

# **HANSARD**

**NOVA SCOTIA HOUSE OF ASSEMBLY**

**COMMITTEE**

**ON**

**VETERANS AFFAIRS**

**Thursday, April 25, 2013**

**Red Room, Province House**

**Northumberland Veterans Unit Food Service  
(Special Meeting)**

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**VETERANS AFFAIRS COMMITTEE**

Gary Burrill (Chair)  
Jim Boudreau (Vice-Chair)  
Michele Raymond  
Howard Epstein  
Lenore Zann  
Hon. Wayne Gaudet  
Harold Theriault  
Alfie MacLeod  
Chuck Porter

[Lenore Zann was replaced by Clarrie MacKinnon.]

In Attendance:

Kim Langille  
Legislative Committee Clerk

**WITNESSES**

Bernie Currie  
Advocate for Veterans' Families

Pat Lee  
CEO, Pictou County Health Authority



House of Assembly  
*Nova Scotia*

**HALIFAX, THURSDAY, APRIL 25, 2013**

**STANDING COMMITTEE ON VETERANS AFFAIRS**

**9:00 A.M.**

CHAIR  
Gary Burrill

THE CHAIR: Perhaps, for the purposes of our friends at Hansard, we could begin by introducing ourselves. Just before that I'd like to welcome our guests: Bernie Currie, a veterans' advocate from Pictou and Pat Lee, who is the CEO of the Pictou District Health Authority. We'd like to welcome our other guests who have come from Pictou County today to be with us for this discussion.

Before we begin we'll have a round of introductions. I'm Gary Burrill, the MLA for Colchester-Musquodoboit Valley and the chairman of the committee. If we could begin with you, Mr. MacLeod, and we'll come this way.

[The committee members introduced themselves.]

The agenda which you have before you is very straightforward today because this is a special meeting. There is no regular committee business; our only business for the period is the matter that is before us. I propose this way of approaching it, since we have two presenters on the subject. I propose that we first ask Mr. Currie to speak to the issue and then receive questions and comments and respond to them for a period of 50 minutes - no more than 50 minutes. It could be less but because of the total time, we wouldn't want to go more than that. Then we would ask Mr. Lee to speak to the issue, with the perspective of the DHA and then to entertain questions and comments with a maximum of the same period of time.

After we have had both of those presentations and exchanges, we would ask, in reverse order, Mr. Lee and then Mr. Currie, to give us a summary of no more than five minutes duration. Does this seem like a good way of setting up the agenda? Are we agreed to adopt that as a format?

SOME HON. MEMBERS: Agreed.

THE CHAIR: It is agreed, thank you. Then we would be open, Mr. Currie, to hear you on the subject and to follow your presentation, then after that, if you would be willing to entertain responses from the committee.

BERNIE CURRIE: Yes.

THE CHAIR: Okay, go ahead.

BERNIE CURRIE: First of all, committee members, thank you for inviting me to meet with you today and present my own concerns, and the concerns of many other families, regarding the meal service at the Northumberland Veterans Unit in Pictou. First, a bit of background for your information on the unit, and the men and women who live there.

The federal Department of Veterans Affairs provides funding to our provincial government through the local health authorities, to ensure our aged veterans receive assisted living and nursing care in a facility staffed with health care professionals. In this case, the Pictou County Health Authority is the recipient of the funding for the 20-veterans housing unit in Pictou. It must also be understood that each veteran pays a per diem rate based on their income. My father, Joe Currie, was a WWII naval veteran and paid approximately \$1,000 a month for his care.

While I do have a great deal of concern regarding the quality of the meals, I feel it's important to emphasize that the medical and nursing care in the Northumberland Veterans Unit are second to none. The entire staff treats each resident with the utmost respect and provides excellent care to each and every resident.

In 2011, my dad became a resident of the Veterans Unit and my family was delighted that he could be near us in such a wonderful facility. As I said, the experience is first rate - lots of activities, a welcoming atmosphere, and delicious, home-cooked meals prepared each and every day. As with most aged folks confined to a home, meal time is an important highlight of each day.

Early in the new year of 2012, I learned through a friend that the PCHA had made a decision to change the way food would be prepared and provided to the Veterans Unit. This was later confirmed by administration staff that changes were coming. The change was to eliminate fresh prepared food service and switching it to rethermalized meals. I really did not know what on earth rethermalized meals meant, I'd never heard that term before. After

some questioning, I was advised that this was the seasonally-adjusted word for frozen dinners, reheated.

I could not believe the PCHA would consider such a drastic change knowing that the home cooked meals prepared onsite were such an integral part of the daily life of our veterans' residence. After all their sacrifices for us, the PCHA were willing to put them on a permanent diet of frozen dinners for the rest of their life - amazing. In February 2012, I began to raise my concerns, contacting MLAs and members of Parliament, regarding this serious situation. Each and every one agreed to look into the matter. Several wrote letters in support to the Minister of Health and Wellness.

In April, under pressure from concerned families and citizens, the PCHA held a food tasting at the Veterans Unit to demonstrate the quality of the new rethermalized dining experience. Those in attendance included two family members, one was myself, the rest of the guests were made up of local politicians or their representatives, along with the members of PCHA board and administration. No veterans were invited to the party happening in their home.

On May 9, 2012, unannounced to the residents, the first rethermalized meal was served. The comment from the veterans began almost immediately. They missed their familiar home cooked dinners. Besides the lack of taste, they noticed a lack of aroma - frozen food just does not smell appetizing. After that time there were many, many complaints about the situation from families, residents and organizations in our community. The municipal governments of Pictou County, the Overseas War Veterans Association, Knights of Columbus, a number of churches and community organizations all expressed their disappointment at the treatment of our most vulnerable citizens.

Following a barrage of public outcry, PCHA agreed to a meeting with families to discuss the situation. During the meeting the family members expressed their frustration and dissatisfaction with this change, the lack of action by the PCHA and the fact that their father or grandfather, housed at the unit, was very unhappy eating frozen food every day. In fact, Vice President Corporate Services for PCHA, Mr. Allan Mongraw attended the meeting and admitted upon questioning from a veteran's wife if he was prepared to eat this kind of food for the rest of his life - his answer was no. However in spite of the vice president's own opinion, the food, and the outrage of the family, their cry for help fell on deaf ears and there will be no change. The food would remain the same.

Following this, the situation remained unchanged for several months in spite of continued pressure from family and citizens to switch back to fresh food. It got to the point where dozens of letters to the editor in our local provincial paper were published - not a single one found to be in favour of maintaining rethermalized meals. In fact the feelings were so strong that private citizens began, and continue to this day, to donate money to local restaurants to provide warm fresh meals to our veterans. It should be a mark of shame to us all, that a collection must be taken to pay someone to allow our veterans to enjoy the

occasional treat of a home-cooked meal. These are proud men and I am sure, to a man, they would be totally embarrassed to learn that they are somehow the recipient of charity.

In November of 2012, under continued pressure the PCHA agreed to form a task force to review and make recommendations to the PCHA, and I was delighted to be asked and hopeful that the plight of our vets would now be heard. The task force decided to implement a 28-day evaluation of all food served and get the comments and concerns of the vets themselves. I did raise my concern that the veterans were elderly and most require assistance of their family to express their true feelings; in fact, most of these gentlemen would never think to criticize their caregivers and remain silent, their true feelings on food were reserved for their families.

The survey - which you all have a copy of, I assume - asked the client to rate a number of questions. Five of the 11 actually related to the food, most were regarding the ambiance and questions like, do you feel well? Strangely these off-topic questions were given the same import as the final survey outcome which, to my mind, obscured the real reason of the exercise, giving a rather rosy outcome to a somewhat unsavoury situation. I would ask you to take a moment to take a look at the comments of the veterans themselves shown on the survey. A typical opinion can be summed up in the comments recorded on January 24<sup>th</sup>. One veteran stated "we have to eat, this is all we got, so we have no choice but to eat it." Another one said "you can't compare this food to anywhere else because, beside anything else, this is terrible." Sound like a resounding endorsement to you?

During the process I have been an outspoken opponent of this decision to serve frozen food forever to our veterans. I have tried unceasingly to express the concerns of clients and their families, and I firmly oppose any attempt to maintain a program to supply rethermalized food to the residents. And I am not aware of any other case of long-term care in Pictou County where clients are fed this type of food. In fact, as a part of the announcement of the new correctional centre being built in Pictou County was the promise that only fresh prepared local food would be fed to the inmates - I guess anything else would be cruel and unusual punishment. Surely our vets, who laid their lives on the line on our behalf, are entitled to at least the same consideration as our criminals.

The final result is really no change from the present situation. In spite of the months of pleading with the PCHA they seem to agree to change little, offering no change in food but will now add tablecloths and music to approve the dining experience. Really, will this make the food somehow taste better? There is an old saying: You can put lipstick on a pig. It's still a pig.

During our final meeting held in early April, the CEO of the Pictou County Health Authority, Mr. Pat Lee who is here today, stated that \$70,000 saved by switching the vets to the rethermalized meals represented the cost of four hip replacements. Personally, I take great exception to the concept that requires our vets to sacrifice their comfort to subsidize surgeries. Have they not paid their dues already? While \$70,000 is a significant number, it

is a pittance in the big picture of multi-million dollar budgets. Surely savings can be found elsewhere. Perhaps consideration should be given to outsourcing a few administrative tasks instead of meals.

Let us not ask those remaining few to sacrifice again. We owe them at least that much, to recognize their service for our country and for us who enjoy freedom, as a result of their heroism. Since the introduction of frozen food, several residents have passed on, including my father. I personally got to know every one of them and it troubles me to think that their last dining memory was frozen food, prepared in another province, thawed out and set before them. I ask you to think of those who remain.

In the absence of the PCHA's refusal to act, I appeal to you to take a stand for our veterans. It seems the PCHA, its staff and board have forgotten the words we repeat each November and at each of our veteran's passing: Lest We Forget, Lest We Forget. Thank you.

THE CHAIR: Thank you. Mr. Currie, I would just take this pause to note that the meeting has been joined by Michele Raymond, the MLA for Halifax Atlantic. Then we'll open up the meeting for responses to what you've presented and perhaps you'll be able to entertain some questions. Mr. MacKinnon.

CLARRIE MACKINNON: Thank you very much, Mr. Chairman. First I want to extend my sympathy to you for the loss of your father, Bernie. I know he served well not only overseas but the county as well and you and your family have, too. This situation is of grave concern for me. I had two uncles who served overseas. One came back with a war bride and the other came back with a body that was never right and he had the very same name as me and he died in Camp Hill Hospital at the age of 45.

My mother-in-law and father-in-law were both vets as well. My mother-in-law, for the last days and, in fact, the last months of her life, was the only woman in the veterans' wing. I was there at least three times a week, every second or third day. My wife sometimes was there every day so we certainly know the care that is there and also I have to say that that was before the changes in the meals as well. I've spent many mealtimes there and certainly not so much in recent times.

I'd like to refer to the 28-day study and I think you participated in that study.

BERNIE CURRIE: Yes, I did.

CLARRIE MACKINNON: There was a lot of input and a lot of recommendations, and I know a lot of the recommendations have been adopted. I thought that everyone had sort of signed-off on the recommendations, but I see you shaking your head and I guess that was not the case. It was my understanding that it was a unanimous situation with the sign-off. Certainly out of those recommendations, I thought there was a move toward at

least 50 per cent home cooked. I know that breakfast was continuing to be home cooked there, right?

BERNIE CURRIE: Oh absolutely, yes.

CLARRIE MACKINNON: Breakfast was continuing to be home cooked so it wasn't 100 per cent of . . .

BERNIE CURRIE: And breakfast was pretty well the same thing every day. You know, my father got a toast. He got a poached egg and a piece of toast. Sometimes he got porridge. You know, breakfast, I guess, is probably one of the easiest meals to prepare.

CLARRIE MACKINNON: Right. But my question to you, Bernie, is about that process over 28 days and the massive number of recommendations that came forward. Some of them, I guess, you'd have to agree with. The tablecloth one certainly concerns me, because some elderly people perhaps are reaching for a napkin are liable to, in fact, pull on the tablecloth, and it could be more - the food is more important than the aesthetics. So, my question - and sorry for such a long intro here - but of all those recommendations, you must agree with some of them. And so the report wasn't unanimous then, you're telling me?

BERNIE CURRIE: No it wasn't, Clarrie, and I raised my concern. Somehow during these meetings, things get changed. In fact, the committee members, if the rest of the task force was here, at one point, when we got around the table, I had seven people - oh, no sorry, six - and I said, I'd like to go back to home-cooked meals there. That was my agenda. I made it perfectly clear. In fact, the co-chair, the chef, a number of them, put up their hands and agreed that they all wanted to go back to home-cooked meals. At one point, and that was just - I missed the last meeting because of work, and somehow things got changed.

I agree with making the place a nice homey atmosphere. I think that was wonderful, because, you know, make it homier, and tablecloths, and whatever they wanted to do to enhance that, I agree 100 per cent. But I said, we've got to talk food, and most of the people, at one time, agreed that they wanted to go back to home cooked meals. Somehow that got changed.

THE CHAIR: Okay. Ms. Raymond? Oh, I'm sorry, Mr. Epstein.

HOWARD EPSTEIN: Thank you. Mr. Currie, can you just tell me a little bit about the Veteran's Unit? Is this inside the Sutherland Harris?

BERNIE CURRIE: Yes it is, Mr. Epstein. It's part of the Sutherland Harris Hospital, and there is Restorative Care Unit. I truly maintain, if they weren't in that building, if they had their own place, this probably would never have happened.



HOWARD EPSTEIN: I take it, there's probably just one kitchen in the place?

BERNIE CURRIE: There's only one kitchen, and the people down in Restorative Care, they enjoyed the same meals. I think they have room for 15 Restorative Care patients and they ate the same meals as the veterans.

HOWARD EPSTEIN: I guess that's exactly what I was wondering. The issue has been raised about the veterans, but everyone in the whole of Sutherland Terrace would be offered the same menu? Is that basically right?

BERNIE CURRIE: Yes.

HOWARD EPSTEIN: And so when the shift took place to these rethermalized meals, it was true for everybody, is that right?

BERNIE CURRIE: It went for everybody and I believe they got caught up in that.

HOWARD EPSTEIN: Okay. I guess it's a simple point, I was just asking. Veterans weren't being singled out in any particular way there, is that right?

BERNIE CURRIE: No.

HOWARD EPSTEIN: No, okay. That really was the main thing I wondered. And I was a little puzzled by the last thing I heard you say in your presentation, which suggested that there had been a refusal to act on behalf of the health authority. I guess it just wasn't clear to me, because it sounded to me as if there was reaction to the criticism, and it sounded like a group got set up to study this, and a series of recommendations came forward. When you say refusal to act, I guess it must mean that you're not satisfied with the end result of the review. Is that the point?

BERNIE CURRIE: Were you talking about the families? I believe I have the backing of the families to bring their concerns here. They're still not satisfied.

HOWARD EPSTEIN: The impression I get is that the concern is that even though there has been a review, the review ended up in a position that essentially said there should be a mix of fresh-made and rethermalized and your view is there shouldn't be any rethermalized at all. Is that the essence of what we're looking at here?

BERNIE CURRIE: Yes.

HOWARD EPSTEIN: Ok, thanks a lot.

THE CHAIR: Ms. Raymond.

MICHELE RAYMOND: Thank you Mr. Currie and I appreciate you coming in. I know that meals are a very important part of anybody's life when they're living in a situation like that and that would be the case for rehab people as well.

You talked about tablecloths and music and ambiance items being acquired. Do people have family members eating with them very often?

BERNIE CURRIE: Yes, on a lot of occasions, people come in. Not every family comes in during meal times, and the staff are very good to help those people.

MICHELE RAYMOND: So, generally it is just the veterans themselves eating together.

BERNIE CURRIE: That's right. But up to that point it seemed like a big deal, anyway, that all of a sudden they were going to get caddies to put the condiments on and little things and play music and they can all say, that's wonderful.

MICHELE RAYMOND: There has been some talk with the veterans themselves, with the residents themselves, right? Do they have feelings about what they would prefer about the ambiance things as well? I was thinking because . . .

BERNIE CURRIE: It's very difficult. I go in there every day. Naturally I didn't go in today but I go in pretty near every day and I know each and every veteran there, personally. I got to know them, I just love them dearly. A lot of them just can't express their concerns, as I mentioned in my report and that's why I think it was flawed. There are very few who can actually give their true feelings on things. Is that what you're looking for?

MICHELE RAYMOND: Yes, partly, I was just wondering whether there were other things beyond - I know you say the food is there, but certainly there's no doubt that good food in a miserable atmosphere is not much use to anybody either.

BERNIE CURRIE: Don't get me wrong, as I've said before, most of us have frozen food on occasion, like frozen vegetables.

MICHELE RAYMOND: Okay, moving on, the other quick question I had - you said at the very end of this, and perhaps I missed the beginning, that the food is prepared out of province. Do you know where?

BERNIE CURRIE: No, I have no idea. That's been a contentious issue. I'm not sure exactly where it's processed. Nobody seems to be able to give a true answer to that.

MICHELE RAYMOND: Certainly there seem to be a number of recommendations that are being acted on in a fairly structured way as far as likes and dislikes, and obviously

nobody wants to have to eat this, but removing items disliked and not tolerated or eaten from the menu - is that, in fact, happening? When people say, I just won't eat those peas, or whatever the case may be.

BERNIE CURRIE: Oh, yes. They've done that.

MICHELE RAYMOND: So that is happening, some response to the concerns. Thank you very much and I hope some of these things will - I'm sure they will continue and I hope that people can help them to express what it is that is needed.

BERNIE CURRIE: Thank you.

THE CHAIR: Mr. Theriault.

HAROLD THERIAULT: Thank you Bernie for your presentation. I've been following this along for the past while and I just want to say that we do have to take care of our veterans. They're living out their final days in this home, eating frozen food every day. That would be like us living aboard an airplane every day, eating airplane food for the rest of our lives. Can you imagine that? That would be the same thing, I think, here in this veterans unit.

In your presentation I think you spoke that they were trying to save \$70,000. This has been going on for the past few years and slowly they have been doing this to save the \$70,000. It has been brought to my attention that Veterans Affairs has increased the veterans allowance for their food and for their accommodations. I believe since 2009 it has increased by quite a little bit of money. Wasn't this money increase from Veterans Affairs supposed to be to give better care to the veterans? Do you know anything about that?

BERNIE CURRIE: I heard about that, I heard they increased it. I thought this money would be going in for their comfort. If you see when they pay the per diem, it's for room and board. This was told to us, \$70,000 and I don't know where the savings are. I'm sure Mr. Lee will try to explain that, where the savings are. I hear that by restructuring down there as far as they don't have to hire somebody, make up, I'm not sure, which is a note that I know that the Veterans Affairs allows more money per diem for residents.

It is public knowledge, I think, you will find that in the nursing homes in Pictou County, they provide fresh, home cooked meals to the residents for \$8.00 a day. My mother is in one of the long-term resident homes in Glen Haven - beautiful meals. I'd say I'm talking 200 people there. In fact in Pictou County there are probably over 1,000, probably around 1,000 residents in long-term - 2 per cent of our population who live in the Northumberland Veterans Unit have to put up with something that's not home cooked. All the other residents in the long-term facilities are all being fed home cooked meals on less.

HAROLD THERIAULT: Do you now if this is going around the province, is this going on in all veterans' homes around the province, or does it just seem to be in Pictou County?

BERNIE CURRIE: I believe so, I've got calls from Amherst and other places - people are looking at this very closely. I believe it is happening in other veterans' units as well.

HAROLD THERIAULT: So you don't understand - I mean Veterans Affairs is increasing the funding to these homes, yet the homes are decreasing the service to save money. You can't explain where this money is going. It's certainly not going to the food.

BERNIE CURRIE: As I said, I take great exception to the fact that it's going into other areas of the health care, for surgeries or whatever. I take exception to that.

HAROLD THERIAULT: Thank you, Bernie.

THE CHAIR: Thank you, Mr. Theriault. Mr. MacLeod.

ALFIE MACLEOD: Thank you, Bernie, for your presentation. I just want to back up a few minutes for a couple of things here. You mentioned when you did your presentation that outside of the food, you feel that the care that the individuals are receiving there is good care, excellent care.

BERNIE CURRIE: Oh, it's wonderful, absolutely wonderful care. The only thing - I have a little story. My father was in palliative care there, they were doing palliative care - basically he was dying so his eating was not - we'd go in and try to get a little nourishment into him. After the meals, the poor nurse would come and do the survey with him. She'd actually do the survey on how warm it was. My father was on his deathbed and we said to the nurse that we're embarrassed for you, we're embarrassed. She said, I have to do this. These things would be somehow in this survey. My father wasn't able to answer.

ALFIE MACLEOD: I'm surprised to hear that.

BERNIE CURRIE: Yes. That's the truth.

ALFIE MACLEOD: Part of . . .

BERNIE CURRIE: But answering your question, the personal care they got - they're wonderful, excellent, wonderful staff. Everybody who works there, they treat them with the upmost respect that they deserve.

ALFIE MACLEOD: And I guess that's what I was going to say to you, Bernie. I don't think there is a person around this table who doesn't believe that our veterans deserve

to be treated with respect, to have dignity. To me - as you can see by looking at me, I'm kind of a fan of food - I think it's very important that people, who haven't got a lot of things to look forward, get to have a quality meal when it's desired. I really congratulate you on keeping on with this cause because, as you mentioned in your presentation, your father has since passed away but you still go there on a regular basis and you are still trying to figure out what's the best way to treat our veterans.

We who are sitting around this table, quite frankly, wouldn't be here if it wasn't for the veterans who did the work that they've done and made the sacrifices they did. So to me, the \$70,000 saving - and when Mr. Lee gets up we will find out if that \$70,000 is just on that unit or if it is the overall savings in the overall structure of the hospital - \$70,000 and with what Mr. Theriault said about the fact that there is more money coming in it just doesn't seem fair that we should be putting this on the back of our veterans, especially when you mention about the new jail and we're saying there that we want to have good local food, which is good, but I guess everybody deserves to be treated the same.

I'm really interested in hearing the other side of the story and I'm hoping that maybe, Mr. Chairman, at the end, if there are questions that arise after we hear the other presentation there may be an opportunity to ask Mr. Currie some rebuttals of what we hear, if time permits.

THE CHAIR: We certainly will be asking each of the presenters to give us a summary word.

ALFIE MACLEOD: I guess, Mr. Chairman, from my point of view, and again I'm only one member of the committee, we've only heard one side of the story so far and I'd like to hear the other side, and because when you hear both sides there may be questions that arise out of that discussion that I wouldn't have known the right question to ask Mr. Currie at the time or vice versa. Anyway it's just a thought, and . . .

BERNIE CURRIE: If I may add.

ALFIE MACLEOD: Sure.

BERNIE CURRIE: I think it's important to note that the veterans one day they're in their home and they're dining the way they normally eat - like my father, my father loved salt herring, you name it, anything. He had his likes. When he first moved in there, like I said, the meals were good then they - you take a veteran and for whatever reason, whether it's physical or cognitive problems, they can no longer stay in their home and they have to be placed in the veterans unit, so in one day they go from their normal dining experience to something that is very, very foreign to them - very, very foreign. Now with the change it's from the normal dining experience to something that is completely foreign - in one day.

THE CHAIR: Did you have a follow-up to that Mr. MacLeod?

ALFIE MACLEOD: I guess Bernie makes a very valid point because just the change - being independent and on your own and being able to have curds whenever you want to have them and then, all of a sudden, be put in a different atmosphere, a more restrictive atmosphere, and even your meals don't taste the same. I know that would have a pretty drastic effect on most of us, not just on the veteran but most of us. So it will be interesting to hear what the other side of the story is and then hopefully we'll be able to come to some kind of a satisfactory conclusion for all of those involved. Again I want to thank you, Bernie, for your presentation and your concern.

BERNIE CURRIE: Thank you, I appreciate all.

THE CHAIR: Thank you, Mr. MacLeod. Mr. Epstein.

HOWARD EPSTEIN: Mr. Currie, thank you. Can I just trouble you for a couple of other points? I've been struggling to understand exactly what the real nub of the point is. I understood you to say earlier that you didn't think there should be any frozen food at all but can I just put something to you - here's my experience with dealing with frozen foods. Many of us lead busy lives here in town, when we're not hospitalized; it is not unusual for us to eat frozen foods. I know that in the middle of winter if I want to eat peas and corn, I can't go out and get fresh peas and corn, I'm going to have to eat the frozen peas and corn that are in the freezer. It's true, it's not quite the same as absolutely fresh stuff but it is nutritious and we eat it and if it's well prepared then you're all set.

I know many of us would have resorted, from time to time, to frozen meals. There are lots of places here that sell frozen, prepared meals and if you're busy, you heat them up and eat them. Many of them, I have to say, are quite delicious. What I'm wondering about is, I see in your presentation you talk about taste and aroma and I guess I'm wondering as well about variety or the quality - is that part of the complaint?

I know that if I just took something that was frozen and put it on the plate and didn't heat it or put butter on it or whatever, it wouldn't taste very good. Is variety part of the problem or is it the quality? Lots of frozen foods get sold in the stores all the time - frozen fish and frozen meats and so on. People keep these things then heat them and cook them. I guess I'm not sure exactly what the nub of the problem is here.

BERNIE CURRIE: Well I think what you'll see is a lot of them had no idea - you couldn't tell. My father would never complain to his caregivers but he'd say to his family, you can't tell, by the way it looks or tastes, what it is.

I went to a committee meeting one time and I said, if my father says it was good, I will let you know it was good. In fact today he said the meat was really good. I think it was pork, he said, but he said it was good. So I said, I'm going to pass that on. The cook started

smiling and he looked at me and he said, it was fish. That was just one experience, the fact that some of the stuff was very tough, these pastas and things, the sauces.

I agree with you about frozen vegetables and stuff but you'd never see things like - my problem was - bake them a potato, a real potato. They maintain these were real potatoes, they weren't instant, but to me, mashed potatoes that have been prepared and frozen take on a whole different texture. I'd get a little annoyed sometimes and I'd say when I prepare things in bulk and freeze it for later use, I call it leftovers.

I'm not saying that everything was completely bad but it just seemed to be it overtook all the other things. Very seldom did they get a real, home cooked meal, except on special occasions. That boiled down to about once a month.

The other day they served a real roast beef, by the way, and it was so nice and tender and delicious, they served an actual roast beef dinner to them.

HOWARD EPSTEIN: Okay, thanks, that helps.

THE CHAIR: Ms. Raymond.

MICHELE RAYMOND: Thank you, Mr. Currie, and I know this is a really passionate issue. My father had done his years in the Navy, but still the day before he died he delivered a righteous tirade against people who would make him eat vegetables that didn't come out of cans.

One of the things that happen is that we do have these cultural norms - and you mentioned salt herring and things like that. Again, I have a friend who's in a unit up in Cumberland and I notice that the food served there is very different to me and it's just culturally not what you would get in Halifax. I'm wondering to what degree it is just that unfamiliarity in foods, that's why I was wondering how long it has taken for the likes and dislikes to get cycled back?

The other thing I keep coming back to is ambiance. You've mentioned that 13 out of 20 people there actually are suffering from dementias, and I know one of the things with the dementias is that people do lose a lot of sensitivity, and it's very important and I know they often have to put food on dark plates so that it's actually seen as food and recognized to enhance appetites. Is there anybody there who would be looking at just increasing the physical experience of the food - not necessarily the taste of the food, but the perception of the food? With the tablecloths, the dark plates, having seen the roast beef that is carved as opposed to the plate that arrives, I mean . . .

BERNIE CURRIE: That's interesting, because I got a call from Dalhousie University the other day and this person wanted to do exactly what you're talking about. She said, Bernie, you're looking after the political end of it - she wanted to look at the

whole dining experience as part of a study. It's exactly what you're talking about. I said that's certainly not up to me, but I would suggest you talk to the PCHA and maybe they will allow you to come in and do that.

MICHELE RAYMOND: It may seem very silly to talk just about ambiance, but some of that is particularly important with people who are suffering from dementia and also, as they say, being fed what today we would deem to be the healthy foods, not necessarily what a 90-year-old veteran is - he'd rather go back to his canned peas, thank you very much. I hope somebody is able to have a discussion with those veterans who are able to communicate about what would actually help with that as well. Thank you.

THE CHAIR: Are there other responses or questions for Mr. Currie?

Thank you very much for responding to all these requests for a little more information and perspective, and for your presentation. At the conclusion of Mr. Lee's summary, we will ask you if you have any concluding thoughts you might like to offer.

BERNIE CURRIE: I certainly appreciate it. Thank you.

THE CHAIR: At this point of the meeting we will receive Mr. Pat Lee, CEO of the Pictou County Health Authority, further on the subject of the Northumberland Veterans Unit Food Service.

Welcome to our meeting Mr. Lee. We'll follow the same general idea, to a maximum of 50 minutes - we'll receive a presentation and follow it up with responses and conversation. The floor is yours.

PATRICK LEE: Thank you, Mr. Chairman. It is indeed a pleasure to be here today on behalf of the Pictou County Health Authority board and management.

When I was asked to appear before the committee some time ago I suggested that we await the findings and recommendations of the 14-member task force that was struck to review the food experience at the Northumberland Veterans Unit. I appreciate the Legislative Standing Committee agreeing to this request as I am now in a position to share with you the comprehensive analysis that was completed, and also to share with you the recommendations.

Maybe just to level set, but before I do that I just want to acknowledge Mr. Currie's attendance here today. At a meeting of the veterans and families on April 11<sup>th</sup> in which Bernie was in attendance, I offered an apology to him, the veterans, the families, and in fact our staff, for our failure in communicating and involving veterans and their families in changing the method of food preparation of the Sutherland Harris Memorial Hospital. On April 12 I subsequently issued a similar public apology and a statement to the local and provincial newspapers and posted this apology on our Web site.



At this point, Mr. Chairman, I would just like to reference the material that my office sent through to Ms. Langille, most of which is in your package that you received, the briefing package. What you will find in the material that was sent is a transmittal letter from the task force co-chairs, just so you know who the co-chairs were for the task force: Carla Janes is our house services manager on that site, and Mike Simmons is a Legion chaplain who co-chaired the task force and not only tends to the spiritual needs of the veterans on the unit but some 80-some veterans in the community.

You will note that the letter of conveyance indicates that the report and its recommendations were not supported by one member and with Mr. Currie's permission - certainly he's going to allow me to share that he was the dissenting opinion. The other 13 members agree with the recommendations and moving forward to improve the food experience. The complete task force report was sent to you as well and in the final document we sent was also the presentation I'll be doing here in a second in terms of the management's response to the recommendations, and also maybe just add to some of the comments Bernie had around the unit, the veterans, and our staffing pattern.

The Northumberland Veterans Unit is situated on the Sutherland Harris Memorial Hospital site. It's a beautiful location overlooking the Pictou Harbour. As Mr. Currie mentioned, we operate a veteran's unit there as well as some 18 restorative-care beds for not only Pictou County but also for Colchester East Hants Health Authority as well. We also operate, on that site, a family practice clinic as well as a dialysis unit.

In terms of the veteran's unit, it is funded by Veterans Affairs Canada and the veterans, and in fact the funding model is one of distribution. We negotiate a funding model each year with Veterans Affairs Canada and basically we add up the total cost of running the unit and then we distribute that cost based on particular volume. So as I mentioned, the cost is split between the in-patients in the veterans unit and the in-patients we have on the restorative care unit. We are truly blessed with ongoing support from the Royal Canadian Legion. The capacity is 20 beds, 12 single, 4 doubles. We have 100 per cent occupancy and a waiting list of five at this point, waiting to come in.

We offer service to 20 male veterans; the average age is 90 years. Each veteran has several chronic conditions and comorbidities, which is not surprising given the age of the veterans - 13 of 20 have some sort of cognitive impairment due to dementia or Alzheimer's, but also because of their age there is an issue around what's call dysphagia, which is the inability to swallow. When we do our assessment with each vet who comes in to our individual care plans, one of the first things we ask is not only what they like and don't like but can they swallow it. For example, a veteran might want to have a cherry tomato or a grape but is unable to swallow it, so we find an alternative method, which would be a puree for example. I think it's important to remember who were serving.

In terms of the background, we expanded rethermalized - and rethermalized is not a frozen dinner that is heated up in microwave, in fact it's a frozen product. All of our products comes from Canada except for one particular product, which comes from the states. For example, our fish comes from High Liner. We have haddock loin, haddock fillet breaded, Mediterranean haddock, and cod fillets all from High Liner. Campbell's in Toronto provides the chicken casserole, Salisbury steak, et cetera. A company in Brampton Ontario provides us with pasta dishes, so all but one of the rethermalized products are Canadian.

The product comes in frozen, so the frozen potatoes, the frozen meat for example - it's assembled by our staff on the unit and then heated in a heat tray/steam tray. So I just want to get the concept that it's not putting it into a microwave and heating it up with a microwave; it is not that method of heating. It's rethermalizing so it's not only heating the food up, it's also making sure that it's the proper consistency and moisture content.

We implemented the rethermalized meal system across a number of sites in 2011-12, and we'll talk a bit about why we did that in a moment, but just to make it clear, in the Aberdeen Hospital site, which is an acute care site, we use the same system - rethermalized. At Sutherland Harris Memorial Hospital, we use the same system. So again as the board and management looked at this, we wanted to make sure that those similar situated were similarly treated, so we did not disadvantage in any way our veterans as we looked at implementing this change.

When we implanted the new meal system, we had made a decision that we would do an evaluation six months after implementation. We were a little late getting it started - we had planned to do it in the year 2011-12, but it actually ended up being implemented in May 2012, so into the next fiscal. We planned to do an evaluation six months after and because of the concern around the implementation process, we expedited that implementation.

I think the main question is, why did we do this? I just want to refer to several documents in your briefing package and give you the broader context to decision-making in health authorities in the last several years. As our 2011-12 business planning mitigation target was \$1.8 million, we had to reduce our budget by \$1.8 million. In 2012-13 it was \$3.2 million, so some \$5 million over two years.

Yes, it's \$70,000 and it doesn't seem like much, but I draw your attention to your briefing document in terms of the whole number of activities that we had to do in order to balance the budget. Our health authorities had seven consecutive balanced budgets. We follow the Back to Balance policy by government very seriously. The mitigations that we identified for that particular year, 2011-12 - you will see in your package that one was around the rethermalized food production system, which we implemented on both sites.

Bernie mentioned earlier about it being distasteful and quite frankly, that's probably a pretty good description of it, about having to make very difficult choices, which the boards had to do, in terms of - is it \$70,000 to veterans' food or is it \$70,000 that is put into psychological counselling for kids or to do some 30 hip and knee surgeries? So again, I just want to draw the broader context here in decision-making. I think we wish it was simple - just a single issue around veterans - but given the fact that we work very closely with government Back to Balance, we've had to look at all of our operations.

I draw to your attention as well that each year when we do our business planning process, we get parameters or principles that Health and Wellness directs us to follow. One of those principles is not to treat any one part of our population differently - I'm paraphrasing. Certainly our board is of the same mind, that we don't wish to disadvantage any one population, so everything is on the table when we look at mitigations.

In terms of the timeliness, we had a cook retiring. We do not have executive chefs at Sutherland Harris - we have Cook IIs. They are not chefs. We had one retiring so we try to always minimize layoffs. If there is attrition coming up we try to reduce that way, as opposed to a layoff.

We feel it is a quality product and the other reason we implemented it is that with the single kitchen we have on that site, we can only prepare one meal. With the rethermalized meal system, the veterans get the choice of two meals.

Obviously we all know the issue - I won't go through that - but I will say, though, that the board was concerned about the attention. Our board chair, Murray Hill, did want me to say to you today and maybe just re-emphasize that our board has connections to veterans as well. Murray Hill's late father was an air gunner in a Lancaster during World War II; his late uncle was a celebrated Spitfire pilot. Murray asked that I share that with you that he knows vets, he has lived with vets. In fact, one of our board members has an uncle who is on the veterans' unit as well.

The mandate of the task force was in your package; I won't go over that. I just want to spend a minute on the membership. We had two veterans from the unit and I had the pleasure of meeting both, they were very engaging and certainly were well aware of the task that was before them; two members of the vet family, one of which was Mr. Currie. We were blessed to have the Royal Canadian Legion, the recognized advocate for veterans. We had the Zone 6 Commander, as well as the chaplain, who co-chaired. Veterans of Canada representative was on it, their Director of Quality Service, a manager, and our cook. We had a nurse, a dietician, our recreation coordinator, and they were certainly instrumental in terms of designing the review to make sure that it met industry standards. Certainly the dietician - and I've got references for you if you wish - looked at what would be the industry standard in terms of evaluating the food experience. And that's why we got into things with the subcommittee, the task force got into things such as the food experience.

And then Minister Wilson appointed an external consultant, who was the Director of Culinary Services at a well-known chain in Nova Scotia. They're currently providing 8,000 rethermalized meals a day, and in fact not only did he add perspective to the whole process, he informed us of where things are going - there are nursing homes being built in Canada today that do not have a kitchen; they're using rethermalized product exclusively.

The task force met eight times - and I don't want to belabour this, but I just want you to see that it was a very structured data collection framework. And I do acknowledge Bernie's comment that it was difficult for both veterans and staff because we wanted to ask a series of questions - and you can see the questions there. In terms of looking at the 28-day cycle, there's something different on every meal day, right? So as Bernie mentioned earlier, breakfast hasn't changed; breakfast is the same as it was. What we did change was the dinner meal - they ate their big dinner at noon hour, and their smaller meal later in the day was changed. We have not had home-cooked meals for lunch and dinner for some time, as you see in your briefing package. We moved from 35 per cent rethermalized for lunch and dinner to 65 per cent. There hasn't been a home-cooked meal in Sutherland Harris, 100 per cent, for years. I've been there seven years and there never has been.

So what the task force looked at, and management - it looked at some 20,000 pieces of information. The task force looked at from an evaluation of each meal, each product, each day, and then the ten categories of both staff observation and the veterans' satisfaction. We summarized it in this way, if you look at the breakfast overall satisfaction, as rated by the veterans along the five categories: the breakfast, the conventional meal, 95 per cent satisfaction; the lunch, rethermalized, and dinner, not quite as high, but 84 and 86 percent.

That's what the data suggests, and we encouraged the task force to really do a very rigorous review. There is no doubt there's a lot of emotion around this issue - certainly you see the number of letters in your package in terms of the emotion. So we wanted to make sure that we used an evidence-based approach to have a look at what the veterans were saying and work from there.

In terms of the staff - and in fact it's the staff who eat with the veterans, it's seldom that a family member does eat with the veterans. It's the staff, and actually Bill White, who is a Zone Commander, I believe, is there every day - and, as you saw, Bill was on the task force. So the staff's observation was, in terms of breakfast, lunch, and dinner - 98 to 99 per cent.

The task force also looked at, specifically, the veterans' satisfaction with each meal and, again, that's in your package. It's, again, high in terms of the satisfaction. But I think, as several individuals have identified, the veterans are obliging if you ask them if the meal was good. They have such a close relationship with the staff, they're going to say yes. So

what we also looked at was wastage. You may say you liked the meal to appease somebody, but you probably won't eat it, so we looked at wastage.

Breakfast, which was the conventional meal, 11 per cent was wasted; lunch, 17 per cent; and dinner, 14 per cent. So yes, it was waste well below the clinical nutrition benchmark of 40 per cent. And in fact, if you look a little bit further into this issue, and look at restaurants for example, 17 per cent of restaurant food is wasted. So we didn't just rely on what the veterans said, we made sure that we looked at what was wasted.

So the task force made 12 recommendations - and the management's response to these recommendations are in your package. Certainly there are a number of issues around temperature, both for the breakfast conventional meal, as well as rethermalized. We were measuring temperature when it left the kitchen, and we should have been measuring temperature when it hit the plate, so that was applicable to both.

Mr. Chairman, I don't intend to go through all of these, but I do just want to draw your attention to some. Also likes and dislikes. Certainly, loud and clear, when I met with the families, and certainly our staff, is that we ought to have done a better job communicating. And, in fact, I would submit to you, we have done a better job of late. There has been some 12 changes to the menu and again I don't think we should make assumptions of what vets like and don't like. When we implemented the system we went from a fresh roast beef to a frozen roast beef, the veterans were having trouble chewing that so we went back to fresh roast beef and they couldn't chew that. Again, it's trying to accommodate the meal to suit the veterans. Of course we do have turnover, unfortunately, so the veterans' likes and dislikes change depending on who's on the unit at the time.

Obviously the key issue is what was in Recommendation No. 4, it was about a mix of conventional and minimize rethermalized. We're at 65 per cent, certainly the minister's external consultant recommended a 50-50 split in terms of the rethermalized lunch and dinner but certainly did not support going back to a home-cooked process. In terms of government's recent policy initiative around Buy Local we're working to see if we can increase the Buy Local initiative as announced in the Speech from the Throne.

We're going to do a better job auditing, including satisfaction and that will include asking the veterans how they liked the meal. I think the major object lesson for the health authority was really the last recommendation was around improving consultation and engagement. We did not do a good job consulting and involving veterans and their families. In that year we implemented \$1.8 million worth of cuts from mitigations and did a pretty good job on those but on this particular one we were distracted and could have done a better job and I certainly acknowledge that. I don't mean could, we should have done a better job and I certainly expressed that to the veterans and families.

Again the minister's consultant made recommendations to the minister and shared those with me so again you can see, around the particularly contentious issue of

rethermalized and conventional, is a mix. What we intend to do is not make the arbitrary decision about the health authority deciding what the mix will be. We've asked the families when I met with them last week if a member would volunteer to help us redo the menu in terms of what's on the menu and then rebalance the mix; that will take some time. We would like to do it quicker but it's going to take some time to engage families and the veterans. In fact we are planning to have that finished by September with a new menu and then rebalancing in terms of what is fresh and what is frozen.

There are some costs associated with moving from the 65 per cent rethermalized to something less than that. I'm not going to presume what that will be, we'll work with the veterans and their families on that. I am pleased to say that some of the capital costs are being provided through donation, for example, we need a heating tray and - back to Bernie's earlier point about the aroma of the food and the veterans looking forward to the aroma of the food, is having the food in the dining room in a serving tray so it generates that smell as opposed to individually plated.

Just so you know, I met with the task force on April 11<sup>th</sup> and my sense from the co-chair very clearly from the Legion was let's move forward, we're moving in the right direction, let's continue to move forward and agreement on the timelines.

As I mentioned earlier, I did do sincere apologies - because they were - we obviously did not do a good job on the implementation and we expressed that and wish to move forward.

THE CHAIR: Thank you for taking us through this material in this level of detail. Are there responses or questions for Mr. Lee?

MICHELE RAYMOND: Thank you, Mr. Lee and I think you have quite a difficult challenge on your hands - it is obviously a very emotional issue. Out of curiosity, I'm looking at this - and I can't really read everything here unfortunately, but is there any correlation at all for veterans or people in general between how much they enjoy food and whether or not they have family members present with them at meal time? Have you measured that at all?

PATRICK LEE: The task force did not measure that. I can say though, what we do know is that when the veterans come into the unit, there's weight gain. All the veterans gain weight and that's one of the things we measure in terms of - it is a clinical service so the veterans do gain weight. I don't know the answer to your question in terms of the families.

MICHELE RAYMOND: Have you noticed whether there has been any difference in the attendance of family members at meals over the last couple of years?

PATRICK LEE: I just had lunch actually with Mike Simmons yesterday, who co-chaired this, and Mike told me no. Quite frankly, it was one of the concerns that we had, and why we expedited the task force was that if you read some of the letters, we found it quite distasteful to veterans to come and observe the veteran eat, as if it was a zoo so to speak. That's really where we said okay, we're going to expedite the task force and do this objective analysis.

MICHELE RAYMOND: Okay, thank you.

THE CHAIR: Thank you, Ms. Raymond. Mr. Theriault.

HAROLD THERIAULT: Thank you for your presentation. What was the cost saving by not having a cook? You said the cook retired and you never hired a cook back, so what was this saving? It seems like it's all coming down to the almighty dollar again, it's always about dollars. So you laid off the cook, or the cook wasn't rehired. What did that save your facility?

PATRICK LEE: I'm going to draw your attention to the briefing package you received, just so you can see it in writing here. In your briefing package were the two government-approved Order in Council budgets for the health authority. I draw your attention to 2011-12 and what you see in 2011-12, of the \$1.8 million in reductions, we had identified a saving of \$70,000 - I'm sorry, \$140,000 - I'm wrong here, \$70,000 of that was due to savings on the Aberdeen site and \$70,000 at the Sutherland Harris site. It was a combination of labour.

Obviously in buying re-thermalized, we're buying labour in. So we had a cook retire, we decreased the number of the part-time staff, and there were some savings around the food. So on the Sutherland Harris site, the veterans, it was \$70,000.

HAROLD THERIAULT: So this was a decrease from the province, the \$1.8 million was a decrease from the province, to get back to balance, like you said?

PATRICK LEE: In that particular year - and I'll share with you what direction the health authority was given, just to provide you with some perspective - the health authority was told, like all health authorities across Nova Scotia, that we were to manage costs and control any cost pressures. So if labour went up, other than the first 1 per cent of labour, anything over 1 per cent - for example, labour in that year cost us probably \$500,000 because we had to address that. If the price of oil went up, as we all know it did, the price of energy, we had to address that.

The direction we were given was to absorb all cost pressures, so we were looking for ways to save money, to be more efficient, and certainly looked at things like Merged Services Nova Scotia as a way to reduce our administrative costs. We always want to reduce administrative costs first before we impact patient care. That's the approach we

took. Again, you'll see it in your documentation, \$70,000. I can tell you it's \$70,000 that we saved.

HAROLD THERIAULT: So the increase from Veterans Affairs never anywhere offset that?

PATRICK LEE: I can't answer that question, Mr. Theriault. The way that the model works with Veterans Affairs is that we - you'll see in the briefing package, too, it's about \$2 million, about \$2.1 million to run the Northumberland Veterans Unit from Veterans Affairs. We negotiate that each year and then we distribute the costs. So I can't answer your question in terms of this increase from Veterans Affairs.

HAROLD THERIAULT: Thank you.

THE CHAIR: Mr. MacKinnon.

CLARRIE MACKINNON: Thank you very much for your presentation. A while back I got two ministerial assistant appointments and one was ministerial assistant to the Premier and the other was ministerial assistant to Buy Local, which I think is every bit as important as the first one. I know that we have some famous products that are local, like Christensen's corn; I can't see too many veterans eating our local corn very often because that's a hard thing to eat and digest sometimes.

I'm really concerned about what you call the rebalance of the mix, so we're now talking 65 per cent, what we would call re-thermalized, right? That's the term we use in relation to this, right? So we are 35 per cent and how often are we going to be revisiting this issue to see that we get the rebalance of the mix right. I understand now that there are two choices for meals, that it isn't just a discretionary thing and the other thing that I understand you're doing is that veterans there and new veterans coming to the facility are with their families having discussions on the likes and dislikes. I understand that we already found out that very few of them like broccoli, none of them really like salads, and I think your study proved a number of things already from what I'm hearing from the local scene.

I think all three MLAs in Pictou County have been very concerned about this issue but I think we do appreciate the input and the 28-day study and the fact that there was a representative from the minister present for that. How often are we going to look at the rebalance, as you call it, and I know you've had a difficult job and I identify with a lot of the problems that you deal with every day as you share in the getting back to balance situation.

PATRICK LEE: It's a complicated answer to a simple question. The auditing goes on at all times - I'm just going to say, if I may, that the family assessment that has been in place and does take place which asks the veterans on admission what they like and don't like but also as I mentioned earlier they may like something they can't eat so we have to



look at, obviously if they've come to us there are some health issues or they'd still be in their homes so we look at what is called dysphagia, the inability to swallow.

So it will be done on each admission and then regularly thereafter, so we will be doing a formal audit every six months in terms of, again, and I can't say it will be as extensive as we just described, obviously that took a lot of work but looking at what the veterans may wish. If I may just share a bit of a funny story with you, when our staff met with one veteran and his wife they asked the veteran if they liked chicken and the veteran said yes I do like chicken and the wife responded no you don't like chicken, he said I don't like your chicken. Again, it's going to be a dynamic ongoing interaction with our veterans and families and really typifies us improving patient-centred care which is what we're there for. We'll also be looking at wastage not only because we're concerned about the veterans not eating the food but also because the inefficiency of waste, so it will be ongoing.

CLARRIE MACKINNON: My understanding was that there had been signoff, or at least mutual agreement, by all of the committee members but Bernie has indicated this morning that he wasn't present for the last meeting and certainly has expressed his ongoing concerns as well. The co-chairs of that I know and both have been advocates for veterans as well. Have they in fact signed off on the changes that are being made, the 12 recommendations?

PATRICK LEE: The answer is yes, Mr. MacKinnon, and first off I do want to acknowledge that the three MLAs in our area have certainly made us aware of this issue, and the board as well. In fact, I'm just connecting that thought with another, the package we provided you when we briefed you back in early March actually had a covering letter from Carla and Mike saying it was unanimous, that was our understanding. When I met with the task force, Mr. Currie made it quite clear that he did not agree. We accepted the co-chair's letter of transmittal and that's why you got unanimous, when I met with Bernie he made it very clear he did not agree with the report and the co-chairs were asked to change to make sure it reflected the opinion.

What I was told by Mike and Carla, the two co-chairs, is that the committee had agreed to majority. It's always nice and would have been lovely to have unanimous, and we would have preferred that, but it was far more than a majority. Not in any way discounting Bernie's comments, I think we do want to work with all of our stakeholders in terms of improving the food experience at the Sutherland Harris Memorial Hospital.

CLARRIE MACKINNON: I certainly respect, Mr. Chairman, both inputs that we've heard today and I'm glad that there were, in fact, 12 recommendations that have been made to make things better, but my personal view is that the issue does have to be revisited from time to time and, perhaps, more often than every six months.

PATRICK LEE: Well as I indicated earlier, it's on every admission of every patient. Again, an example - we just had a new patient come in who liked yogurt and the veterans, the others, apparently we thought they didn't like yogurt. Well when the new veteran came in and liked yogurt, everybody wanted yogurt. A couple of veterans tried yogurt and didn't like it, then everybody wanted ice cream. So again, it's ongoing, it's part of continuous quality improvement.

Now it's relatively simple with ice cream and yogurt, but gets a little bit more complicated when we talk about the major protein items on the menu. Again, the object lesson for us is we've got to do a better job in terms of evaluation and listening.

CLARRIE MACKINNON: You've had a very difficult task on many fronts. I know there has been lots of weight to bear, so I certainly pass it on to someone else.

THE CHAIR: Thank you, Mr. MacKinnon.

Mr. Epstein, and then we'll go to Mr. MacLeod.

HOWARD EPSTEIN: Mr. Lee, thank you for your presentation; it was very interesting and thorough. There's really only one point that I wanted to follow-up on - I am looking at a news story from the New Glasgow newspaper from last November. Probably you've seen this, it has to do with the involvement of the local municipal council in this issue. The story from November 9<sup>th</sup> of last year reports the remarks of one of the county councillors, Mr. Jim Turple - I should say I've actually had a chance to chat with him as well.

As I understand the background, the county council was invited to investigate this issue of the veterans' meals themselves. They had a sample meal provided for them, which apparently was quite good. Then Mr. Turple, who had been invited to come back some time just on his own to taste the meals in what he described as a less-controlled situation, did this on two occasions and he was very uncomplimentary, I have to say.

I'm sure you've seen the story, I'll just read a couple of extracts. He says: "There were four, small round potatoes that didn't taste like potatoes, ... there were green beans and a few baby carrots that were tough and tasted frozen ... The fish itself was dry and tasteless."

On the second occasion he said: "The mashed potatoes were spongy ... and the roast beef, ... I believe perhaps a piece of cardboard covered with gravy could have produced the same taste."

These are fairly harsh comments and I really wonder if there's anything that you wanted to say in response to this.

PATRICK LEE: Well I think the response is we listed to a whole number of concerns, including Mr. Turple's, and did a task force analysis.

HOWARD EPSTEIN: Sorry, say that again.

PATRICK LEE: That's why we created the task force to do the review. We didn't want to react to one particular opinion; we wanted to listen to the vets and that's why we looked at 20,000 pieces of information and that's why there are 12 recommendations that were implemented. That would be my response to the November 9<sup>th</sup> article.

HOWARD EPSTEIN: That's right, the task force was subsequent to that. Is that right, or had it started up before but it finished its work later on?

PATRICK LEE: Actually it was getting started at that point in time and I know there has been concern about timeliness, but when the task force met - and again I just draw to the attention of the members - obviously we wanted to get it going quickly, but they said don't do it around Christmastime, don't start around Christmastime because there's so much food that comes in you won't get an accurate reflection of what the vets like or don't like.

What we know is that wastage goes up around Christmastime because all the sweets come in, so again we listened to the task force and started - I believe it started in around the second week of January and then ran the full 28-day cycle from there.

THE CHAIR: Okay, thank you. Mr. MacLeod.

ALFIE MACLEOD: Thank you Mr. Lee for your comments and it is obvious that a great deal of work went into generating this report. With the time, the energy, and the money that was spent on this, we probably could have had regular meals for another year for the veterans. One of the things that I find interesting is you mentioned that you buy these rethermalized products from different areas and then they are assembled at the site, did I understand that?

PATRICK LEE: At the Aberdeen site, not at the Sutherland Harris site, at the Aberdeen site, we have one assembly area.

ALFIE MACLEOD: So there is a certain cost factor that goes along with the assembly of the product and I wonder if the \$70,000 that you mentioned was a true cost saving, considering that there is a fair amount of labour, I would think, going into assembling the meals anyway.

PATRICK LEE: Well I think it is well recognized that as you consolidate and standardize, you produce efficiencies and that's exactly what we did. Yes, the cost saving I presented to you is the cost saving and the explanation is, again, centralizing the food -

platings is what we call it - plating on the trays saves money and \$70,000 is what we saved to Sutherland Harris.

ALFIE MACLEOD: You mentioned in own report, the average age of the people you are serving is 90. I think the age, combined with respect, combined with the satisfaction for those people that you are serving, and the pressures that I know your whole organization is under with \$5 million less to work with than you had a few years ago and having to absorb the cost pressures that go along, but again, when we're talking about veterans, is it reasonable to say that the \$70,000 is a fair price to ask our veterans to pay?

PATRICK LEE: We think it was that's why we made the decision. Again, I would draw to your attention that you'll recognize that we implemented \$1.8 million in mitigations. Our veterans are special but all of our patients are special. Those who are waiting 18 months for a hip or knee replacement are as special as our veterans.

ALFIE MACLEOD: I appreciate that as well.

PATRICK LEE: And that's the difficulty that board has had in terms of making sure that we didn't disadvantage any. I just want to go back to the rational, in terms of - and I understand we're at the Veterans' Sub Committee - but if were in public affairs we'd be talking about a whole variety of other issues, not just the food issue, because in fact what the board and management has to do is take that \$1.8 million reduction and then do the least harm with it, and in our view that's what we did. At the same time we were making decisions around this food issue, it was, again, waiting lists for hips and knees. I can share that with you if you wish, I have them here with me.

ALFIE MACLEOD: No, I waited three years for my hip so I understand the waiting process.

PATRICK LEE: The board, when it looked at the distributions cut, said everything is on the table. We're not going to disrespect anybody but we're not going to put special emphasis on anybody either. In fact if you look at the Department and Health and Wellness parameters they don't specify veterans as a special group. They did say that you've got to protect mental health funding, you've got to protect public health funding. Again, I can understand your comments in terms of \$70,000 with respect to veterans but that wasn't the decisions we were making. What we had to make was a decision around \$1.8 million in reductions in that particular year.

ALFIE MACLEOD: I understand your statement but going back to what my colleague, Mr. Theriault, said, funding has increased from Veterans Affairs. There is more funding available to look after the veterans and the health authority has taken on the obligation of looking after the veterans as over and above what they are normally doing, I would suggest to you.

PATRICK LEE: I don't have the evidence you're referring to but I can say - and I'll just re-emphasize - each year we negotiate a budget with Veterans Affairs and then we do a year end audit with Veteran Affairs and reconcile any differences between. If there is any funding, revenue increases - and you'll see actually in your package what we get from Veteran Affairs to run the unit - then we reconcile at that point. I can assure you, if there is a dollar we had from Veteran Affairs, or in fact any other revenue source, we would try to find it in order to not cut a dollar somewhere else.

ALFIE MACLEOD: Thank you. I'll just leave you with this statement - and it's your own words: it's important to remember who we are serving, and it's also very important to remember who served for us. Thank you.

THE CHAIR: Are there other responses to Mr. Lee's material, or questions coming from the presentation?

If not, Mr. Lee, we'd invite you to make any concluding, summarizing comments that you might wish to offer, and after that, Mr. Currie, we'd invite you to do the same.

PATRICK LEE: Well, thank you, Mr. Chairman. And thank you, members, for your comments. Obviously all of us are passionate about our veterans, and certainly want to provide them with the best experience possible. So I'd like to thank you for the opportunity to be here this morning.

We are committed to working with the veterans and their families to implement all 12 recommendations, including devising a new menu which better reflects the veterans' likes and dislikes, while appropriately considering safety factors such as the ability to swallow. We will rebalance or remix the re-thermalized frozen versus fresh offering on the revised menu and, in fact, we would offer to come back before this committee sometime later in the Fall and share with you the results.

THE CHAIR: Thank you very much, Mr. Lee, and with that summary, could we ask you, Mr. Currie, if you had any concluding remarks you'd like to offer?

BERNIE CURRIE: Thank you. First of all I'd like to read something. This was what my prediction of the outcome would be - this was before the task force sat. I wrote a little hand note on January 16<sup>th</sup>, gave it to a friend who is here today, and asked him to hold it and not open it until the study was done.

Wednesday, January 16, 2013: The following are my predictions of the recommendations of the PCHA after release from the food survey completion at the Veterans Unit. The survey itself was left up to the vets and most cannot speak or formulate a good decision, but the PCHA will make the announcement that the survey shows the veterans have few complaints and that more effort will be given to provide more choices to the menu. The present system will change very little, with the veterans getting the usual

treats and special meals now provided. My last little note down here says: I hope the survey proves me wrong, although I won't hold my breath. Bernie Currie.

To me, I was spot-on. I thank Mr. Lee's comments and talk about the task force itself, and how they put two veterans on that. These two veterans, whom I love dearly, one old gentleman, I think he made it to the meetings twice because it was his nap-time, right after lunch. The second gentleman, again, whom I love dearly, would have to be reminded why he was going to the meeting. And that's the God's truth - what are we doing, he'd say? He'd have to be reminded that he was on this committee - again, part of the unanimously accepted recommendations.

I had a few questions rattling around in my head and I just put them down as my final talking points. You know, these changes were attempted in Alberta and Ontario. They went to re-thermalized food for long-term residents. The Ministry of Health stopped in and reversed the decision, for reasons - you know, better food, grown locally, and apparently it was cheaper. But in Ontario and Alberta, they just said no more - the Minister of Health. The Veterans Unit is funded by federal funds, from the Department of Veterans Affairs. How can these funds be relocated to things like hip surgery? Is the money not there to provide care and food to our veterans? Again, it's only a 20-person unit. I can't see the problem of going back to regularly cooked food.

The report suggests that there will special dinners served on holidays - Christmas, et cetera. This would mean possibly one fresh meal a month or .03 per year, not much of a compromise. Can anyone find a dietary professional who will endorse the serving of non-fresh, out-of-province-prepared frozen meals to be served to anyone on a constant basis?

Our government has stepped in on several occasions for the public good when boards or commissions made questionable decisions. Case in point, the school boards that plan to close schools have been postponed by the Department of Education . . .

THE CHAIR: Excuse me, I just wanted to make sure you were aware you have about a minute.

BERNIE CURRIE: Okay - why then can't the Department of Health and Wellness step in when a non-elected board makes a hugely unpopular decision that is very negative on the well-being of our most vulnerable.

Lastly, the kitchen is still there, the staff are in place, the demand to return to real food is unanimous, the real savings are questionable, the public taxpayers want it, the Minister of Health and Wellness has the power to change things with the stroke of a pen and it will likely be the most popular decision he'll ever make in politics so why continue this unfortunate situation? Thank you.

THE CHAIR: I think we will conclude this part of the meeting then with Mr. Currie's comments.

With respect to the suggestion, Mr. MacLeod, that you made earlier, I think that, with respect, I will decline to follow that suggestion and that we'll stick with the agenda as we had agreed at the beginning of the meeting and not pursue with a further round of questioning. Mr. Epstein had indicated he would like to bring forward a motion.

HOWARD EPSTEIN: I do have a motion and I have copies to hand out to all members here, I'll just do that. For those who haven't had to fight their way through my handwriting, I'll read the motion.

The motion is that the Nova Scotia Legislature Standing Committee on Veterans Affairs notes the following: concerns about food quality have been raised by veterans and their representatives at the Northumberland Veterans Unit and the district health authority has investigated these and adopted changes. A plan for implementation of improvements is to be put in place during 2013. Therefore, the committee confirms our respect for the services of Canada's veterans which should be recognized through the provision of all appropriate supports and the committee commends the DHA for its response to concerns and looks to see ongoing consultation and improvements in food choice, menu options and mix of types of meals.

So that helps people fight their way through the motion and if I may just briefly comment on it, I think the virtue of what has happened here is the public examination of the issue which I think has been fairly thorough both here and in the press and publicly around the province. It sounds as though there's responsiveness on the part of the DHA and we certainly have the opportunity to revisit this in the future but for the moment I rather think this is what we can best do. So I make that motion.

THE CHAIR: To the motion, Mr. MacKinnon.

CLARRIE MACKINNON: I was kind of hoping that I could have an opportunity to respond very briefly to Bernie's remarks if I could before commenting on the motion - not to ask a question but just a brief comment if I could.

THE CHAIR: Yes, that's in order, certainly.

CLARRIE MACKINNON: Bernie, I think you know the great respect that I have for you and your family and the service that has been provided by all of your family to Pictou, Pictou County, to Nova Scotia, and in your dad's case to his country.

The members of the committee in your comments, your note that you wrote in January, you sort of indicate that the veterans would be making the decision and they were involved in the process but I have a great respect for all of the other members who were on

that committee as well, including the two co-chairs. I think that a lot has gone into these 12 recommendations.

I have a bit of a concern with the motion that has been put forward because I don't think in it that it talks about how often we should be revisiting the rebalancing of the mix. But the 12 recommendations that have come forward are, I believe, a vast improvement over what was, in fact, there and I believe there is room for a lot more improvement. I believe we have to - I'm glad it's High Liner fish that is being served there, but certainly that mix has to become even more local through time.

But I have to respect the Pictou County Health Authority's efforts to try to look at everything within the mandate of that health authority. I have been responsible for having the mayors and the warden and the three MLAs meet with the health authority. They used to do it on an ad hoc basis and we now do it, at my suggestion, every three months without fail. I have to say that Pat Lee has kept us abreast of a lot of issues over a long period of time.

I know that he and Murray Hill and others within the Pictou County Health Authority, both from a board perspective and from an administrative perspective and from a staff perspective, have dealt with hundreds of issues and have made some considerable progress, and I certainly want to commend them for what they have done. I commend all members of the committee and I commend Bernie for the stand that he has taken, as well, over a period of time on behalf of the veterans.

I will vote in favour of the motion, certainly, but I think the issue should be revisited quite often as we move towards a much higher percentage than the 35 per cent that is certainly being served as home-cooked now. Thank you very much, Mr. Chairman.

THE CHAIR: Thank you, Mr. MacKinnon. Are there any others on the motion? Mr. Boudreau.

JIM BOUDREAU: Thank you, Mr. Chairman. I've listened very intently to both sides as they gave their presentations today, and this has been an issue and a concern for myself and many people around this table over the last number of months that this has been brought to our attention.

Obviously we all wanted to see some change and some compromise, some talking and some - again I'll come back to the word "compromising" on the issue. In fact, I believe that the motion we have before us is dealing with that and is dealing with the fact that there has to be some ongoing consultation, there has to be a continued dialogue between the district health authority, the residents, and the families. I think the motion does encapsulate that; therefore, I am comfortable in voting for the motion. I think it is a step in the right direction and it is a way for us to try to help meet the needs of the residents in the most effective way we can at the present time.



I want to thank both presenters for their information. Mr. Currie, I want to thank you for your passion, for your dedication to veterans because I, too, share that and I really do appreciate that and I do congratulate people every time I hear this, so thank you very much again. And thank you, Mr. Lee, for listening to the residents, the families, and trying to make some changes, and I encourage you to continue to do that.

THE CHAIR: Are there other responses to the motion?

Are you ready for the question? Would all those in favour of the motion please say Aye. Contrary minded, Nay.

The motion is carried.

Are there other responses to the material that has been presented to the committee this morning? If not, are we then taking note that the next meeting is on May 9<sup>th</sup>? Are we then agreed to adjourn?

Is it agreed?

It is agreed.

The meeting is adjourned. Thank you very much.

[The committee adjourned at 10:46 a.m.]