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COMMITTEE

ON

VETERANS AFFAIRS

Tuesday, January 23, 2018

Legislative Committees Office

Proposed Veterans' Memorial Medical Centre

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VETERANS AFFAIRS COMMITTEE

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[Hon. Christopher d'Entremont replaced Hon. Alfie MacLeod.]

In Attendance:

Darlene Henry
Legislative Committee Clerk

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Chief Legislative Counsel

WITNESSES

Veterans Memorial Medical Centre Society

Sgt. (Ret.) Roland Lawless,
President

Lt.-Col. John Harrison,
Official Agent

Royal Canadian Legion Nova Scotia Nunavut Command

Valerie Mitchell-Veinotte,
Executive Director



House of Assembly
Nova Scotia

HALIFAX, TUESDAY, JANUARY 23, 2018

STANDING COMMITTEE ON VETERANS AFFAIRS

2:00 P.M.

CHAIR
Bill Horne

VICE-CHAIR
Ben Jessome

THE CHAIR: This is the Standing Committee on Veterans Affairs. I'm Bill Horne, chairman, and I'm the representative MLA for Waverley-Fall River-Beaver Bank.

I would like to receive the presentation from Sergeant (Retired) Roland Lawless and of the Veterans' Memorial Medical Centre Society regarding the proposed Veterans' Memorial Medical Centre.

First, I would like everyone to introduce themselves. I'll start with Mr. MacKay.

[The committee members introduced themselves.]

LT.-COL. JOHN HARRISON: I am the official agent and everything that goes wrong, Rollie will tell me and I will try to not sleep that evening and give him an answer the next morning. (Laughter)

SGT. (RET.) ROLAND LAWLESS: I am the President of the Veterans' Memorial Medical Centre Society. We're hopeful that through you guys we can get the word out to the rest of the constituents and get this medical centre up and running here in the HRM.

VALERIE MITCHELL-VEINOTTE: I am the Executive Director with Nova Scotia Nunavut Command of the Royal Canadian Legion.

THE CHAIR: Thank you very much. First, I'd like to remind everyone to put their phones on vibrate or off. Also, as you might be aware, the washrooms are not available; you have to go up to the next level and find the washroom down to the left.

Also, if there's an emergency for getting out we will all go out to Granville Street and work our way up to the Parade Square, if necessary.

Again I welcome the witnesses and I'd like you to begin, if you wish, to make your presentations.

LT.- COL. JOHN HARRISON: This is the first time basically that we have done this and there are a lot of things that we discussed among ourselves but not for that long because it is a new organization. The most interesting topic we always come back to is that we are trying desperately to look after veterans, guys and girls, who have been around the world. They have been around the world, all of their friends are still in the military some place and they've been gone for a while and they don't have any friends at home.

More and more of those guys and girls are suffering from a thing called PTSD, as Rollie and I are ourselves. We think, with the greatest of respect, that if we try to have some location that they know they can find help and that we can provide that help and assistance, it will work out better in the long run. Thank you.

THE CHAIR: Mr. Lawless, just wait for my request that you be recognized. Go ahead, sir.

SGT. (RET.) ROLAND LAWLESS: The Veterans' Memorial Medical Society has been bouncing around inside my brain for quite a while now. I've been advocating for veterans for over 11 years and throughout that advocacy work I've come to realize that we have no firm place to take anybody when we do find somebody in distress. Whether it's medical, mental or physical, there's really no place to take them other than the ERs. If we present at the ER with a veteran who is in any kind of crisis, whether it's a broken arm or a broken foot - if they also suffer from post-traumatic stress disorder, it becomes chaotic in a hurry, with the veterans oftentimes leaving without getting the health care that they went there primarily to get. Knowing that and seeing it first-hand, I thought of the medical centre specifically for veterans.

What we had come up with was that we would provide a medical centre. Initially it was at Camp Hill Veterans' Memorial building because it seemed like a good fit. All of the facilities are there so if any emergency arises, you could solve it through the ER or through the Abbie J. Lane, which are attached through tunnels.

Through our collaboration and our meetings, it had been discussed that outlying people in the rural and places other than the HRM may find coming into the centre of the city difficult, if not impossible in some cases. As John alluded to in one of our meetings,

they'll maybe try once to find it, and if they don't find it the first time, you're not getting them back. That having been said, we've seen that the bottom floor of the OSI Clinic that's in Burnside Industrial Park is wide open and it's available. That creates an easy, accessible location with no obstructions and ready to build, so it became our primary focus within the last little while - since just before Christmas, actually.

The clinic itself will be a multi-faceted clinic with a collaborative health care model that will treat both physical and mental injuries, thus eliminating the stigma of post-traumatic stress disorder. When you go to a clinic specifically designed for post-traumatic stress, you are putting a label on yourself saying, I'm sick mentally. By having it as a simple medical centre, that goes away immediately upon arrival to the centre.

The centre would have treatment rooms where people could be triaged, the same as what they were in the military. You have that commonality of how you were treated when you were in the military, the same way you will be treated when you're out. By opening the centre to all veterans, no matter what service or where you served or how you served or even if you've done 30 years of service and didn't get hurt while you were in, you still have a little bit of respect from the province by having access to a medical centre that's solely built for your comfort.

By co-locating with the OSI Clinic, the federal government already provides mental health care for those who have incurred a mental health injury while serving. That would be right upstairs from the medical centre, so it gains a perfect access road to that centre and builds a front door for them, if you will.

A lot of the different veteran groups that are out there, that's what's missing is their front door. They have no real input mechanism and we see this centre as providing that mechanism.

It will also provide data to the federal government to produce expedient Veterans Affairs claims, for example - so if 100,000 airborne soldiers all come through with the same ailment, we can put a red flag up saying, this is an ailment that's caused by the airborne regiment, for example.

The other part of it is - the medical side - through service, we feel that our veterans deserve a little bit of something. Being from the Province of Nova Scotia and having been afforded the same doctor when I got out that I had while I was in showed me what seamless health care was all about. When I got out, my doctor that I had while I was in Halifax got out at the same time - Dr. Heather MacKinnon - who is an adviser on our board. I transferred from the military right to private care under her care - so no need to re-explain myself, no need to re-evaluate me, and all that stuff. I had a seamless transition into my health care.

That in part is why I'm able to breathe and stand here today. If it wasn't for that, I would have been struggling the same as most other veterans throughout the country and throughout the province that have to find their health care somewhere throughout the provincial health care system.

That being said, I work with a couple different organizations and throughout becoming a veteran. First and foremost, the Royal Canadian Legion has bar none been there for me when I needed them, 100 per cent - through support, through mentoring, through helping us with this clinic and other issues that we have dealt with. I can feel comfortable knowing that if I bring a person to the Royal Canadian Legion who needs it, they're going to help him or her. They're going to help them without a doubt.

The problem is, we don't have a place to take them medically. That's why we're here today, to try to get your interest in this medical centre so that we can provide health care 24 hours a day, seven days a week to our veterans. Most phone calls come to us on Friday at four o'clock. That's when we start work. Thank you very much.

THE CHAIR: Ms. Mitchell-Veinotte.

VALERIE MITCHELL-VEINOTTE: When a member of the Canadian Armed Forces can no longer meet the terms of service due to injury or illness as a result of service to this country, they are medically released from the CAF. Some who retire from the CAF identify with injuries related to service only after many years of trying to cope with and compensate for the damage to body and soul.

The nature of these service-related illnesses and/or injuries is extremely complex. Service providers typically do not understand the influences of military culture and experiences on veteran patients' health care needs. In order to receive treatments, medical benefits, and financial disability benefits, those practitioners ministering to veterans must complete - on an ongoing basis, under tight deadline - a constant barrage of reports and documents for which most average providers have absolutely no terms of reference. If the reports are considered incomplete or not submitted on time, the treatments stop, the medical benefits stop, and the financial disability benefits stop. When a doctor cannot be found, these treatments and benefits in fact cannot even begin.

The implications are crippling. The civilian model of health care often cannot sufficiently and sensitively meet the needs of veterans. Serious and tragic effects of this insufficiency are the high levels of isolation and suicide in the veteran population. Untreated and undertreated complex conditions in this community not only affect the individual veteran but have far-reaching negative impacts on their families.

The Veterans' Memorial Medical Centre model calls for an accessible, personal, simple, and highly culturally relevant strategy for the provision of physical and mental health services to veterans. Through this model, individuals seeking help will experience

an atmosphere designed to minimize triggers, such as sirens and wounded children, and minimize the need to explain and re-explain their experiences to service providers who do not understand the influences of military culture and experiences on their health care needs. These health care needs are much more than the obvious physical injuries and the less obvious psychological injuries. Treatment at the Veterans' Memorial Medical Centre will include a comprehensive, holistic referral network developing a long-term health care plan.

The proposal before you has emerged from the experiences of veterans. As representatives of the people of this province and those charged with the responsibility of veterans affairs, I call on you today to take action in moving this initiative forward. In keeping with the articles of faith of the Royal Canadian Legion that state in part, "That those who survive and need our aid may be assured of reasonable and adequate assistance." The Veterans' Memorial Medical Centre has the full support in all its capacity of Nova Scotia Nunavut Command of The Royal Canadian Legion.

[2:15 p.m.]

THE CHAIR: Thank you. We have a number of speakers, as there are questions. I'll first ask Mr. MacKay.

HUGH MACKAY: Thank you each of you for your well-presented thoughts here and the background on this, very helpful. I guess my first question I'll address to Sergeant Lawless, but please direct it to one of the others if more appropriate. Has the Minister of Health and Wellness for Nova Scotia met with your society to date?

SGT. (RET.) ROLAND LAWLESS: Yes, we've had five meetings with the Minister of Health and Wellness. Three were with Mr. Glavine and one was with the Deputy Minister of Health and Wellness, at which time we toured the OSI Clinic in Burnside. The last meeting was a week and a half ago, I believe, with the Honourable Randy Delorey, over at the Ministry of Health and Wellness.

HUGH MACKAY: What would be your understanding of the current status, I guess, of the evaluation by the Department of Health and Wellness of your proposal regarding the centre?

SGT. (RET.) ROLAND LAWLESS: We were received favourably by the minister. He thinks it's a good idea. At the time, Darrell Samson was present at the meeting as well and asked the minister if he would move forward and provide numbers of how much this would actually cost so we could get the budgetary thing going and make some headway, so things are moving. Everybody that I have spoken to so far - federally, provincially - has loved the idea. It's a matter of moving it forward now.

HUGH MACKAY: Thank you.

THE CHAIR: Ms. MacFarlane.

KARLA MACFARLANE: Thank you so much for being here. It's really an honour for us to have you here. I also want to thank you for your continued dedication to this, as well as supporting your fellow veterans. We totally support this initiative.

One of my questions, though, is currently how many veterans are you aware of who do not have a doctor right now in Nova Scotia?

SGT. (RET.) ROLAND LAWLESS: I don't think any of us have that information at this time. I will say that the majority of health care issues come after five years after release - up to - because you're pretty well taken care of while you are in the military - regular physicals, you have to go to the doctor, you're ordered to go on a yearly basis. Your health, all-in, is pretty paramount to keeping a fit force so when you get out you're usually in fairly good shape, other than injuries that you incurred. From what I've heard, it's about five years down the road before you even look for a family doctor and then you're behind the eight ball, trying to catch up to get your health care.

KARLA MACFARLANE: I come from Pictou West and we're very fortunate to have Northumberland Veterans Unit in Pictou. There are 20 beds there. It's the most amazing facility. However, I do have a number of veterans in Pictou West who do not have doctors. My frustration comes from the fact that we have a veterans' unit there that perhaps has 20 beds but at times there are only 18. There is this rule or protocol that even though I would consider certain individuals as veterans - if they have not fought in World War II, they are not provided a bed. They don't have a doctor but if they were in the veterans' unit they automatically have a doctor.

These are obviously elderly individuals and it's most frustrating to see that. I'm just wondering if you have any advice or comments with regard to that. If you know the exact answer, like why do we limit who can have a bed in these units?

SGT. (RET.) ROLAND LAWLESS: The answer to that question is that Veterans Affairs Canada administers those beds, so they have opened up 20 beds at Camp Hill Veterans' Memorial building to non-war veterans. But the criteria remain the same for entry, you still have to meet the Veterans Affairs criteria for long-term care.

The answer to your question is, if we get the medical centre up and running, we could cry harder for those beds for our veterans who are in need of doctors throughout our province, so there's no reason in the world why those beds can't become integral to the clinic and be fed from the medical centre.

THE CHAIR: Mr. Wilson.

HON. DAVID WILSON: Thank you for coming here. I appreciate the update, knowing that this has been an initiative for a bit of time now. I applaud you on your ability to understand maybe the first initial request was not something that you might be able to achieve and the ability to adapt and modify what is needed. I think in the end we all understand that hopefully gaining access to services for military retirees is the end goal and an important one.

The challenge, of course - and I'm glad to hear that you're hopefully going to get some information around costs on the provincial side of things - is the challenge of once you are medically released or retired, that health cost is then transferred to the provincial government. So the challenge as we go forward will be who is going to cover the cost, what role do the federal government and provincial government play in this.

As a society, who do you envision covering the cost of this when you know that currently, if it's medical services post-retirement or medical release then it's the province. Do you have an opinion that it maybe should be the federal government bearing a bit of that cost or all of that cost, or is it solely the province - so that we know as a committee or committee members, who do we push harder for?

This is a provincial committee, but we in the past have advocated towards the federal government on increasing funding to veteran programs. As a society, have you made that distinction or is it we want this to be a kind of 50/50 thing between federal and provincial governments?

SGT. (RET.) ROLAND LAWLESS: We're engaging on both federal and provincial levels. What happens now is if the injury is incurred while serving, that becomes a service-related injury and the medical services provided for that injury are covered by Veterans Affairs Canada.

If the doctors are uneducated and they don't link it to your military service, it gets eaten up by the Province of Nova Scotia health care system. So, in fact, you're paying for what you shouldn't be paying for. So by opening this clinic and finding that these injuries were incurred during service and then doing the VAC paperwork, bringing in the Legion service officers to get the accreditation for a service-related injury, then these injuries get treated through VAC, not the Province of Nova Scotia MSI system.

LT.- COL. JOHN HARRISON: And interfacing with Veterans Affairs as much as possible. They're not hard to get along with. They have a very, very interesting bureaucratic life, but they're very reasonable people, and to cut the costs from the Province of Nova Scotia to the federal authorities, that is one of our aims.

HON. DAVID WILSON: I think that's well understood and I think that might be why you were well received within the provincial government. We know the challenges of

post-retirement or military personnel, especially who have been diagnosed with PTSD. The costs on the health care system is huge.

My background as a paramedic involved in front-line health care, I know often - and this might hopefully compliment Stadacona and the hospital there - that their medical professionals there are often seen at the QEII and other sites to enhance their experience and exposure to medical situations so that they're competent in their duties and what they can perform, so I think it would go a long way.

To me, it sounds like it's a bit informal right now - the meetings that you've had. More of an educational, here is what we want, and it seems like it's well received. Has there been a specific ask to the provincial and federal governments - will you fund this portion of the clinic or will you provide the medical professionals that we need to the clinic? Has there been a specific ask that we can hold them to account for so that we can go to them and say, we know the society had a couple of meetings, they've asked for this - when are we going to find out if that's something that either provincial or federal government gives the green light to and that we can hopefully push them to make a decision sooner than later?

As every day goes by, more and more people are suffering who could be helped by a clinic like this. You have our support, I think. I don't think there are too many people in this province, knowing the rich military history, who wouldn't support something like this.

SGT. (RET.) ROLAND LAWLESS: Just a week ago last Saturday, we had another veteran commit suicide on the Eastern Shore. Every week, every day that goes by, that potential is there. Again, he's buried on the Eastern Shore of Nova Scotia with no place to go. The dedication that we have is to save those lives at all costs, for us.

The honourable Darrell Samson has been working with us to get the Minister of Veterans Affairs to create a pilot project, a bundle of money to get this up and running. The provincial Minister of Health and Wellness is putting the numbers together so that they will know what the total figure is to go ask for. These are things that are being done now.

When those numbers come up is when the discussions will happen between the federal and provincial governments as to who is going to put what where. We have been told that that may be the bickering point that might take a bit of time, but there are no roadblocks in the way right now. There's a few hurdles but no roadblocks. So to answer your question, it's being worked on.

VALERIE MITCHELL-VEINOTTE: If I could have the opportunity to expand on that somewhat. The society has provided a model. You'll find in your briefing packages that that model is actually broken down. What we're missing at this stage is for either level of government to step up and say, we will take this model, we will assign dollars to it, and we will tell you that this model is workable.

This is not our lives. We're not in the medical profession. I believe it's time - especially the Government of Nova Scotia - to have that happen. The proposal is there. The experiences are there. We even have a flow chart for how the workday would be broken down in a medical clinic. I think we're stuck there, so we need your help to move the initiative forward. We have provided everything that we can provide at this stage.

THE CHAIR: Mr. Jessome.

BEN JESSOME: Thank you folks for being here. I would just like to identify briefly for the record that Darrell Samson's office is represented here in the gallery today.

Moving on, Mr. Lawless, you made reference to how critical it is to create a positive first experience for veterans when accessing medical services, I would suggest anywhere. Can you provide a distinction on whether a civilian who is not intimately familiar with the protocol of how that transition works specifically - is that first experience mainly filling out paperwork and trying to get through those documents that were also referenced as cumbersome and what have you? Or is that first experience more of a medical setting where you go in to actually see the doctor?

[2:30 p.m.]

SGT. (RET.) ROLAND LAWLESS: That leads us into the veteran navigation portion of the medical centre and the importance of having veterans employed at the centre. The veteran navigator as we see it would be - the direct interaction would be the very first handshake. If you watch when a group of military people meet, there's a handshake and a hug 90 per cent of the time. That's because there's a bond of brotherhood and sisterhood in the military that is unsurpassed throughout any other occupation. We like to carry that on in the veterans community and we do it by a hug and a handshake and that de-escalates people from going ballistic, right down to where did you serve, what did you do, who were you with? You don't have to go any further than that.

The navigator will be trained in how to get those people to where they need to be, whether it's medical, whether it's psychological, whether it's to the Legion service officer, for example, to help with the paperwork. In the news, you hear that it's cumbersome work. It is, both for the doctors and the people who are trying to fill it out, especially the sick individuals who are trying to go, what does that mean? It's hard without good, well-trained doctors in the field of VAC paperwork, it becomes very intimidating.

We like to call it "the brown envelope syndrome," so that every time a brown envelope comes in the mail, our PTSD goes up high because of that envelope and the fright that's inside there - more paperwork, they're cutting me off, what's going on now? What do I have to do?

If we've got a centre where they can bring that brown envelope without even opening it yet and have help right there at the centre, that speaks volumes for how much peace you'll put in the minds of veterans in this community.

THE CHAIR: Do you have a supplemental?

BEN JESSOME: Yes, Mr. Chairman. I guess it's not so much a supplemental - I'll shift gears a little bit. I say this with all due respect, as a civilian, as someone who hasn't served, how did you, as a society, come to this conclusion that this framework to support veterans is the most appropriate or most effective? You came to this conclusion that this is your proposal, so I guess what I'm getting at is, were there other layouts or frameworks that were considered? What makes you confident that this is the right way to provide the most effective service to our veterans?

SGT. (RET.) ROLAND LAWLESS: For starters, with regard to the veteran navigation portion to start with, it's being done in coffeeshops and Legions throughout the province already, so I know that works; I've seen it work myself on numerous occasions. It has helped save lives by being able to connect with other veterans and getting them to a philosophy that your life is still worth living, your skill sets that you learned in the military are still very valuable to the veteran community and to your community as a whole. That's the message that gets missed a lot and that's where people fall through the cracks, they don't get that message that they're still viable people with services and skill sets that are recognizable in the civilian population.

As far as the medical centre itself, it is based on an MIR model, which is a medical inspection room in the military. When you walk in that room, nobody knows why you're walking into that room. You're there to see the medical people but they don't know whether you're there to see a GP or a psychologist or a psychiatrist; they don't know initially. That's where this spurred from, that kind of ambiguity to the clinic so that you can walk into the clinic suffering from a post-traumatic stress disorder episode without having to worry about everybody going, oh, we know why you're here. That's where this sprung from.

BEN JESSOME: Thank you, sir.

THE CHAIR: Ms. Mitchell-Veinotte.

VALERIE MITCHELL-VEINOTTE: As you may know, the Royal Canadian Legion advocates for veterans, right from first application and representation of those veterans all the way through to the Veteran Review and Appeal Board. Of course, we are presented with clients who need to begin the process of applying for medical treatments, benefits, and financial disability benefits.

We, on the very front line, see the results of not being able to find a doctor, so therefore, not being able to begin the paperwork process to have these benefits that they

are entitled to finally come into place. We also see the delays that are caused because of incomplete paperwork or paperwork that's not completed on time.

When I mentioned in the beginning in saying that treatments stop and medical benefits stop and financial disability benefits stop, I mean stop - they're cut off. They have no means of financial support and no means for treatment. So even though, as Rollie mentioned, there are many veterans who sometimes don't identify until about five years after they retire, released from the military, more and more in this province we are faced with veterans who are medically releasing from the military with absolutely no medical support when they release. It's a crisis situation.

THE CHAIR: Next on the list is Mr. d'Entremont.

HON. CHRISTOPHER D'ENTREMONT: Thank you very much for being here. It's great to have this discussion because it's something different than what we're used to. We spend a lot of time talking about doctor shortages in the province and we talk about different rural areas and we continue. This one is even a little more special because of who we're trying to help in this particular case.

My first question sort of revolves around - how many men and women retire every year to Nova Scotia from the service? What is the size of the constituency that we're looking at in this particular case?

SGT. (RET.) ROLAND LAWLESS: Nova Scotia has the largest concentration of veterans per capita. We know that for a fact. I don't have actual numbers, but I know that we have the highest concentration per capita. That says a lot. A lot of people that join the military come from the East Coast of Canada. A large portion of us signed up in Nova Scotia, Newfoundland and Labrador, and Prince Edward Island. If you add those three together, I'll bet you it's pretty close to 50 per cent of the force. I'm not sure if the Royal Canadian Legion has that number or not.

VALERIE MITCHELL-VEINOTTE: We do not have those numbers. Veterans Affairs Canada of course has statistics that are quite public, but those are only individuals who are clients of Veterans Affairs Canada.

What I can tell you is that Nova Scotia Nunavut Command's service bureau is the second busiest service bureau in the country. We have the highest number of medically transitioning - therefore, still serving - to a release from the military. We have the highest caseload in the country in that segment of the population.

I think something, too, that perhaps should be mentioned is that society has had expressions of interest from medical doctors who themselves are veterans who would be interested in manning the clinic on a rotational basis. I think it's also important to remember that if a facility such as the medical centre is actually established in Nova Scotia, this could

act as a model that could be replicated across the country and so speak to veterans' health and veterans' families' health. There is an opportunity to be innovative with this approach.

I think another thing that is also missed is that of course it kind of goes without saying in this particular audience that we definitely have a problem with doctor shortage in Nova Scotia, but if you take this community of veterans and place them within their own medical facility and their own medical centre that is specifically designed to treat their particular needs, then you move that population from the greater population in Nova Scotia, which is causing stress on the medical professionals who are ministering now to our veterans.

They're a heavy caseload. Their medical practices sometimes wait up to four to six months to be paid by Veterans Affairs Canada for services that they provide in their care to veterans. They're really not well-versed on the terms and conditions that are specific to this population, so the delays and the repeat of getting paperwork back and having to redo it is increasing the workload of those practitioners who are actually taking veterans on as patients. Thank you, I'd like to make those few points.

LT.- COL. JOHN HARRISON: If I may just add one thing, please. One of the things I will be doing is to ascertain if the veteran - guys or girls - are indeed interfacing with Veterans Affairs, and if not, why not, and then trying to discover if they do, they are entitled to a Veterans Affairs pension, small or what have you. Once that happens then 90 per cent of whatever the province would be responsible for paying actually can be passed across the board to Veterans Affairs, and they've got lots of money. Why not let them spend it on veterans rather than themselves? And I didn't mean that the wrong way.

HON. CHRISTOPHER D'ENTREMONT: No, no, I completely understood.

My second point is that since I represent Argyle-Barrington in southwestern Nova Scotia, it's always a challenge to get people to even travel to Halifax for regular medical issues. I want to understand the integration or how you would actually get to those veterans. The second layer to that is I know that Branch 155 in Wedgeport has trouble in getting what I would call the younger veteran to even participate in Legion efforts, so it's always a challenge there. How do you get them to actually participate and actually access the service that will be here in Halifax or Dartmouth?

SGT. (RET.) ROLAND LAWLESS: The (a) part of your question is, how do we get access to them? Through our MLAs, through yourselves, spreading the word, letting them know that the clinics are available in Halifax - and there's no need to say that Halifax is the only clinic available. If it proves successful in the HRM and if some form of government wants to open them throughout the province - so one in Yarmouth and one in Sydney - I'd be all for that as well.

We're going to start small, start with one, and then branch out from there. Across the country also means across the province, as Valerie alluded to. As far as other means of mechanism to get the word out, the Royal Canadian Legion does have branches throughout the province and they're very able to produce newsletters, radio programs, television shots, everything that would be pointed at this centre, so I see it as a double win there.

VALERIE MITCHELL-VEINOTTE: To address part of your question, I think it's important that we recognize that the "younger veteran" is not just having trouble participating in the Royal Canadian Legion, they're having trouble participating in any aspect within their communities if they are unwell. You'll find that any veteran, if they need assistance, may not participate as a member in the Royal Canadian Legion but they know to go to the Royal Canadian Legion for assistance. They know that we have a network and that we are the navigators.

It may surprise you but we deliver veterans' transition programs from our main office in Burnside. We have tried to set up satellite programs in other parts of the province so that veterans don't have to travel so far for these transition services. They don't want to stay in their communities for that type of service. They want to leave their community where they're not identified, where they can feel comfortable, and they don't face a stigma.

[2:45 p.m.]

I have members who participate in their transition programs who drive on a weekly basis from Yarmouth, from Sydney. We actually have two veterans who travel from New Brunswick to participate in their transition programs, so I don't necessarily see that as a deterrent.

THE CHAIR: Mr. MacKay.

HUGH MACKAY: You mentioned in your proposal that the core team would consist of medical professionals. Would it be your anticipation that these medical professionals would have military experience themselves?

SGT. (RET.) ROLAND LAWLESS: It would be preferred but not necessary. If we could hire as many veterans for this clinic as possible, it provides a veteran employment arm to it as well. The veteran navigation is not the only position that we see fulfilled by veterans. As you know, the military has a complete medical field with doctors, psychiatrists, and physiotherapists. They have the whole gamut of nursing. So why would we not look to them to hire them in these types of clinics?

HUGH MACKAY: I speak to that simply because I do recognize a special bond that exists between veterans and the brotherhood I think that you mentioned. Of course, the province - God knows we're having troubles enough staffing doctors where we need them, and this would be another area.

We are looking at other options as far as how we provide care for veterans across the gamut of health services. Amongst those efforts, we would think that providing additional training to our current medical staff in collaborative care centres, doctor's offices, and so forth across the province - would that be an alternative that you believe would help at this point to work in conjunction with maybe navigators working in some of the collaborative care centres?

SGT. (RET.) ROLAND LAWLESS: I think anything we do in a positive light towards helping veterans is a good step. Would it be beneficial? Definitely. It allows for that employment feature again so that the veterans who are releasing from the military - whether medical or not - have an avenue to go to, to get employed and utilize the skill sets that they have already built upon in the military. I don't necessarily know how you would manage that type of system. It's broad, where the centre itself is a one-stop shop, so you could come there and get any kind of medical treatment you need. You could get it in the one place rather than having to go to a centre maybe in Burnside and one in Sackville and elsewhere.

THE CHAIR: Ms. Martin.

TAMMY MARTIN: Thank you so much for coming and telling us and putting a face to this. Reading your proposal and hearing the conversation I know helps me for sure. I represent Cape Breton Centre, and I have a lot of proud veterans in my area. I'm proud to take part in the Legion and army and navy and those types of services that go on so frequently in my hometown.

Sadly, what I heard you say speaks to the doctor crisis that Nova Scotia is in, but I guess I didn't connect it to how it affects veterans. Sure, people have to go to the emergency room to get prescriptions refilled or whatnot. But what I'm hearing you say is that when veterans can't get forms filled out, they no longer have income. To me, that's debilitating. I can't speak for what you must experience as a veteran, but I would dare say that, with all of the other pressures, it's one that's just not needed for sure.

I would think that having this centre would alleviate that financial crisis and possible burden. I believe you have answered that part of my question for me. There's definitely a devastating part of the doctor crisis for veterans. From that, is there a significant difference from now and 20 or 30 years ago in what veterans are requiring medically? Is it just that now we know so much more, and there's a face and a name to PTSD and to depression and all of those things? Is there a significant difference between now and, say, 30 years ago?

SGT. (RET.) ROLAND LAWLESS: I don't think so. I think the name has changed, but the illness has been around for hundreds of years as far as PTSD is concerned. The

paperwork side of the house has always been cumbersome, as far as my recollection is, and it's a bureaucratic system, as Lieutenant Colonel Harrison has alluded to.

If we can take that "cumbersome" and make it a little easier for the veterans to come in and get their health care and take care of themselves, then it becomes a lot easier for those veterans to take care of other veterans.

VALERIE MITCHELL-VEINOTTE: There are some commonalities of course, but I believe that the entire culture of those who serve has changed. At one time those who served lived together on bases. When they were deployed, their families received the support of each other because they lived together. Their children went to school together. Those returning from World War II - because full communities went to war, and mostly men in those days - when they came back, all of their children went to the same community schools, so they were all experiencing the same kind of life and the same repercussions that were brought home.

Now veterans are dispersed, and those who still serve are dispersed. They no longer live together on bases. Their children no longer go to school together. This brings the repercussions of war back to us on our own land, but has far more reaching effects in our communities.

I believe there is a definite difference there. The complexity of injuries and illnesses, especially what is now known to be moral injury, is perhaps defined different at this time than it was 20 or 30 years ago.

LT.- COL. JOHN HARRISON: One of the other reasons is that Afghanistan saw some soldiers doing four, five, and six tours there. Under the old system that would never have happened. They come home - they're home for three, four, or five months and then guess what? Bye, dear, I'm going back to Afghanistan. After that happens about four times in six years - well, would you go to Spain three years in a row on vacation? The first year is great. The second year you know where to get all the cheap booze. The third year is when you say to yourself, I should never have done this. That is one of the problems.

THE CHAIR: Ms. Martin, a supplementary?

TAMMY MARTIN: Maybe not a supplementary, but an additional question. How do you envision long-term care fitting into this or does it? Will this be a facet of it or connected?

SGT. (RET.) ROLAND LAWLESS: Long-term care is already being addressed through Veterans Affairs and Camp Hill and the other memorial hospitals throughout the province and throughout the country. We would definitely facilitate entry into those clinics should a veteran arrive at the clinic and require long-term care or rehabilitation care if we can. That's one of the key things that we're looking at: to try to not lose those beds so that

if a veteran comes in, for example, and is suffering from a heart condition and needs a heart transplant, that they will be afforded maybe one of these contract beds that Veterans Affairs has in their own communities, thus bringing them back to their family. That's our vision on those long-term care beds.

LT.- COL. JOHN HARRISON: The last thing . . .

THE CHAIR: Mr. Harrison.

LT.- COL. JOHN HARRISON: I'm terribly sorry, sir. I always pass myself off as a shy, bashful country boy. (Laughter)

THE CHAIR: You have the floor.

LT.- COL. JOHN HARRISON: The last thing is to basically get the veteran with their family and try to figure out how their family can help the veteran look after himself or herself. Look, veterans are veterans, they're very proud people. That's one of the reasons why we don't know a lot of the stuff because it's nobody's bloody business, they won't tell anybody. We can bring that together in a country way. Thank you.

THE CHAIR: Ms. MacFarlane.

KARLA MACFARLANE: This has to happen for sure. If it doesn't, it's a betrayal against the men and women who continue to sacrifice their lives to protect ours, so it absolutely has to happen. The Progressive Conservative Party did introduce a bill, as you're aware. I think we had a good dialogue around that from all Parties. We've had the Premier indicate that he liked the idea, but he felt that the federal government should pay for it.

We've got to find a way for this to happen and where the money comes from, I think we just deal with it. But you say that currently right now the Department of Health and Wellness is looking at the numbers, do you have any idea of what that number looks like, approximately?

SGT. (RET.) ROLAND LAWLESS: We have had numbers put forward. It's in one of the briefings that we presented to Minister Glavine but we, as non-professional health care people, don't have the ability to come up with the hard numbers that the province has. They know how much to bill for a doctor, they know how much to bill for a nurse, they know how much a hospital bed is going to cost, for example. All of that has to get equated into that dollar and cents amount so we don't have that number as of yet.

We've tried to hammer it out with an economist through Darrell Samson's office. One of our veterans' spouses did up another plan for us. Each had its merits, but each didn't highlight the exact cost of the clinic.

KARLA MACFARLANE: My supplementary to that is, we often hear that freedom is not free and that's the reality of it. There's always war and we have to move forward and be prepared. The reality of this situation, in my opinion, is that we need to find the money and we need to implement this as soon as possible.

One of the things I see though in your presentation here that does concern me a little bit because the wars, to compare them, they're not greater, they're no less than each other, but I do think our men and women are fighting different wars now. There's different dynamics but they are all our heroes. I do believe that I am, in my office, discovering more and more with mental health issues, with the PTSD.

I see in your list here that you have one executive director and you go down. Your social services you have listed but you don't actually have a psychiatrist. I'm wondering, is there somewhere in there that I'm just missing that? I think it's extremely important to have one or two psychiatrists within this list of professionals.

[3:00 p.m.]

I know that back in Pictou County we have 46,000 people and we have one psychiatrist in that county to service. On a weekly basis, I'll bet you that I easily deal with one veteran, so it's shameful. I just want to make sure that you are going to or will look at including psychiatrists in your business plan here.

SGT. (RET.) ROLAND LAWLESS: The psychiatrist would fall under the psychosocial services, so that would be psychiatrists or psychiatric nursing or psychologists.

THE CHAIR: Ms. MacFarlane, a quick one.

KARLA MACFARLANE: I'm concerned about that because my experience is that it takes a psychiatrist to make the actual decision on medication. Maybe I'm wrong here, maybe someone else can let me know, but I understand that the psychiatrist is the one who has to actually prescribe any type of medicine.

VALERIE MITCHELL-VEINOTTE: Yes, that would be correct, I believe Rollie covered as it's laid out in the proposal. The majority of work around post-traumatic stress disorder, which let's realize is an umbrella under which many other conditions also exist - the majority of the work around that is done by psychologists. You're right, diagnoses are made by psychologists and psychiatric is covered under the psychosocial services that are listed in the proposal.

SGT. (RET.) ROLAND LAWLESS: Also, the general practitioners can also prescribe medicine, so my GP prescribes me my anti-depressants and my anti-anxiety

medicine so I don't have to go to a psychiatrist to get that prescription. I can get it through my GP because I'm already diagnosed.

THE CHAIR: Mr. Wilson.

HON. DAVID WILSON: I know Ms. Mitchell-Veinotte kind of answered part of my next question, which was around what response you've received from health care professionals who are treating veterans now. I know many who contact me in my office are treated by a number of professionals on all levels, in many communities. It sounds like you did receive some favourable responses from that.

I think the most important thing with the proposal and the society is to get validators and to have validation on the proposal and build up the people behind you supporting you. The government, no matter which level, will pay attention more when more people are standing behind you. Unfortunately, that tends to happen, especially with new initiatives and pilot projects and stuff. I think you hit it, approaching it in an appropriate way and saying, let's try a pilot project - meaning that if it fails, then maybe we need to shift and look at a new model or change direction. I think government would be looking at that as an opportunity.

I think the federal government needs to be the major player in this but I don't want to let the provincial government off the hook because I think that definitely when you look at maybe consolidating services, which the current government has done and I think it's in their package of what they want to see, that it could be cost savings to the system overall, which is important.

I think that's a big seller, especially if you're trying to sell something to the Minister of Health and Wellness - I've been there. When you hear that from proposals, you say okay, let's really have a look at this. I hope that is the case. Is that something you're looking at or trying to get? Or do you have a list of maybe other associations that are saying this is a good proposal, we're behind it, you have the authority to use their name or their group or that person? Is that something you are building along with this proposal?

SGT. (RET.) ROLAND LAWLESS: At our last meeting, we decided we should draft a letter seeking support from other veteran agencies and other doctors and people who are allies for veterans, to try to garnish that kind of support.

We also discussed that we're going to reach out to the Coady Institute at St. F.X. to try to see what kind of help they may be able to lend us in moving this forward. That letter should be in the mail today and that's where we are with that right now.

HON. DAVID WILSON: With that, we have a little bit of time but I'll relinquish my time to my colleagues here on the committee. I would like to make a motion that the Nova Scotia Veterans Affairs Committee write to both the federal and provincial ministers

responsible for veterans affairs and health care to support the proposal of a pilot project brought forward by the Veterans Memorial Medical Centre Society. We can deal with that now or at the end of the committee.

THE CHAIR: We'll have to defer that but we can consider it. I don't think that's appropriate until we really discuss it amongst ourselves, and I don't think that at the end of the meeting is the proper time. It can be at the next meeting. (Interruptions) All right, Mr. Porter.

CHUCK PORTER: On the motion?

THE CHAIR: Yes.

CHUCK PORTER: Thank you, Mr. Chairman. I don't see any reason, honestly, why we can't deal with it. As they are presented, regardless of what stage we're at in the committee, but I would say that based on what I've heard so far it appears as though there's a great deal of discussion going on from what the witnesses brought forward today.

I don't know if I'll call it progress but there are things being done. There's a lot of meetings taking place and I would like to go back and gather some more information from our government. First of all, I know the Premier has had conversations in the House, there has been debate. Mr. Lawless has met with several ministers, it sounds like at this point, a number of meetings. We won't say no but we would defer it. We would request a motion to defer it to bring it back after some discussion to see if there is something more.

I think the motion is fine but I would just ask to defer it to next month and we could bring it back for further discussion if that would be okay with Mr. Wilson.

HON. DAVID WILSON: I completely agree, as long as it's on the record that this is a motion that we will get to that we will vote on, to maybe amend the motion that we will make that motion, bring it forward at the next meeting, February 20th.

CHUCK PORTER: Thank you and I appreciate that. We'll go back and I will certainly look at that. I know that we are all very supportive of the discussion that's going on and there's some great things going on. I'll talk more about that when I get a chance to be part of the discussion. Thank you, Mr. Chairman.

THE CHAIR: Mr. Porter, you are on.

CHUCK PORTER: Mr. Lawless, it was great chatting with you just prior to the meeting and sharing some conversation about our backgrounds. Yours, I was curious, I did ask, it's interesting. A number of my family have been military and one has served a number of times in Afghanistan. The Lieutenant Colonel has sort of described after so

many times what that's like. He couldn't be more accurate on that, I'm quite sure from the experience in my family.

I would say this, and again I would just re-emphasize - I'm happy to hear that this conversation is going on, that nobody has just shut the door on you and said no, regardless if it's the feds or the province. I know they're talking and hopefully there's some way forward here. I'm a little curious and I haven't heard any discussion around and I was just sitting here thinking about it - we have Stadacona as an example. I'm also a former paramedic, I spent 17 years doing that business and had been at Stadacona a number of times, taking patients, military folk, if they broke their foot or their leg or some other issue. That place is very much there, it's in place, we have physicians, we have staff.

I realize we're talking about veterans, who more would we look to support our veterans than a facility we already have in place? A great facility like Stadacona or others across the country that are in place to serve and look after - medically, physically, whatever that need might be. Is there any potential for something like that to be part of what you're talking about? You mentioned a place in Burnside, I think, or in Dartmouth. Instead of a place offsite there would be a real understanding of those trained physicians who currently work at what we would call, I guess, active, not veterans, who are doing this business that the feds and the province and the taxpayers already fund. Has there been any consideration in and around that at all, by way of this being a combined effort, I'll call it for lack of a better term?

SGT. (RET.) ROLAND LAWLESS: The problem with that is that would be called retention. In order for them to be able to loosen up their medical staff to treat veterans, they would have to retain veterans on their manning lists. Right now you have veterans who fall under the Department of Veterans Affairs and you have serving members who fall under the Minister of National Defence, so there's two different government agencies there to take care of these two sectors of people. Once you are injured in the military and you receive a 3B medical release, they don't want any more to do with you, they're done.

CHUCK PORTER: Clearly then, to Mr. Harrison's point, the bureaucratic issues that we may be battling here - and believe me, I know all about bureaucracy. We all deal with it every day and regardless of the level of government you are in you run into these issues.

I would say okay, call it what you want but it would seem somewhat reasonable that we would let someone off the hook, if you will, because they fall under another minister or portfolio. Wouldn't we be making an effort to have these two have a conversation and the bureaucrats have a conversation to say look, we're looking for funds, money is always an issue we continually hear, we're already financially supporting to a great degree and we have for many years. We run a great facility, great people, qualified, so I just can't imagine that we couldn't sit down at the table and have a conversation between two departments.

I know that's a struggle - I see your reaction, Ms. Mitchell-Veinotte, on that. There are challenges around that but with something this important - and that's what I'm going to call this, vitally important. As you move forward and try to present a new idea - we're beating on every door, we're looking for every partnership that exists to make it happen - would there be any consideration about reaching out to someone to say, is this a potential conversation? I guess maybe I look at it too simply, but that is how I look at it.

SGT. (RET.) ROLAND LAWLESS: That leads right down the same road as Camp Hill Veterans Memorial Building. Again, a perfect facility, attached to the ER, attached to the Abbie J. Lane, perfect. But there's the whole congested traffic issue, accessibility, plus if you ask a veteran with post-traumatic stress disorder to go back on the base to get his treatment, they're not going. They're just not going to go, it's just one of those things.

Camp Hill, on the other hand, possesses a feature that veterans are drawn to: war veterans are there and that building has a history that dates back to 1917, back in that era, back when counsel didn't exist. There's a home at Camp Hill that to me is and always has been underutilized, as far as the modern-day veterans are concerned. But there's parking, there's issues of people not wanting to deal with downtown traffic. That's what made Burnside so attractive.

CHUCK PORTER: Easier access.

SGT. (RET.) ROLAND LAWLESS: Easier access, non-descript. It's not a hospital already, it's not dealing with injured people.

CHUCK PORTER: Thank you.

THE CHAIR: Ms. Mitchell-Veinotte.

VALERIE MITCHELL-VEINOTTE: Just a couple of points. I'm not sure it's perhaps clear to everyone on the committee that the facility we're talking about in Burnside is the Operational Stress Injury Clinic. There's several throughout the country, one that we're lucky enough to have here within HRM, and that is a facility of Veterans Affairs Canada.

Wouldn't it be great if we could just say we have Stad there, it's a wonderful facility? It certainly has medical professionals who have the relevant experience to deal with veterans. That would be an amazing thing if that could happen.

We experience most of the delays in being able to begin the claims process and looking after members of the Canadian Armed Forces once they medically release. One of the major delays is the actual sharing of medical files between the Department of National Defence and Veterans Affairs Canada. If they can't speak together on sharing an electronic

file that is require to move the veterans' life forward, I would be very surprised that we would be able to talk to them about opening Stad to veterans. I'd be very interested in hearing how you think that could happen and how we may be able to assist if that were a possibility.

THE CHAIR: One more question here and a response. Lieutenant Colonel Harrison.

LT.- COL. JOHN HARRISON: Just one, Mr. Porter. The majority of veterans I know, particularly the younger ones who have been in Afghanistan and other places where they've gone back and back, they sort of look at military bases as you and I would look at minefields. That's the only way I can explain it - it's nothing, what have you, but we were trained and if you know where a minefield is, don't go into it, and if you are in it, be terribly careful. Thank you.

THE CHAIR: Mr. Porter, a quick one.

[3:15 p.m.]

CHUCK PORTER: Just a quick follow-up, thank you for that. To your point, I guess maybe that's why I'm not a minister: my patience would be pretty slim.

HON. CHRISTOPHER D'ENTREMONT: Oh, there are other reasons. (Laughter)

CHUCK PORTER: Perhaps there's other reasons but again, maybe I think at a level that's too simple because that would seem pretty simple, regardless of which political Party is in government. This isn't new, this has gone on forever and a day obviously. I would see that as one minister walking down the hall and having a conversation with another minister and then giving direction. Again, maybe I think differently than others.

THE CHAIR: Ms. Mitchell-Veinotte.

VALERIE MITCHELL-VEINOTTE: Thank you very much. I like the way you think. I wish more people actually thought along that same level, sir.

THE CHAIR: Mr. Lawless, anything?

SGT. (RET.) ROLAND LAWLESS: No, I don't have anything on that one.

THE CHAIR: Okay, we'll go to Mr. MacKay.

HUGH MACKAY: I'd like to return to a topic that my colleague, Ms. MacFarlane from beautiful Pictou West raised, and that's in regard to demand. I guess I struggle with how we examine this as something that as government we could move forward with,

without identifying the demand. We all know it's a worthy thing, we all know we want to support something but until we know what the demand is, I have a tough time getting my head around it.

It's one thing for the Progressive Conservative Party to say they would support it; however, I know if by some accident of nature that they ever came to power in the future, they would (Interruptions) Well, somebody else mentioned a political Party first, not me, somebody else brought up political Parties and their position first. I would just say that they would certainly be the first to want to know what the demand is as well.

We say that Nova Scotia has the highest per capita number of veterans in the country, as a province, but we don't know how many veterans that is. We know that many veterans have family doctors that they see and they are perfectly happy with and probably would not transition to another doctor. I'm just wondering if you could speak to the demand and how we, as a government, could get our heads around what the demand is for this.

SGT. (RET.) ROLAND LAWLESS: I wish Dr. Heather MacKinnon was here to answer that for you, because as Mr. Horne knows and has spoken with Dr. MacKinnon, she will tell you the demand is very high.

HUGH MACKAY: Can you quantify that, though?

SGT. (RET.) ROLAND LAWLESS: I don't have a number to give you. There are 750,000 veterans in Canada, and Nova Scotia has the highest per capita. How many people are in Nova Scotia? You can probably do the math and figure it. We're probably over 100,000 veterans in Nova Scotia, so the demand for doctors is pretty high. The demand for qualified doctors who know how to speak the military lingo is extremely high.

The death toll in our veteran community is going up, it's not going down. It's going by our own hands because we don't get adequate health care, because of our injuries that we sustain during service, and I think that's appalling. I will fight to the end until we get a clinic open. Come election time we'll see how many veterans there are in Nova Scotia, depending on who supports the clinic. (Applause)

HUGH MACKAY: Please understand that I was not in any way questioning the need, I was just trying to quantify the need. Any organization, government, or private sector going ahead with trying to address a need would want to try to put some metrics around it. I'm certainly not in any way, shape, or form questioning the need. I have family members as well who have been served very well by care post-service and who I know enjoyed a higher quality of life due to that. I am very supportive of post-care for our veterans.

VALERIE MITCHELL-VEINOTTE: Sir, that's certainly a question we all struggle with, to actually quantify those numbers. This is the Standing Committee on Veterans Affairs for the Province of Nova Scotia. Can you please tell us how many of your

constituents are veterans and how many people are direct, immediate families of veterans? That's the impact - it's not just the veteran, it's the veterans' families. Please give us the number. Thank you.

THE CHAIR: We will maybe have a chance to look at that number and find out and let you know what we find. That's all I can promise at this point.

Ms. Martin.

TAMMY MARTIN: Obviously, quantifying any number of veterans who die at their own hand every day, every week, is more than enough to qualify the need for the clinic, in my opinion.

AN HON. MEMBER: The homeless.

TAMMY MARTIN: Yes, the ones who are homeless. You walk down the street, and you see veterans who can't afford to feed themselves. I hear those stories every day. Veterans are eating cat food.

Veterans are the reason that I'm elected, a woman - young-ish, I say - from Cape Breton because I could run a free and safe campaign and be elected in this wonderful province and this country. Every day, we need to thank them, and every day, we need to do what we can to support them in good health and in bad.

You hear the need every day. You hear the questions when they need help medically. Has that gotten significantly worse over the last couple of years? As we have talked about here before, there is a crisis in Nova Scotia, and I'm sure that's not aside from Veterans Affairs. Has that gotten increasingly worse?

SGT. (RET.) ROLAND LAWLESS: I don't have an answer for that one. I'm not a medical professional, so I can't really say yes or no. I can only assume that yes, due to the numbers of doctors retiring and leaving the province and the doctor shortage in the province, the number of veterans who are suffering because of that is definitely increasing.

VALERIE MITCHELL-VEINOTTE: I can certainly qualify with our caseload - the second-highest in the country for the Royal Canadian Legion - that absolutely the need is increasing. The need for benevolent assistance is also increasing because, of course, when these treatments and financial benefits stop or cannot begin, people need to subsist. They need financial support. The Royal Canadian Legion is the backbone of that support through our poppy trust funds and our benevolent funds throughout this province and throughout this country.

It constantly surprises me that people think that that type of financial support or that kind of bridging must fall out of the sky. It doesn't happen without certain things in place.

Organizations such as ours, and I don't know of many others, provide that bridge. We provide that care for families.

TAMMY MARTIN: I believe, Mr. Lawless, you said before that your work starts typically on Friday at four o'clock, so if John Doe comes in and he's in desperate need of medical care or in mental health crisis and they don't have a family doctor, what is it that you do? Can you take me through the process of how you get assistance to save that veteran?

SGT. (RET.) ROLAND LAWLESS: One of the first phone calls I make is to Dr. Heather MacKinnon's cellphone. If they need medical help, that's one of the first calls I make. She has given me her cellphone, and she opens her home and her life to the care of veterans. It's because of Dr. MacKinnon and that seamless transition from military to veteran that I had the luxury of being able to walk through that I see the benefit of this clinic. To me, personally, if the clinic opens and we save only one veteran, then we've done our job. If one veteran gets benefits that they're deserving because they served this country, then we've done our job. I don't want this to fall on deaf ears.

I want to apologize to the honourable Mr. MacKay. I didn't mean to get a little combative there. But I do suffer from post-traumatic stress disorder, and this is an issue that's close to my heart.

I think that there should be a slam dunk on this. This should be done by now. The people who know about it are the people who can make the decisions. I would like to see this committee move this forward as fast as possible, because next month there could be five more veterans gone from this Earth. Deferring is not an answer. Really, it isn't.

VALERIE MITCHELL-VEINOTTE: Rollie's first steps may be to contact Dr. MacKinnon. The first step that I have to take is to take veterans to emergency. The complications and implications that surround that entire experience are not only traumatic to the veteran and increase the stress and the complexity and what the medical professionals need to deal with but it's also extremely stressful when you're the person who is there to advocate for the veterans.

You wouldn't believe the complications. Not too long ago, I had a veteran who we went to emergency with and he had a service dog. They put us in a room where was an elderly lady on the other side of the curtain. She was terrified of the dog, even though the service dog was barely noticeable and extremely well trained and extremely well behaved. So not only was the veteran in stress, the dog was in stress, I was in stress and the elderly lady on the other side of the curtain was distressed. The nurses and the doctors trying to deal with us were stressed. They had no place else to put us.

You can only imagine, that's one small factor. Utilizing the emergency services in HRM, they've always been very good to me but we're running out of options. Those are

just the ones that present to us, those aren't the ones who are staying home and isolated, being on their own.

THE CHAIR: Mr. Jessome.

BEN JESSOME: I'd like to ask a question, is the value that we're trying to create for our veteran community more about a physical space? Or is it more about the human resources that would accompany the care of veterans?

SGT. (RET.) ROLAND LAWLESS: I think it's about both. The physical space is the spot where we can go to call home when we need to call a place home. The expertise comes from people like Dr. Mackinnon who has already volunteered her services to train anybody who wants to be employed at this clinic, she has already volunteered to do that. So there's Dr. Heather Mackinnon, there's Dr. John Whelan, who has told me on numerous occasions that he would come and do a shift once a week at the clinic when it opens.

We have doctors lining up. There's Dr. Allan Abbass from Dalhousie University who was at one of the meetings with the Minister of Health and Wellness, very interested in this clinic. He has done research to the collaborative health care model and he perked right up when he was at the meeting and wanted more information. We've reached out to him to see if he will come on to help us, mentor us to get this clinic up and running.

We're tried and we've pulled every string that we can pull on this. Short of making it a private enterprise and taking everybody out of the picture, it's the only option. If it becomes a private enterprise then it's a profit-making venture for somebody.

I believe that the Nova Scotia Government runs our health care for the province and they should be running the clinic. They are the best equipped to do it, they have the most resources to do it and veterans are taxpaying citizens of Nova Scotia, they deserve it.

BEN JESSOME: Thank you for that clarification. Again to shift gears to an unrelated question, can you clarify whether or not you see this facility taking on all of the veterans provincially? Or, for example, for veterans who are currently seeing another GP or another specialist, do you see this facility taking on the entirety of our veteran population, or I guess serving newly-released veterans? Am I being clear about what I'm getting at here? Is there some flexibility? Is this the one-stop shop for all veterans, period, or newly-released veterans? Can you provide some commentary on that, please.

SGT. (RET.) ROLAND LAWLESS: I think because of our human rights there's no way that we would be able to say, "veterans have to go here." Because we have choice in this country, they can choose to go to whatever doctor they wish to go to, but a great number of veterans would come to this clinic knowing that there's other veterans there to assist them in getting their health care. It gets them out of the emergency rooms and puts them into a place that they would be akin to being in their home.

[3:30 p.m.]

Camp Hill presents a perfect example. We had a meeting at Camp Hill one day. One of our veterans got flared up who had PTSD. We took a walk in the garden and in less than 10 minutes he's back to being able to sit at the table and talk, so that presents itself.

One of the veterans who lives at Camp Hill was having a bad day out in the garden one day and we talked to him, calmed him down out in the garden by the cenotaph. We went back in and apologized to the people he needed to apologize to. It's that kind of bond between the veterans that bridges all wars, it bridges all peacekeeping missions. It's service that deserves some kind of recognition. It doesn't matter whether you've served 10 tours in Afghanistan or whether you were on the home front here loading the ship, you put the uniform on, I think and we think that you deserve a little bit of credit from the governments that said go ahead and go here, go ahead and go there.

The Nova Scotia Government runs health care so let's get on the bandwagon here and let's do it. Let's just make the clinic and get as many veterans into this clinic as we can. At least they'll have an avenue to go to when they need an avenue to go to. If they are already in good care then they are already in good care. It's the ones who aren't in good care who I'm most concerned with, the ones who are suffering in their basements because they don't want to or can't get themselves to go to the ER.

As Lieutenant-Colonel Harrison has alluded to, you'll get them to go once and if they're not comfortable, you are not getting them to come back. That's why we decided to try and move this away from the downtown core and outside into the Burnside Industrial Park, to alleviate that stressor of not being able to find where you're going and feeling lost.

BEN JESSOME: Thank you, sir.

THE CHAIR: Ms. MacFarlane.

KARLA MACFARLANE: I feel like I have to clarify my comments earlier when I mentioned the other Party, it was actually in good taste. I was commenting on the fact that I think we all agree that the Premier had stated in the House that he liked the idea of our bill. That's why I brought up Mr. MacKay of the other Party, it was good taste that we all agree on this.

The way I look at it is, I want to reassure you - and I know that you will have the numbers - I don't know about the other constituencies but in Pictou West, there is a great need for this service. In fact it's to the point where I feel, as an MLA, that I have failed the veterans who have given me my freedom because I can't get them a doctor. I have friends

who are doctors and I feel like I've gone to the well too many times to ask them for favours to take on veterans.

There is a great need because it's so obvious but then there's also those who will never appear from the dark, who need the help. I just want to reassure you that I don't know about the rest of the province but I can tell you right now that in Pictou West, in Pictou County, there is a great need for this service and I wish it was happening in Pictou County. Thank you.

THE CHAIR: No question?

KARLA MACFARLANE: No.

THE CHAIR: Mr. David Wilson. Oh, just one moment, if I could ask Ms. Mitchell-Veinotte to comment on the last question.

VALERIE MITCHELL-VEINOTTE: Thank you very much. I think there's one point perhaps that we haven't made at this stage. The intention, or as we see this model, is that veterans from any area within the province could be referred to this medical centre. If for instance they presented to St. Martha's Hospital in Antigonish, let's say - if it was considered that they could be best served at the Veterans' Medical Centre in HRM, then they could be referred and transferred to that centre and then connect to the other resources that we find in HRM and not in other parts of the province. I just wasn't sure if we had made that point.

THE CHAIR: Mr. Wilson.

HON. DAVID WILSON: That kind of leads into my next question. Have you been given any indication from the provincial government that there would be any delay in responding to your proposal? We're all well aware of the unfortunate, tragic, terrible event that happened in our province. Nova Scotia will be launching an inquiry into a former soldier's situation, the triple murder suicide. The terms of reference will be brought forward in the new year from what we hear. Have you had any indication, are you concerned that potentially any decision on this might be delayed because of this inquiry? Any comment on that?

SGT. (RET.) ROLAND LAWLESS: I don't think that there was any indication that there was a delay. What I heard from the honourable minister was that there may be hurdles but no roadblocks. That tells me the way is clear, that he may have to jump through a few budgetary hoops, but that he's in line and willing to advance it forward. That's what we have at this point.

THE CHAIR: Mr. Jessome, a quick question.

BEN JESSOME: I think we're all of the mind to ask how we best come to the table on this one. I appreciate that there is a positive reception through the minister's office, that they're going to take this very seriously, that they're going to partner as closely with the federal government as possible, and that they're going to give this the full wealth of consideration that it deserves.

Going back to the model that you have presented, you talked about value for some people in that distance from home. You referenced people who were visiting our facilities from as far away as New Brunswick, I believe. I did have a chance to brief the document earlier today. I did want to clarify because I may have missed it, but is there a component to this facility with respect to accommodating travel?

We constantly get into dialogue inside and outside the House, or what have you, with respect to services being offered perhaps in the city in a disproportionate way to the rest of the province. My question is, do you see the travel component to accessing this facility as something to be the onus of veterans and their families specifically, or would travel be a component to your model as presented?

SGT. (RET.) ROLAND LAWLESS: If a veteran presents themselves at the clinic, and it's a service-related injury that they're receiving treatment for, Veterans Affairs Canada pays for health-related travel. There is a means to recoup cost of travel for veterans. That's separate altogether.

If it's not a service-related injury, then there may be an issue of travel involved, but that would solely be upon the veteran. It's the same as if they were coming into the city for an MRI or a CAT scan. Do we pay for the travel for that?

BEN JESSOME: Is that a question? Sorry, I don't know the answer.

SGT. (RET.) ROLAND LAWLESS: I don't know.

VALERIE MITCHELL-VEINOTTE: We don't either. This is why we need the Health and Wellness Department . . .

SGT. (RET.) ROLAND LAWLESS: I know I have gone to different health care facilities to have MRIs and CAT scans and stuff like that done, and I have never claimed the travel. I think that's something that people just incur to get their health care.

BEN JESSOME: As a follow-up, if I may, thank you and this is me being a civilian and not being overly familiar with the services that are available intimately to veterans, and I am making an effort to try to learn more. Ms. Mitchell-Veinotte was here at our last meeting, if I'm not mistaken.

VALERIE MITCHELL-VEINOTTE: I'm not sure, time flies.

BEN JESSOME: It is a great opportunity for those of us who are not serving-men and women to get some more exposure to what specifically is taking place.

Keeping in line with that same travel concept, I mean if we have veterans from New Brunswick who are presently accessing local services, is it possible that we could be serving members of the military family from across the country, if this was a place where they could have a certain quality of service and if it was desired by the individual and their family to come to Nova Scotia, is it possible that that could take place?

VALERIE MITCHELL-VEINOTTE: I'd just like to clarify, the transition programs that I said we have veterans travelling from New Brunswick to participate in are programs that are delivered through veterans outreach through the Royal Canadian Legion. They're not delivered by health care, they are not delivered by Veterans Affairs Canada.

Of course, as we all know, health care is a provincial responsibility, so with the model that is proposed through this medical centre, it's very much a provincial thing so there wouldn't be any cross-border.

Now there are other facilities that could be developed by Veterans Affairs and by the Government of Canada that would serve veterans, say, in a particular geographic region, but that has no bearing on the proposal that's before you today.

BEN JESSOME: Okay, thank you for that clarification and thank you, Mr. Chairman.

THE CHAIR: Mr. Maguire.

BRENDAN MAGUIRE: Thank you for coming here today. Obviously, it's an important topic. Just listening intently and one of the things that kept popping up in my mind is the services that you provide for veterans. Obviously, when you talk about physicians who transition out of the military they have that experience of what it's like to deal with veterans. That is something extremely important for veterans.

As an MLA who has zero military experience but we do encounter veterans all the time and some are struggling more than others, what is our first step, especially if it's somebody you know who is struggling, who is a friend or a family member? I don't know if they're too proud or if they just won't come forward for help. What's the step when you know they are struggling? I ask you, Mr. Lawless, because I know your story.

SGT. (RET.) ROLAND LAWLESS: The answer to that is LUV - listen, understand, and validate. You listen intently to what the person is saying or not saying; try to understand it - and if you don't understand, ask questions; and validate it by finding

somebody who has been down that road, wore the T-shirt, and connect them with them. That's how it works. That's how it works best.

BRENDAN MAGUIRE: One of the reasons I ask you this is because obviously if this gets approved - this isn't going to happen tomorrow, we're not going to have the facility tomorrow - there has to be somewhere for them to go. We're saying Camp Hill for HRM, is that what you're saying, or the Royal Canadian Legion?

I'm in the Legion all the time and there's a lot of great people there. The truth is that when you talked about veterans going on base, some of those veterans are the same with the Legion - no offence - so they don't even want to go into the Legion. When they're refusing to go through the military for help, when they're refusing to go to the Legion for help, especially when you know they are critical.

[3:45 p.m.]

SGT. (RET.) ROLAND LAWLESS: That would be a peer support network. The Legion has one set up, other veterans' organizations have peer support as well. UN/NATO veterans has it; the army, navy, and air force have it. Look for the peer support networks in your area, reach out to other veterans who are well, if you will, and enlist them to help you in helping the veteran who needs help. The brotherhood and sisterhood is grandiose, at best. It's something that doesn't go away. You serve for a short time but you're a veteran for the rest of your life.

THE CHAIR: Ms. Mitchell-Veinotte.

VALERIE MITCHELL-VEINOTTE: You do have my card. I've left it with this committee on several occasions. I am at the head office. My office is in Burnside. You can start with a phone call. It's not necessary that a veteran necessarily present to a Legion branch, we know there are barriers to that. If you begin by making a phone call to my office, I can connect that veteran with a peer network and with supports.

BRENDAN MAGUIRE: Can you provide support for a veteran? The one I'm thinking about in particular who actually isn't in Nova Scotia but obviously has Nova Scotia connections - can you connect them?

VALERIE MITCHELL-VEINOTTE: Yes, absolutely.

THE CHAIR: Mr. d'Entremont.

HON. CHRISTOPHER D'ENTREMONT: Thank you very much. Number one, I think facilities like this will help people like my brother come back to Nova Scotia. I don't know if I'll completely convince him to come back with these services, but maybe once he

retires he might be able to come back home, which would be great to see him - but let's hope.

I think we're done with questions now. I think we've been sort of going around, wasting a little time. I would like to come back and discuss the motion for a few moments. I'm only a part-time member of this committee so by the time the next meeting comes around I'm not going to be here, so maybe we can ask them to finish up and then we can have a discussion on the motion after. That's just a suggestion.

THE CHAIR: Is it agreed? Okay, we'll close off questions at the moment and we'll ask you to summarize or have a final discussion or final presentation.

SGT. (RET.) ROLAND LAWLESS: First off, I'd like to thank you all for having us here and letting us present our idea to you. Second, I'd ask you to look deep in your heart. Most people who are sitting at this table, around these tables right now, have a connection to the military - a brother, a sister, an uncle, an aunt. You may even have a connection to somebody who served in Afghanistan, World War II, Korea, or in a peacekeeping mission in some of the worst places on earth. Think about that when you're discussing this.

Put the motion forward that has been put in front of you, vote upon it, write the letters, support the clinic, and let's get it done. Let's give our veterans a health care centre in the Province of Nova Scotia and champion it right straight across the country because there's more than in this province who are in need of these health care centres.

VALERIE MITCHELL-VEINOTTE: As I always do, I'll leave you by thanking you for what you do to support veterans and their families in the Province of Nova Scotia. I extend that thanks as the daughter of a veteran, the sister of a veteran, and the mother of a veteran. Thank you.

LT.-COL. JOHN HARRISON: Mr. Chairman, mesdames et messieurs, I will be leaving this meeting feeling much better than I did when I came in. I thank you sincerely from the heart of an old guy from Cumberland County who had to join the army or starve to death. Thank you.

THE CHAIR: I would like to close the meeting off. Do you want to say anything more? Okay, just a heartfelt discussion we had here this afternoon, it is very important. We all see it. We all understand. We do want to work together, and we do want to get a solution.

Thank you very much for your presentation. I think it was quite a heartfelt discussion.

[3:50 p.m. The committee recessed.]

[3:53 p.m. The committee reconvened.]

THE CHAIR: I would like to everyone to sit down please. We only have a few minutes. Mr. MacKay would like to have a quick discussion. Mr. MacKay.

HUGH MACKAY: There's just a point I would like to make. I would like to apologize to Ms. MacFarlane specifically and to the committee as a whole if I overstepped on partisan lines there. These committees are a learning experience for me, and if I offended anybody - my more experienced colleagues are coaching me.

THE CHAIR: Thank you. We have a motion. Mr. Porter.

CHUCK PORTER: I know that we talked about Mr. Wilson's motion earlier on, and in fact, to go back because of the number of things that are actually going on with discussions between ministers, governments, committee witnesses who were here today. Instead of maybe deferring it, I thought we could put a motion forward similarly, asking both of those ministers, in writing, to send a letter with the words "to consider this" as one of the options.

If not, if you don't want to support that, we would support that. We could certainly bring back the motion as it stands on the floor from the meeting earlier. We could still take that back for next month.

I would also move, though, today that we put a motion on the floor to write both ministers to consider the option that has been put forward by these folks. There's a lot of discussion going on, from what I understand. I don't have all the details, but we will certainly gather those over the next few weeks as we come back to the next meeting.

THE CHAIR: Mr. d'Entremont.

HON. CHRISTOPHER D'ENTREMONT: I do see a procedural problem. We already have a motion on the floor that we're waiting to discuss. I won't be here next time, I don't think anyway, unless somebody doesn't come and then I take their spot.

I think supporting something in concept is a good thing, as MLAs, not as Party members. I want to thank Mr. MacKay for his comments there. I think when we have such esteemed people before us I think we can try to refrain from that political - even though I do apologize for my jab to the honourable member for Hants West. It was just too easy and I took it.

Is there an opportunity here to truly consider the motion as put forward by Mr. Wilson? It's his motion so I guess it's up to him as to what we do with it.

THE CHAIR: Mr. Wilson.

HON. DAVID WILSON: I appreciate the member for Hants West's attempt to try to bring forward a motion that the members of the Liberal Party could support. I want to remind members that it has been a privilege for me to be on this committee for at least 10 years now. We often bring forward motions in the committee that support the initiative that the presenters are bringing forward.

My motion by no means is trying to handcuff the provincial government here in Nova Scotia on committing them to paying for this pilot project or endorsing it. I think as committee members, if what we heard today compels us to say yes, we need a centre in Nova Scotia, then I would hope you would consider the words "to support" the proposal.

I've been on all side of the House - including in government, including Cabinet - and I understand the ramifications but I don't feel in any way that this motion handcuffs the members of this committee, saying that the Liberal Government of Nova Scotia will have to pay for this centre because they passed this motion. I do not see it in that light.

I see it, as members of this committee, of all political Parties, supporting a sector of our population, our veteran sector, on a need. If you don't feel there is a need for a centre, then by all means don't support the motion. I don't think that changing "to support" to "consider" is where I want to go with it - the government is already considering it.

Honestly, it's an honest attempt to move forward as a committee and say you know what, we've written my own government, members of the committee's federal Party, saying we support this as a Veterans Affairs Committee and I would hope that this would be an attempt to do that. I do not see any negative side of the government members supporting this. As I said, it's not an attempt to get our current Liberal Government to support a centre. In this motion it's to support the idea of a centre.

As the presenter said, there's a lot of talk but someone needs to take the lead. I'm not even saying who should take the lead. It's just that we as a committee feel we should support the proposal of a centre. I hope they would reconsider and move the motion, as put forward. I'm okay to wait until next week or next month, even though I know that one presenter said that every month that goes by is important. The reality is that I don't think a centre will be built in one month's time, so I would hope you would consider.

THE CHAIR: Mr. Porter.

CHUCK PORTER: Thank you, I appreciate comments from both. My attempt today was two-fold, one was yes, we'll wait, we'll go back, we'll take it back. I don't disagree with the honourable members' comments - it's not about money, it's about the negotiations that are already going on. My thought was about considering this as an add-on or something else that might be possible that hasn't yet been thought of, whatever it might be.

That's fine. I will withdraw the motion that I've made today. We'll come back next month with a response, as promised earlier in this meeting when the honourable member moved the motion and we asked to defer and we'll bring that back.

THE CHAIR: That sounds like an okay solution to this.

Just quickly, we have some committee business to do. The Canadian Youth Remembrance Society, regarding the 2018 Year of the Youth Remembrance - this witness is available for the March 20th meeting date, and we're certainly willing to move this up to March 20th. It was approved at a previous meeting.

The next meeting is February 20th, Veterans Emergency Transition Services Canada, Mr. Jim Lowther, president and CEO, re: Boots on the Ground and Guitars for Vets.

That's it. Thank you all for coming.

[The committee adjourned at 4:00 p.m.]