

HANSARD

NOVA SCOTIA HOUSE OF ASSEMBLY

COMMITTEE

ON

VETERANS AFFAIRS

Thursday, May 20, 2010

Committee Room 1

Veterans' Long Term Care

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VETERANS AFFAIRS COMMITTEE

Clarrie MacKinnon (Chair)
Gary Burrill
Michele Raymond
Sidney Prest
Jim Boudreau
Wayne Gaudet
Harold Theriault
Alfie MacLeod
Allan MacMaster

In Attendance:

Kim Langille
Legislative Committee Clerk

WITNESSES

Department of Health

Kevin McNamara
Deputy Minister

Keith Menzies
Executive Director, Continuing Care

Carolyn Maxwell
Acting Director, Business and Service Support



House of Assembly
Nova Scotia

HALIFAX, THURSDAY, MAY 20, 2010

STANDING COMMITTEE ON VETERANS AFFAIRS

9:00 A.M.

CHAIR

Clarrie MacKinnon

THE CHAIR: Good morning, we will call the Veterans Affairs Committee meeting to order, and we'll begin with introductions.

[The committee members and witnesses introduced themselves.]

THE CHAIR: We welcome you here this morning, and we'll call on the deputy minister, Mr. McNamara, to begin.

KEVIN MCNAMARA: Just briefly, we're very pleased to be invited to come here and talk to you this morning. I'm going to ask Keith to do the main presentation, which I think each of you have a copy of, and then we'll be pleased to answer your questions. So, with that, I'm going to turn it over to Keith.

KEITH MENZIES: Good morning. I'll go through this presentation fairly quickly. There is a lot of information in it, and we will certainly be pleased to go back and talk about any parts of it you would like and to clarify any other questions you have.

The first slide in front of you is simply showing how continuing care clients are served and trying to give an estimate of the numbers of clients in various programs. For all of our Continuing Care Programs - and this would include veterans looking for services through our Continuing Care Programs - you would come in through a single-entry access, have an intake done and an assessment and care plan developed. A care coordinator would be assigned and, based on the assessment, various services are available for individuals both in their communities and in their homes, as well as in long-term care facilities.

This slide simply gives you an indication of some of the services we have and the amount of work that people are doing in supporting Nova Scotians in those various programs. Protection for Persons in Care, those issues come in, about 130 a year, and they're all investigated. We have a robust Home Care Program that provides home support as well as nursing, respite care, palliative care, and self-managed care is a similar kind of service, but it's where you manage the dollars yourself rather than having an agency go in and do that work.

There's a Caregiver Allowance Program. We also manage the Adult Protection Services and Home Oxygen Services, and then the most costly programs we run, of course, are the Long-Term Care Programs - the nursing homes, residential care facilities and the community-based options. That simply gives you an overview of where our services are. I've sort of spoken to this already - people come into the system through a 1-800 number, and we do an intake, a care coordinator is assigned and we assess for care needs.

In part of our work and because the discussion here today focuses on Veterans Affairs, much of this relates to that, but we work collaboratively with Veterans Affairs Canada to meet veterans' needs. Quite often, when someone's coming into a Home Care Program, it's not immediately identifiable that they're a veteran, and even if they are immediately identified as a veteran, the complexities of Veterans Affairs programs and the entitlements under those programs take a while to work their way through.

What we do is put service in place with the understanding that Veterans Affairs will do their work. If they determine the client is one of their clients, they then take on the care from us, but it's about everybody being eligible for services through our program. If they're eligible for different services through Veterans Affairs, then Veterans Affairs will provide those programs. We consider the province to be the payer of last resort, meaning that you would take advantage of any programs that are out there that would benefit you and come to the public programs only when you've exhausted all the other avenues for services.

The same policy basically applies through the long-term care side, although generally when someone reaches the stage of needing to move into a nursing home setting, we have a lot of the detailed work behind whether they're a veteran, or not completed, or Veterans Affairs have. Individuals who are eligible as veterans can choose to live in a nursing home rather than one of the veterans' units, and right now we have approximately 200 veterans living in regular nursing homes around the province.

When they do move into the nursing homes and have care provided there, Veterans Affairs Canada actually pay for that service, all of the service. Not only do they pay for the care costs - the individual pays an accommodation fee, as in our program, and then Veterans Affairs would top up whatever the individual doesn't pay. So for any veterans in our nursing homes, Veterans Affairs is basically paying the entire cost and it's not costing the province any dollars at this time.

We basically have two levels of care in long-term care. We have residential care facilities, which provide a lighter level of care than a nursing home. Veterans Affairs does not fund that level of programming. They have a very robust home care program and they encourage and enable people to stay at home more fully. If a person does move into the residential care unit, if they're a veteran, they would pay the accommodation rate and the province would pay the balance of the care. With the nursing homes, Veterans Affairs pay the full cost.

There is an agreement in place with Veterans Affairs relating to the development of the contract beds around the province. The beds are listed at the back of the presentation, so I won't go to those, but 51 beds are located in five long-term care facilities and 283 of those beds are located in hospital units - Soldiers Memorial, for example, in the Valley; in Lunenburg; and Taigh Na Mara in Glace Bay. They're around the province.

One of the issues that we're working around at Veterans Affairs is, of course, that they're identifying that the need for those beds is diminishing very rapidly. Certainly as they no longer need those beds, they're letting us know that they won't be needing them, and they'll be getting out of the business whenever it's appropriate for them to be able to do so.

So in their contract beds, they pay the full cost of care and the accommodation costs for eligible individuals. The eligible individuals for these services are veterans from the First and Second World Wars and the Korean War. Veterans Affairs monitor very closely the population and the needs. They are certainly telling us at this stage that they will see that need diminish significantly over the next five years.

We also have another arrangement in Cape Breton deemed as Veterans Independence Program beds, and the difference between those and a contract bed is that Veterans Affairs pays for the contract beds that are available to veterans only. With these other beds, Veterans Affairs pays for the bed when they have a veteran residing there, but if there isn't a veteran in the bed, then they're available for us to use, for the province to use for care. There are only 20 of these, and they're all in the Cape Breton area. I think I've already said that, but they pay for those services. At this point, with about 227 clients in nursing home beds that the province operates, Veterans Affairs is paying approximately \$14 million toward those costs.

Quite often veterans may be waiting for placement in a veterans' facility, and in that case they may come into a long-term care facility until such time as a bed becomes available for them in one of the veterans units.

The biggest challenge, I think, that we have encountered - and Veterans Affairs have encountered as well - is the issue of a situation where a spouse also needs care. In our nursing homes, and in nursing homes that the province's runs/manages - in our

policy, we do enable spouses to be in the same facility as quickly as possible. Veterans Affairs, of course, doesn't allow spouses into their veterans units at this time. So quite often you will see a veteran who have a spouse who needs care as well, moving to the nursing home sector instead of staying in a veterans unit.

They are also choosing to stay close to their family and their community. All those Veterans Affairs units are spread across the province, sometimes people want to stay in their immediate community and then there are also times when Veterans Affairs doesn't have a bed available and someone needs to go into care immediately, so they're placed in a facility and moved to a veterans' unit when the opportunity arises.

I think I'm going to stop there. The last two slides are basically where the different units are and there are four - I said five earlier - but there are four nursing homes that have veterans' beds attached to them and then nine sites across the province in the district health authorities.

[9:15 a.m.]

We certainly work closely with Veterans Affairs and with every service, of course, there are opportunities to do things better, but whenever there are issues coming up, we work closely with Veterans Affairs to ensure that first of all, clients receive good care and secondly, we will work out the relationships afterwards if there is an issue. That's it. So, I'm open for questions.

THE CHAIR: Okay, did you have further comments or are we ready to go to the questioning.

Before we do that, I would like to welcome Jim Boudreau as our newest member to the committee. Welcome, Jim.

JIM BOUDREAU: Thank you.

THE CHAIR: In this committee, unlike many others, we don't allocate Party time - we're a non-partisan committee. So we just have a speakers list and we will begin that speakers list.

Who would like to go first? Usually time is allocated to each Party, as you know. Mr. Prest.

SIDNEY PREST: This maybe doesn't reflect right to a direct veteran, but it is a case where parents have lost their son in Afghanistan. The father, health wise, can't work any more and the mother has become so depressed that the work she used to do, she can't focus on doing. Is there any help for parents like that? Any assistance? They even have their grandchildren and their daughter-in-law living in with them, in the same residence.

KEVIN MCNAMARA: There are a number of avenues that can be available to families who need support. I am not sure what might be the best avenue to access, but my suggestion would be to start with their family physician, to ask for a referral to an appropriate support service. It might be - not knowing the full details - through our mental health services, for example, which might be able to assist them. It might be enabled to put them in connection with other individuals who are a support group, who might be able to help them. So, if you want to pass along the details, we can try and see if there some way we might be able to help that family.

THE CHAIR: We welcome Michele Raymond to our meeting, the MLA for Halifax Atlantic.

Mr. MacMaster.

ALLAN MACMASTER: I would like to ask a question around the Caregiver Allowance Program. Is that the one that provides the \$500 per month amount, typically, to someone who is taking care of someone at home?

CAROLYN MAXWELL: Actually, it's \$400 a month and it is specifically for a caregiver.

ALLAN MACMASTER: Okay. And is that the one, as well, where, I believe there were five requirements and I recall the term MAPLe, which may be an acronym for the five points? I know the government is looking at making some changes to that, and I don't know if that has happened yet, and I don't want to be asking questions. The only reason I'm asking is because I'm trying to get a better understanding of it, so if there are any comments you could make on it, that would be helpful.

CAROLYN MAXWELL: As Keith has indicated, when anyone is referred to our services we have a care coordinator that would go into an individual's home and do an assessment. We have an automated standardized tool and part of the tool is a set of standardized questions, so those questions would be asked in relation to the care that is being provided. What happens when questions are asked, in many instances there may be caps triggered. What this does is, it helps the care coordinator understand the level or severity of care - specifically, it would be around the high level of care that this client would actually need.

MAPLe 5 refers to a very high level of care that an individual would require, which was used as one of the indicators for the provision of the \$400 monthly allowance. I know that has received an awful lot of interest and I think what we have done internally is, we've looked at the profile of our clients - to look at the MAPLe 4s, the MAPLe 3s and those kinds of things.

ALLAN MACMASTER: Could you explain each level of the five components that are looked at?

CAROLYN MAXWELL: What we would be looking at is functional - the individual's ability to self-care - and we would also be looking at the cognitive abilities. It's a wide gamut that is used when an individual is actually assessed in the home, so it's everything from psycho-social to their ability to self-care, to their psychological status, the support that the individual would be receiving at home. As far as the actual MAPLe, that refers to an acronym that's used to capture the caps.

THE CHAIR: Veterans would not be involved in this program in anyway?

CAROLYN MAXWELL: No, that's my understanding.

THE CHAIR: Veterans Affairs would be looking after the veterans. It's certainly a good general question, but we'll try to focus on the veteran end of things.

Mr. Theriault.

HAROLD THERIAULT: Thank you for your presentation. How great is the demand for beds for veterans? Are all the beds full in the facilities that we have?

KEITH MENZIES: I think in terms of the veterans' units, our understanding is at this time their beds are fairly much full. They still have wait lists, but they're saying that over the next five years, the wait lists will diminish and then the beds won't be full. The discussion we have to have is, what will we do then or how do we transition services?

Certainly, in terms of our nursing homes the beds are full; we do have wait lists and we move people into the homes as quickly as we can. Veterans are being moved in at the same rate, they would follow our same policies in terms of accessing a nursing home bed.

HAROLD THERIAULT: So we do have veterans in our nursing homes?

KEITH MENZIES: In our nursing homes that are operated through the Department of Health, we have about 200 to 225 veterans living in the homes in addition to the 300 or so who are living in veterans units that are operated by Veterans Affairs.

HAROLD THERIAULT: Who is responsible for the veterans' nursing homes? Who paid for them, the federal government?

KEITH MENZIES: The veterans' units, yes, the federal government pays through Veterans Affairs. They contract with the district health authorities, so while the district health authorities provide the service, the money for that comes from the federal government.

HAROLD THERIAULT: You mentioned that you think there are going to be less

veterans here in the future, that we're not going to need more beds?

KEITH MENZIES: From our understanding in working with Veterans Affairs, the veterans' beds right now that they have in the various districts are there to provide for the needs of veterans from the First World War, the Second World War, and the Korean War. Veterans from other wars and campaigns and so on since then, they have different programs in place for them. So the veterans' beds that they have in place are there to serve the needs of that group of veterans. Of course, those people are all into their 80s and 90s, so what they're seeing is that they're not going to need the veterans' beds they have for that group. They're saying that the needs of veterans from other more recent conflicts including Afghanistan - their needs are very different from nursing beds or special units. Their needs are more in terms of psycho-social supports, in terms of rehabilitation, in terms of work training and they'll see a point where they won't have anybody coming into those beds.

THE CHAIR: Mr. Gaudet.

HON. WAYNE GAUDET: Keith, you made reference in your presentation that sometimes when long-term care beds for Veterans are not being used, they're offered to the department. I noticed that the Veterans' Place in Yarmouth has 15 beds. I guess I'm trying to understand how the process works. Assuming - and I don't know - if beds ever became available in Yarmouth that were passed over to the department, who basically runs those 15 beds, is it the department or Veterans Affairs?

KEITH MENZIES: The 15 beds - I'll use Yarmouth specifically - are operated by the district health authority, so the district health authority actually staffs it and provides the services. The resources, the money, to pay for that comes from Veterans Affairs Canada. When I said that they make some beds available to us, it is only those 20 beds up in Cape Breton that have a different title to them. With their veterans' units, they're considered what they call "contract beds". They contract with the district health authority for those 15 beds and they're there for use of Veterans Affairs only. They haven't had an issue in past with vacancies. Generally there have been enough people on the wait list all along that they've always been full.

WAYNE GAUDET: You also pointed out that spouses of veterans are basically not eligible, I guess, to move in with them. I know that has certainly been an issue in the past. Has that concern ever been raised with Veterans Affairs?

KEITH MENZIES: I think it's safe to say Veterans Affairs are very aware of that issue. We're not aware of a policy change on their part. We work closely with them then to assure as quickly as we can that when a couple wants to stay together, we will move them into a nursing home so that they're in the same home.

WAYNE GAUDET: Going back, assuming in the next five years we know a lot of people will pass away, what will happen to these beds around the province? Are they

turned over to the department? I'm just curious.

KEVIN MCNAMARA: I think Veterans Affairs' preference would be that they be turned over to the province but, through our business planning, what we have to do is figure out does it make sense for us in terms of what our long-term planning is. The other thing, it is an agenda item that we will be discussing with the Atlantic Ministers of Health this September because we see it as an issue, not just for Nova Scotia but for Atlantic Canada and probably the rest of Canada.

One of the issues in dealing with Veterans Affairs right now is they've indicated that they expect beds to be reduced over time. They expect to reduce the cost sharing in our facilities as their requirement for use of those beds goes down. It may have an economic impact on both the Department of Health and the Province of Nova Scotia. That's why we want to make sure that we do careful negotiations and deliberations with them so that we're not in a situation of being downloaded with some costs unintentionally, so we have to work our way through that.

THE CHAIR: Ms. Raymond.

MICHELE RAYMOND: Thank you very much and I'm sorry to be late joining you. Just following on the question actually about the anticipated decline in the numbers of veterans needing - and as you say - the First and Second World War and Korean veterans are people obviously who would be in need of long-term care. You have other types of programs obviously for younger veterans but would you have some sort of a holding pattern? Would these beds actually remain with Veterans Affairs, awaiting the time at which veterans of current conflicts might be in need of seniors type of care or would this be a whole new negotiation completely different form of care when the current generation of veterans needs elder care?

KEVIN MCNAMARA: My understanding is that Veterans Affairs is trying to get out of the bed situation in the long term . They would be the best organization to ask to come and talk to you because it's their program not ours, so it's hard for us to speak on their behalf.

MICHELE RAYMOND: Okay, so it's anticipated that this is a type of care, which will probably end. Thank you.

THE CHAIR: Mr. Burrill.

GARY BURRILL: I'm just trying to make sure I understand the explanation you gave. From the department's point of view, is there any financial difference in the support we receive from DVA for contract beds or for veterans who are in non-contract beds other nursing home placements?

KEVIN MCNAMARA: The cost we would recover for them in our long-term

care facilities would be the normal charge that would be in any long-term care facility, whether it's for a bed that the province or Veterans Affairs provides financial support for. So the cost is the same in long-term care.

In terms of contract beds, there is a different cost sharing. It's a contract between the individual district health authority and Veterans Affairs. They have a staffing guideline that's followed; they have certain services and expectations that are funded in that. They would also contribute a little bit toward the overall administration of the facility, but it's a small amount that would be included in the cost. One of the concerns we have, as we move out of the - or the bed reduction as they will start to reduce also the cost sharing on the other, whether it is heat and lights, whatever. It does have financial impact so we have to very carefully work with them to migrate ourselves to a new system.

GARY BURRILL: I'm not quite sure I understood. I'm thinking it may be simpler than the answer. If a veteran is placed in Wynn Park in Truro, DVA has a transfer to the department for that veteran. But say the veteran wishes to remain closer to home, if they are in Musquodoboit Harbour, there are no contract beds and they go to Musquodoboit Harbour. Is this a zero sum matter from the department's point of view?

KEVIN MCNAMARA: That is correct.

GARY BURRILL: DVA does not share infrastructure costs in a different way for those contract beds than it does for per diem out-of-contract beds?

KEVIN MCNAMARA: The per diem would include all the costs, including mortgages or whatever, so they would pay the 100 per cent of whatever the per diem is.

THE CHAIR: Mr. Boudreau.

JIM BOUDREAU: I think I got the answer from Mr. Burrill's question and mine was basically with regard to the transfer ability of these beds from a designated facility to a non-designated facility. I'm assuming from your answer, these beds are transferable. For example, he talked about going to Musquodoboit Harbour, so that individual would be able to go to Musquodoboit Harbour and the funding, for all intents and purposes, would follow them there. Is that correct?

KEVIN MCNAMARA: The individual would be able to go to Musquodoboit Harbour and then Veterans Affairs will pay the cost, the full cost, while the person is there.

JIM BOUDREAU: That's what I got from the answer you'd given Mr. Burrill. Thank you.

THE CHAIR: Mr. Theriault.

HAROLD THERIAULT: I have a question. Right now, in Nova Scotia, there's an issue going on about the drug Lucentis, which helps people see, helps their eyesight. Right now the provincial government can't see their way to pay for this expensive drug. Do veterans have access to this drug?

KEITH MENZIES: I don't know the answer to that.

HAROLD THERIAULT: Does their spouse have access to it? Can we get that answer from you somehow, someway?

KEVIN MCNAMARA: We can check with Veterans Affairs for you.

HAROLD THERIAULT: Thank you.

THE CHAIR: Thank you. Ms. Raymond.

MICHELE RAYMOND: You may have covered this, but I know a lot of veterans - one of the really important programs that you do is the Veterans Independence Program, keeping people in their own homes. That's a really important thing for people at all stages of their lives. One of the things that we're addressing, of course - and we're beginning to address as a province, which I'm very, very grateful for - is the question of palliative care and in-home care. The difficulty being, of course, that this is something relatively recent as a part of our conception of long-term care. Is there any particular access to palliative care for those veterans who may have remained in their homes through the independence program?

KEITH MENZIES: We're not able to answer that. Veterans Affairs would be able to give more to the details of the services they provide. They do have a very robust program.

MICHELE RAYMOND: In palliative care specifically?

KEITH MENZIES: In home care, in their home support - their home care program and their support of veterans in the communities. I'm not sure to what extent the palliative care is covered, but I would expect - it would be best if you spoke with them.

MICHELE RAYMOND: Is there anyone you would recommend speaking to?

KEITH MENZIES: Yes, we can give you contact information.

MICHELE RAYMOND: Yes, okay, I would be very interested to know.

KEVIN MCNAMARA: Just to add to what Keith is saying, Veterans Affairs deals directly with the veterans themselves. They don't do it through the Department of Health,

so that's why we wouldn't have all the details on how they do it.

MICHELE RAYMOND: Thank you.

THE CHAIR: Mr. Burrill.

GARY BURRILL: I'm just trying to follow along with the same line of reasoning. Is it the case then if the financial consideration is the same, contract bed or no contract bed, and the purpose of contract beds obviously being to ensure that there are places but the demand is declining - it is the case that we are looking fairly shortly to getting out of solving this by means of the contract bed business altogether, right? If that's so, contract beds ought to soon become a thing of the past?

KEVIN MCNAMARA: Maybe I'll start and then Keith can add to it. My sense is that over time, we probably will get out of the business of providing contract beds but I suspect that there will still be requirements for individuals who will require care in long-term care facilities. What they probably will do is then contract for individual beds rather than saying, we want 15 beds in Yarmouth and so many in Halifax.

GARY BURRILL: Yes, I got it. Thank you.

THE CHAIR: Mr. MacMaster.

ALLAN MACMASTER: We have modern-day veterans now, and at some point they'll need long-term care. Has there been any conversation with Veterans Affairs Canada on whether they will expand long-term care coverage for people who fought in other wars and world conflicts?

KEVIN MCNAMARA: We have had some initial discussions with them on what their plans are, because we became aware just a few months ago from a letter they had written to the individual district health authorities about talking about scaling back their contract beds over time. That's why I mentioned earlier we will have some discussions with the Atlantic Ministers of Health on how we maybe do it as a collective rather than province by province, because when you're dealing with the federal government, whatever the program ends up being, it usually ends up being a national program and not just a provincial program.

THE CHAIR: Further questions? We certainly don't try to fill the time with questions, if they have come to an end - very unlike the estimates. (Interruptions)

KEVIN MCNAMARA: I would suspect that probably asking Veterans Affairs to come to talk to you would be a worthwhile exercise, because they can answer some of your questions much better than we can. We're the middleman, and not always the middleman.

THE CHAIR: We certainly appreciate your presentation to us this morning. Do you have any closing remarks?

KEVIN MCNAMARA: Just to thank you for having us and, as was mentioned, if there are individual questions that may come up after, feel free to let us know. Mr. Prest, I will follow up with you and maybe see if we can help the family you mentioned.

SIDNEY PREST: Thank you.

THE CHAIR: Thank you very much for coming in. We really appreciate that, and I think we will take a five minute break. We have some things to discuss in relationship to letters, but I have a couple of questions for Mr. McNamara and Mr. Menzies that I would like to put to them on another issue, so if we could have a five minute break, if that's okay? Thank you.

[9:36 a.m. The committee recessed.]

[9:42 a.m. The committee resumed.]

THE CHAIR: Could I have your attention, please? We will reconvene. We have a number of matters of business to look after. We do have the Military Family Resource Centre coming in for 10:00 a.m., but let's look after our business, so we don't have to do it at the end of that.

I think the first and most important thing that we should be doing is, we have no witnesses lined up for the June 10th meeting. In front of you, you should have a list of those that we have had in and those that we still want to have appear before us. The committee has been doing a lot of good work and we have had more meetings than any Veterans Affairs Committee has had in many years, I believe, so far and I think we should continue that.

Is there a general agreement that we have a meeting on June 10th?

ALLAN MACMASTER: Mr. Chairman, I won't be able to be here that day, just to let you know that.

THE CHAIR: Are others available? Perhaps a replacement could be obtained? So it is agreed that we have a meeting on June 10th? Thank you, very much.

The Chair is at your pleasure to look at the list and determine who you would like to have in for that meeting on June 10th. Mr. Gaudet.

WAYNE GAUDET: I like the first one identified on the list, the update on the Agent Orange compensation. I know in Clare there have been a number of people who have received compensation. I would be really interested in finding out where we stand

as far as individuals here in Nova Scotia receiving compensation, where the feds sit with their compensation package. Are there still people out there who have not received the appropriate compensation? I would move that we try to get somebody from the federal government to address our committee.

THE CHAIR: Do we have a seconder? It's regularly moved and seconded.

Is it agreed?

It is agreed.

[9:45 a.m.]

Thank you. I think that is very appropriate because in all of our constituencies there are concerns, for sure, over Agent Orange and the repercussions from Agent Orange. Mr. Burrill.

GARY BURRILL: I was also thinking that one thing we would not want to pass over on this list is the suggestion to hear from the Merchant Navy Veterans Association. One thing about that association is, it's kind of in a new world - their recognition is very recent, and their situation is fluid and has broad application. They're still in the process of figuring out who they're representing - there are still many merchant navy people and spouses in the province who are not in connection with the benefits program. So I think that would be a good idea.

THE CHAIR: Could we do as we are doing today, having one at 9:00 a.m. and the other at 10:00 a.m., or is the Agent Orange issue big enough to take the entire two-hour period? Could we have some comments?

WAYNE GAUDET: I would suggest that we only book one, just for the simple fact of what happens if there are lots of questions and lots of discussion. In the past, since I've been sitting on this committee, it's not often that we had two guests invited at the same time, so that's what I would suggest, that we only book one. At the same time, I think, Mr. Chairman, we should probably have a backup for Kim. What happens if nobody is available from the feds to come in in June? At least we would have a backup topic just in case that guest is not available.

THE CHAIR: Is it generally accepted that we take those two, go with Agent Orange, but have the other as the backup?

Is it agreed?

It is agreed.

MICHELE RAYMOND: Sorry, I think Patrick Gates is the person you want to

talk to from Merchant Navy.

THE CHAIR: Thank you very much.

WAYNE GAUDET: Mr. Chairman, I just want to bring to the attention of the committee that some years ago the committee had raised about would it be possible to go on a tour. I'm looking at touring a submarine, for example, which is handy to ourselves, or touring the bunker, the famous one at Debert. So I'm just throwing that out for committee members to maybe consider for the future. It is not something that has to be decided upon today, but from my recollection, I think the Veterans Affairs Committee members have pretty well been restricted to the committee chamber. I'm just bringing this to the attention of members - maybe something to consider for a future day, if at all possible, and if there is any interest as well.

HAROLD THERIAULT: I will second that.

THE CHAIR: We didn't really have a motion, but it certainly sounds like a great idea. (Laughter) I think there would be general agreement for that, and I think all of us around the table here are grassroots people who would like to get some exposure outside of this committee room. I think it is a great suggestion, and I think we should pursue that.

Now, having said that, we have to look at whether we're going to have summer meetings or not. A lot of committees are not meeting in July and August, and that is what we should be looking at. Perhaps we could line up a couple of tours through the summer and those who are able to come could in fact come, and those who can't for various reasons - constituency or being away or whatever - is that a possibility?

Is there agreement that we not meet through July and August? Is there general agreement that July and August - that we look at going back in September? We've already had quite an agenda in this committee.

HAROLD THERIAULT: May I suggest that we have this on our agenda to speak on at the next meeting we have in June, and maybe we can arrange that for early September? So we can make the plan for September in June.

THE CHAIR: Okay, we will leave this until the June meeting. Thank you very much.

Now, correspondence.

JIM BOUDREAU: Before we move on, Mr. Chairman, one of the things I had written down, actually - and I'm very new to this committee, but one of the areas that I am concerned about would be to get a better handle on what Veterans Affairs does offer to the veterans in relation to home care. You have already done that, have you? Okay, so no sense in revisiting that.

KIM LANGILLE: I could send you the presentation that they gave us while they were here, if that would be helpful.

JIM BOUDREAU: If you have that, that's great. If I can get that presentation, I would very much appreciate it.

THE CHAIR: We do have a decision on not having summer meetings, but we're talking about a tour. Is there a possibility of tours through the summer, is that it? Kim was just asking. There seems to be consensus that we not have summer meetings. The tour, in fact, would be for early September. (Interruption) Okay, but no summer meetings. That was my understanding as well.

MICHELE RAYMOND: I know that we've have finished with the year's agenda, certainly, and I don't have any real ideas at this point, but I certainly would be willing to do some research. I remain interested in the question of post-traumatic stress disorder and some of the innovative programming that is being done in different parts of Canada and the States for new veterans.

We also had something - I suggested something about that - we also have talk of social and mental support for new veterans and I'd certainly be willing to do some research over the summer and try to find somebody who might come in to speak about those issues, if that's of interest to the committee.

THE CHAIR: I think there would be general agreement if Ms. Raymond is prepared to do that.

MICHELE RAYMOND: Okay.

THE CHAIR: Thank you. Now, looking at correspondence, we have a number of replies and I think they are in front of you. The first is from John Baird and I guess the most important aspect of that is that he is stating that unfortunately - given the set program perimeters outlined above - the renovation or construction of the legion halls is not eligible under the Building Canada Fund. We had asked specifically about repairs to legions - this has not been sent to the legions as yet, but I think we should be sending it off to them and it shows that we have, in fact, tried to do something. Agreed?

It is agreed.

We also have a letter that went out to the Honourable Greg Thompson and it has been referred to the Honourable Peter MacKay for a response. On May 5th, we received an acknowledgment from Mr. MacKay's office on our correspondence, but the actual response has not come as yet. That's just information.

We have sent a number of letters to the Royal Canadian Legion and some time

ago we received a response from Minister Estabrooks regarding signage. Generally speaking, it was a positive response to some of the requests that we had put forward. There was a follow-up letter from the Royal Canadian Legion to Minister Estabrooks so we'll have to get some information on that at some point.

We had a letter back from Minister Peterson-Rafuse and that was in terms of not being able to do what we were requesting, if I remember correctly, that was back in March. You all got copies of these, we're just doing a little review of them now.

GARY BURRILL: Could I just say something about that correspondence?

THE CHAIR: Sure, by all means.

GARY BURRILL: It's not clear to me that the Minister of Community Services' response here is actually to the question that was raised by the legion when they were here. As I understood it, they were talking about a very small, now discontinued, program that they called Veterans Affairs Disability Pension Program. This is not the same thing as what people normally refer to when we say disability pension, which is a Canada Pension program. This was a DVA program, discontinued for some time, which applies to a small number of people.

The sense I have from the minister's response is that maybe we have failed to precisely put across the request. My recollection of this discussion was that the legions said - when we were here previously, a year or so ago - we made this request through the committee. The request was denied and we wished the government to know, we wished the minister to know, that other provinces are doing this. So, hence, in your letter, the matter about the legion wishes the minister to know about the most updated information on the provinces that have exemptions.

The response speaks about exempting disability pensions from the definition of income. I have a suspicion that perhaps between the legions speaking to us, our speaking to the minister and then the letter coming back, that maybe the actual precise request that was being made got lost a little.

My memory of this was that this is a very small program, hitting a very small number of people, and that numerous other provinces have exempted it from the calculation of income in social housing. The letter from the minister makes me think that perhaps we have put across the idea that we're talking about disability pension in general - a huge matter, which it would be reasonable for the department to say, well, that will throw off our whole calculations. Which it would, but the point the legion made was about something different. I'm not even sure if I'm remembering the exact name of the program but they were really talking about a program that's kind of an anachronistic little corner.

So I wonder, if my memory of this is right, if the best way to proceed might not

be to check that we have gotten this clear enough. If we haven't gotten it clear enough and if, in fact, this response is not the request that the legion made, that we could maybe make another pass.

THE CHAIR: I remember we had a discussion, you and I, at the time of this response, you as the deputy Chair, and I'm glad you raised that because I think you may, in fact, have something there. Mr. Gaudet.

WAYNE GAUDET: Well, what I would suggest is that we ask Hansard to provide us with a text of that particular issue that was raised before committee for our next meeting so we can review what the legion brought before the committee. Then if we decide this letter is not addressing the concern that was initially raised, we suggest to the Chair to do an additional followup with the minister in question.

THE CHAIR: I think that's a great suggestion. Is there general agreement on that? I don't think we need motions in this committee, we're an agreeable group. So thanks for raising that. I think it's well done and perhaps Ms. Langille can do a little research. It would be nice to know exactly what other provinces are doing as well, but we don't want to throw too much at you there. Let's see what Hansard says first.

Now, we also have a response from Minister More as well and that was in relation to credit cards and ATMs. There is an explanation involved there. Is there any comment in relationship to that? That was received some time ago. We just thought we would review these pieces of correspondence today since we do have some time, or had some time - I see it's 10 o'clock now and our witnesses are, in fact, here. Hearing no comments, we'll move on.

We do have a letter from the Premier as well. Are there any comments in relation to that correspondence - related to capital needs? Hearing none, we'll move on. From the Minister of Finance, any comments on that letter? It was a referral.

Well, thank you for your time and I guess our guests are about to arrive. So I think that's the additional business that we had. Thank you for your time and patience.

[The committee adjourned at 10:02 a.m.]