

HANSARD

NOVA SCOTIA HOUSE OF ASSEMBLY

COMMITTEE

ON

VETERANS AFFAIRS

Thursday, January 14, 2010

Committee Room 1

Veterans Affairs Canada

Printed and Published by Nova Scotia Hansard Reporting Services

VETERANS AFFAIRS COMMITTEE

Clarrie MacKinnon (Chair)
Gary Burrill
Trevor Zinck
Michele Raymond
Sidney Prest
Hon. Wayne Gaudet
Harold Theriault
Hon. Richard Hurlburt
Allan MacMaster

[Trevor Zinck was replaced by Mat Whynott.]
[Sidney Prest was replaced by Becky Kent.]
[Hon. Richard Hurlburt was replaced by Keith Bain.]

In Attendance:

Kim Langille
Legislative Committee Clerk

WITNESSES

Veterans Affairs Canada

Teressa Laforest
Acting Associate Regional Director General,
Veterans Affairs Canada (Atlantic)

Lisa Jessome
Client Service Team Manager,
Halifax District Office

Barry Gallant
Regional Director, Client Services

Michelle Wright,
Regional Communications Officer (Atlantic)



House of Assembly
Nova Scotia

HALIFAX, THURSDAY, JANUARY 14, 2010

STANDING COMMITTEE ON VETERANS AFFAIRS

9:00 A.M.

CHAIR
Clarrie MacKinnon

THE CHAIR: Good morning, folks. It's a pleasure to have four senior folks from Veterans Affairs Canada with us this morning. We're delighted to have you here and we'll begin with introductions around the table, beginning with Mr. Bain.

[The committee members introduced themselves.]

THE CHAIR: Perhaps we could begin with introductions as well from our senior officials from Veterans Affairs Canada.

[The witnesses introduced themselves.]

THE CHAIR: I'd like to welcome Allan MacMaster as a new member of the committee. I know you will serve this committee very well and it's a pleasure to have you here as the new MLA for Inverness.

This is a very informal committee. We operate not in dividing of time like most committees, with equal time for each caucus. We operate on a question by question basis and we know that no MLA will take too much time or too many questions, so we just go around the table. We make sure that no one monopolizes the time.

We will begin with your presentation.

TERESSA LAFOREST: Good morning everyone. Would you prefer that I run through the presentation and hold the questions to the end or if you prefer, you can ask questions throughout the presentation. It's up to you.

THE CHAIR: Perhaps if there's anything really pressing that someone has to jump in with that may be forgotten at the end, I think that would be fair, but usually we go through the presentation and have some questions at the end.

TERESSA LAFOREST: Thank you. We have our team before you and I was just counting up how many years of experience, so we have over 40 years of experience, even though we look very young, with Veterans Affairs. I hope we'll be able to provide you with some good questions and some good discussion this morning.

Thank you very much for your interest and for the opportunity to present to the committee today. From what we understand, Nova Scotia is actually the only province that has a Veterans Affairs Committee, so we really appreciate your interest in our client group and they are your clients and your constituents as well.

We understand there are some new committee members here today and we know that we presented to this committee, Barry Gallant has presented before. What we've tried to do is to provide a broad overview of our programs and services, some of the new things that have happened over the past couple of years. I'm also going to talk about some of our visioning for the future, our concept of operations for 2015, because as you know, our client group on the traditional side is declining and we have a new client group with our new CF veterans, those who are returning from Afghanistan and from other troubled areas around the world where we have our CF members serving. So we're in a period of transition, so I'll talk to you a little bit more about that as well.

This is just a broad overview of what we're going to talk about today, a little bit about our mission and our clients, the current situation which has led us to refocus and kind of revision for our future. We'll talk about the services that we offer to our current CF veterans as well as to our traditional veterans and those are a little bit different. We'll talk about some of our key partners because clearly we can't do this alone - we have a lot of partners who support our clients; some of the key initiatives that are coming up; and Canada Remembers, which is a very important component of our mission to promote recognition and remembrance of the sacrifices of our veterans, both those traditional veterans from the wars, but also the sacrifices of our current CF members who are sacrificing every day all around the world. And then a little bit about some upcoming events and then we can open it up for some questions and discussion. I'll welcome my colleagues to respond to questions as well.

Our mission is twofold. One is on the service side to provide exemplary client-centered service and benefits that respond to the needs of our veterans, our clients and also our families. The second part of our mission is again about the remembrance, the recognition of the sacrifices, keeping those memories alive, looking at new audiences to keep those memories alive as we get further and further away from the traditional war veterans, trying to revisit that and refocus that with our schools.

Who are our clients? Traditionally from a veteran perspective, we have the traditional war service and merchant navy veterans and that's what people tend to typically think of from the First World War, the Second World War and the Korean War, but we also have former and still serving Canadian Forces, including reservists. We have some members actively that are still in the CF that are clients of ours, they may have been injured but their injury is not sufficient so that they can't perform another duty inside the military, so we are still working with those clients and allied veterans. Those are the veterans who served with an allied nation during World War I and World War II or Korea and we also can provide some services to those individuals.

Then we have some other clients. We actually provide case management services to the RCMP, wartime civilians which were typically - examples are foresters, Red Cross, firefighters who had some war-related injury related to their war service, and then clearly families, so the spouses and dependants of those other groups. We all know that families support their military member or their veteran and it's really important for us to acknowledge that and to help support that family who actually supports that client and that veteran.

What do we look like? You can see nationally we are fairly evenly distributed between war service veterans and their survivors and also the CF veterans and then we have a much smaller number of RCMP. In Nova Scotia, you can see our numbers there: 4,216 for war service, 5,800 for survivors, 7,400 for CF veterans and about 553 RCMP. Those are our stats as of November 2009, so those are fairly recent.

What is our current situation? Here in Nova Scotia we have four points of service. We have a large district office here in Halifax, we have a smaller district office in Sydney, we also have points of service on the bases in Canadian Forces Base Halifax and Canadian Forces Base Greenwood. This kind of leads into where we're going on our concept of operations and trying to modernize our service.

We will have between 30,000 to 40,000 fewer clients by 2015 than we have here today. We know about 1,600 a month of our war service veterans are passing away across the country, so that number really hits home to you how we're losing our traditional veterans and how important it is that we keep that remembrance piece alive as most of us in the room maybe, perhaps weren't even alive during the wars. It has caused us to rethink where we're going and to look at our service points. We know as we move ahead it's going to be important to modernize our service delivery, our technology platforms and our client outreach and communication.

Nova Scotia actually now has more modern day veterans than we do traditional veterans. The new CF veteran wants to access our services in a different way, they want to have more electronic access to services. When we look at modernizing our technology platform, they want to be able to go in and track their application for a disability benefit on-line, they want to know where it is in the system and how far along until they actually get a decision. They may not want to call, we have a national client contact centre, calling

may not be the way they want to access that.

[9:15 a.m.]

In the past our traditional veterans have really liked the phone - we have a voice at the end of every line, you don't have to go through a call system - but that's not the way that others like to have service. So we have the "call, click, or come" and we're looking at ways where we meet the needs, the client decides how they get service from us, not the service provider dictating that. So those are all things that we're going to be working on because we know that in terms of e-mails and text messaging, we need to move forward. I will talk a little bit later about the Canada Remembers program because they have really embraced technology with Facebook and YouTube and trying to target that youth market who uses those kinds of tools and technology on a regular basis.

The last one in terms of our three priorities for modernizing the department for 2015, was on client outreach and communication. We'll speak a little bit in more detail on that but that is about simplifying our forms, making things more clear, and eliminating steps and processes that aren't value-added to our client. We have the homelessness initiative that I'll be speaking to in a few minutes, that's targeting our homeless veterans and trying to assist those members.

We also have a new issues resolution officer in each region which is helping to problem solve. Where clients have had difficulties with their process - maybe they're not understanding their form, maybe they're not happy with whatever service they were provided, so we actually have focused individuals in each region who will help to problem solve and brainstorm with those clients, with our head office, with our regional office and our district office to try to get resolution to their issues.

The New Veterans Charter is the legislation that guides our programs and services for our new veterans. It was launched April 1, 2006. It was meant to modernize the services and programs offered to our CF members, the veterans and their families. We know that the conditions and the experiences of our modern day veterans are very different, in some senses, from our traditional veterans. Mental health is certainly an issue that has come to play; post-traumatic stress and stress injury is something that a lot of members of our Armed Forces deal with on a regular basis. Our traditional vets didn't talk about that as much and it was often hidden and they dealt with it on their own, without coming to us for support and services. Now it's much more out there, it's in the open and people are coming to us and within the military they are discussing the concerns and some of the things they've seen all over the world.

This program recognizes those risky areas, the difference of serving in Afghanistan. It also supports a wellness approach, so it's about integrating our CF members back into civilian life so as they leave the military, getting good wellness, getting good quality of life and helping them reintegrate back. It also supports their families because clearly their families are a key member in helping them to get that

quality of life back and to move back into being a productive citizen as a civilian.

The New Veterans Charter has a number of programs and services that are offered as part of this new modernization. Case management is kind of our modus operandi, it's how we approach our clients. It's a one-on-one, needs-based assessment that is done with an area counsellor and the client and the family that examines what their needs are, where the gaps are and how we use our programs and services but also what is available in the community to link up those programs and services and try to meet the needs of the families and the client.

Transition Services is something that we have here on the base and we have it across the country. It's a place where the newly-releasing member, who is still in the CF, goes to have an interview with our VAC staff and to learn about the programs and services as they transition out, so we make sure that we try not to have any gaps in those programs and services.

We have job placement services which we've actually contracted out to Right Management, so they do things like resumés, interview techniques, they try to translate the skills that the military members have learned and have built up and experiences over their years as a military person and then translate that into civilian lingo, to help them get jobs in the civilian world.

We also have disability benefits which again, is a lump sum payment related to a service-related injury and it is meant to compensate them for pain and suffering. We have group health insurance which, as you know, the medical, the prescription, what we think of as kind of group health insurance.

We have rehab services as one of the cornerstones of our New Veterans Charter. We have psycho-social services so our mental health counselling; anxiety, depression are common ones that come up. We also have the medical rehab, so for those who have been in an explosion who need very complex - they have blast injuries, they may have head injuries, they may have lost a limb, had a traumatic amputation, so there's a lot of physical rehab that they have to go through.

Lastly, it is vocational rehab, taking their skills that they had. It is transitioning them, it's maybe providing them with some new training, it's helping them to figure out what kind of career, what kind of employable issue, what kind of employment they can work towards in the future and helping to put a plan in place for that.

We also have financial benefits because as you can imagine, if you are in an intensive rehab program, you are not able to work, you are focused on getting better and on your wellness and reintegrating back to society, so we actually provide a monthly allowance that supports that member and their family while they are doing that.

If the member is deceased, we will also offer those services to their survivors, so

if the spouse now becomes the primary breadwinner in the family we'll provide those services to the spouse as well.

Our programs for our traditional veterans have some similarity, certainly on the health care program side. The disability benefit, whereas for the new veterans it is a lump sum award, for the traditional veterans you have probably heard it called a disability pension, so that's a monthly allowance related to their service-related injury. As that injury grows worse, as with age, they'll go back to their physicians and they'll look at perhaps increasing their monthly pension as their injury gets worse over time.

We also have a war veterans allowance, which is sort of a similar monthly payment and that is for low income clients who meet sort of a residence or the eligibility requirements. That could also go to surviving spouses as well.

So then we move into the health care side of the program. The first one is the Veterans Independence Program. The goal of that program is to try to keep the veteran living at home, living independently for as long as possible and for as long as it is safe. There are things like - it could be groundskeeping, someone is mowing their lawn so they can stay in their home, someone is shovelling their driveway and their walkway so that they are not falling. It keeps them independent, it keeps them healthy, it keeps them in their home. We do home visits to examine what the home environment is like so that we can provide them with services if they choose to stay in their home, we try to help them do that for as long as possible. If it is to die with dignity, then we help them do that as well, with services.

Health benefits - again, they are the types of similar benefits to what we see on the health care plan side, the insurance side, but expanded. Vision aids, hearing aids, special equipment, prescription drugs, dental, medical, surgical, sort of a wide gamut of health care benefits.

Then long-term care - if they can't stay in their home, if their health has deteriorated to the point that they need some more institutional, residential, long-term care, we support that as well. So we have 11 contract facilities across the province. In your kit, you'll see a list of where those contract facilities are and how many beds we have there. We also support veterans in community beds so we have those all over the province, of course.

Again, we don't do this alone. We have many partners, these are just a few of our partners. The first three, again because of the new emphasis or the more increased awareness around mental health issues, the first program is the Operational Stress Injury Social Support program, or OSISS as it is referred to. Those are members, former CF members and their families who have suffered some kind of operational stress or post-traumatic stress injury. They go through an intensive amount of training and they become peer supports, and their spouses as well, so they can relate to a new person who is just starting to come to terms with some of those issues that they may have seen while they

were, for example, in Afghanistan or Bosnia. That is a peer-related, non-professional support.

We have two professional supports that we call upon. The Operational Stress Injury Clinic, which is a clinic for our region, is located in Fredericton and that has the full gamut of psychology, psychiatry, mental health social work, mental health nursing, that does analysis and provides treatment to clients and their families. That is run by Veterans Affairs. The other is the Operational Trauma and Stress Support Centre, which is the OTSSC. That is here in Halifax and is run by DND. That provides sort of a similar set of services to still-serving members but also to veterans. The OSI also services still-serving members. They are quite close to Gagetown so they service those as well as our traditional clients.

The Integrated Personnel Support Centres - this again is part of our new strategy, in terms of being where the clients are, as we move towards 2015 and we have more CF members as our clients. We actually have an IPSC that is located in Halifax. Lisa is actually the client services team manager there so she can provide lots of good to sort of hands-on - It has only recently opened so we've had some good experiences so far and I think we'll continue to evaluate how that's going. Those are located on the base and they're meant to be a one-stop shop for a releasing member, they can access all the services that they still have from the military and as they transition out, they'll become that client.

We also work with the Military Family Resource Centres as part of our outreach. Those are groups that we outreach to. They help us on the reservist side as well. They provide social networks to our still-serving members and they are a family-centred approach that again, sort of is in keeping with our family approach. Certainly the Royal Canadian Legions are very important, a group that represents a lot of our traditional clients. We work with them a lot on remembrance and our events around Remembrance Week. We certainly go to them for their advice and consultations when we look at programs and services and evaluation of those programs and services.

Just to touch on three key initiatives that are critical to us as we move forward. Certainly the reservist outreach is one that has come into play as more reservists are doing active duty in Afghanistan. When they return, if they're not a full-time reservist, they go back into their communities and they don't have that military family to support them. As we know, sometimes mental health issues may not come to the surface for six to 12 months and then they're back in their communities without having the members that they served with. So it's really important for us to reach out to those groups to let them know that we're here, to let them know the contact information, the kinds of services that we can provide, again, they can have transition interviews, so we can explain all of that. But those are the ones we worry that we want to make sure that we get out because they're not by a base anymore and they've gone back into their communities, into the constituencies that you represent.

The second is our mental health strategy. We formed a new Mental Health Program in 2009, and that's to address the concerns that have been coming forward that we've seen increases with the mental health injuries that we are seeing on a regular basis. We have programs that will help us with symptom reduction, recovery, community integration and enhanced quality of life, so that is a major milestone, it's part of our NVC and it's one that our care managers, our medical staff, our nursing staff spend a lot of time on with our clients.

The last one is the homelessness outreach. Again, that's part of our strategic visioning for going forward. In Nova Scotia, we've recently contacted 140 organizations that may perhaps come in contact with homeless individuals. What we're trying to do is promote that we're here, that if they come in contact with an individual who may be a homeless veteran that they can provide some information and perhaps a referral, and then we can help work with that individual.

Canada Remembers - again, we spoke in the mission about the importance of the remembrance and recognition of the sacrifices. So we have a number of program elements, the typical ones that you think about - the memorials that we help upkeep, the cemetery maintenance, and certainly that's one that we work closely with the RCL on. They often will get the complaint that there's a headstone that has been broken or something has not been well kept. If you hear that, as well, we'd certainly like to hear about that, because we're responsible for that. We want to keep a respectful environment around those headstones and replace markers that need replacing.

[9:30 a.m.]

We certainly have a lot of ceremonies and events. Our learning initiatives, there are lots of initiatives that we work with the schools on. Through some of our new technology - Facebook, we had 150,000 fans on our Facebook page, Twitter. We had a big partnership with MuchMusic where veterans could call in on Remembrance Day and request songs, we had a fan book page, we had a dedicated You Tube channel which had over 30,000 vignettes on it. We also did a partnership with the CFL, halftime at one of the games, and we do puck drops with the Mooseheads, so we're trying to look at new ways of engaging Canadians of all ages and where their interests lie.

Within Nova Scotia, actually we have a very active commemoration community. Last year we had over 91 events. That URL, that Web site address goes to a map that shows a number of flags where you can go over to your constituency, highlight the flag and it will tell you what the ceremony is that's happening during the Remembrance activities, so that's a good one. People can go on and post their activities, certainly we support a lot of activities, but a lot of activities are community-driven. Nova Scotia does a really good job about recognizing that, our citizens prepare a lot of work for that.

One event in particular that we wanted to highlight is the Navy is celebrating its 100th year and Nova Scotia certainly has a strong connection with the Navy and with the

military, so that Web site just sort of lists some of the key activities. I'm sure probably a number of you will be invited to some of those activities over the upcoming year. So that concludes my presentation.

THE CHAIR: Thank you very much. Before we move on with questions there are several things that I would like to mention. As we move forward through today's committee meeting, I think we should be reflecting on all of our losses in Afghanistan, but particularly our recent losses which included a Nova Scotian, Sergeant Taylor. I think it would be very appropriate that we reflect on that as we go through the committee meeting today.

The second thing that I should mention about one of our committee members, Sid Prest, Sid was in hospital over the holiday season and I think he's going to require surgery like Junior came through so very well last year. So we're hoping that there will be some very positive work done in relation to an operation that we expect Sid will probably have to get as well. Our thoughts as a committee, I think, should be with Sid today as he faces some health issues.

Another thing that I would like to mention as well, I think we would be remiss if we didn't express real pride in our Armed Forces and what they're about to do and are gearing up for in relation to Haiti. I think this committee should also be reflecting on those people who are leaving, some on very short notice, to go to Haiti to help out in the unbelievable tragedy and dilemma that is being faced by that very poor country. So those are just a few comments in the beginning.

The last thing that I would like to mention is that we have a new recording system here and there are some hidden mikes or perhaps not so hidden speakers. I think our sound is much better here and I understand that it will even pick up whispering on the sidelines, maybe between members as well. I think that is something we should be aware of. (Laughter)

I'll begin with a speaker's list and I think the questions will just come forward. Perhaps you can determine who will answer on behalf of Veterans Affairs Canada. We'll begin with Mr. Bain.

KEITH BAIN: Thank you, Mr. Chairman, and thank you for those words that we should be remembering as we're sitting here at this meeting, it's certainly very true.

I just have one question, allowing sufficient time for everyone else to ask their questions and it's concerning the VIP program and the extension of benefits. When a veteran passes, is the survivor still entitled to the VIP benefits that that veteran received for the rest of their lives?

TERESSA LAFOREST: I'll start that answer but then I'll turn to Lisa. In general, if a veteran actually had VIP benefits in place and then passes on, those benefits stay in

place for that survivor. Do you have anything more to add to that, Lisa?

LISA JESSOME: I guess just one thing to add to that would be if there was personal care in place for the veteran, that is one element that is removed once a veteran passes away. The surviving spouse is entitled to the housekeeping and groundskeeping as long as she is in need of it. I say "she" because the majority of our surviving spouses are female.

KEITH BAIN: So the health care would not be part of it, it would just be any maintenance that would be included in the program?

LISA JESSOME: It would be pretty much just your basic housekeeping, cleaning, meal preparation and groundskeeping, which would be snow removal and grass.

KEITH BAIN: Thank you.

THE CHAIR: Ms. Kent.

BECKY KENT: Thank you. I have several so I'm not sure how many people are behind, if I can just go right through them all. First of all, a couple of things. The Call to Remembrance - is that part of a support that you offer?

TERESSA LAFOREST: Well, the Call to Remembrance is actually a Royal Canadian Legion program but it's certainly something that we do support. We provide a lot of the learning materials that the students study in preparation for the Call to Remembrance program, so that's one that we do work quite closely with the Legions on.

BECKY KENT: Good, I'm glad to hear that. That's a really important one, I think, that's very successful. The schools in my riding - I can't speak to the others - are very active in it and I hear so much about it regularly and the pride that comes out from the children, from the kids and the teachers and volunteers who are part of it, it's really effective. So anything you can do to support that, I would encourage it.

As well, the Family Resource Centres. I have Shearwater in my riding, certainly have a connection to the Halifax - a tremendous, tremendous, tremendous asset to the community. But Eastern Passage in particular and parts of Cole Harbour, it is a resident destination for a lot of families in the military - it just is a place that they love to be part of our community - more and more every day, we're a growing community. That resource centre is vibrant and alive and offering such tremendous resources, not only to the families that are directly connected to the military but the greater community, which connects us then to a support system to that family and that's how it goes. I know you're aware of that but I just want to again encourage that support.

Can you just give me a little bit of a sense of what kinds of support you are offering? I know they are a partner but what is it that your organization does to support

them? I'll ask that and then I've got just a couple of others.

LISA JESSOME: As the supervisor, I currently work at the base at our integrated personnel support centre. They do have a full-time representative from the Military Family Resource Centre there - her cubicle is actually right next to mine - so we are now in the process of developing that relationship on a stronger basis than I think we have in the past, because now that we are co-located in that one centre, we are better able to work together as a group and collectively.

In the past recent months we've also been doing a lot of outreach with the Military Family Resource Centre. We've done a lot of travelling around the province, from Cape Breton right down to Yarmouth, in regard to the reserve outreach that Teresa referred to, and we work in partnership with the Legion, with OSISS, with the Military Family Resource Centres. So that's the past year. So I think that relationship has really been getting a lot stronger and I think with us co-located on one site now, with full-time staff there from both Veterans Affairs and the Military Family Resource Centre, that you'll see that partnership grow a lot stronger.

BECKY KENT: So is the partnership mostly linking to resources that you provide and it's just a constant flow of information so anyone who might access through the Military Family Resource Centre, they have quick access to you if they need it? Would I be reading that right, as opposed to financial support - because that's really the military, right? - so I define that.

LISA JESSOME: We'll work together in partnership and we make referrals back and forth so if I have somebody sitting with one of my staff in one of our offices who could definitely benefit from the services that are provided by the Military Family Resource Centre, we'll do a referral to them and they'll make referrals to us. If they're sitting with a veteran or family member who can use some support, the referral system now goes both ways and since we are so closely located now, it's a whole lot quicker, it's a lot easier for both sides.

BECKY KENT: I'm glad to hear that because I think it's natural for people who are in distress or perhaps facing some form of challenge related to the military service that sometimes they're not as quick to contact an organization like yours. They chat about it around the table when they're dropping their kids off for preschool or whatever and then someone picks it up in a location like that, a Family Resource Centre, then they can connect you. So that's great.

I'm wondering a little bit about, to help me understand and clarify the difference between the services that you would be providing for your traditional service members, traditional veterans versus the new veterans. We know that the traditional veteran numbers are going down but our new ones are coming up and you've referenced that their needs are different. For instance, the lump sum disability versus an ongoing disability benefit, can you clarify that for me?

I can tell you, probably the number one thing that we hear when veterans or service members of any sort are discussing that in my office - and again I can't speak for the others - it's around money. Let's face it, those who are challenged with anything, whether it's disability or a change in career as a result of something, it's about providing for their families and health care and disability, your financial benefits that you offer, that's when they come looking for help. I need to understand the difference between those two and if there's opportunity or if you're looking at changes or improvements to the new veterans because those are the ones who are growing, the numbers.

TERESSA LAFOREST: I can maybe start and then I'll ask my colleagues, Barry and Lisa, if they want to join in. That is certainly a question that we hear on a regular basis and it's frequent discussion when we talk with our CF colleagues. Previous to the New Veterans Charter, if you had a service-related injury, there was the monthly disability pension which was a monthly income, which I think a lot of people perhaps counted on as part of their monthly income to support their families.

When we moved to the wellness approach, what we found with a monthly income is that it doesn't really encourage wellness, it doesn't encourage reintegration back into society, whereas the new programs and services are all about helping analyze what the needs are, analyze what the barriers are to reintegration back into the workplace or back into society and whether that's the psychosocial or the physical or the vocational. Those programs never existed before for our traditional veterans so they didn't have the supports that perhaps they needed to help reintegrate.

I think it was a different time. They came back, they just did what they would do. They went back to the work that they did before. There were certainly some programs in place to help them with housing and perhaps a more formal education but nothing for the families, nothing for the spouses if someone was killed in action, in terms of vocational support. So these are new things that will support that member and their families.

Also, if there are - and this is where I'm going to lean on my colleagues for the detail - if someone actually has a permanent disability and can't go back to work, there's earnings loss. That was what the financial - that earnings loss starts when they're in the training program but if it's determined that they can't become employable again, they receive earnings loss right up until age 65. Then there's actually a pension - I don't know if it's actually called a pension calculation but it's like a pension calculation, which would go back and look at 2 per cent of their earnings. Again, that would be another benefit that's offered to them when they're at age 65, when they wouldn't actually be working, so they wouldn't receive that benefit but there are other benefits that would then kick in.

I'm going to pass that over to see if I have . . .

LISA JESSOME: To clarify, the supplementary retirement benefit, the 2 per cent, so that is kind of a compensation for those people who cannot work and contribute to

some kind of pension plan, so we calculate on 2 per cent of their earnings loss that they received from us, over the number of years that they've been receiving benefits from us, up to the age of 65. So you could have somebody receiving \$70,000, \$80,000, \$100,000, depending on how long they've been receiving earnings loss from us when they turned the age of 65. So it's a bit of a compensation for their inability to contribute to a pension plan. That's what you're talking about in regard to the supplementary retirement benefit.

[9:45 a.m.]

BECKY KENT: Thank you.

THE CHAIR: Mr. Theriault.

HAROLD THERIAULT: Thank you, Mr. Chairman, and I want to thank you for your presentation. I thank you for all you're doing for the veterans of this province and this country, because for what they do, they deserve everything we can do for them.

You mentioned Legions. In my riding I have five Legions and also there's a base there, the Cornwallis base, with many naval veterans coming back to that area and purchasing homes and they're trying to get a Navy museum up there, they're trying to work to put that together. Once a week I get a call from a veteran, at least once a week, looking for ways to help sustain these Legions. I know through Democracy 250 in this province last year we had some financing and I had \$10,000 to work with and I made sure that all went to the Legions to help them. Two of them had to put wheelchair ramps in with it. They never even had wheelchair ramps and probably a third of those veterans are in wheelchairs. I couldn't believe that I had to take \$2,000 to help build a wheelchair ramp for two of them for those buildings.

You mentioned that by 2015 over 50 per cent of our veterans will be gone. My question to you is, what do you see happening to our Legions in this province? It's to the point now where I see three of four of the Legions in my riding closing because there's no way that they can sustain them. You mentioned Legions and you said they were important. Can you tell me what's going to happen to these Legions?

TERESSA LAFOREST: That's a very good question. I don't know if anyone knows the answer to what's going to happen to those Legions. I think the Legions themselves are going through some real soul searching right now about how they're going to transition, how they're going to attract new members, how they're going to remain a fabric of the communities that they're located within. It's a huge challenge.

I think there are a few Legions that are doing quite well. Actually the Legions in Newfoundland and Labrador seem to have found the right marketing message, if that's the right words, to attract new members and they're actually growing. It seems to be something they're talking about at their national meetings - they're trying to share best practice ideas about how to attract the newer, younger CF veteran.

This is just purely anecdotal - when we talk to our CF colleagues, they don't necessarily consider themselves veterans and when they think about the Legion, they think about that as being our traditional veterans. It's like they've separated themselves and when you ask them, some will say, you're only a veteran if you've actually had combat experience. It's a huge disconnect between where they are and where the Legion is, and I think the Legion is really searching for ways to figure out how to resurrect that piece of the community that they were such an integral part of, that as their membership drops off, they need to figure out a new way.

BARRY GALLANT: One of the points that I'd like to make is that at Veterans Affairs, we don't have a mandate to provide that financial support to the Legions that you're talking about. I haven't seen in my years here any change in that direction, but we definitely receive some calls every year as well about how we can help, at a local level, various branches. Locally, we just don't have the ability to do that, it's something we can pass up the line, but it's definitely not within our mandate at this point in time.

HAROLD THERIAULT: Can Veterans Affairs work with the local veterans in the community to help them through amalgamation? I don't know just how you would do that, I've mentioned it before and I get a bad look from the people I've mentioned it to. It's just common sense that five Legions plus a navy museum in that little area that I represent - 20 years ago it was great, but by 2015, there's no way possible those six places can be sustained. I think maybe if Veterans Affairs could help the people in this community see that common sense has to prevail here and reduce them to half at least. I don't know just how you would do it. One more question, I don't want to make that a question.

TERESSA LAFOREST: They're very independent thinkers, they don't take kindly to direction.

HAROLD THERIAULT: Could we have a list of the veterans' reps for our area? There are a lot of new members here and I don't know if they know who their representative is. I know in my area, it is Doug Lee, I believe. Is it possible to get that? (Interruption) Doug Lee no more?

TERESSA LAFOREST: No, he's retired.

HAROLD THERIAULT: I heard that. Can we have a list of the representatives for our area?

TERESSA LAFOREST: Sure.

HAROLD THERIAULT: It's important that we have contact with that representative.

LISA JESSOME: If there's one person maybe then that we can send it to?

TERESSA LAFOREST: Can we e-mail that to Kim? Yes, we can do that.

HAROLD THERIAULT: Thank you, very much.

THE CHAIR: I was very pleased that Mr. Theriault raised that question regarding the Legions. In my constituency, the Eureka Legion ceased to exist, the building has been sold and it's a situation where that Legion is having an annual banquet on Remembrance Day and it's being held in a fire hall or a church hall and so on. It's really sad to see some of these rural Legions ceasing to exist completely and that will happen to others, I believe, as well.

BECKY KENT: Mr. Chairman, can I just add a note on that list. If there was a way for that list to include all members of the Legislature because I wouldn't be here and all members could benefit from having that information.

THE CHAIR: That's a very good point, I think it would be helpful because those who are not on this committee are certainly dealing with Veterans Affairs. I know in my constituency office we interact quite often with Veterans Affairs folks.

LISA JESSOME: Could I interject just for a second. Just in regard to the list, we often and frequently have a lot of staffing changes. Unfortunately, it's often difficult to remember who we've sent all of these lists out to and to keep updating everybody every time we have a staff change. In the past week I've had six staffing changes on my team alone, so it's a little difficult to keep it as updated as possible. Often your best bet may also be to go through our 1-866 number because they would have the most current and most up to date, if you may have an older list. So if we send you a list for 2010 for January, in March, April, May that list may not be exactly as the one you have, so call us.

TERESSA LAFOREST: Within your kit, there is a lot of information about our programs and services, but there's also our card and our number is also on the Web site. So that is a 1-800 number that is manned, "personned" between 8:30 a.m. and 4:30 p.m. Atlantic time. It has individuals you can speak to who have a broad knowledge of our programs and services and would be able to assist with that kind of contact information. We have a computer-based client information system, so the new information on the ACs is actually kept very current in that system and they have direct access to that.

THE CHAIR: I must say before I move on to Mr. Whynott, any time I have been involved with contact with Veterans Affairs Canada, I've gotten a very good response and sincere people dealing with the issues. Ms. Brown is one we call quite often and others as well have been very helpful. Mr. Whynott.

MAT WHYNOTT: Mr. Chairman, before I go to questions to you folks, I just wonder for the committees, we talk about financial support for Legions and obviously a

lot of that support is a federal issue. I wonder if, with the committee's indulgence, maybe the chairman could send a letter to the minister responsible just to consider talking about the role of Legions in Nova Scotia, how important they are and then potentially asking for some financial help, long term, giving some transition funds for Legions? I don't know what the other committee members think of that.

THE CHAIR: That's something we could discuss in the last few minutes of the meeting.

MAT WHYNOTT: Think about it, of maybe even at the next committee meeting.

THE CHAIR: If you don't mind, we'll defer that to close to the end. We will need 10 or 15 minutes as well to deal with some other issues, including future presenters at the end.

HON. WAYNE GAUDET: Mr. Chairman, on Mat's point, I just wanted to respond to Mat's comments. You may recall that you forwarded a letter to the minister dated December 17, 2009, with that identical request to assist Legions, so that has already been carried out. I have a copy here.

THE CHAIR: Yes, we did.

WAYNE GAUDET: That was from our last meeting.

THE CHAIR: That was from our last meeting, yes. I don't think it was put forward quite as clearly on the survival and so on as you did today. That's right, we had a whole series of letters that we wrote after the last meeting.

MAT WHYNOTT: I still have questions.

THE CHAIR: Yes, by all means, go ahead.

MAT WHYNOTT: Obviously every constituency being represented here and right across Nova Scotia have veterans who make their home in our various communities. One of the things that I always try to do and I tell people this as much as I can, is whenever you see someone - so I go and visit constituents, I do canvass, I try once a week to get out and meet some folks, but whenever I see a licence plate that says veterans on it, I always thank them. People are like wow, they are thrown back to the fact that someone thanks them, not just during Veterans Week but throughout the year, so that is one of the things that I try to do.

I do want to talk a little bit about the veterans ombudsperson. I understand this person was just appointed in 2007 or 2008 or so. I wonder how has that office helped since it has been established, helped veterans here in Nova Scotia, or if that office has?

TERESSA LAFOREST: That's a good question. I think we have seen some positive benefits come out of that ombudsman's office. One of the things, as part of our modernization strategy, we have the issues resolutions officer, that I talked about that is in each region, is in our Dartmouth office. That person has very close ties with the ombudsman's office and kind of is like a one-stop-shop so now the ombudsman's office has kind of one place to go to, to say you know these are the issues that we're following up on and can you report back to us on what actions specifically have been taken for each of these complaints. It's another method.

We have various mechanisms built in place when a client is not content with the decision that has been made. There are appeal rights put into play and that's always sent to them in their letter, so if they're not content and they're not happy with the response they had, there are appeal rights built in.

We have BPA, the Bureau of Pension Advocates where we actually pay for lawyers to represent clients when they come to the veterans review, the RAB board. So we support them in that. The ombudsman's office is another area where they can go. It is a little bit less formal. He is a former military person who has been through a lot of what they've already been through so I think from a peer perspective, he employs staff that are also former military members so there's a real good connection there. He is located in our head office in Charlottetown so I think there's lots of interactions very embedded.

[10:00 a.m.]

We are certainly very responsive to concerns for all of our constituents and all our clients.

MAT WHYNOTT: So just one other question. What type of issues would that office see? Any idea about how many veterans within Nova Scotia access that service?

LISA JESSOME: I couldn't speak to numbers but any type of issue that you might yourself deal with, they could also go through that route as well. Last week I had a client who hadn't had contact with Veterans Affairs for over a year and a half. The office was the conduit between the client and us. We have now reintegrated with that client and we are now working in a positive relationship with that client whereas in the past he was unwilling to work with us but now, with their assistance, which has been very beneficial to both of us, that we've been able to rebuild on that relationship.

I'm not sure if you are aware, he's actually going to be in Sackville, at the Legion in Sackville on January 27th, doing a town hall so that's probably why you brought it up.

So the numbers, we get direct contact from them. There's a multitude of ways that they can come through and reach our staff but they contact our staff directly at the Halifax district office because we cover mainland Nova Scotia, or they contact the Sydney district office, they go through the contact centre, they'll contact the issues

resolution officer. Any type of issue that you might run into, I'm sure they're probably getting some queries on the same type of issues.

TERESSA LAFOREST: And they can call any of our staff, they have direct access. What we try to do, though, is to ensure that we're following up and focussing on what the issues are, making sure that the commitments are being fulfilled and that we can report back on that.

MAT WHYNOTT: Thank you very much.

BARRY GALLANT: Just as an interest note, one of his senior staff is actually a resident of the Greenwood area and is working for him in Charlottetown, he's a rep from Greenwood.

THE CHAIR: If we could bounce back to the Legion question for just a moment, we did write to the minister but what we were requesting was that consideration should be given to allow Legions to apply for assistance to repairs under the Building Canada Fund. We sent a series of letters out and certainly that was one of them but that wasn't specifically asking for a special fund to be set up. Maybe what we should do is wait for a response from this letter and see where we go from there because it may warrant another letter.

We also wrote to the Premier asking that there be an annual grant program established to assist Legions throughout the province in regard to capital needs. So I think we're taking some real leadership here in this committee, a committee that used to meet about twice a year. We intend to meet eight, nine, 10 times a year so I think we're taking some real leadership.

There was a stack of letters that went out at that time but it may require follow-up and that's the point that I'd like to make because this is an existing program that we wrote about. We'll see if there's inclusion in that. If there isn't, then we go back, as Mr. Whynott suggested. Is that fair, committee? Okay.

ALLAN MACMASTER: Mr. Chairman, two questions. One is around widows and have you dealt with any groups that have been requesting - I sense that you may be picking up on what I'm asking about. Could you give us a little background on that because it seems to be a question that keeps coming up and perhaps because they don't like the answer they've been receiving but maybe there's some reason behind that.

TERESSA LAFOREST: Certainly there have been some very vocal Nova Scotians who have represented those concerns in Ottawa. There was the expansion of the VIP benefits. Now I am going to look at Lisa for the details on that one.

LISA JESSOME: The budget of 2008 announcement, the VIP expansion project was to allow some benefits to any surviving spouse of a veteran who served. They didn't

necessarily have to have services in place prior to the veteran's passing, whereas in the past the VIP program was only extended if they had the services in place at the time of the veteran's death. We expanded that back in February 2008 to include anybody with the potential of having a spouse who had served who had passed away and have the ability to receive about to \$2,500 a month in benefits - that is to include some housekeeping and some groundskeeping per year and that is indexed. It initially started at about \$2,400 and it has been indexed every year so it is about \$2,569 now, I think.

That is the maximum that we're allowing at this point. However, they do have to have either a disability tax credit on their income tax and they are below income so there are a couple of tests that need to be met in that regard.

ALLAN MACMASTER: Has that solved some of the requests that have been coming in or is it . . .

TERESSA LAFOREST: Well it's certainly an additional benefit that we didn't have before. There were some people who were falling sort of between the cracks there but there's always more to do.

LISA JESSOME: In 2003, prior to November 2003, the surviving spouse only had received the VIP program for one year. Now back in 2003 when legislation changed, they were able to receive it until it was either no longer needed or they had passed away as well.

ALLAN MACMASTER: Thank you. The other question I was going to ask was actually a very good project in Inverness at the school. I don't know if you are familiar with it. What they've done is they have taken pictures, they have collected pictures of all the veterans and they framed them and put them up on a wall called the Veterans Wall. Lisa is familiar with it, I guess.

LISA JESSOME: My brother and his wife both work at the Inverness school.

ALLAN MACMASTER: Oh, there you go, there is a connection.

LISA JESSOME: I actually passed that information on to our Canada Remembers department a couple of years ago.

ALLAN MACMASTER: I saw it in action this year and it's nice because all of the kids carry out a framed photo of one of the people who had served in the past. It puts a real personal touch, it puts a face on war and what it means. They also have the option to research the person that they're carrying around with them for the week, so I just pass that along. There are a lot of things, I think, we can do to remember our veterans. Legions, of course, is certainly one of them, but this may be a new way that doesn't cost as much money, maybe, but it has a lot of bang for the buck.

LISA JESSOME: And I think the schools actually have the ability to go on and put their link on our Web site where other people then can go and click on and actually see that, because I have actually gone on through the Web site and had a look and, of course, because my family worked there as well and they passed the information on to me.

ALLAN MACMASTER: I guess just as a question, I don't know - this was some years ago this was started - where they got the funding for it, but is there funding for that type of thing? I know you have a program for monuments, would there also be for this type of remembrance?

TERESSA LAFOREST: There is a fund called the Community Engagement Partnership Fund and that's run through Canada Remembers. That is small grants up to \$5,000, that is on our Web site. That is one that we do work closely with the Legions, it doesn't support their core Remembrance Day activities, but it does support a lot of events that they do on a regular basis throughout the year. It's certainly something that schools and community groups can apply for. There are some time frames on there, they're looking at trying to get those applications in three to four months before the event and that's often a challenge. As you all know when you're working with community groups, to plan something three or four months out is quite a while because a lot of us who are already part of community groups, we know how that works and you get your ideas.

Certainly there is money there, it's increasing. We have a lot of events that are supported by that. There's a one-pager that talks about the Community Engagement Partnership Fund - maybe I could PDF that and e-mail that to Kim, so you can send that around so that you can share that.

ALLAN MACMASTER: Thank you.

THE CHAIR: Ms. Raymond.

MICHELE RAYMOND: Thank you very much and thank you for coming in and telling us about some of this incredibly broad spectrum of things that you do for what is an increasingly large and always important part of our communities.

You've talked about traditional veterans and certainly, I have a large number of traditional veterans living in my community. Two questions, though. One, just out of curiosity as much as anything, because I live in an area just outside of Halifax, a coastal area, a number of people in my community are actually Merchant Navy veterans, they're not all even aware of it and a number of them haven't even engaged with this at this point and don't know about it.

I'm just wondering if you have any sense of what percentage of Merchant Navy veterans across the country have self-identified, if there have been any attempts to reach out to them with information about the programming available through Veterans Affairs,

and how people do go about making contact if they are a Merchant Navy veteran? That's question one.

BARRY GALLANT: I'm not sure how many have self-identified, what the percentage is, but I know that the Merchant Navy Association is a very active group of people and they do publicize a fair bit about what they're about and how Veterans Affairs can help them. I'm not sure if we've done any orientation down on the South Shore or not. Maybe Lisa could help me with how we'd go about doing that kind of outreach to them? Definitely, if you think there's a need there, we'd be happy to talk to you and see how we can maybe meet that need.

MICHELE RAYMOND: Okay, that would be . . .

LISA JESSOME: We have staff. Our area counsellors travel across the province, so if there is some kind of presentation that we can present to a group when they're having their meetings, monthly, annual, whatever type of meetings they may have, just give us a call. We can have an area counsellor travel down to do a presentation on the programs and services that Veterans Affairs can provide them. Just have them call the 1-866 number. Anybody who has served, that's the easiest route for us to determine their eligibility.

People automatically make an assumption that because we're Veterans Affairs, we automatically have all their service information on record, but we don't unless that person has made contact with us in the past. So it does take us a little bit of research, we have to go to archives with their service information and get their actual service dates, and then determine their eligibility. That turnaround time could be a week, two weeks and then there's ongoing contact with the department at that point.

MICHELE RAYMOND: Okay, so there aren't any specific concerns then around identifying Merchant Navy veterans and so on.

LISA JESSOME: No.

MICHELE RAYMOND: Great. I might actually ask you that because certainly even the Legion doesn't necessarily consider them as part of it.

The other question that I have - and maybe I missed this - I was wondering could you give me a little bit more information about how the health services through Veterans Affairs are integrated or not integrated with provincially delivered ones. I know that there is long-term care, for instance, and I've always been a little fuzzy on how people are admitted through Veterans Affairs to those beds. Is it a single intake that you have or do people put themselves down for a particular institution? Is it managed through the province, how does that work?

LISA JESSOME: Are you referring to our contract beds of the 11 facilities?

MICHELE RAYMOND: Yes.

LISA JESSOME: They are overseen by our district nursing staff, each office, both in Sydney and Halifax here have district nursing staff on who oversee the admissions to those beds. So it is a single tier within our department and it is based on need, it's not a first come, first served, it the most needing client that comes to us which could change on a daily basis, so it's based purely on need and they have to have overseas service. Right now it's not open to our younger, regular Forces veterans, they would had to have World War I, World War II, or Korean service in order to be eligible for those beds, as it stands today. With the changing demographics with our clientele, that may or may not change, don't quote me on that. I know I'm going to be.

MICHELE RAYMOND: Here's another question, do they need to, in fact, be Canadian citizens, yes to have served in Canadian Forces, but I know I have one U.S. citizen who served in the Canadian Forces in Korea? Would that person qualify?

LISA JESSOME: Is it an allied veteran? Would he be deemed to have served for the United States?

MICHELE RAYMOND: No, allied. Sorry, served in the Canadian Forces but is a U.S. citizen.

LISA JESSOME: Is he looking to return?

MICHELE RAYMOND: No, lives in Canada, everything else.

LISA JESSOME: Oh, lives in Canada.

MICHELE RAYMOND: They'd be perfectly eligible?

LISA JESSOME: Served in Canada, served for Canada, lived in Canada?

MICHELE RAYMOND: Yes.

LISA JESSOME: I don't want to be, again, quoted - potentially, you'd have to look into it to make a determination of their actual service.

MICHELE RAYMOND: There's not a blanket kind of thing, all right.

TERESSA LAFOREST: Our eligibility is very complicated, so it's good if individuals can talk to us about their specific cases and then we won't give an answer that is incorrect.

MICHELE RAYMOND: Thank you.

THE CHAIR: Mr. Burrill.

[10:15 a.m.]

GARY BURRILL: I was wondering under the Cenotaph Restoration Program of Canada Remembers, heartbreakingly one of the major adjustments having to be made to our community memorials now is additions, additional names. As I've understood, the cenotaph remodelling money that is available under Canada Remembers, it doesn't include provision for those adjustments. I'm wondering if I have missed something or if, in fact, that is the case.

I'm quite certain it is the case with the actual restoration program, that the list of modifications that it covers does not include additions. If at a policy level, any thought you might be aware of is being given to extending the parameters of that program so that that kind of money on the 50-50 shared basis with communities, as is presently available, might be able to be made available to communities who but for the loss of someone in the Forces would not need to be attending to the memorial? This has been an issue in a community that I represent and so I think it must be an issue elsewhere, too.

TERESSA LAFOREST: I don't know the answer to that but I will bring that question back to Barbara Childs, who is our acting director of Canada Remembers now. So I'm clear on the question, it was the cost of the addition of new name markers that would go on the community memorial.

GARY BURRILL: Presently, as I understand the program, there is an extensive list of modifications to memorials which are, of course, very precise, which are eligible for DVA funding under the 50-50 provision but the addition of names to a community memorial is not on the list. It seems to me that additional programming or refinement of the present program might be called for here since we can think of quite a number of communities in the past four years that have been called upon to modify, in significant ways, just from a stonemasonry point of view. It often involves a complete redesign of a community's memorial, most of which, after the Korean conflict - many of which after the Korean conflict - were not designed with the losses of the Afghan conflict in view. I wanted to ask about that and to make that suggestion.

TERESSA LAFOREST: Thank you for that question. So should I e-mail that response back through Kim, is that the best way to do that?

GARY BURRILL: Yes.

TERESSA LAFOREST: Okay, thank you.

THE CHAIR: Our speakers' list has Ms. Kent and Mr. Gaudet. Mr. Gaudet hasn't had an opportunity yet but, Ms. Kent, perhaps one question since your hand was up first.

BECKY KENT: I don't know if it's going to be a quick answer but a quick question. Are there any legislative changes, federally, that are pending that you are anxious to see move forward that can significantly help you serve, obviously the veterans and clientele that you have, that you didn't think to bring to our attention?

TERESSA LAFOREST: Certainly not that we're aware of. We just had the VIP expansion for those survivors. That was the only piece of legislation that currently they're working on. The New Veterans Charter was a major piece of legislation that has only been in effect for a few years and that seems to be the one that we're now examining to see if that will play out to meet the needs of our current members, so not that I'm aware of. Oh, Lisa, yes.

LISA JESSOME: Just as of January 1, 2010, there is the coming into force of a new initiative for allied veterans so our programs and services to the allied veterans have changed slightly, as of January 1, 2010.

I can't really speak to that a lot, we're just in the process now of receiving training on that, our staff and myself.

BECKY KENT: Okay.

TERESSA LAFOREST: Would that be considered a major piece?

LISA JESSOME: It's not considered a major piece but it is a change to the War Veterans Allowance Act.

BECKY KENT: Okay, thank you.

THE CHAIR: Mr. Gaudet.

HON. WAYNE GAUDET: Thank you, Mr. Chairman. I want to start off by thanking the panel for their presentation this morning. I don't have a question, I have a comment I would like to make. As a rural MLA, I don't often get calls from veterans. I'm sure most rural members get help from the service officers from the Legions around the province.

For whatever reason, I was contacted last year by a family of a veteran from World War II who was diagnosed with terminal cancer and wanted to spend his remaining time in his own home. Of course, the family needed help to care for him at home so I turned to Veterans Affairs Canada here in Halifax. An outreach worker drove down to Clare, met with the family more than once. Veterans Affairs assisted the family. They were extremely grateful until the end, recently. So on their behalf and on my behalf I want to take this opportunity to thank all of you and staff here in Halifax for the assistance and the help that you do provide veterans and families across our province,

thanks again.

THE CHAIR: Perhaps I'll jump in if I could, because our speakers' list has been diminished here. One of the things, I guess I have a lot of personal experience with Veterans Affairs Canada. My mother-in-law passed away in the veteran's unit. She had served in the Air Force and her husband, my father-in-law, had served overseas. How many beds do we have available? I'm talking about the facility in Pictou, the veterans unit in Pictou which is just second to none in the way people are cared for. I'm wondering how many units there are like that. How many beds, in total, are there in this province? That's a service that is just unbelievable and the waiting list, of course, is high.

TERESSA LAFOREST: In your package . . .

THE CHAIR: Oh, I'm sorry, I haven't . . .

TERESSA LAFOREST: There's a lot of information in your package so that's understandable.

THE CHAIR: Thank you very much.

TERESSA LAFOREST: In your package, we had detailed the 11 long-term care facilities that exist. So we've got the name of the facility and the location, the number of contract beds and we also have what we currently have as the wait list. That wait list changed quite frequently so what we have are the numbers of individuals that are on those wait lists, plus those who are actually in that facility but are actually requesting a transfer to another facility, perhaps closer to their family. So you can see 334 contract beds, with the largest number of beds certainly being at the Camp Hill Veterans' Memorial Building, that being 175 beds.

THE CHAIR: I know in the Northumberland situation lots of times there would be more than seven that would be waiting, from past experience.

TERESSA LAFOREST: That's like a snapshot in time and it changes all the time.

THE CHAIR: Some, of course, realize that there isn't too much of a possibility of getting in right away and looking at alternate locations for their loved ones as well.

One of the things that I'm really concerned about is the situation with post-traumatic stress. I had two uncles who served overseas in the Second World War. One came back with a war bride, another came back totally destroyed in body, mind, and spirit and spent most of his life, to 1969, in and out of hospital, including the Nova Scotia Hospital in Dartmouth, and was on 100 per cent disability, wounded twice in Italy and came back from the Netherlands in very bad shape. I bear his name, the exact same name.

For me, the post-traumatic stress was something that wasn't looked at years ago.

People came back on hospital ships, they went to a hospital and they were looked after. This uncle died in Camp Hill Hospital at the age of 45 but, as I say, he was in and out of hospital for a long period of time.

What are we doing that is so different today? It's now recognized what people come back with and I'm just wondering, how deep are we going with that? It's something that has to be addressed and it has to be addressed more and more all the time. The war in Afghanistan is, to some degree, like the Vietnam war - you don't really know who is friend or foe and the stress levels that are there are just unbelievable, I believe. Could you address that?

TERESSA LAFOREST: I can certainly start with some opening comments and then I'll ask my colleagues again to add in. It's certainly something that we recognize as being an extremely serious health issue. We're trying to expose our staff to presentations from the military so that they can see what the conditions are like, what our Armed Forces, what our CF members are actually experiencing over there. We work with our peer support groups and sometimes those individuals have - it may not be Afghanistan but it's other situations where they have been in those kinds of extreme situations that evoke a mental health response which is beyond what many of us could cope with.

We are trying to partner with - help identify mental health professionals who have experience working with post-traumatic stress. We have a research group that does research and also works, say, with veteran groups in the U.S. We do joint research together, looking at ways that we can have a better program. We work with some of our in-house, in-home residences like the Homewoods and the Bellwoods of the world that are in Ontario, to work with addiction support. Oftentimes we see there's a co-morbid condition where they have a mental health condition and they also have an addiction, so that's a dual problem that they need to treat and they need to treat those things together.

We've worked with professional groups, those professional institutions to help develop programs for our military. We work very closely with our military colleagues at the OTSSC. For the first time in Canada, there's actually an in-house, OSI in-patient program that has opened up at our veterans' hospital in Sainte-Anne-de-Bellevue outside Montreal. I think that's the first of its kind that we'll actually look at the trauma phase, when someone is going through that traumatic phase, they'll have an in-house place where there will be other clients that will also have that same kind of military experience.

What we've seen and what the research tells us is that clients who have had those kinds of experiences actually recover faster when they're around other clients who have had those similar types of experiences. So if a client has a co-morbid condition and are placed with individuals who don't know what they're going through, have never been part of that military experience, they don't do as well, they're not as apt to open up - it's more challenging for them. So we work with those institutions to try to pool those groups together so that we can, on an intake basis, look at bringing clients together who are CF members from across the country, so they can go through their therapy sessions together

and have those common, shared experiences and that, we're finding, has actually been quite beneficial.

We continue to work on research, we know that we need to analyze these things further and then we need to apply that research into the care situations. That's a provincial jurisdiction, so it is something our health professionals work with, the psychiatry. Recently, this summer, we had a joint meeting with our Capital Health colleagues because they are a tertiary centre, they do a lot of referrals, we met with them. Our psychiatry, our mental health staff, we had our OSI people come in from Fredericton, our OTSSC people were here, the psychiatry people from the base, we did similar to what we're doing here, we talked about our programs and service and talked about what's available and where the linkages are. We sort of set up the relationships, introduced sort of the psychiatrists to each other, talked about the types of services, the referrals that are available, and we also talked to Capital Health about what their future is in terms of mental health in communities.

We know that our clients do better if their treatment is actually closer to their home. Treatment doesn't just involve the client, it also involves their family. The more we know about their home environment the better it is for them to recover. There's lots of research out there that supports those outcomes, so we want to work with the province to encourage that, that there are more care opportunities closer to where they live.

[10:30 a.m.]

We also know some individuals seek out isolation, they don't want to be around people, that's part of their illness. So we have to think of new techniques and new strategies and maybe telehealth and telemedicine, so that we're able to again provide service to those clients where they live now, so they don't necessarily have to drive hours or have a great distance to travel for their type of treatment. We're working on all of those things.

It's an ongoing, constant battle looking for new ways that we can better service those clients, because that is a very complex issue, difficult to treat, long term, something that individuals will most likely deal with for the rest of their lives. Does anyone else have anything to add to that?

BARRY GALLANT: Just a couple of points to add to what Teresa said. We now have a mental health program in the department, so it's recognized as a mental health program. We have staff allocated to that program and they kind of oversee all the things that Teresa was talking about. So we have kind of a group that we didn't have in my earlier days with the department that does try to bring all of those things together.

Teresa mentioned the OSI clinic in Fredericton, I'm not sure if we talked about that too much, but there are a number of OSI clinics across the country now that Veterans Affairs funds. Our one in Atlantic Canada is in Fredericton, but the staff there is available

to our staff across the region to help us when we run into a difficult situation. They also, obviously, provide service to clients directly and bring them into Fredericton.

That clinic that Teresa talked about in Montreal, our veterans in Atlantic Canada are eligible to go there too if they meet the criteria kind of thing. Anytime we have a client move like that the department covers the costs of them going to that place and the cost of accommodations and all that kind of stuff when they're there. Even though the clinics may be a little remote from here, we still provide that service to them.

We also have on staff in our regional office now what we call a mental health expert. It's a person who has experience in mental health programs either in the department or outside the department. Again, that person is there to offer advice to the staff. Those are some of the nuts-and-bolts things we've done.

TERESSA LAFOREST: The only thing I would add to that is that it is important to have that service in your first language, so that OSI clinic in Fredericton provides a bilingual service, as well as that in-patient clinic at Ste. Anne's also provides a bilingual service.

THE CHAIR: Thank you very much for that. One of the things that I'm very pleased you mentioned was the addiction end of treatment as well. That is so much more complex than it was before because a lot of our Second World War vets were, in fact, facing the alcoholism aspect of addiction from years of service and so on. Today, the prescription and non-prescription drug aspect is certainly one that has to be looked at very closely and I'm pleased to hear that you're doing that.

We never in this committee try to fill the full hours if we have exhausted the questions - and they have been very good and it has been a very wonderful exchange we've had with you. Are there further questions? We thank you very much for coming. Do you have some closing remarks, perhaps?

TERESSA LAFOREST: Just to say again, thank you for your interest, I think we've got several items that we'll be following up with Kim. Thank you for the invitation, I was a little bit nervous, I have to say, being recorded, but hopefully we were able to answer your questions and thank you for the good discussion.

THE CHAIR: Certainly, no one would recognize that, with the wonderful information that you presented to us. It was very well presented and the questions were extremely well answered by all of you and we appreciate you coming in here today. We appreciate the job that you do on a daily basis for the veterans and I'm sure you'll be back before this committee in the future, as well.

Thank you, very much for coming in and we do have a few housekeeping matters to deal with, including future presenters as well. The reservists are coming in at the next committee meeting. Thank you. We'll just take a moment and you can round up your

things and we'll deal with our housekeeping matters. We're having a three-minute break.

[10:34 a.m. The committee recessed.]

[10:39 a.m. The committee reconvened.]

THE CHAIR: We'll call the committee meeting back to order. Just an update in relation to the postcard of thanks which we talked about doing in advance of Remembrance Day next year. Kim has done some work on that and has, I believe, come up with the postcard itself which I was supposed to find time yesterday to look over, but I wasn't able to get back from our caucus meeting in time, but we did talk on the phone about it. I think at the next meeting perhaps we can pass it out and talk about it a bit.

This is something that is not requiring immediate action because we just want to be ready well in advance of Remembrance Day next year. You will recall, those committee members who were here at the meeting when this was discussed, it's something that was done a considerable number of years ago, I'm not exactly sure how many but it was something that was done for a short period of time and we will resume doing that, with your blessing, before Remembrance Day next year.

Selection of additional witnesses - I'm not sure from which Party list we took the others, but I think we're operating here on just general agreement anyhow. I don't think we're going to be too concerned about which list we deal with, as long as we have committee support for the future witnesses.

The reservists are coming in for the next committee meeting. Where do we go from there? There are quite a few on the list, do you want to scan the list? We should come up with at least a couple of possibilities.

WAYNE GAUDET: Are the reservists booked?

KIM LANGILLE: Yes and no. I've been playing telephone tag with them over the last number of weeks. The recent death of the soldier in Yarmouth kind of threw things off a bit and I have been speaking with them again this week. It's just a matter of getting the person they're going to send. I'm supposed to have that information this week.

THE CHAIR: The other thing we should be looking at as well is we received a suggestion from a Mr. Ron Griffis and that's attached as well. He outlined a number of people that we could possibly have. This was circulated before and I see a number of situations here, including an expert on post-traumatic stress disorder and so on, so there are some good suggestions. There was acknowledgement to Mr. Griffis, thanking him for what he had submitted to us and we did mention it at a previous meeting as well, but that also gives us some possibilities.

At your pleasure, we should have a backup in case the reservists are not available

for the next meeting, I'm sure they will be because you've been working with them, but perhaps a couple of suggestions if you could put them forward. Ms. Kent.

BECKY KENT: Calvin Hillier and Carl Doty, Last Post Committee, I think that would be a good one to have some insight on. Also, particularly after today's presentation, relative to long-term care for veterans, perhaps the Department of Health could come in and bring us up to date on the connectivity between the provincial Long-term Care Program and that program.

THE CHAIR: Any comments on that?

HAROLD THERIAULT: Mr. Chairman, the Military Family Resource Centre, they were in here approximately a year ago, maybe longer, perhaps it might have been two years ago as fast as time goes. That was very interesting when they were in here and they brought us up to date on all of the activities they were doing. At the time, I suggested they should be running the government of the province, they were running that so well. I think it would be interesting to have them in again just to see how they're doing and give us an update.

THE CHAIR: Is there perhaps agreement that we may possibly have more than one party, one entity come in for a meeting? I'm not sure how much time the Last Post Committee would actually take or the Military Family Resource Centre, or the Department of Health, the connectivity between provincial and federal. Some of these things may only amount to an exchange of half an hour, 40 minutes, an hour at the most. It might be a good thing to line up two per meeting. Veterans Affairs, there's such a large number of things we could discuss with them, but some of these are more limited in scope. So we have three suggestions so far.

BECKY KENT: Can we add to the list or offer something that wasn't on there? Something for future consideration - it doesn't have to be decided today - but the 100 years of navy anniversary, there's probably a significant amount of work that's being developed on celebrations across this province. I think that having an update now so that we, certainly as government and MLAs, can be well informed as they're rolling it out. Hopefully we all have good relationships with our military in the areas. I'm lucky and it sounds like you are as well, Junior, that we have direct contact in our communities with the military, but some don't. I think that would be helpful to get in on it now, bring them in and get them to update us because there's a lot being planned, an awful lot.

THE CHAIR: It's a very good idea. So will the reservists, in fact, take up our full meeting? It's hard to say and the fact that we don't have anyone committed, despite the efforts of Kim so far, perhaps we should have, even for the next meeting, a second party coming in. Do you want to suggest who might go with the reservists out of the four? Perhaps the naval 100th Anniversary might be good.

[10:45 a.m.]

WAYNE GAUDET: Wasn't Sergeant Kirk Taylor a reservist out of Yarmouth?

THE CHAIR: Exactly.

WAYNE GAUDET: I wouldn't book anything else with that.

BECKY KENT: You wouldn't?

WAYNE GAUDET: I wouldn't, just to find out basically what they do and what kind of backup they have if something goes wrong.

THE CHAIR: Is there agreement that we continue with the efforts to get the reservists in?

BECKY KENT: At what point would you consider it to be an effort that you have to decide, okay, if we don't hear from them by this date we really need to move on to something and then bring them forward later? For that reason alone, it might be that they're just not responding, they're dealing with what they have now at hand with the loss of this reservist, right?

THE CHAIR: My suggestion is that as a backup we put the Last Post Committee and the 100th celebration together for the next meeting. The Department of Health, the connectivity, and the Military Family Resource Centre being put together as a possibility as well. So that would give us three meetings and if, in fact, we are having a problem with the reservists at this time, would it be agreeable to have the Last Post Committee on the 100th Anniversary for the next session, the next meeting, and of course have the reservists in but down the road a little bit? So that actually gives us three meetings.

I don't think we have to go beyond that because when we go beyond that, I personally at some point, in relation to Mr. Griffis, and also in relation to Ms. Raymond who at one time talked about the post-traumatic stress, the actual services that are being provided - I mean we certainly had some highlights today of what's being done, but I think down the road at some point we could deal with this in a broader scope.

That looks after our next three sessions. Is there anything else? I must compliment Kim on the job that she is doing. It's outstanding and she interacts with me on a regular basis and certainly the letters that went out on December 17th, we will be getting replies to some of those. They will be sent out to you as soon as they come in. We appreciate all of the efforts and certainly past efforts as well. The staff here is phenomenal.

Thank you all for coming and a motion to adjourn.

AN HON. MEMBER: I so move.

THE CHAIR: Thank you. The meeting is adjourned.

[The committee adjourned at 10:48 a.m.]