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COMMITTEE

ON

VETERANS AFFAIRS

Thursday, October 22, 2015

Legislative Committees Office

Veterans Affairs Canada Residential Care Policies

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VETERANS AFFAIRS COMMITTEE

Mr. Derek Mombourquette (Chairman)
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Ms. Patricia Arab
Mr. Ben Jessome
Mr. David Wilton
Hon. Alfie MacLeod
Mr. Eddie Orrell
Hon. David Wilson
Hon. Sterling Belliveau

[Mr. Keith Irving was replaced by Mr. Iain Rankin.]
[Mr. Ben Jessome was replaced by Mr. Brendan Maguire.]

In Attendance:

Ms. Kim Langille
Legislative Committee Clerk

Mr. Gordon Hebb
Legislative Counsel

WITNESSES

Department of Health and Wellness

Ms. Paula English,
Chief - Program Standards and Quality

Ms. Carolyn Maxwell,
Director - Liaison and Service Support

Mr. Perry Sankarsingh,
Director - Monitoring and Evaluation



House of Assembly
Nova Scotia

HALIFAX, THURSDAY, OCTOBER 22, 2015

STANDING COMMITTEE ON VETERANS AFFAIRS

9:00 A.M.

CHAIRMAN

Mr. Derek Mombourquette

MR. CHAIRMAN: Good morning everyone, this is the Standing Committee on Veterans Affairs. My name is Derek Mombourquette and I'm the chairman of the committee.

This morning the committee will be receiving a presentation from officials of the Department of Health and Wellness regarding Veterans Affairs Canada residential care policies.

I want to make everybody aware - and I think everybody is aware now - that Legislative TV is here with us today taking some footage so is everybody okay with this? Just another thing, too, before we get started, I want to remind everyone to please turn off your phones, turn to vibrate before we get started.

In addition to today's presentation there is some committee business to deal with so we'll get into the presentation and we'll take questions until approximately 10:40 a.m. Then we'll take a short recess and then move into our other business.

Just before I hand the microphone over to our presenters today, did everybody see a copy of the letter that was sent out on October 19th from the deputy minister? Did everybody see a copy of that? So everybody is aware of what was in that letter. With that, I will pass the floor over to our presenters.

Oh, actually before I do that - I'm sorry, this is my second meeting - we need to introduce everyone around the table for attendance. We'll start with Mr. Maguire.

[The committee members introduced themselves.]

MR. CHAIRMAN: Okay, we'll pass the floor over to our presenters.

MS. PAULA ENGLISH: Good morning, I'm Paula English and I'm the Chief of Program Standards and Quality at the Nova Scotia Department of Health and Wellness.

MS. CAROLYN MAXWELL: I'm Carolyn Maxwell, I'm the Director, Liaison and Service Support with Continuing Care Branch.

MS. ENGLISH: We hope to be joined shortly by Mr. Perry Sankarsingh. Perry is our Director of Liaison and Service Support with Continuing Care.

This morning we're here to talk to you about the Veterans Affairs issues. As indicated in the letter, we can't really speak to the policies of Veterans Affairs Canada as that is a federal department and we are not them. What we will be able to speak to you about is the relationship we have and some of the agreements we have with Veterans Affairs and how that relates to people living in Nova Scotia. With that, we'll get started.

Today we're going to talk about what our agreements are with Veterans Affairs Canada, explain to you what the Veterans Affairs Canada contract beds are and where they are and then also talk about the Department of Health and Wellness services for veterans as they exist in the province. That's the agenda we have, then we are open to answer questions after that, if that's okay.

Since 1992 VAC has negotiated agreements with the province, the Nova Scotia Health Authority - the former district health authorities - and facilities to provide long-term care beds throughout Nova Scotia. The beds that Veterans Affairs have are in nursing homes and also in some NSHA facilities. We'll talk about where they are so when we say the NSHA facilities, we mean hospitals at this point. These contracts can be terminated or amended under terms that are mutually agreed to in writing.

The contract beds; the beds that we are talking about here are the ones that are covered under these agreements with the province and we provide long-term care beds in facilities throughout Nova Scotia. There are 334 VAC beds throughout Nova Scotia, the great majority of those are in NSHA facilities; 283 of them are in the facilities and 51 are spread throughout the province in nursing homes.

When we talk about the VAC contract beds, the folks who are eligible for those are veterans of the Second World War and the Korean War veterans. Of course the First World War veterans were also very much eligible for those beds but there are none living today.

There were some more recent agreements made in 1996 to provide the VAC with priority access to 20 beds, and we called these agreement beds, so they'd be on the contract, and these are 12 at Taigh Na Mara and eight at Harbour View Hospital. They're in Cape Breton.

Where are they all? Wynn Park Villa in Truro has five VAC contract beds. High-Crest in Springhill has 10. St. Anne Community and Nursing Care Centre in Arichat has five. Taigh Na Mara in Glace Bay have 31. Those are the ones that are spread through the nursing homes.

In the NSHA facilities, we have them in Lunenburg, Yarmouth, Soldiers' Memorial in Middleton, Northumberland Veterans Unit in Pictou, Harbour View in Sydney Mines, St. Martha's Hospital in Antigonish, and the majority of course are here in Camp Hill in Halifax and there are 175 there. So that gives you the total of the 334 beds that are spread out throughout the province.

In terms of services for veterans, veterans are eligible, like all Nova Scotians, for a long-term care bed that is licensed by DHW. In some instances, veterans who are in receipt of the Veterans Independent Program - or you'll hear it referred to as the VIP program - Veterans Affairs may fund the full per diem costs, so that's the health care and the accommodations of long-term care service in a DHW-licensed facility. So even though they may not be in a veterans agreement bed or a contract bed, Veterans Affairs may still pay the per diem for them.

Of course they're also eligible for home care services delivered throughout the NSHA, but this would be based on unmet needs. So if they're in receipt of a VAC program, they would only have been in receipt of the Nova Scotia program if they still had unmet needs after that.

That's the end of the presentation - short and sweet. We're open to questions on how we work with VAC and we can also speak to some of those things as well.

MR. CHAIRMAN: We're open to questions from committee members. Mr. Orrell.

MR. EDDIE ORRELL: You say in the very first part that contracts can be terminated if mutually agreed upon in writing. Who would that be mutually agreed upon with and why would they terminate a contract and for what reason?

MS. ENGLISH: It would be mutually agreed upon between the holders of the contract. If it's between VAC and DHW and NSHA and they are tripartite contracts, all parties would have to agree, yes, we can do this.

A number of years ago, due to the predicted decline in the number of veterans who were in facilities, VAC indicated they were interested in talking to us about reducing the

numbers of beds that they have under contract. At that point in time they made some predictions that never came to fruition and so they have not actually reduced the numbers of contract beds. There are some vacancies, but very few vacancies that still exist. So that's mostly the reason that VAC would be saying, are we continuing in this line of business or not.

MR. ORRELL: All the agreed upon beds basically, minus a few, are full so far still.

MS. ENGLISH: There are a few vacancies, but the majority are full, yes.

MR. ORRELL: If by some chance someone needed a bed and it was here in Halifax and the person was from Yarmouth or Cape Breton, they would move the person here to Halifax to take that bed or would they put them in a facility that's closest to home for them?

MS. ENGLISH: Close to home is always the preferred, but I'll have Carolyn explain how that process works. If they are veterans, it would be VAC who would be the ones determining where they would be - correct, Carolyn?

MS. MAXWELL: Yes. So say for example if they are in the contract beds, it is up to VAC to determine if the individual, the actual veteran, wants to stay within a VAC facility. If indeed a veteran indicated that they wanted to be in an actual DHW-funded facility, then of course they're eligible to be placed in any facility if they deemed it to be closer to their home.

MR. ORRELL: Would they receive a priority over whoever else may be on that list at the time or would they have to be cared for at home or within a hospital facility until that bed became available?

MS. MAXWELL: So say for example with the agreement beds which Paula referenced after 1996, there are 20 beds there, there's priority placement to Taigh Na Mara and Harbour View for those individuals and also, in Wynn Park, which are the five beds that are in Truro. There is a little bit of a different nuance with those because they fall under the DHW policies and standards so the agreement between the province and Veterans Affairs for those beds is that the veterans would have priority so yes, indeed, if they wanted to go to those beds. If indeed they wanted to go to a DHW-funded facility outside of those they would follow the same process that all Nova Scotians would.

MR. ORRELL: My question now is, if the eight beds at Harbour View Hospital weren't filled and they were used as a nursing home bed for someone in the catchment area to fill and a veteran came up with need, would that person be transferred from the Veterans Affairs into a DHW facility to allow the veteran to go into that bed at Harbour View?

I've seen a few times where there was an empty bed that someone needed that might have sat there for a year and didn't get used and there was someone in the community who

needed that bed, but they couldn't use it. Does that happen and if that's the case would the veteran qualify for that bed after - if it was full with someone from the community and a veteran needed it would they transfer that person into another facility and put the veteran in the bed where they deserve to be?

MS. MAXWELL: So what you're asking me is if an individual veteran is placed in a DHW facility . . .

MR. ORRELL: No, no.

MS. MAXWELL: No, the opposite, that they are actually in one of the contract beds . . .

MR. ORRELL: Or if they were at home and you had an empty bed in Harbour View and they filled it with someone from the community as a nursing home, but the person at home needed that bed in the facility, would they put that person . . .

MS. MAXWELL: Would they actually move the person . . .

MR. ORRELL: Yes.

MS. MAXWELL: My understanding is no.

MR. CHAIRMAN: Mr. Wilson.

HON. DAVID WILSON: Thank you for coming in, it does shine a light more on what the picture looks like out in the province. I don't think many Nova Scotians are aware that some of the beds in the long-term care facilities around in their community are designated for Veterans Affairs.

The one thing that I don't see here, of course, is something that I think should concern the government and Nova Scotians, and that is the significant cost that is involved in here. I received the letter from the deputy minister so I'm going to try to make sure I concentrate on the provincial aspect of it. Do you know the total cost and the value of the beds in our system - because it is integrated - that Veterans Affairs pays?

Why I ask is I know in my time as minister, the deputy was concerned at the time that the potential shift in downloading of cost is significant. At the time I think tens of millions of dollars potentially could be downloaded to the province. Do you have a cost on what these beds are - I don't want to say what they're worth, but what the cost is to Veterans Affairs and the potential risk or liability that the province may have if the federal government decides we're out of Veterans Affairs long-term care business?

MS. MAXWELL: To Paula's previous point, at this point we don't know what the projections are from Veterans Affairs for the decrease in the use or the need for their beds. However, we do know in 2013 that it was \$41 million was what the 334 contract beds were bringing to NSHA and to Health. The reason for that is that the per diem at that time, and I don't have the most recent figure, was \$376 that Veterans Affairs was paying. If you consider comparing that at the same time frame for the per diem that the Department of Health and Wellness receives for a bed, it was \$240, so there is a significant difference between what would be paid there.

Of course, with the veteran beds they are for eligible veterans who are paying both the accommodation and health care costs, so that is one of the factors. The other thing is their per diem is different, say, for example, from the province because they have a different level of staffing. Our entry to practice in our long-term care facilities is CCA, Continuing Care Assistants, where veterans use LPNs, so that explains a bit of the variation in that per diem that they're paying and why.

MR. DAVID WILSON: Who provides the staff? In the contract on agreement beds that are out in the community, I mean it would be the staff who would support non-VAC patients, correct? So if there is a change or shift, would that impact staffing levels at the facilities that the department runs or supports?

MS. MAXWELL: One of the impacts if, say for example, the beds started to be not required, would be the potential for staff layoffs. There would also be some infrastructure impacts because some of that per diem goes towards just maintenance and capital and also it would be a bit of a transition challenge because as money is withdrawn, then you have staffing levels that may be a little too high, you need to balance that with the number of residents you would have in your staffing requirements.

MR. DAVID WILSON: I think that emphasizes the seriousness of the issue and the pending - and I guess we'll have to wait with the new government to see what direction they take. I know there has been a call on trying to expand the definition of a veteran and this committee has supported that over the last little while, or most recently in a meeting that we had.

There's a significant impact that could happen on the province and I think we need to recognize that. Currently you said there are some vacancies - do you have those numbers? Are you able to provide those numbers for us on VAC beds?

MS. ENGLISH: That's the agreement beds, I was looking at the vacancies. But yes, we do have the vacancies here. We have, I thought it was on the slide, sorry about that. At Taigh Na Mara there are six vacant beds and then the others are spread through - there's a total of 28 vacant beds right now throughout the system and they're spread out; Camp Hill has 12 and we know that at Camp Hill the NSHA is actually purchasing some of those beds

as they had to do some closing down of beds at Dartmouth General for renovations there. They are paying to use some of those veteran beds that are vacant.

MR. DAVID WILSON: In the current facilities, are those facilities just going without those per diems or are they continued?

MS. ENGLISH: No, they have not reduced any of their per diems. Even though the beds are vacant, they have not pulled back from those at all and there is still a flow of veterans coming into the facilities. Any time you talk about vacancies it's a point in time, right?

MR. DAVID WILSON: Okay, thanks.

MR. CHAIRMAN: Thank you, Mr. Wilson. Just moving forward procedurally, when you ask the questions I'm going to indicate the names of the presenters, just for Hansard. Next we have Mr. Rankin.

MR. IAIN RANKIN: I noticed that you mentioned veterans from the Second World War and the Korean War. Given that there are some vacancies - 28 - is there any way to use those for veterans from the Afghanistan war, the Gulf war or even older peacekeeping missions?

MS. ENGLISH: That is the VAC policy so we can't determine that. At this point in time VAC has not changed their policies to include those veterans so that would be their decision, not ours. At this point it is still only to World War II so that is what Mr. Wilson was referring to in terms of the expanding definition of a veteran. At this point that expansion has not occurred. We don't know with the new government what is going to happen in that case.

MR. RANKIN: So even veterans from peacekeeping missions around that same era aren't . . .

MS. ENGLISH: They are not eligible.

MR. RANKIN: They are not eligible, so what services are available to them?

MS. ENGLISH: They would have services as other Nova Scotians and I can't speak to you what VAC supplies to them, I don't know that.

MR. RANKIN: Okay, thanks.

MR. CHAIRMAN: Thank you, Mr. Rankin. Next I have Mr. MacLeod.

HON. ALFIE MACLEOD: Thank you for your presentation; I really found it informative. I guess one of the questions I want to know is just what, if any, impact the department has on determining who goes into these beds. Who ultimately decides who goes into the beds?

MS. ENGLISH: I'm going to let Carolyn explain that. It's a combination of VAC and then the province has some involvement in that but not from a determination view.

MS. MAXWELL: Veterans Affairs, the contract beds would be under the auspices of Veterans Affairs. So the Department of Health and Wellness, we would not have a role in that, they would determine who goes in the beds and the timeline around that. So if we have veterans that are going into our DHW-funded facilities, then of course they would come through and meet our eligibility and then we would be placing them as other Nova Scotians.

At that time though, we would be working with Veterans Affairs and the individual of course to determine what funding is available from Veterans Affairs for our vets in DHW-funded facilities and what funding arrangements can be made.

MR. MACLEOD: You said that some of the determination - when you were answering Mr. Rankin's question about Afghanistan and the Gulf War - you said you didn't know what the new government was going to do. Is anybody in your department going to pursue the government to find out if these beds can be utilized in that way?

MS. MAXWELL: What I can say is that the Department of Health and Wellness has actually done an assessment of the contract beds and deemed that 51 of the ones that are in DHW facilities and 103 that are under the auspices of the NSHA buildings would be appropriate and meet our standards. So if in fact there was a reason for us to proceed in that direction, then we have already looked at those beds around the possibilities.

MR. CHAIRMAN: Mr. Wilson.

MR. DAVID WILSON: A couple more questions hopefully in a couple of different areas. When is the last time the government had any correspondence from the federal government? Has there been in your recollection - can you indicate two years ago, a year ago, six months ago?

MS. ENGLISH: I don't know if Carolyn has the exact time. My recollection is that it has been a couple of years since these discussions have happened.

MS. MAXWELL: I believe in 2009-10 there was some initial discussion with the province and that was the sharing of projections, which Paula had indicated had not come to fruition. I believe at some later point there may have been discussion around change in per diem, but I don't have the exact dates on that.

MR. DAVID WILSON: In relation to per diem, you indicated that they continue to pay that even though it's vacant. There has been some concern on the staffing level side that job postings are going unfilled or they're not filling them. Are you aware of that concern from the staff that if Veterans Affairs are continuing to pay the per diems, why are we seeing it affect the staffing level now? That's their big concern so I'm wondering if you could elaborate a little bit on that.

MS. ENGLISH: As with any time of uncertainty and people have options because a couple of years ago, as we said, there was more discussion around the declining numbers and they were making fairly dramatic projections that have not come to fruition, there was uncertainty for staff in terms of those that worked in the VAC around that. So when people have choices to make they choose the more certain places to go. I guess that's the best that I can say to you there. I think things have stabilized somewhat here. We haven't heard that they are having any major problems, but that was an issue at one point for sure - that people were uncertain of what was going to happen and so there were some staffing challenges.

MR. DAVID WILSON: So there hasn't been any kind of directive or correspondence from the department to say, hold off on the staffing requirements because we may be on the hook for this?

MS. ENGLISH: No, there has not.

MR. DAVID WILSON: Is there correspondence encouraging to fill the positions and ensure that the staffing level is there and that until there is clear evidence that there is going to be change - I mean, you indicated it has been a couple of years - so it has been a couple of years of staffing levels or staff knowing that there have been unfilled positions. Can there be correspondence from the deputy or the minister to indicate to them and say, listen, you should be filling these positions - you're getting the funds.

MS. ENGLISH: They are filling positions. They are advertising positions. They are filling them. If they go unfilled, it's because they don't have the applicants. They haven't stopped filling positions and so it would be inappropriate for us to do correspondence on that. The operations around staffing is completely up to the NSHA and their agreements with VAC.

MR. DAVID WILSON: In my last question, you indicated that at Camp Hill - I keep calling it Capital but it's not Capital Health anymore, I'll get used to it eventually - are paying for some of the beds that are vacant. Can you give us a breakdown of what that cost is and how much the province has paid so far?

MS. ENGLISH: It's out of the NSHA global budget. When they had to close down some beds at Dartmouth General to accommodate the renovation, the money from that is what they would have directed there. I don't have those figures, Mr. Wilson, but we can

get those for you. That doesn't come directly from the province, it's the NSHA, from their global budget and they are not veterans who are in those beds, so it's not extra money.

MR. DAVID WILSON: But there is a cost somewhere to the province. I mean I know it's coming through NSHA.

MS. ENGLISH: They are paying from their global budget for those beds.

MR. DAVID WILSON: Yes, if you could provide the committee with that, I'd appreciate it.

MR. CHAIRMAN: Thank you, Mr. Wilson. Next we have Mr. Wilton.

MR. DAVID WILTON: Thank you for your presentation. I'm just wondering, are the vets using the home care system that the province has and how many are using it?

MS. ENGLISH: I'm probably going to pass it over to Carolyn before I'm finished the answer. We know that the Veterans Affairs themselves have a quite extensive home care program so the majority of the vets who are using home care would be using through the VAC program and that's part of their VIP program as well.

As mentioned in the presentation, there are veterans who are eligible for home care but only on an unmet need piece. I'm not certain whether we capture those numbers in our pieces or not, Carolyn, that's what I turn to you in terms of numbers. We know they are there but I don't know if you know the numbers. Do you know, Perry?

MS. MAXWELL: We don't capture the actual number of veterans. What I will say just to augment Paula's comments is that due to the VIP program, veterans out there are very well supported by the federal government. However, Continuing Care would be providing acute care nursing as well. We also work very collaboratively with Veterans Affairs so if indeed a vet did not have all they needed through their federal program then the province would be working in collaboration to ensure that they have the required support at home.

MR. DAVID WILTON: Is there any cost to the province on that?

MS. MAXWELL: It would be the regular cost of running our home care services now, so it would be just rolled up into that budget.

MR. DAVID WILTON: Okay, thank you.

MR. CHAIRMAN: Thank you, Mr. Wilton. Mr. Orrell.

MR. ORRELL: If I could add to what Mr. Wilton was just saying, what would be a good example of an unmet need? I hope that VAC is looking after their veterans at home as good as or better than the province or whatever can. You say there's unmet need and you say some of the nursing services are an unmet need. Can I have some examples of what the unmet need would be that the province would cover and the approximate cost?

MS. MAXWELL: At this time we have around a \$200 million home care budget. That would be to support Nova Scotians in their home. That includes both home support and nursing. We've seen considerable growth in both of those areas, certainly since 2006, but there has been an additional investment of \$44 million in the last few years.

The veterans, if it is not covered under Veterans Affairs - I need to make sure that I preface this comment by saying that every veteran would have access to different types of funding through the federal government. It's very difficult for me to say in a blanket statement that this is exactly what the unmet needs are but certainly acute care nursing services are provided through the province.

When I spoke earlier about share care plans, that would be based on what the veteran is getting from the federal government. If they are receiving, for example, all of their home support needs - which would be personal care, meal prep, all those things - we would augment that with the nursing. If indeed they weren't eligible for that then we would probably be covering the entire amount of unmet that they had for their services.

MR. ORRELL: Do we have an approximate cost of that? You said it's \$200 million for home care and another \$44 million for the home care for the province. Approximately how much of that actually goes towards the veteran?

MS. MAXWELL: I don't believe that we have that data.

MR. ORRELL: I guess my next question would be that we've seen a lot of controversy over the last year or year and a half about the closure of Veterans Affairs offices - one in Cape Breton and nine more in the country. Did that closure affect how much money the government of the province would have spent on veterans at the time, or would you have seen a difference in those closures on what you guys had to handle because of that or what might not have come in because of that?

MS. MAXWELL: Certainly, we would have seen, for example, if we were talking about discharges from hospital - the veterans, of course, when they apply for eligibility, a care coordinator who works for the NSHA would be asking, are you a veteran and they would say, yes. If, for example, at that time their funding eligibility was not determined, the province would not deny a veteran any services because that was not sorted out. We would ensure that they received the services and then work with Veterans Affairs as that information came to us. That might be an example of where there may have been delays and there may have been a cost. Do we have that for you? No, we don't have the exact cost.

MR. ORRELL: I guess one last question. With the change in the federal government now and the promise to bring those offices back, does the province expect to see a rise in the services you may have to provide because there will be more veterans maybe using the offices or not using the offices?

I know the young veterans who can use a computer, they can get on, they can use the services, but would that cause a rise in how much money you guys would have to spend on that or would you know that?

MS. MAXWELL: I can't speculate.

MR. ORRELL: Thank you.

MR. CHAIRMAN: Mr. Wilson.

MR. DAVID WILSON: In one of your answers to Mr. Orrell, you talked about the care coordinator and if an elderly person identifies as a veteran, I know that many who might not fit the definition of a veteran will identify themselves as veterans. Do you keep track of that?

My question would be, do we know the numbers of post-1953 veterans that would not fall under the current definition of what a veteran is to get the access to VAC support? Do we track that and if not, should we start tracking that? And that will lead to my second question in a minute.

MS. MAXWELL: The care coordinator would be working with the individual and their family and they would have to self-identify that they were a veteran and, of course, they would have a K-card and that would be the process that they would use. We don't track anything in relation to individuals that may be self-identified later on, if that's what your question is.

MR. CHAIRMAN: Mr. Sankarsingh.

MR. PERRY SANKARSINGH: With respect to home care services, we don't differentiate between veteran status and non-veteran status so it's difficult for us to identify those individuals and pull out costs. It may be possible on the long-term care side, I'm not quite sure, but that's something we can take away and bring back.

MR. DAVID WILSON: The reason I ask is, if the federal government chooses to change the definition of a veteran that could gain access to this support, there would be a benefit to Nova Scotia.

My question is, are you aware if the minister has advocated for that change with his federal counterpart? I know the ministers meet on a regular basis, has there been any

correspondence from the department to the federal government requesting an expansion of that definition because it would benefit us and it would reduce our costs? We know that we have some significant costs in front of us as the demographic shift happens, so are you aware of that? If not, will that measure go back to the minister that we should be advocating for that with our federal counterparts?

MS. ENGLISH: I'm not aware that that has occurred. I do know that both the minister and the deputy are open to discussion on any of these things and have expressed that. We can certainly bring this back to the department that this is something that is of interest.

MR. DAVID WILSON: I would appreciate that and this is not a criticism, I'm just trying to see how do we get through the next number of years knowing the increase in the population and really the number of veterans that I believe should be recognized as veterans. We just saw recently them engraving Afghanistan in the Cenotaph at Grand Parade, so I think it's hugely supported. Ultimately, Canadians pay that, but it would help our small province and I, definitely, will be asking the minister to do that and I think it would be a benefit. I would assume that most of the members of the Legislature would support it and hopefully this committee would support that. I think it's worth looking at and trying to get the government to recognize the importance of that.

MR. CHAIRMAN: Mr. MacLeod.

MR. MACLEOD: I would like to put forward a motion in light of an answer that Ms. English gave and some of the questions that Mr. Wilson was asking. If I understood the answer from Ms. English, it was that 2009-10 was the last time that any known discussion had taken place with the federal government regarding the issues of the Veterans Affairs beds and whatnot and how they're utilized. In light of what Mr. Rankin had to say about our newfound veterans from Afghanistan and the Gulf War and others, my motion would be quite simple: that this committee write to the Minister of Health and Wellness suggesting that the department engage Veterans Affairs Canada to find out and to make sure the utilization of the veteran beds is being done in such a way that it has the most impact and effect on the veterans that they're meant to serve. I so move.

MR. CHAIRMAN: Seconded by Mr. Orrell. Questions on the motion? Would all those in favour of the motion please say Aye. Contrary minded, Nay.

The motion is carried.

Are there any other questions for the presenters today? I'll leave a few moments for you to make some final comments.

MS. ENGLISH: Thank you very much for having us today. As you can see, our veterans are being cared for across the province - both in our facilities and, as mentioned,

through our home care programs, and as we understand, through the Veterans Affairs programs. At this point, we don't have any influence over the Veterans Affairs policies or their inclusion criteria and that really is a federal jurisdiction piece to do. As I mentioned, as the federal government comes forward and wants to talk about these things, the province has shown a willingness to do that.

On an everyday basis, the NSHA works with Veterans Affairs on a regular basis all the time with vets and has a very good relationship with the front line. They are not necessarily and are likely not talking about big policy issues at that point. They're in the care coordination business, as they should be.

Thank you very much for your kind questions and if you need any more information about this then we'd be happy to answer them.

MR. CHAIRMAN: On behalf of the committee, thank you very much for being here today and providing us with that. That was great.

We'll take a five-minute recess and then we'll get back to committee business.

[9:38 a.m. The committee recessed.]

[9:45 a.m. The committee reconvened.]

MR. CHAIRMAN: I officially call the meeting back to order. Moving on to the agenda, we're into the committee business. The first item, we have a motion from Mr. Eddie Orrell from the May 14th meeting. Essentially what we're looking for is some clarification from you, Mr. Orrell, on the scope of what your motion was and how we can proceed.

MR. ORRELL: Back in that May 14th meeting we had a presentation by Veterans Affairs Canada that we're providing services to veterans. A lot of their budget - their so-called budget which they didn't have a lot of, they had a little bit of money and then they got some private donations and stuff - was being used to rent an office space somewhere that was accessible and easy to get at.

My motion was such that I'm wondering if the province had a building somewhere within the city where there would be vacant office space that we could more or less donate to this group so they could perform the duties they perform for our veterans, at no cost to them. The building is already heated, it's there already. It probably would be able to be furnished through surplus and there would be no cost to the group to have that office there so they could meet with people to provide the services they provide.

So my motion was if we could check with the province to see if there was an office space available that we could either loan, give to or allow this group to use to work with our veterans who are in need.

MR. CHAIRMAN: So the question goes, how do you want to proceed today? Do you want to - I'm just looking for some procedural advice here, so that was the motion back then. If he wants to pursue that today, does he have to make another motion or is that the motion as it stands?

MR. GORDON HEBB: You can deal with the motion as is.

MR. CHAIRMAN: Okay - oh, hold on, just for the record, so we're just going to start some questioning on the motion from Mr. Orrell so we'll start with Mr. Wilton.

MR. WILTON: So there's a specific spot where this building is located?

MR. ORRELL: Not that I am aware of. They would take space anywhere as long as they didn't have to spend it out of their budget. The day they presented here, they would be very happy if they could have an office space they could use at no cost, so they could use to outreach to a few more people at that time.

MR. CHAIRMAN: Thank you, Mr. Wilton. Mr. Wilson.

MR. DAVID WILSON: I think maybe correspondence to Transportation and Infrastructure Renewal to see if there is vacant, provincially-owned space in the city that I think would be appropriate. They could send it along to the appropriate - I think that would be probably the most appropriate so maybe a letter from the committee.

MR. CHAIRMAN: Do we have to be more specific in adding that particular department into that motion or does his motion cover that up?

MR. ORRELL: That's what Mr. Hebb is here for.

MR. HEBB: I think you are okay. You've explained the motion, I think.

MR. CHAIRMAN: Any other questions or discussion on the motion? Would all those in favour of the motion please say Aye. Contrary minded, Nay.

The motion is carried.

Thank you, Mr. Orrell. Next there was the correspondence that we already talked about. This was from the Department of Health and Wellness for the last presentation.

We'll do the annual report first. I hope everyone has had the opportunity to read the annual report, we need to make sure that we all sign off on it, as a committee, before we leave today. Are there any questions or comments about the annual report?

Okay, we need a motion to approve the annual report.

MR. MACLEOD: So moved.

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

The motion is carried.

The next item we have is the meeting schedule so I think common practice is that committees stop meeting when the House is in session. We have two more presenters who we are looking to contact to have come in at a later date. My personal preference is that we would cease to meet during the House sitting and we would work to have those presenters come in as soon as possible.

Are there any questions or comments from the committee members on that? Is everybody comfortable with that? Mr. Orrell.

MR. ORRELL: Who are the two who are looking to present? If it's something that is of a - I won't say an urgent nature but something that may be of real importance now that we've had a change of government and we're going into the winter season. If there's something that would require our attention, I would recommend that we would try to squeeze them in if so - because it probably wouldn't happen now until into the new year and if it's something that needs our attention, I would recommend we try to hold a meeting or two while the House sits, but if it's not something that needs attention we could let it go and go through to there. That would be my short question.

MS. KIM LANGILLE (Legislative Committee Clerk): The two witnesses that remain on the approved list are the Pictou County Heritage Military Museum. Actually the individual who is appearing for them is ill. That's why he couldn't appear this month. The other item is the Injured Soldiers Network, which is a federal program and it's just a matter of contacting the feds, and with recent events I will be back in touch with them to see about having someone come forward. Those are the two approved witnesses that are left.

MR. ORRELL: So there is nothing of urgency. That's fine.

MR. CHAIRMAN: So the committee is comfortable that we will cease to meet until after the House finishes? Mr. Wilson.

MR. DAVID WILSON: Two things. I'd like to just bring something up about our May meeting, but first I noticed we have December 10th. Depending on the length of the session - and I'm looking at that would be going into the fourth week of the House, which may or may not happen - could we tentatively see if they're available for the 10th and then when we get a little closer we could always push off. If we wait until the House is done, then we won't get anybody in until January. So potentially just set it up - you have the prerogative as chairman if we are still sitting to just pull it if we're still in session on December 10th.

MR. CHAIRMAN: Ms. Arab.

MS. PATRICIA ARAB: I would defer to Ms. Langille, but my only concern with that is I wouldn't want to book something and then cancel it. People rearrange their schedules to appear here and again, I wouldn't want to put them in a position where - especially, as we all know, we can't estimate an end date for the House.

MR. DAVID WILSON: I'll make sure we're in on the 10th then.

MS. ARAB: I'm just saying, I'm fine to book them, it's a matter of courtesy and if we're getting to the 8th or the 9th and we're not sure if we're going to be still - I'm just going by the basis of the last few House sessions so I just feel like it might be in our best interest out of courtesy to whoever the presenter is to wait until January to book that meeting so that we're not cancelling somebody at the last minute.

MR. CHAIRMAN: My personal preference is similar too. I don't want to book a presenter and then cancel on them.

MR. DAVID WILSON: Book them for January 14th.

MR. CHAIRMAN: Okay, thank you.

MR. DAVID WILSON: I supported Mr. MacLeod's motion, but back in May - I know you weren't chairman - we had VETS Canada here and I did bring forward a motion for the committee to write to the federal government - copy it to Veterans Affairs - requesting expansion of the definition of the veterans. I don't recall seeing the letter and if you have it, could I get a copy of it? Was it sent?

MS. LANGILLE: Yes, a letter was sent and a response did come back, which would have meant to all members. An excerpt from the letter is in the annual report. So yes, the response did come in.

MR. DAVID WILSON: I just can't find my letter. I know it's somewhere on my computer. Thank you.

MR. MACLEOD: In light of the new government, you may want to re-do it.

MR. DAVID WILSON: Yes, definitely in light of the new government on the federal scene, I'd like to make a motion that the committee under the new chairman, send a new letter with a similar request - Veterans Affairs and the government, hopefully I'll get some support - to see if there will be an expansion or will they look at an expansion of the definition of a veteran in regard to VAC services. (Interruptions)

MR. CHAIRMAN: Hold on, we've got a few speakers here. We're going to make sure we do this right. So on the motion we have Mr. Rankin.

MR. RANKIN: I just want to clarify, you are basically asking for the same letter coming from us opposed to the Department of Health and Wellness - as a committee you are asking for the definition to change.

MR. DAVID WILSON: Our original letter went to the federal government; they are the ones who oversee this. I understand the Department of Health and Wellness has a role in facilitating it and I appreciate Alfie's motion but I still feel that we're just going to get a response saying that's not our responsibility. I would like to send it to the new government to see what response we get from the federal government.

MR. MACLEOD: I would be in support of Mr. Wilson's motion. The motion that I put forward was really because the Department of Health and Wellness has not had any correspondence, according to themselves, since 2010. This is a major program that has funding coming into the province so it's important that they re-engage.

This is a different issue all together that Mr. Wilson has brought forward - the definition of a veteran - which is something that Mr. Rankin brought up during the discussions we were having in the last presentation. So I would be strongly in favour of what Mr. Wilson has moved.

MR. CHAIRMAN: Thank you, Mr. MacLeod. Mr. Maguire.

MR. BRENDAN MAGUIRE: I just want to clarify, so there was a response sent back from the original request in May, are we clear with that response? Maybe we should go through that response and be very clear on what it says before we actually send off another request.

MR. CHAIRMAN: Sure, we have a copy of that.

MR. MAGUIRE: Maybe I'm misunderstanding what Mr. Wilson was saying but did you read the response?

MR. CHAIRMAN: In response to Mr. Maguire, Mr. Wilson.

MR. DAVID WILSON: Hopefully we would both agree that that came from the direction of a Conservative Government. We have a new government and I would hope there would be a different look on the response. To me, there's a new direction in the country and I would hope that we would see a different approach than the former Conservative Government had on Veterans Affairs so that's the only reason. I think their support is there and I would hope that's where we would be.

MR. CHAIRMAN: We have an excerpt from it. Do you want me to read this for the record? There is a section of it. So the motion was to write a letter to the federal government to look at opening up access to Camp Hill for all veterans in Nova Scotia. It was moved by the Honourable David Wilson and the motion was carried. The Honourable Erin O'Toole provided the following response:

“It may interest you to know that Veterans Affairs Canada’s long-term care program originated from the provision of care to Veterans returning from war. At the time, medical services were relatively scarce, and the Department established hospitals to fulfill its commitment to care for those coming home with serious injuries.

With the advent of universal health care, Canadians gained access to medical services as a matter of right and the requirement for federal hospitals declined. In the 1960s, Veterans Affairs Canada began to transfer its facilities to provincial authorities, and its long-term care program has evolved to complement the treatment delivered by the provinces through a network of community facilities.

While the Department continues to honour the promise made to War Service veterans by ensuring their priority access to designated beds at Camp Hill and other facilities, extending this benefit to modern-day Veterans would be a duplication of an existing provincial service. However, those who served after the Korean War may receive support from Veterans Affairs Canada for treatment in a community bed if their need for long-term care is associated with a service-related injury. The Department works closely with provincial placement agencies to ensure that all Veterans who require continuing care as a result of their service receive timely access to quality treatment and accommodation in or near their communities, allowing them to stay close to family and social supports.”

Is there any other discussion from committee members on the motion presented by Mr. Wilson? Mr. Maguire.

MR. MAGUIRE: I just want to clear up, do you want the request from the committee or from the Department of Health and Wellness, and from what I'm hearing, you say you're not expecting anything different right now, you're expecting . . .

MR. DAVID WILSON: No, no. I would expect it to go through the federal government from the committee, not from the Department of Health and Wellness. This is from the committee making a similar request, as in the earlier letter, of the new government on what direction they would go. I would love to see an answer to that. I believe it will be a different answer and I look forward to that.

MR. CHAIRMAN: Anything more, Mr. Maguire? Mr. MacLeod.

MR. MACLEOD: I would just reiterate that it is actually two different requests about two different subjects. One is about getting discussions going on about the beds that are currently in use and being used and how they're going to be maintained and where they're going. Mr. Wilson's request is about the definition of who is a veteran and what people would qualify under that. I would still support Mr. Wilson's motion and be happy to second it.

MR. CHAIRMAN: Mr. Rankin.

MR. RANKIN: Since the committee is, in my mind, an advocacy committee on behalf of veterans, there is no problem writing a letter suggesting they have a look at revisiting the definition of what a veteran is. I think that is incumbent on us. I think we're the only province that has this committee so because of that I would support a motion that just refers to the federal government to revisit that. I think that is in the public interest.

MR. CHAIRMAN: Any other questions or discussion? Seeing no other questions, would all those in favour of the motion please say Aye. Contrary minded, Nay.

The motion is carried.

So that concludes our business, thank you all. We need everybody to sign the report before you go, but thank you very much, it was great. Enjoy the rest of your time and thank you for participating today.

The meeting is adjourned.

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