

We've also done the same thing with treatment, treatment being their health benefits. Before, they would either send health requests to a district office, to maybe the regional office and maybe even some to Blue Cross. Now what we've done is centralized most of the treatment authorizations, as we call it, in three sites as well, one in Newfoundland, one in Montreal and one in Vancouver. Those three sites will do most of the paperwork related to treatment, and they will also be the sites that will answer calls from the providers of service. So the drugstores in your areas would phone one of these treatment centres if they were trying to access a service for a veteran. Instead of having to go to multiple places, they will now have one number to phone and they should be able to get service for the veteran who is their client.

At the same time, we're also looking at, as all federal government departments are, the finance corporate side and making sure that's as efficient as it can be. That's part of the integrated service delivery framework as well. In addition to looking at the organization, we have, at the ministerial and the senior management level, looked at the legislation and the regulations within the department. We have made some changes there to improve service. We have enhanced the amount of money that the prisoners of war can receive, and we've

also reduced the amount of time that they would have had to be a prisoner of war to receive some compensation.

We've re-established the Education Assistance Program, which is a program for children of veterans who either died because of their injuries in service or who have had a disability pension of 48 per cent and over and the veteran is deceased. We had a similar program years ago, but through a program review it had lost its priority. Now we've re-established it. Then we clarified eligibility for members of the Canadian Forces. That was really some legal terminology, which I can't explain to you 100 per cent, but we changed the way the wording was so that the definitions are clearer in the Act.

On the regulation side, what we changed, which was under consideration for some time, was VIP - the Veterans Independence Program is now eligible to spouses of veterans. So if the veteran dies now, the widow can continue to receive the housekeeping and groundskeeping that the veteran would have been receiving. There will be some eligibility criteria and the like around that. I'm not saying that every widow will, but the great majority of people would be eligible now to receive groundskeeping and housekeeping.

We've also increased the health care accessibility for medium-disabled pensioners, and by that what I mean is anybody who receives a disability pension of greater than 48 per cent will now receive treatment benefits for any ailment that they have that's a recognized treatment. Before it had to be related to their pension condition. So if they had a heart condition and if it was heart medication it would be paid for, but now if they have something like gout, they're able to get the medication for the gout as well. It's a fairly significant change for those people.

We've also filled a loophole around overseas veterans. If you were an overseas veteran and financially stable on your own, there wasn't much benefit you could get from the department. Now what the department will give to overseas service veterans is access to a long-term care facility, such as Camp Hill, or if they want to be in a nursing home in their home community, we can also do that. Those are changes.

One of the things that had disappeared during program review was benefits for Allied veterans. They've reinstated long-term care, nursing home care for Allied veterans who have lived in the country for more than 10 years. I know there are some of those cases in Nova Scotia. We've had some calls from Allied veterans, and so you may hear of that again. Then if a person was a prisoner of war and only a prisoner of war, didn't receive a disability pension, you could not get VIP services. So you would get your prisoner of war pension and that was it. Now if you get a prisoner of war pension, you are also eligible to get VIP - another significant change.

Client groups haven't changed all that much. We now include RCMP in our client groups in that we take care of the disability pensions for RCMP now. The survivor group across

the country will have jumped approximately 23,000 eligible because of the change in having widows receive VIP. Those are a new client group. Then, as I said earlier, our Canadian Forces groups continue to grow.

[9:15 a.m.]

On a national client base, just to give you an idea of where we fit in the country, we have roughly 33,000 clients or veterans, and Ontario is double us, twice the size. So that gives you some perspective of where we are. In the regional client base, Nova Scotia has close to half the clients in the Atlantic Provinces. The other three make up 55 per cent and Nova Scotia is 45.5 per cent. The average age of clients, as you can see on the chart, ranges from 102 for World War I down to 56. I'm not sure, I don't think we have any from World War I left in Nova Scotia. (Interruptions) I think the last guy died.

PAUL BROWN: Okay, we're going to move into the programs and services that we administer. I'm going to be covering about three or four slides, and Gordon Thomas is going to step in and finish it off. The first item that most people would be familiar with would be our Disability Pension Program. This basically provides financial compensation for death or disability related to military service. It is not an income replacement program, it is financial compensation for death or disability related to service.

The amount of compensation is based on the extent of the disability. It is available to veterans and to some qualified civilians. An example would be the Newfoundland foresters, a civilian group that in the last two years received eligibility. We do have survivor benefits as well that are payable to spouses or dependent children on the death of the pensioner.

War Veterans Allowance - you can skip ahead - this is something that's a means-tested income assistance program available to veterans and survivors, qualified civilians. WVA is, for the most part, administered out of our Kirkland Lake office in Ontario, but we still have some involvement with it. It is, as mentioned, an income-tested program. It does give veterans a gateway to other programs that we offer. So being on WVA does open the door for other programs and services.

The institutional care component of our programs and services - this is something that I think all of you would be quite familiar with - we do have a number of beds that we contract with the Province of Nova Scotia, located throughout the province at various facilities. We have 334 of these beds that we refer to as priority access beds, and they are in place in 12 facilities throughout the province. Now, in addition to that, under the VIP program, we do have access to beds in facilities throughout the province, in the community health care facilities. So we have, of course, many of our veterans, at the age that they're at now, very many of our veterans are requiring this type of service from us, institutional care. It's something that I know our office deals with every week. We have veterans who are being

admitted to these beds, and of course, unfortunately, with the age of our veterans right now, we do have a high morbidity rate. This is quite a quick turnover for a lot of these beds. The VIP program, I'm going to turn it over to the expert here, Gordon.

GORDON THOMAS: Well, next to pensions one of the biggest programs that we run out of the district office is the Veterans Independence Program, VIP. That's our home care program. The goal of the Veterans Independence Program is to help eligible clients remain healthy and independent in their homes and communities. It's needs-based and does not replace other federal, provincial and municipal programs.

Some of the programs and services available through the Veterans Independence Program are listed up there. They're pretty straightforward. One of the other things that kind of springs, in some respect, from the Veterans Independence Program are treatment benefits as well, that's the health benefits that Barry had alluded to. They include a number of programs of choice, and that's the Blue Cross card that many veterans are carrying now. Those who qualify may be eligible for treatment benefits not provided under provincial health plans. Disability pensioners receive treatment for their pensioned condition, and clients may obtain their services or supplies from a registered provider of their choice. Provider claims are paid through a contract with Blue Cross. Again, some of the treatment benefits are listed up there. I will turn that back over to you.

PAUL BROWN: The funerals, burials, grave markers - this is administered by the Last Post Fund and is really more of a partner organization of ours. As mentioned, it is means-tested on the estate. The office of the Last Post Fund is co-located with us at our district office in Chebucto Place, Halifax. So we work very closely with them. They are one of our partner organizations.

The Canada Remembers Program - this is really the second part of our departmental mission, to keep the memory of the veterans' achievements and sacrifices alive for all Canadians. I certainly personally consider it a privilege to be involved in this program. It's something that all of our staff participate in throughout the year. We often get to see yourselves at these events throughout the province during the year, and it's a real honour to be able to keep the memory of these achievements and sacrifices alive.

The most visible thing we have, of course, is Veterans Week, which is the week leading up to Remembrance Day, November 11th. That entire week is Veterans Week, and we have events all through the province that we support and attend. We have our staff from both our Halifax and Sydney offices who take part in various of these events. It really is a true privilege.

There is more than just Veterans Week, we are involved in events throughout the year. I attend the annual ceremony up in Pictou every year for the No. 2 Construction Battalion,

which is commonly called the Black Battalion. We have the Battle of the Atlantic ceremony every year. And there are events throughout the year that we participate in.

As well, we do have an Honours and Awards division in Ottawa that Veterans Affairs Canada is responsible for issuing some medals and decorations for First and Second World War service and some medals from the Korean War. If you go into either of our district offices in Halifax or Sydney - I'm trying to remember Sydney, I believe we have it in place now; I know we do for sure in Halifax - we do have a display that's available for anyone to come in and see all the medals that Veterans Affairs is connected with. There's a booklet there that describes the entitlement to the medal. Any of our veteran visitors can look through that, and if they feel that they were entitled to a medal that they haven't received, they can make us aware of that. I'm quite sure that display is in place in Sydney as well, but I'm drawing a blank visually, as to seeing it. I know in fact that it is in Halifax and I believe it is in Sydney as well.

Also, we are responsible for the maintenance and upkeep of our veterans' graves. Here in Halifax, we have sort of an anomaly, I think it's one of only two remaining departmentally-owned cemeteries in the country, Fort Massey. This past year we were looking at having it designated as an historical site, and that didn't quite come through. We do have a major landmark here, Fort Massey, and there are, as well, community cemeteries throughout Canada that we're responsible for maintaining the graves of the veterans. With that . . .

KRISTA LOCKE: I will just add, on the Canada Remembers as well, it's one of our strategic priorities to really improve the whole Canada Remembers Program. One of the ways we're doing that is to involve youth. As our veterans are becoming older, they can't participate as much as they did in the past. So we're looking to involve youth, and we've done that over the last several years. As Paul said, our Veterans Week included a lot of activities that have involved youth and to ensure that a lot of programming is going on at the schools. We have youth ambassadors to speak to other youth groups and so on, to keep the memory of our clients alive. As Paul said, that concludes our presentation. We are open to your questions.

THE CHAIR: Thank you for your very detailed presentation. I'm curious if members of the committee have questions. Mr. Theriault.

HAROLD THERIAULT: Can you tell us the reason why there are so many vets in Nova Scotia? It's a huge percentage isn't it?

KRISTA LOCKE: It is, yes.

BARRY GALLANT: I'm not sure why there are. The rationale I've heard is kind of twofold, one is the patriotic stance of Nova Scotians. We as Nova Scotians see our duty to country, and at the time of especially the Second World War and the First World War, we signed up in large numbers. The other reason, which may add to it, is that the financial state of

the economy just before the Second World War in Nova Scotia was pretty dire, and it was a way for people to help supplement the family income and to move out of the Depression.

KRISTA LOCKE: Perhaps it's also a nice province to retire in.

HAROLD THERIAULT: I've been working with a group in Cornwallis. There's a Veterans Museum that has been there since before the base was closed. Anyway, they're building that place back. There is a lot of vets around from all over. They've been coming from out West, all over Canada and settling back in there. They've been trying to get a roof fixed on the museum there. They needed \$30,000 and they raised over half of the money themselves. I was on the phone to federal politicians. Everywhere I went, it seems like doors were slammed in my face, trying to help this group. Can you tell me if there's maintenance for such things as military museums, for this group? I don't want to put you on the spot here, but I see a chance here to ask a question that I've been asking now for six months.

KRISTA LOCKE: Go ahead, Barry.

[9:30 a.m.]

BARRY GALLANT: There wouldn't be anything like that under Veterans Affairs, for sure. We do help with some of the monument stuff, but even with that the communities basically make their own monuments and find funding and you know, we had the ones we were responsible for. I've been with the department 22 years and haven't heard of us working to do something for a museum. However, it doesn't hurt to ask and on your behalf I can put it through our policy group with Canada Remembers. I wouldn't want to raise expectations, I don't think there is anything there, but I can ask.

HAROLD THERIAULT: Thank you, that's one of the best answers I've had in six months. (Laughter)

KRISTA LOCKE: It's certainly not part of our mandated mission but as Barry said, we can ask the questions through the Canada Remembers side of the program.

THE CHAIR: Mr. Langille.

WILLIAM LANGILLE: First of all, thanks for coming and thank you for your presentation. Also, I realize that things take time and you are making strides with benefits for veterans, and I congratulate you for that, although there is still a long way to go, I believe. There have been battles with veterans getting what is owed to them. First of all I am going to a local issue. In the last four years you have had four different ministers starting with George Baker?

KRISTA LOCKE: About four years ago, yes.

WILLIAM LANGILLE: Going back to George Baker, for those who don't know, he was Minister of Veterans Affairs from Cornerbrook, Newfoundland. We were trying to get two veterans' beds in the Tatamagouche hospital, Lillian Fraser Memorial Hospital, and at that time those beds were promised by Minister George Baker. Since then, that has fallen through the cracks and it was decided not to give the two beds to the hospital. There was a study done showing the need for it on the North Shore because of the number of vets, although we do have beds in Pictou; however, that fell through the cracks. Is anyone here on the committee aware of that?

KRISTA LOCKE: I'm not aware of it, it was before my time but perhaps Barry, he actually participated five years ago in the discussions here and has been with the department for a number of years, as well as Gordon. Both of you may have some knowledge of this.

BARRY GALLANT: I'm not aware of the discussion about two beds in Tatamagouche but what the issue is now, as Paul said, we've been allocated so many beds in the Province of Nova Scotia. In order to put beds in another facility, other than the facilities they are in now, we have to move them from an existing facility. About two or two and a half years ago the department, as a whole, across the country, was under intense pressure by different groups to increase the number of beds. What they did was have a clause where we could have used active treatment beds across the country. We don't use active treatment beds anymore because we're not in that business. We converted those beds into long-term care beds but we did not build facilities to put those beds in. What we can do is, a veteran, who would, say, go to Camp Hill or to the beds in Pictou you referred to, can now access that same type of service in a community bed and we will pay for it.

The departmental response, when we are asked for more beds is, we can do this alternate arrangement. Now I don't know if anyone has talked to you about that or if that would meet the needs of the people of Tatamagouche, but that would be the response we would give officially if we were asked to move beds to Tatamagouche. If there was a ministerial promise, then that might make us look at that differently, so if you wanted to contact me I would be more than willing to follow the history and work with the people in Charlottetown about it.

WILLIAM LANGILLE: Thank you, I just want to continue on this for a moment. When you say you can relocate beds, now there is a long-term care nursing home adjacent to the hospital. What I am talking about is putting them in the hospital because the room is there, not the nursing home. Are you on track on that or are you talking about the nursing home?

BARRY GALLANT: No, it would have to be beds that we own, like it would have to be beds either at, say, Camp Hill, or we have five beds in the Cumberland hospital in Truro. So it would be the 334 beds we have, it would be some of those beds we would have to transfer to Tatamagouche.

THE CHAIR: If I could, for the members, if you look at your books, on Page 7, you will actually see a breakdown of all the beds across the province, just for your own information, just maybe to help members keep track of where these beds are actually found.

WILLIAM LANGILLE: The reason I'm saying this is there are a lot of us from rural areas and a lot of the veterans are from rural areas and they would like to be close to their families, which stands to reason, and that is why I'm bringing this up. We're having a problem with that, being so far from their families, when they require hospitalization.

BARRY GALLANT: Those are long-term care beds you're talking about?

WILLIAM LANGILLE: That's what I'm talking about; when I say hospitalization, I mean long-term care. A lot of them are there and they're not coming out. The other thing is back in the 1960s, I believe the Armed Forces were somewhere around 120,000, am I correct on that?

BARRY GALLANT: The number of Armed Forces back then?

WILLIAM LANGILLE: Yes.

BARRY GALLANT: I would be guessing but I think you are in the ballpark, yes.

WILLIAM LANGILLE: I think I am close to it anyway. Where I'm going with this is now we have about 68,000 or so, that's a significant drop in personnel in our Armed Forces. The way I see it, the amount of benefits that will have to be offered because the people from the 1950s and 1960s are getting older, is going to spike. However, after that, because of the decrease in the Armed Forces, that spike is going to drop significantly. I don't know what's going to happen in the future with the Armed Forces but did you people - and I'm sure you have - consider that?

KRISTA LOCKE: We're certainly looking at our numbers and I think we alluded to it earlier in the presentation that our traditional war veterans are at an age where they require more care or more services. Certainly, for those clients, we are continuing to provide very high-quality care, at the same time looking at the increasing needs of our Canadian Forces clientele, which is increasing and will continue to do so, I think, until next year, where we expect to see a levelling off. Again, it's just a forecast so we are keeping a close look at those numbers, and you're correct, as our traditional client numbers decrease and our new client numbers increase, we will be looking at changing programs and services. What the future will bring, we're trying to forecast that as well and at this point we are keeping a close look at our numbers.

WILLIAM LANGILLE: I will pass to someone else, Mr. Chairman.

THE CHAIR: Mr. McNeil.

STEPHEN MCNEIL: Just on the same track of the long-term care beds, I'm fortunate Soldiers' Memorial Hospital is in my constituency, it's probably the only thing that has been stable in the hospitals over the last number of years. What is the demand for the 334 beds? Obviously, they are probably full most of the time, are they? Are there veterans waiting?

GORDON THOMAS: With long-term care beds it has always been an issue of waiting lists for those beds. One of the things we've noticed over the last bit of time is that there are periods where we don't have as long a waiting list but there are always demands for those beds, there's always a waiting list. To alleviate some of that pressure as well, we've brought in what is called the overseas veterans' pilot project, which allows us to be able to put veterans into community beds, like they're in long-term care, to try to alleviate some of the wait list problems that we've been having over time, as well. We have had very little problem keeping the beds filled.

STEPHEN MCNEIL: I noticed you mentioned the overseas veterans, is there a priority list? I assume when you say an overseas veteran - and maybe I'm assuming wrong - is somebody who has moved to Nova Scotia at some point along the way?

BARRY GALLANT: An overseas veteran would be somebody who served overseas during one of the wars.

STEPHEN MCNEIL: So is there a priority list? A veteran is a veteran is a veteran.

BARRY GALLANT: There is and what we try to do is base it on need. We have nurses on staff in the district offices and they determine, along with the rest of the health care team, what the most serious need is. If a pensioner was there for his pensioned condition, that would take precedence. If a guy, again, was pensioned for his heart and he needed long-term care because of that heart condition, then he takes precedence over other people, but generally they go by need.

STEPHEN MCNEIL: If a veteran, say from the Annapolis Valley, required a long-term care bed and ended up in Camp Hill, would he be on a list to be sent back to his closest community when a bed became available?

GORDON THOMAS: Certainly, we can do that and we've done that in numerous circumstances, as well. A lot of times we do have beds that are available outside of the community where the person is living or their family is living and if the family is willing, we can move them into that bed and look at transferring them at a later date, so we have done that.

STEPHEN MCNEIL: The VIP program that the widows have now become eligible for, what is the date for that?

GORDON THOMAS: The date for widows?

STEPHEN MCNEIL: Yes.

GORDON THOMAS: That was backdated to . . .

BARRY GALLANT: There are a lot of different dates.

STEPHEN MCNEIL: It's very confusing.

BARRY GALLANT: The legislation itself passed on January 5th but it goes back - I will look that up.

STEPHEN MCNEIL: For example, if a person has been widowed for 25 years from a veteran, is she still eligible for that program?

GORDON THOMAS: That's a good question. There are some pretty stringent criteria around qualifications for that. I think we're only going back as far as 1990 and you had to have been in receipt of the Veterans Independence Program at that time, so if you weren't you aren't going to qualify for getting those new benefits. Also, if the person was in a long-term care facility, if they passed away within that year, we can also apply benefits to them as well. There is a draft policy out right now and we're still kind of waiting for the nips and tucks on that a little bit.

KRISTA LOCKE: But having said that, I guess, you have to go with some deadline as far as the costing and so on of the program, so that was the date, 1990, backdated. The veteran would have had to be in receipt of VIP at that time.

BARRY GALLANT: There were two groups. The government decided they were going to put VIP in place for spouses of one group of widows and then there was quite a noise that that didn't include enough of the widows, that it was discriminating because of when the veteran died, so they backdated it to 1990. When the second decision was made, that's the group where we raised it by 23,000 more eligible people. There is a date for the first group, there's a date for the second group and to be honest with you, the training for the staff is starting next week. We are going on things that have been provided to us through information pamphlets and stuff so far, so we haven't actually sat down with our head office folks and gone through the whole training process yet ourselves.

KRISTA LOCKE: So as Barry said, when the legislation change was announced back in May, that's when the cut off date was going to be, May of last year, and because of the lobbying from the various groups, the government made the decision to look at 10 years earlier, or more than 10 years, to go back as far as 1990, and that includes another 23,000 widows who will be eligible.

[9:45 a.m.]

THE CHAIR: If I can just follow up on that before we move to another question. If a veteran passed away after 1990 and they were receiving the Veterans Independence Program, at that time the conditions were that the widow was eligible to maintain the program for a 12-month period and then the program would end for that particular widow. Now basically going back to 1990, if the veteran passed away from then until now and from here forward, that means the widow is eligible to continue the VIP program until they're deceased?

KRISTA LOCKE: That's right, yes.

THE CHAIR: Are there any conditions to that on remarriage?

KRISTA LOCKE: I don't believe.

BARRY GALLANT: I think our federal law around remarriage, the whole thing around pensions and all that kind of stuff, would override anything that we would have. I think ours is open as well. It doesn't affect it now, for our pensions and stuff.

THE CHAIR: I simply asked. I'm sure my colleague, Mr. Gosse, would be familiar with miners' pensions and how those worked when there would be a remarriage and some of the issues that came out of that. As soon as you do have more information on that, we would certainly, as committee members, appreciate receiving more information, whether they be pamphlets or the guidelines that will be there. I'm sure we're going to be approached ourselves, to get information on that for widows who may be eligible. So the more information you can provide committee members it would be greatly appreciated.

Mr. Wilson.

DAVID WILSON: Thank you for your presentation. I'm just reading through your pamphlet and looking at the mission statement. You're stating how important it is to keep the memories and achievements and sacrifices alive, that our veterans gave. I think one of the ways we could do that is proper grave markers. So that brings me to some questions about the Last Post Fund. I believe it's an independent, non-profit organization, which is funded partly through the Department of Veterans Affairs, I believe. I'm just wondering what percentage, or where does the other funding, and how much funding does the department allot to the Last Post Fund? Do you have those figures with you, or can I obtain those figures?

KRISTA LOCKE: Sure, yes.

DAVID WILSON: Also, are you aware of how many veterans, especially World War veterans, are in Nova Scotia who are waiting for proper grave markers?

BARRY GALLANT: There shouldn't be very many, because if they're eligible for the Last Post Fund, part of the application process is the marker as well. Usually if they're approved for the Last Post Fund the only delay would be, they wouldn't be putting them in on days like today. My understanding is that we do them in the same season the veteran would have died, weather permitting.

GORDON THOMAS: If they qualify, there shouldn't be any delay in that happening.

DAVID WILSON: I've had some correspondence with a family member of a veteran down in Guysborough, St. Mary's River, who actually passed away in 1998. From what I understand, in 2000 he was put on a waiting list. The correspondence I've gotten from Veterans Affairs Canada is that the Last Post Fund has limited funding, that there is a wait list, and this family was told it could be up to five years. So from the looks on your faces, I hope I can contact your office . . .

KRISTA LOCKE: Okay.

DAVID WILSON: . . . and maybe straighten this out.

KRISTA LOCKE: Definitely.

DAVID WILSON: This gentleman, Earl Gale from St. Mary's River in Guysborough was in the tank corps in Sicily, and is awaiting a proper grave marker. From my understanding, the remaining family has allotted funds so that the spouse of Mr. Gale could be put on it. But in my understanding they're still waiting today for this grave marker. I look forward to maybe having a talk with you afterwards.

BARRY GALLANT: Do you know if he was approved under the Last Post Fund?

DAVID WILSON: From my understanding he was and he is on a waiting list. I heard a figure of about 45 veterans in Canada are waiting for grave markers. I don't know if that's true or not. I hope you can prove me wrong.

KRISTA LOCKE: We will follow up.

DAVID WILSON: Excellent. But with that, where do they get their funding, the Last Post Fund? I know the department funds part of it. Is it corporate, community-based funding that they go after?

GORDON THOMAS: Again, I'm not sure.

KRISTA LOCKE: We will provide you with that information.

DAVID WILSON: Excellent. I think my other question was answered. Thank you very much. I look forward to some correspondence and maybe ratifying the situation.

THE CHAIR: Mr. Gosse.

GORDON GOSSE: I have a couple of questions actually. One of them was answered, looking for a copy of the VIP program. When it's finalized, I would like to have a copy, as a committee member actually, because that would help with the dates and who qualifies and who doesn't. The topic again, long-term care beds, as you know it's a hot topic with our Party. I'm just wondering, when a veteran is in long-term care and his bed is funded, does he still come under the assessment of the Province of Nova Scotia for him to access that bed? There's a whole bureaucracy created here around this, and I'm just wondering if he falls under that assessment package.

What about his personal care - a normal person going into long-term care is allowed \$105 a month for personal care. I'm just wondering if those things are taken care of for the veterans in Glace Bay and North Sydney, I'm just wondering on that aspect. The long-term care beds - there's a policy that's in place now by this government that they can move somebody within 100 kilometres. I'm just wondering, if there's a bed in a long-term care facility with Veterans Affairs, do they try to keep them closer to their family, like Bill had said, or do they have the right to move them 100 kilometres, the same as the policy that's set out in the province right now?

GORDON THOMAS: The province has no jurisdiction over long-term care beds in a contract facility with Veterans Affairs. Where you run into that problem is when they're being placed into a community bed. The province still has to place them under single-access. So we don't have the up-front way of getting them into those beds in the community. That's kind of where the difference occurs.

As far as movement for long-term care, as I mentioned before, we do look at transferring people if we do have to put them in a long-term care bed that is outside of their community, we do try to get them back whenever that's possible. The province, again, if the person is in a community bed, basically they're under the jurisdiction of the province when they're in there. We pick up the tab, basically, we pick up the funding for that. We certainly are in contact with the province all the time and are in conversations about when people are moved. We don't like to see them moved if there's no reason to have that happen. We certainly do keep that in mind when we are placing people in community beds, as well.

GORDON GOSSE: I just wondered if there was any difference. I had quite a case at Christmas myself, in the move of a long-term care patient the day before Christmas Eve. It was very disturbing to the family. The province has the right to move them within 100 kilometres.

PAUL BROWN: I just wanted to also make mention of something that might be of interest to you folks, that in connection with the provincial situation with the shortage of beds and so on, we have had a very excellent working relationship with the province. I guess picking up on a question you had asked, Stephen, with whether we ever have any vacancies, we occasionally will have some vacant beds, and the province, within the last six months, has, on occasion, asked us - they are in an acute situation where they need beds and of course we have beds in their facilities, so they know what we have there and who is filling them and who isn't - to temporarily have them use one of our contract beds.

This happened during Hurricane Juan, where there was an emergency situation. We, as sort of an extraordinary measure, did allow the province to have temporary access to our contract beds. It happened again very recently over the Christmas period, where we did have a vacancy of a few beds at Camp Hill, because we have 175, so we have quite a few beds there. We did give the province some access to, I think it was, maybe two or three beds. Again, on the understanding that those would be for short-term use, because we have to guard those for our veterans, but at the same time we have to be aware of what's happening provincially in the larger picture, in that we do have beds and other people sometimes have emergencies. We try to help out.

GORDON GOSSE: Thank you, Mr. Brown. My second question is on this issue that's been quite a hot topic, the licence plates for veterans. I guess it was quite a discussion for many years around that. I have spoken to actually the local Legion members in my riding, the service committee member, Mr. Abbie Neville and Martin MacKinnon, the President, and they're wondering about the licence plates. They're in agreement with the veterans' licence plates and everything else. These are Cape Breton veterans who actually served - what they're wondering about is, is there a possibility of having a licence plate for veterans who served in a war, with a poppy on the plate?

In New Brunswick - they pointed this out to me - their veterans' licence plate has a red poppy on it. They were wondering - they're in agreement. A lot of veterans in my area of Cape Breton are not buying the veterans' plates for that reason, because these guys were actually the guys who served with the Cape Breton Highlanders, the North Nova Scotia Regiment, all of those guys. Cape Breton, as Junior had said there before, wanting information about why a lot of the guys - New Waterford in Cape Breton had the most volunteers per capita of any place in Canada.

We have a lot of veterans in my riding and what I'm saying is that they are an older group now and some of them are hurt on this issue about the licence plates because they would like to see a specialized plate for a veteran who served in a war. This is what was asked of me and possibly have a poppy put on that plate for those veterans. The answer to Junior's question, I remember my uncle saying it was either starve to death in Cape Breton or go overseas and fight. That's how I would like to finish up on that.

KRISTA LOCKE: The licence plate initiative, as I know it, is a project of the RCL and we certainly support it but it's not a Veterans Affairs initiative. As well, the use of the poppy is strictly for the Royal Canadian Legion and not Veterans Affairs.

GORDON GOSSE: Okay, thank you.

THE CHAIR: Mr. Langille.

WILLIAM LANGILLE: Just to clarify, I took part in the licence plate initiative and that licence plate was designed by the Royal Canadian Legion of Nova Scotia who represent the veterans and they chose to put a Canadian flag on it. When we put the Veterans Memorial Highway, the poppy is on the highway sign and that had to be approved by Ottawa but it was their design and the Royal Canadian Legion, they described what a veteran would be to be eligible for the licence plate also. The government part in it, their part in it was just to make the regulations to accommodate making the plate and to put in the regulations in the Highway Traffic Act what the licence plate would be according to what the Royal Canadian Legion wanted. So it is the Royal Canadian Legion that designed that plate, just for your information.

GORDON GOSSE: Bill, I know that and I know it was designed by a Cape Bretoner and I know the criteria for it but what I am saying is that I was approached by veterans in the Royal Canadian Legion who were actually looking for maybe a different - they're in agreement with the plate, although there has been some issue about the three-year qualifications for the plate and everything else but what I'm saying is that they wanted to know if it was possible to actually have a plate for a veteran who served in a war, period. So that's why I'm bringing this up to the committee today, not so much to Veterans Affairs, but I mean that's what I'm asking today.

WILLIAM LANGILLE: One final remark. This was the first initiative in Canada for a veterans' licence plate. Having said that, other provinces are now following suit. What they are putting on, I'm not sure if they are going with the poppy or the Canadian flag.

GORDON GOSSE: New Brunswick is going with the poppy, British Columbia is following our lead. There are different issues but apparently they saw the poppy one in New Brunswick.

Thank you very much for your presentation and we look forward to your correspondence in the future.

THE CHAIR: Mr. Chataway.

JOHN CHATAWAY: Thank you very much, Mr. Chairman. Certainly I think we all very much appreciate you coming out and giving us more information. I am certainly learning but it is very important that we do whatever we possibly can for our veterans and their widows

and things like this. You are doing very noble work, really, seriously, and as the world is going we are obviously very concerned about the past but the future too. We certainly want to make sure that we encourage people to do what they have done in the past and will hopefully do in the future for Canada and Canadians.

[10:00 a.m.]

Basically, one of the things I wanted to - Paul, you had just got up about the 334 sponsored beds and sometimes they will go as community service beds and you get respite beds or something like this. The bed is not filled at the time but you will say, okay, we will get somebody who needed a bed but they are not veterans, per se, but they are there. Is that put on a term when that happens or is there a person who would go in there and just say, okay, you will be here for two months or something like this or just until the next veteran is approved, that person will say, well, goodbye, you have to leave tomorrow or that sort of stuff or what sort of situation is that?

PAUL BROWN: Well, first of all, it's extraordinary that we would do that. It doesn't happen and it won't happen, as a matter of course. It has only happened, as I say, during Hurricane Juan which was sort of an extraordinary event. As well, over the Christmas period, it was just the Capital District Health Authority was in dire straits and we did happen to have some vacancies so we did sort of allow the use of about three beds. In that time, it was really more of a - I guess I would have to characterize it as sort of a verbal agreement that we had that this was going to be based on our forecast, we probably could be without the bed for up to a few weeks but not beyond that. Therefore, we would allow them to have use of that bed.

Keep in mind, we are paying for a contract bed, we pay for it regardless of whether it is occupied or not - it is also in the best interest of the taxpayers - we try to keep those beds occupied with veterans because we are paying anyway. If we have days when no one is in the bed, we are still paying for that bed. So we try to keep them filled as best we can but I don't expect this is something we are going to make as a matter of course that we will be having people who are not veterans come in and use our beds. That is extraordinary. I just simply mentioned as an example of the co-operation we have with the province.

JOHN CHATAWAY: Well, certainly, I know in Lunenburg, Fishermen's Memorial Hospital, of course, I know where it is located and things like this. Lunenburg is not the biggest town in Nova Scotia and it's very important because there is need. Have you ever done that at Fishermen's Memorial Hospital?

PAUL BROWN: Barry has the history but I'm not aware, during my three years, that Fishermen's Memorial Hospital has ever been used for that. Again, it is not something we are promoting.

JOHN CHATAWAY: No, exactly, but just as convenience to everybody involved. Exactly.

PAUL BROWN: The one point you did make, though, in your intro there you mentioned the respite usage. We are sort of open to consider that a bit more that where we would possibly have vacancies that we would project may be there for a matter of weeks or what have you, rather than leave it vacant, we are looking increasingly at using that for respite purposes rather than for long-term placement. Therefore, if there is a family that would benefit from having a veteran maybe put in that bed for a period of a week or two just for respite purposes for the family, we are considering that. We are actually talking about that right now, I guess, Gordon, with the Veterans' Memorial Building, Camp Hill, possibly designating a number of beds, maybe two or three, that we would use for respite purposes. But that is sort of in the discussion stages right now. I would think that would be a better use of them because it still would be occupied by a veteran.

JOHN CHATAWAY: Exactly. I think that is a very good point that you have added, too, because in my past life I was a director of a home for special care and respite beds are very important, but you can't - I think they were a bit nervous about somebody coming up and going into a respite bed and then all of a sudden, well this is permanent. No it isn't. It is just for a rest for either the people in care of the person or whatever. That's very good, I think it would be very much appreciated. The last thing is if a person qualifies for VIP, the medication a person has to have, is that paid by the department?

BARRY GALLANT: The rules on that one keep changing.

GORDON THOMAS: Generally, yes. If you are on the Veterans Independence Program, in all likelihood, any medication that you're taking would be covered. There are exceptions like new medication and that kind of thing have to be specially approved through the pharmacy unit. Where we kind of get hung up a little bit is around pensioners. Medications can be paid for if it's related to your pension condition. Once you get on the Veterans Independence Program then we can look at all your medication, except for military service pensioners. There is a bit of a caveat there where at this point, we will never be able to pay for all their medication, only medication relating to their pension condition. It is kind of like a two-level track, I guess, depending on what your eligibility is will determine where we can pick those up.

JOHN CHATAWAY: That would be, I assume, for the widows thereof?

GORDON THOMAS: Widows I don't think get treatment benefits. Medication would be covered under that Blue Cross card, that treatment benefit card. The widows' survivors would not be eligible for treatment, health care benefits like that, they have strictly VIP that they're getting now.

KRISTA LOCKE: That's groundskeeping, housekeeping.

BARRY GALLANT: That's an important point because you might be asked by your constituents' widows, why isn't Veterans Affairs now paying for my drugs, because they would be used to their husband's drugs being paid under that program. Although they are getting VIP, they're not getting the treatment benefits side of VIP, so there will be some differences there and that will be important.

JOHN CHATAWAY: That's for sure because the cost of medicine has phenomenally increased. The other thing is there are new drugs coming out every so often and on the formulary chart, if it's a new drug and the doctor says you should have this, is it paid for? I would assume it would be, right?

GORDON THOMAS: Depending on what it is.

JOHN CHATAWAY: We have some challenges.

BARRY GALLANT: We have our own formulary and it has to get on the formulary before we will pay. If there is a brand-new drug, the first time it is asked for across the country by a veteran, it should go into our Charlottetown unit and be approved. If it's not approved automatically, it's looked at just like a provincial formulary.

JOHN CHATAWAY: That's Charlottetown if you live in Atlantic Canada but what if I lived in Alberta? Would it have to be approved by the . . .

KRISTA LOCKE: Yes.

BARRY GALLANT: By the head office pharmacy unit in Charlottetown, yes.

KRISTA LOCKE: Our head office is in Charlottetown, it's the only federal department that has its head office outside of Ottawa.

JOHN CHATAWAY: This is my last comment, one province's formulary list approves all of this and then another approves this. Sometimes when there is a difference, if I lived in Alberta I would get this, if I lived in Nova Scotia I would get this, but if I live in Ontario that doesn't happen. So we have some challenges, I think.

BARRY GALLANT: But it's the Veterans Affairs formulary, we have our own and it's the same across the country.

JOHN CHATAWAY: Thank you, very much.

THE CHAIR: Mr. O'Donnell.

CECIL O'DONNELL: There will be just one quick question. Veterans who receive benefits, upon their death their spouse receives their benefits, right?

KRISTA LOCKE: Yes.

CECIL O'DONNELL: Does that include common law spouse or is there a length of time they have to live together? I guess probably today, too, not only common law, does it include partners who have lived together for X number of years?

BARRY GALLANT: The new legislation, if you look at it really closely, includes something called significant caregivers, which is to address the partners issue. I believe it's a year now, Gordon, if a man and woman have been living together then they're considered a spouse. They need declarations to that effect and that kind of stuff but yes, it's recognized.

THE CHAIR: Great. I have a couple of questions that I wanted to raise. Keeping with the VIP, I'm curious as to what flexibility there is with the program. I have encountered a situation where I have a veteran in Richmond County who is 91 years old, and who does receive VIP and does get funding to attend physiotherapy. While he is at physiotherapy, following that, he also goes to a gym and spends, I believe, almost an hour on a treadmill and does some other exercises. To date, Veterans Affairs has refused to pay his gym membership saying that doesn't qualify under existing programming and that unfortunately they will not cover this. The fact that he's 91 years old and spending an hour on a treadmill, I'm 31 and I don't think I could spend an hour on a treadmill, and when I've raised this it is one of those issues where most people say, you have got to be joking, they will not cover his gym membership, 91-years-old, a gentleman who's trying to keep himself healthy and in good physical condition. It is one of those situations where it appears that common sense should be able to come into play to deal with these types of situations.

I'm curious as to what sort of flexibility is there within the program to address these kinds of situations. I don't think we have an influx of veterans who are attending gyms and spending one hour on treadmills across this country. I'm just curious if there is flexibility within VIP to address these kinds of situations or is there just a flat-out roadblock saying no, it's not under an existing program and we won't look at it?

KRISTA LOCKE: We will look to our expert.

GORDON THOMAS: It's interesting that you say there is no influx. There might be one given the fact we have CF members now eligible for VIP and benefits associated with that. We are having more and more requests for gym memberships and those kinds of things, as well. Currently it is under review. I'm not sure where that stands, Barry, at this point, but I know that the TAC was dealing with issues around gym memberships, extended physio and that kind of thing too. There is a lot of flexibility in the Veterans Independence Program, generally speaking. Certainly, the area counsellor would be the one who would kind of make

some of those decisions, in consultation with the health care team, depending on what the request was. When it comes to something like a gym membership, where it is something that could set a precedent, or would be involved with a lot more of those, that has to certainly get approval a little higher up and that's what is occurring with that specific incident.

THE CHAIR: So it is under consideration right now?

GORDON THOMAS: That is my understanding, yes.

THE CHAIR: One of the other issues you did raise was with the youth programming available under the department. I am wondering if you could provide us with a bit more information about what is available there that we might be able to share with our own principals and Legions in our own areas, to try to encourage some of the programs to take place. I know this committee sponsored a memorial veterans postcard, which used to be put out to our members. Unfortunately, that has been discontinued but we are looking at that again. I'm just curious if you have some more detailed information you could provide us with around the whole youth programming, as to what is available funding-wise and what types of programs have been approved in the past so that committee members might be more familiar with them and see whether there is something that might of interest in their own area?

KRISTA LOCKE: I can certainly go back and ask the regional director of that program to provide an update of what has been done in the past around the youth and some initiatives that will be coming up as we continue with our commemorative activities in the next few years.

THE CHAIR: Great. One of the other issues brought up to me was the whole issue of services being provided to veterans outside the traditional types of services - housekeeping, groundskeeping. For example, one of the requests I received was about a program, I believe, it is either in P.E.I. or New Brunswick, where they have actually partnered with some of the CAP sites to have some training made available to veterans to use the Internet. We are now in 2004 and rather than focusing on groundskeeping and housekeeping, many of our veterans want to be able to adapt to the new information age.

I am curious if there is funding through the department to sponsor these types of programs, to integrate our veterans more with the new information technology and the fact that we all know now that the Internet is accessible to more and more people, regardless of age and background, and I think that's a wonderful thing. Certainly, the more we can help our veterans become part of the new information age is something we should be promoting. I'm curious if under existing funding there is something available there that could be looked at to have similar types of programs available here, in Nova Scotia?

PAUL BROWN: I can take you back about three years ago and I'm not sure when the Royal Canadian Legion was here if you might have asked that same question to them, I'm not sure because they were involved in the initiative I am about to describe. We had what we called

a Legion computer project and we partnered with the Royal Canadian Legion. We started in Nova Scotia, it was our pilot site - again, as was mentioned, Nova Scotia is a very innovative site for the Legion and has been involved in a lot of things.

[10:15 a.m.]

We provided the funding for basic computer terminals to be installed in Legion branches throughout the province. We also provided funding so that there could basically be information sessions given to veteran seniors who could learn how to use the Internet. That was back in 2000, and it was an initiative that was considered to be quite successful. We, of course, had no control over what the computers were being used for but it was the Legion who reported back to us that it was very successful, they had good enrolment in the classes they ran.

Since 2000, I haven't heard of any programs we have been involved in departmentally, in a sense. We do track the usage in our client satisfaction surveys that we run. We track usage from all of our users as to how much they use the Internet, so we are trying to see if our different client groups are actually taking advantage of the Internet. I think we are seeing an increase but certainly, from our senior population, if you will, our traditional vets, I think we're still down quite well below 10 per cent who are actually using it, which I guess probably simply plays into your point that maybe we need to increase their literacy or comfort level of using the Internet, in order to access our information that is on the Internet.

THE CHAIR: I think it's safe to say it is possible with the proper proposal put into the department to look at something like that. I guess my comment on the amount of users would be, accessibility has been a big issue, especially for rural Nova Scotia and the whole dial-up has been a nightmare for all of us who have had to put up with it. In rural Nova Scotia - for example, in my own county, Richmond, we are now getting high-speed, so the level of interest has increased in that sense that it's more user-friendly and certainly a lot faster.

One of the last issues I have before there are more questions from members, merchant marine applications. I'm curious as to whether the department has kept any tracking about the percentage of applications which have not been approved. I have raised this with the Legion, I am aware of at least a half dozen to a dozen cases in my own county of people who have not been able to secure the necessary records of their sailing, and the times they sailed, the dates, the ships they were on. One, for example, had a house fire where all of his records were lost and while his memory is still very much intact, unfortunately, they cannot track down any records to verify that he was, in fact, a member of the merchant navy during war time. I'm curious as to what is the status of those types of applications and how common are they? Is this just a problem I am having with people in Richmond County or is this something that has been seen throughout the province and country?

BARRY GALLANT: I had been reading the minutes of your committee meeting with the Legion and I knew that was a concern. I have asked the Kirkland Lake office, which adjudicates on merchant marine now, for some information; unfortunately, I didn't get it before we came this morning. It is an issue across the country; we used to do a lot of them out of our Newfoundland office because they had the adjudicating authority for a while. Part of the issue is that we can't find the documentation. We have talked over the years about how we could reduce the requirements any more than they are, but right now we're down to some kind of document plus somebody saying in a declaration they were on a ship. I think it's almost impossible for the department to make the requirements any less, unless they just go on a statutory declaration from the veterans themselves.

I don't have the stats on the number of applications in front of me, the numbers that applied and the numbers declined but that's available. We can get you that. We can probably localize them by province, I would suspect, with no problem. So I might not be able to get you your own riding, but I sure could get you the Province of Nova Scotia.

THE CHAIR: I'm curious, is there any cross-referencing at all that takes place in the applications? For example, if I have a gentleman who says, I sailed on the SS Halifax in 1943 and we sailed over to Britain, and he cannot find records of it, does the department look at other applications or other merchant marines to find out, well, hold on now, Mr. Coady over here actually says that he was on the very same ship, same destination on the same date. So, apparently this was an actual vessel that did sail on that date, which may give more credibility or confirmation that the individual in question may actually have been on that vessel, which may then lead to other log books which may be able to clarify it. I guess that's one of the frustrations which has been raised. Is there any of that cross-referencing taking place, or is it more, here's your application, unless we can find the records dealing with that specifically, what you provided us, it ends at that point? I guess I'm curious whether those efforts are undertaken or whether it doesn't happen.

BARRY GALLANT: I will verify that, but I suspect that does not happen, the cross-referencing. I'm trying to think while I'm talking, but I don't know how, without a computer base of some kind, we would be able to do that. It's a good suggestion. We work closely with the gang in Kirkland Lake who make these decisions, so I will have a chat with them and see if, first of all, they do it and if they don't, how hard it would be to do that. When we send you the other information, I will send you the results of my enquiries.

THE CHAIR: Great. Mr. McNeil first and then Mr. Langille.

STEPHEN MCNEIL: I was just curious, regarding the VIP program, really any of the programs. Are there fieldworkers around the province who would go out if there was a veteran or a widow of a veteran who was inquiring about a service, who would come out and explain

what's available, what they would be eligible for, to sit down at their kitchen table and go through those programs?

GORDON THOMAS: Certainly.

STEPHEN MCNEIL: Could we get a list of who they might be, and if it's broken down within region by region?

GORDON THOMAS: It's broken down by postal code. Within Nova Scotia, we've just undergone another area redivision, but the area counsellors are responsible for that task. That's basically their job, to go to the community, meet with veterans and their families and other representatives and make community linkages as well, and explain the benefits and services that are available.

STEPHEN MCNEIL: How many area counsellors do we have in the Halifax office?

GORDON THOMAS: Currently we have 14.

STEPHEN MCNEIL: And in Sydney?

PAUL BROWN: Four.

GORDON THOMAS: So yes, we can get you that list.

STEPHEN MCNEIL: Great, thanks very much.

THE CHAIR: Mr. Langille.

WILLIAM LANGILLE: That pretty well answered my question of how you communicate to the veterans what they're entitled to, and what part do you play with the Legions, advising them to advise their veterans. With so many, and so few resources that you have in people going out into the field, do you do anything with the Legions to advise them? It's been my observation that there are people out there who do not know what they're entitled to and do not know who to contact to get the information. Could you just clarify your communications?

KRISTA LOCKE: Yes, actually we maintain regular communication and meetings with the Royal Canadian Legion and other stakeholders. At the RDG level, Barry and I and Paul meet regularly with the Royal Canadian Legion. As well, Paul - oh, he's already standing up to give a summary, so I will just let Paul also describe his level. Then, certainly, at more of a national level, my boss, the assistant deputy minister, meets regularly with his counterparts, more on the national level as well as our deputy minister. But at the very local level there are also committees that meet quite regularly.

PAUL BROWN: There's actually a lot in your question there. When it comes to the Legions, certainly, as Krista said, we do have regular contact with the Legions. We have these formal meetings that are set up every two or three months, but at the same time we have the service officer from Provincial Command who is probably in our office almost every week. We know the service officers throughout the province very well. We have a great working relationship with them and we're in close contact with them.

When it comes to some of the information, sort of the broader issues of communication, we do have, even with the latest changes to the legislation and regulations, communications that are going to be coming out probably this month. A lot of the weekly newspapers throughout the province are going to be having advertising inserts in them, talking about our program changes that we're going to be trying to reach out to your constituents.

When it comes to the issue of the area counsellors or the contact that we have with people where they live, in their kitchens and so on, I just wanted to make sure people are aware, though, of the magnitude of the numbers. I think you did mention the numbers. When we mention the clients we have, we have about 15,000, just to keep it rough, for the Province of Nova Scotia, but we have 18 counsellors. These are the people who go out and actually sit with you in your kitchen. If you sort of do the math, you can see that it's a bit of a challenge for the 18 counsellors to get out and visit 15,000 people. It's impossible. This is why we do it based on need.

We have our contact centre now. If people feel they have a need to see someone from Veterans Affairs, they will contact the contact centre. We have very qualified staff there who can, over the phone, determine what is the need you have. They may be able to answer the question just on the phone. That will take care of it. I think in something like 80 per cent of the phone calls we get, they can resolve it in Dartmouth, at the contact centre, it doesn't require a home visit. If it does require an in-person visit, that call gets transferred over to us. We will then have that routed through an area counsellor, if a home visit is required. Then for those people who have a high need for an assessment or a home visit, our area counsellors will go see them.

I'm told that before my time, back in the good old days, it used to be that area counsellors were able to make what we might call comfort calls to people, drop in and have a cup of tea, and see how you're doing, just sort of a social visit. While that was probably, I'm sure, a very enjoyable part of the job, we don't really have the luxury of being able to do too many of those because we have an aging population, and we have to make sure that our counsellors are out seeing people who are in very high need of a visit, a reassessment or a new assessment.

KRISTA LOCKE: Just to add to that, though, we do have a centre of expertise over in the head office, it's called the Proactive Centre of Screening. During Hurricane Juan, that centre

actually contacted all of our veteran clients over the age of 80, I believe, in the area most hit by the hurricane, in Halifax, Dartmouth and as well in the Charlottetown area to ensure that all their needs were met and they were not without power for so long. Those who were on oxygen therapy, we wanted to ensure that those clients certainly weren't compromised because of the emergency situation.

WILLIAM LANGILLE: That concludes my questions. I would like to thank the chairman for inviting you people here. It was certainly informative to me. Your presentation, I believe, served all of us very well and put us in light of what you people are doing and what you're attempting to do, and that's for the betterment of the veterans. Thank you.

THE CHAIR: Are there any more questions? Certainly, as Mr. Langille said, I want to thank you for coming in here today. As you can see, there is a broad range of questions which you probably expected more from the federal colleagues rather than the provincial colleagues, but as I mentioned to you earlier Nova Scotians don't always distinguish between different levels of government and responsibilities.

[10:30 a.m.]

The fact that we do have a Veterans Affairs Committee here in this province - it's my understanding we're the only province that actually has a provincial Veterans Affairs Committee - we do take the issues facing our veterans very seriously. Anything that we can do to be proactive in promoting services to our veterans and the memories of wartime and some of the battles that they have faced on our behalf, anything that we can do to promote that, certainly that's what we are here for.

You've heard some of the questions, any information that you can provide us with as a result of some of the requests that were made you can certainly forward to Darlene here, who will communicate it to the rest of the committee members. Certainly with the Veterans Independence Program, I think you've clearly seen there is a significant level of interest in that program. I'm hoping that my 91-year-old constituent can get his gym membership, if I could put one more little plug in for him.

We certainly do appreciate your presentation, and I hope that in the coming months, if there are other issues that do come up, you will be available to come in and see us again. Certainly if there is some new programming that does become available, we would be more than happy to have you return and have a discussion with us about how those programs might affect veterans in our constituencies. Again, merci beaucoup. Thank you for your time and for coming here today.

That concludes our business with the Veterans Affairs Office. We do have a couple of pieces of correspondence, I believe, that we have received since our last meeting. One of them is from the Legion Command, Mr. Vic Barnes, who did write to us to clarify the position with

the Legion in regard to making Remembrance Day a full, statutory holiday. Did everyone get a copy of the reply we received from Minister Kerry Morash on that? Was that sent to the committee? I received a copy directly, myself, but I'm not sure . . .

DARLENE HENRY: Yes, it was copied and sent to the members.

THE CHAIR: So members have seen the copy from the minister. I don't have it in front of me here, but . . .

DARLENE HENRY: Everyone received it.

THE CHAIR: Yes, everyone did receive it, so if there are any issues coming out of that, we can certainly discuss that at a future meeting. The other piece of correspondence which we did receive was the letter dated December 17, 2003, from the Honourable Ronald Russell, regarding the full service gasoline stations, and more specifically what's being described as the Pictou County rest area and the question of whether there were full service fuel pumps there. The minister does indicate there was some provincial funding made available to that, but indicates that full service pumps was not part of that criterion, and doesn't really go on to indicate more information on that. I'm just curious if there's any outstanding issues that committee members might have regarding this issue. Mr. Langille.

WILLIAM LANGILLE: Just one, there is a new service centre being built just west of the Cobequid Pass. It is my understanding that's not going to have full service, just for your information. I already inquired into that.

THE CHAIR: I'm just curious. Is there provincial involvement in that service station?

WILLIAM LANGILLE: I believe it's the same involvement that was in the one in Westville.

THE CHAIR: So it's going to be a rest area also.

WILLIAM LANGILLE: It will be a rest area also.

STEPHEN MCNEIL: Mr. Chairman, if I may, I think if we're going to get into the position where the province is making a contribution to this type of facility and the rest areas, perhaps it's something we should be looking at. Maybe the full service should be part of this setup, even if it's one pump. I don't know whether we should make that through this committee or whether . . .

DAVID WILSON: Sorry, I missed that.

STEPHEN MCNEIL: I was just saying, if the province is going to enter into this kind of agreement where they're providing some seed funding to get going here, for the public

parking, perhaps part of the requirements should be that there should be some full service. I don't know how other members feel about that.

THE CHAIR: Mr. Chataway.

JOHN CHATAWAY: I think Mr. Russell pointed out the fact that the province has helped out for a rest area, but a garage offering gasoline for sale is something above and beyond what was provided in that. Basically, it has been suggested that maybe we could have a motion that if they only have self-service, garages should post something saying that if you need assistance, give us a call, we will have somebody on the job, when do you want to come in, and that somebody would make sure, with a bit of notice that they would be able to have full service, to keep a person to fill the car with gas maybe once a week; you don't have the person there four and a half days or something, but they would certainly think about that. I think the point is well made by this committee and other people have raised that too.

Right now, from what I understand the province helped out with a rest area, it wasn't setting up a person to give him or her money to start a garage or to sell gasoline, it was just for the rest area, that means washrooms, a place to eat, a place to walk around, whatever.

STEPHEN MCNEIL: Did the province just do a rest area, a physical stop where people could go . . .

JOHN CHATAWAY: Yes.

STEPHEN MCNEIL: . . . or did they enter into an agreement with a business that was going to be set up in that community based on the fact that the province was putting in a rest area?

JOHN CHATAWAY: . . . the Department of Transportation to provide the proponent with seed funding, and in order to qualify for this funding the development was required to meet certain rest area criteria. These criteria dealt with very basic driver amenities, such as public washrooms, telephones, parking and tourist information. There is no requirement that the rest area provide food or fuel services. So maybe if they do - basically if the proposal was that they do provide fuel services, then it should be mentioned that they have to have some capacity to serve the people who may need full-time assistance.

THE CHAIR: Mr. Wilson.

DAVID WILSON: Just as a committee member and from what I remember from the presentation made by the Royal Canadian Legion, Nova Scotia/ Nunavut Command, they had concerns with full-service stations. Also I know my colleague, who is not present, Mr. Pye, with the disability organizations and groups in the province have had some concerns. I'm wondering, maybe we could make a motion from this committee to write a letter to the minister

responsible, for a copy of the agreement, or just to clarify, for all the members of the committee on the Pictou rest stop. I'm not sure what letter you were reading from, I don't think the rest of the members are privy to the letter. (Interruptions)

I think it's essential for us as a committee to represent the veterans especially and maybe some disabled or older people in this province - I don't know. Maybe I will make a motion to write a letter on the committee's behalf to get a copy of the agreement, or find out why the funding was just for that.

THE CHAIR: Mr. Chataway.

JOHN CHATAWAY: . . . to vote first . . .

THE CHAIR: Just discussion on the motion. I think the motion is in order. I don't see that being a problem, it's been seconded.

JOHN CHATAWAY: I'm not against the motion, but I do have a comment.

THE CHAIR: Just to make everyone clear, I think what the motion is asking is that the committee is requesting a copy of the agreement with the Pictou service station, I think it's the Pictou County rest area. Mr. Langille has pointed out there might be another agreement that's in the works, so we may want to mention that one also, with the idea being finding out what the criteria are, what was agreed upon, and then from that point see whether this committee, at that point, would look to make changes either to the existing agreement or future agreements to deal with the issues brought forward to us. So we can certainly put that together. Just before we vote on the motion, discussion on it. Mr. Chataway, then Mr. Langille.

JOHN CHATAWAY: Well, I think the suggestion was that if you had a gas pump and it's only self-service, you put a sticker right on it, and the poor person who comes in, the unfortunate person who comes in and they can't serve themselves, at least they would read that thing that's saying, okay, next time I come here I have to phone beforehand to make sure I get some service. The person who needs assistance to fill his or her car with gas, once it was not available because they couldn't serve themselves but they would notice that from now on you could say, I would have to give them notice and stuff like this, so the next time we can solve the problem. I think it was a pretty good suggestion, pretty straightforward, and certainly, because all businesses are very competitive, I'm sure, and to have somebody say, it's only self-service and people are used to it, then they will be forced to. These rest areas are very important, not only for Nova Scotians but for tourists and we do have a problem then I think that would be a good solution.

THE CHAIR: Mr. Langille.

WILLIAM LANGILLE: I would just like to say I think it's a good and reasonable motion you are putting forward. I have brought this up and know the funding was for the rest stops and the washrooms. With the pumps, we know there is a small window of profit - not to take away from what we're trying to accomplish here - but it costs money to provide 24-hour service at the pumps, hiring staff and so on with this small window of profit and that could play a part in it. I know that the government, when bringing in this initiative, it was to provide a rest stop. But that doesn't take away from the oil companies not providing the full service. I must say, too, I know the one going west on the Cobequid Pass on Highway No. 104 is also privately owned, it is not owned by Irving. I think it's going to be a Shell station but it's not owned by Shell, it will be privately owned. I don't know if money is tight or what but we have to look at everything. I believe that is a good motion and I certainly support it.

THE CHAIR: Thank you, Mr. Langille. I think the point the committee is saying here is the correspondence we received before basically told us where the government can't really go out and tell private industry you need to provide this specific service. I think what the committee has raised concern about is the fact there is provincial funding going into these rest areas and as a result of that, whether there is a window of opportunity there for the province to say, in return for receiving the funding you must at least provide basic full service, if you are to provide fuel service at the rest stop. Right now that's not part of the criteria, which I think is what the concern that has been raised is about.

Mr. McNeil and then Mr. Gosse.

STEPHEN MCNEIL: That was really my point, if the province is going to be investing in amenities around a business to attract customers, certainly they can require a certain level of service which is not out of order and is a fair exchange for their investment in the amenities that go around, in my view.

GORDON GOSSE: I know that most of these rest areas are 24 hours. Even if there was some limit on 8:00 a.m. to 4:00 p.m. for full service in those areas or something like that, as Mr. Chataway said, with a sticker on the pump saying full service between 10 a.m. and 6:00 p.m. or 8:00 a.m. to 4:00 p.m., something like that for disabled people and veterans who are travelling in this province. Maybe a list of that, we could find that out.

THE CHAIR: That is a good point because when you do get to a service station, above the pumps it is identified whether they are self-serve but I know if you are driving along the highway and you see a service station, until you get to that service station you see the sign for it, there is nothing that says self-serve only. If you are someone who is disabled, or a veteran, or a senior who does not want to use self-serve, basically until you get to the pumps you don't know whether the service is available to you or not.

I think we are all aware that now the trend is to go to self-serve and most stations are providing only self-serve. I know it was raised as an issue in the Strait area in the community of Port Hawkesbury because at one point - and that may still be the case - there was zero service at any of the stations throughout the entire town. I know the Strait Area Chamber of Commerce had raised that as an issue for seniors, veterans and people with disabilities who aren't able to use self-serve.

[10:45 a.m.]

I think the motion is very clear and, Darlene, we will put together a letter to the minister asking for a copy of the agreement to see what the conditions and terms were and possibly if there is another agreement being proposed for the Cobequid Pass. When we meet the next time we can discuss it further and at this point I will call for a vote on the motion.

Would all those in favour of the motion please say Aye. Contrary minded, Nay.

The motion is carried.

Next on the agenda is our next meeting date. Darlene has indicated the Royal Canadian Legion has requested to make a presentation to us again, to focus on some of their youth programs, I believe. We are proposing right now that our next meeting date be February 19th from 9:00 a.m. to 11:00 a.m., which would bring us in again on a Thursday, the third Thursday of the month of February. Is that okay with the committee members? Agreed.

Are there any suggestions for future meetings or would you prefer to deal with that the next time we meet?

WILLIAM LANGILLE: Next time.

THE CHAIR: That is all our business and I want to thank the committee members, I think we had a great presentation this morning and the questioning was great all around, by all members. Thank you, we are adjourned until February 19th.

[The committee adjourned at 10:47 a.m.]