

# **HANSARD**

**NOVA SCOTIA HOUSE OF ASSEMBLY**

**COMMITTEE**

**ON**

**VETERANS AFFAIRS**

**Tuesday, May 21, 2019**

**Legislative Committees Office**

**Supports for Commonwealth Veterans &  
the Impact of Federal Department Underspending**

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**VETERANS AFFAIRS COMMITTEE**

Rafah DiCostanzo (Chairman)

Ben Jessome (Vice-Chairman)

Brendan Maguire

Bill Horne

Hugh MacKay

Alfie MacLeod

Kim Masland

Lisa Roberts

Tammy Martin

[Bill Horne was replaced by Suzanne Lohnes-Croft.]

In Attendance:

Darlene Henry  
Legislative Committee Clerk

Gordon Hebb  
Chief Legislative Counsel

WITNESSES

Veterans Affairs Canada

Sandra Williamson,  
Senior Director, Health Care Programs, Service Delivery Branch

Sherry Spence,  
Director of Financial Operations, Chief Financial Officer, Corporate Services Branch



House of Assembly  
*Nova Scotia*

**HALIFAX, TUESDAY, MAY 21, 2019**

**STANDING COMMITTEE ON VETERANS AFFAIRS**

**2:00 P.M.**

CHAIRMAN  
Rafah DiCostanzo

THE CHAIR: I call the Committee on Veterans Affairs to order. I am Rafah DiCostanzo, MLA for Clayton Park West, and I want to welcome our two presenters. I have a couple of reminders that I'd like to start with and then we'll get the other MLAs to introduce themselves as well.

First, I'd like to make sure that everybody knows that we have the washrooms and coffee outside, so help yourselves. In case of emergency, we will exit the Granville Street entrance and proceed to Grand Parade by St. Paul's Church. Also, please turn off your phones, or make sure they are on silent or vibrate.

I also would like to make sure that nobody takes pictures, except for media - and I don't see anybody here from the media. I remind the members to speak only when I address them - this is for Hansard - not to reply until the light comes on and I've called your name.

I would like to start with introductions, starting with Ms. Lisa Roberts.

[The committee members introduced themselves.]

THE CHAIR: Thank you everyone. We have as our witnesses: Sandra Williamson, Senior Director for Health Programs and Service Delivery Branch - I can't see with glasses or without glasses at this point; and Sherry Spence, Director of Financial Operations, Corporate Services Branch.

We'll keep a list here for the questions and then we will probably wrap up around 3:45 p.m., or 10 minutes before 4:00 p.m., if you don't mind. You will have five minutes just to give the closing remarks at the end. We can start your presentation, whoever wants to speak first.

SANDRA WILLIAMSON: Good afternoon, Chair DiCostanzo and members of the committee and thank you so much for the opportunity to appear before the Nova Scotia Committee on Veterans Affairs to discuss some of the services and benefits that the Government of Canada offers to our veterans and their families.

As I was introduced, my name is Sandra Williamson - Senior Director, Health Care Programs, Service Delivery Branch. I am pleased to be here, along with my colleague Sherry Spence, who is the Director of Financial Operations. We will outline key measures we have taken to ensure that all of our veterans and their families receive the support and services they need when they need it.

One of the most recent achievements that you may be aware of is the implementation of the Pension for Life program. As of April 1<sup>st</sup> this year, veterans with service-related illnesses or injuries are now able to receive a monthly pension for life. As requested by our veteran stakeholders, the Pension for Life includes recognition and compensation for the pain and suffering as the result of a disability related to their military service. It's an integral part of a comprehensive package of benefits and services to support veterans and their families, helping them to transition successfully from military to civilian life.

Regardless of the duration of service, we know all members of the Canadian Armed Forces will release from the military. Veterans Affairs Canada is there to help them in transitioning successfully to life after service, as well as to commemorate and recognize the service of all those who have served.

I am pleased to inform the members of this committee that over 90 per cent of Veterans Affairs Canada's budget goes directly to programs and benefits to veterans and their families, health and well-being, transition to civilian life and support for families.

Over the last three years we've significantly increased support for ill and injured veterans. For example, in 2017 the maximum disability award rose from \$300,000 to \$360,000. We also increased the Earnings Loss Benefit to 90 per cent of a veterans indexed salary at the time of their release.

We've also increased supports for families. On April 1, 2018 we introduced the Caregiver Recognition Benefit - \$1,000 per month, tax free, indexed annually, paid directly to the person who cares for the veterans with the highest level of need.

For members with complex needs, for example those releasing for medical reasons, a case manager helps coordinate transition planning with the Canadian Armed Forces and Veterans Affairs. The Canadian Armed Forces and Veterans Affairs Canada work closely together to ensure integrated transition support.

In 2018, we also introduced the redesigned Career Transition Services program to help CAF members and veterans identify careers that they may be suited to. Qualified career counsellors advise about labour markets, help prepare a resumé, and develop job search and interview skills. In some cases, they can also help veterans with job placement.

Through the Education and Training Benefit, veterans can also access funding for tuition and to pursue post-secondary education or technical training. Those with at least six years of service, which means 2,191 paid days of service, can be eligible for up to \$40,960. Veterans with more than 12 years of service - that equates to 4,382 days of paid military service - can receive as much as \$81,920. A portion of this funding may also be used to pursue personal and professional development courses.

Involvement of family is important during the transition of Canadian Armed Forces members, so we've ensured access to the Veteran Family Program at all Military Family Resource Centres for veterans who release medically and their families. This helps them to establish successfully in their new community while retaining their connection to the military community.

For veterans with a service-related injury or illness, there's a range of physical and mental health services available. A network of 11 Operational Stress Injury clinics and eight satellite services sites across the country deliver services where veterans need them. Case managers refer veterans and families to provincial and community mental health professionals across Canada. Veterans and family members can also receive assistance through our assistant service which offers 24/7 toll-free telephone support and access to psychological counselling and other services.

I'd also like to take a moment to address the new Veterans Emergency Fund. This was established in April 2018 and the fund allows Veterans Affairs to provide emergency financial support to veterans, their families, and survivors whose well-being is at risk due to an urgent and unexpected situation. The emergency fund is intended to ensure short-term relief while we work to identify any long-term needs and possible solutions.

It's also essential that we work with and, in fact, help to fund organizations across the country that have the skills, local connections, and commitment to assist. Our approach is always stronger when we come together with like-minded organizations to find long-term solutions to problems.

In speaking to the tremendous community involvement and interest that exists in ensuring the care and support of veterans, the Veteran and Family Well-Being Fund is

another example of our national approach. Through grants or contributions, the Government of Canada supports private, public, or academic organizations in conducting research and implementing initiatives and projects that support the well-being of veterans and their families.

Also, in response to what we heard from veterans, we're increasing our capacity to deliver services. We reopened nine area offices that had been closed and opened a new one. We increased outreach and hired significantly more staff, including more case managers. We also began scheduled outreach visits to our more northern communities.

Chair DiCostanzo and members of the committee, we share a common goal: To help the men and women who have bravely and honourably served Canada successfully re-establish in life after their military service ends, especially those who have long-term disabilities as a result of their military service.

In terms of spending, please know that every veteran and family member receives benefits and services for which they are eligible, no matter how many come forward for them. No veteran is ever turned away from the benefits and services they are entitled to, due to their service.

Thank you again for this opportunity to be here with you today. Sherry and I would be happy to answer any questions you may have with respect to our benefits, our services or our funding.

THE CHAIR: Thank you, Sandra Williamson, thank you very much. We can start with the list, and the first on the list is Hugh MacKay.

HUGH MACKAY: Thank you very much for your presentation. I think it's a good framework to begin here. You mentioned key measures are taken to ensure all veterans, including Commonwealth veterans and their families - I think there was an episode not too many months ago where a Commonwealth veteran was in the headlines here in Nova Scotia for entry into a hospital.

I'm wondering - we had 53 Commonwealth countries at last count, I think. What measures are taken to determine the eligibility of Commonwealth veterans to access the services provided by your department?

SANDRA WILLIAMSON: The first thing I'd like to do is to say that the term "Commonwealth veterans" is not a term that we use at Veterans Affairs. I think the more appropriate term may be "Allied veterans" and as this committee kind of may be aware, there were 42 countries with Allied service during the Second World War and 21 countries that allied with Canada during the Korean war. With respect to veterans who served with Allied Forces, there are different eligibilities, depending on when or where they served, whether they served with an Allied Force during World War II or during the Korean war.

To try to make things simple, although there are certain complexities associated with Allied service, I can tell you that with respect to health care benefits, a World War II veteran who lived in Canada before the war and enlisted while living in Canada would be treated the same as a Canadian services veteran.

For World War II veterans who moved to Canada after the war with respect to long-term care, as long as they have 10 years post-war residency in Canada, they have eligibility for benefits and services as well, including long-term care. The difference there would be we have different categories of long-term care settings that we fund. We refer to them as contract beds or community beds. When I refer to contract beds that's beds where they would have priority access, such as at Camp Hill and other facilities within Nova Scotia and across the country. Community beds are those beds that are found in any nursing home across the country that any provincial resident, be they a veteran or other citizen of Canada, have access to.

If you'd like me to speak specifically to Camp Hill, I can. I can't speak specifically to individual cases but what I can say is, for example, in 2016 at Camp Hill there was a new agreement reached with the Nova Scotia Health Authority and the Nova Scotia Department of Health and Wellness where we initially opened up 15 beds for the broader group of veterans, which would have included Allied veterans who previously would not have been eligible for care there. That number was then increased to 25 and then most recently to 50. So of the 175 beds at Camp Hill, there are now 50 beds that are available or accessible for a broader group of veterans.

HUGH MACKAY: I picked up on the fact that it said Commonwealth veterans in your introduction. On a related matter, then, could you perhaps give us some idea of the eligibility of reserve unit members for benefits?

[2:15 p.m.]

SANDRA WILLIAMSON: With reference to more modern-day veterans, I can tell you that individuals who serve, depending on the type of reserve force, like regular reserve force veterans would be eligible for care if they have a disability related to their military service that requires their care. They would be eligible for care in a community bed.

One point that I would like to make is any veteran, whether they're a war veteran who served during World War II or Korea or during more modern conflicts - if they require long-term care because of a service-related disability, they don't have to contribute anything to the cost of their care. We would cover the cost that they would usually have to contribute.

THE CHAIR: Now we move on to Ms. Lisa Roberts.

LISA ROBERTS: In November 2018, the federal NDP tabled a motion to recommit hundreds of millions of dollars in lapsed funding to services and benefits for veterans. The motion was passed with the support of all Parties.

The motion said that funds left unspent at the end of the year would be automatically carried over until the department meets the service standards in 12 areas where improvement is needed. This motion came after the media reported that the Trudeau Government had not spent more than \$372 million of funds since November 2015.

My question is: Why was the Veterans Affairs Canada budget being so significantly underspent?

SANDRA WILLIAMSON: I'm going to have my colleague Sherry Spence, who is the director of financial operations, address this question.

SHERRY SPENCE: I'm just going to set the context a little bit by telling you how we build the budget at Veterans Affairs. Every year, we do an update to our client and expenditure forecast. It's built very much on past trends and future eligibility, new programs that are coming in.

What we do is build sufficient flexibility into those programs to make sure that we have funding for every eligible veteran who could come forward to us for funding. Programs are built on application and eligibility, so if veterans don't come forward, then funds don't get spent. Although they lapse at the end of the year, because we have a system which is quasi-statutory in nature - meaning that our benefits are demand driven, they're based on eligibility and need, and there's no expenditure limit - we always have enough money so that we never turn anybody away. Even though there is unspent money at the end of the year, that in no way equates to a veteran who doesn't receive benefits.

LISA ROBERTS: What has been done to ensure that, where funds are allocated and available, veterans who do need those benefits are accessing programs? Because this isn't an area where the province has a lot of jurisdiction, I'm not sure exactly what is involved in applying for and getting to the point where you're actually receiving benefits. I imagined it would be fairly straightforward for members who are retiring now, but I might be wrong about that. What's being done to ensure that those dollars that are available are actually connecting with individuals who could need them?

SHERRY SPENCE: I think this is going to require a little bit of joint effort because we could take you in about 10 different directions. I can tell you that there are a lot of transition supports in place. It begins at the time when members are leaving the Forces that they receive counselling on the benefits and services to which they may be entitled. We also do a lot of outreach. We have an advertising fund that gets money every year through a central advertising budget. We use that money to publicize our benefits and services to veterans.

SANDRA WILLIAMSON: Just as an example, I was going to say since 2015, we've seen an increase in our disability benefit applications of 60 per cent, and 90 per cent of those were first applications for disability benefits.

To echo what Sherry has said, significant efforts have been taken by the department to make veterans and their families aware of the programs and services and benefits available. Of course, we work with our partners like the Royal Canadian Legion and other partners to emphasize that if they're aware of a veteran in need that they should contact the department.

THE CHAIR: We will move on now to Mr. Ben Jessome.

BEN JESSOME: Thank you kindly, Madam Chair. My initial thoughts were towards the eligibility piece as Mr. MacKay referenced earlier in his line of questioning, so I think I'll jump into the relationships with some of these arm's-length or non-government entities; for example, the Military Family Resource Centres.

What's your relationship with groups like this? Perhaps you can cite a couple of examples of positive relationships that you have with these types of like-minded groups.

SANDRA WILLIAMSON: I would say that there are a number of stakeholders, large and small. Likely the Royal Canadian Legion is the largest national organization with whom we have a relationship, but through our Veteran and Family Well-Being Fund, we provide grants and contributions to many smaller organizations - academic, non-profit organizations.

With respect to the Military Family Resource Centres, there are 32 located across the country and we provide funding to support the Veteran Family Program to those centres that are located on bases and wings across the country.

There are advisory groups to our minister who are comprised of veteran organizations, academics, people who work within front-line services. There are six advisory groups to the minister that deal with policy, family issues, mental health care and support, so there are a variety of avenues where we receive input and advice and use them for outreach purposes, as well.

BEN JESSOME: Thank you for that response. Separately, or related to Camp Hill or related to veterans' services, you referenced the eligibility for non-Korea, non-World War II vets - I guess I'll use Afghanistan as the primary example. What's the eligibility for Afghanistan vets specifically to get services?

SANDRA WILLIAMSON: Mr. Jessome, you mentioned Camp Hill specifically, so I'll address your question with respect to long-term care.

Post Korean war veterans - individuals who served in Afghanistan, for example - if they have a disability related to their service and they need long-term care, they can now access one of the 50, what we refer to as preferred admission beds at Camp Hill. In addition to that, they can be cared for in any nursing home or long-term care facility across the country that provides care and services to any Canadian.

This is a perfect example where, because they're in care for what some refer to as a pensioned condition or a disability related to their military service, they would not have to contribute anything to the cost of their care. Currently, part of the funding that we provide for long-term care is support directly to veterans to essentially subsidize their monthly costs so currently, regardless of where a veteran is cared for, if they are in care, the maximum amount that they need to contribute on a monthly basis to what we refer as accommodation and meals - sometimes it's called the facility fee, board and lodging - is \$1,039. I think here in Nova Scotia it could be approximately \$3,300 a month that a provincial citizen would need to contribute per month for their care.

We subsidize directly veterans' care, so as I said, they have to contribute a maximum of just over \$1,000 a month. But if they are in care because of their disability, they don't need to contribute anything. So whether the cost of their care is \$3,000 a month, \$4,000, \$5,000, we would cover the cost of that care.

THE CHAIR: Thank you, Ms. Williamson. We now move to Mr. Alfie MacLeod.

HON. ALFIE MACLEOD: Thank you and welcome. As you are probably well aware, Atlantic Canadians are very proud of the fact that they serve in the military. Our population is about 12 per cent of the total population of Canada but yet we are about 42 per cent of the military. As a result of that, it is something that is a very proud vocation that people move towards and the services offered by Veterans Canada are very important.

Sometimes there seem to be some slips and cracks and things. As recently as yesterday I had an email from a lady who lives in the province. She says:

My husband is a 35-year veteran, serving with the Canadian Corps of Signals. He served coast to coast, as well as with the UN. We inquired about long-term care - which is what we've been talking about - and they told him he was eligible. But he is not eligible for a bed at Soldiers Memorial Hospital in Middleton, but there are beds there available for World War I, World War II and Korean veterans.

You just talked about how changes were made to the contract with Camp Hill. Here's a person who has given 35 years of service to our country, who lives in a community and now they are telling him that yes, you qualify but not for the hospital that's in your backyard, you have to go to Camp Hill, which is 100 miles away. Is there anything you are aware of that can help somebody in that type of situation?

Those are the kinds of things we're seeing more and more of now, from the older vets - not the modern-day vets, we'll talk about them later, but the older vets. They have, like all of us, we have only a limited amount of time. I would really think that what we should be striving for collectively is to make sure they are comfortable in their own home, able to have their family close when they need them.

I know this is sort of - I got this last night and I'll tell you, it kept me up for a while just reading it. Now I think that was a question.

THE CHAIR: I was going to say where is the question?

ALFIE MACLEOD: The question is: How do we help a person in this type of situation where they qualify, yet because of some contract with a particular hospital, they don't qualify for that and we're going to send them 100 miles away from home?

SANDRA WILLIAMSON: The first thing I have to say is, I can't speak to any specific case so I'm not able to kind of address that individual's specific situation. I would say that we have negotiated agreements similar to the agreement that we have with Camp Hill for preferred admission for this broader group of veterans, which would include post-Korean war veterans and others who wouldn't necessarily be eligible for care in one of our kind of former veteran hospitals.

We have agreements with 10 facilities across the country. We're working to negotiate more of those agreements with the 17 hospitals that were transferred from Canada to various provincial jurisdictions, starting in the mid-1960s.

I do know there are beds that we fund in other facilities located through Nova Scotia. What I would say to this committee is that it's very clear in all our agreements that the provincial government - the Nova Scotia Health Authority, the Nova Scotia Department of Health and Wellness - are able to use any vacant bed for anyone, whether they are a veteran or a non-veteran.

That situation is happening, for example, at Camp Hill. Camp Hill was transferred from the federal government's jurisdiction to the province back in 1978. Although we cover the full cost of the operations of that hospital, it really is within the purview of the Nova Scotia Department of Health and Wellness. Unfortunately, they don't license or fund beds there for other individuals. I can tell you that there are discussions taking place with our provincial partners regarding other facilities throughout the province.

ALFIE MACLEOD: I appreciate that you can't talk about an individual case, but this could be any person who served in the military anywhere, who has a need. After 35 years of service, he needs a place to stay and there's a place close to home and the rules and regulations of the federal government don't allow that. How would one appeal to the people in your department to put the human face on something like this?

I know you're implementing the rules that are put in place, but this individual and many like these, they never asked a question like, where do you want me to go or what time do I have to serve and I have to be home at 4:30 p.m. They gave, and now they need our help and we're saying, oh my goodness, you can go to Camp Hill but you can't go to your backyard. There is something wrong with that and I'd just like to know how do we approach that? How would this committee approach that to change that so that people can stay in their own communities?

[2:30 p.m.]

SANDRA WILLIAMSON: What I can say is we are always looking at ways to improve our benefits and our services. We look at what the issues are, what the emerging needs are. I can tell you that what you are saying, we've heard from other stakeholders as well. At this point in time, as you mentioned, we operate our programs and services within the framework of the legislative parameters. In the case of long-term care, Veterans Independence Program, and treatment benefits, that is the veteran health care regulations. Having said that, I can tell you that people on the front line work very hard with veterans and their families to try to address their needs to the best of their ability by working with provincial partners and community resources as well.

THE CHAIR: Thank you, Ms. Williamson. Now we move on to Ms. Lohnes-Croft.

SUZANNE LOHNES-CROFT: Here in Nova Scotia with our long-term care strategy, we're finding that people prefer to stay in their homes. We also find they live longer and they are socialized more living in their home - mostly.

How does Veterans Affairs look at services for keeping people in their homes as long as possible, as opposed to going into a long-term care facility?

THE CHAIR: That was a great question. Sandra Williamson, please.

SANDRA WILLIAMSON: One of our flagship programs is the Veterans Independence Program. That program is a program that is directly geared at helping people to stay independent in their home as long as possible. Through that program there is funding available for things like personal care, if the veteran requires assistance with their activities of daily living, bathing, feeding, kind of grooming, support can be funded for that. Also through a grant program, funding is available for grounds maintenance, snow shovelling, grass cutting, housekeeping, if individuals require support for housekeeping. There are also home health services that can be funded through the Veterans Independence Program, as well. I can tell you that it's one of the programs that has the greatest uptake. It was instituted in 1981 and is seen by many as the gold standard in a home care support program.

SUZANNE LOHNES-CROFT: How are the services contracted? Do you have your own providers contracted to do this work or is it the responsibility of the veteran and their

family or their support system to find these resources and then money is allocated by your department? How does it work?

SANDRA WILLIAMSON: Our front-line staff would help individuals kind of find a service provider if that's needed. Service providers can also register with Medavie Blue Cross. Medavie Blue Cross is our third-party contractor. If veterans have a service provider who is registered with Medavie Blue Cross, they don't have to pay for the services up front. The service provider can bill Medavie Blue Cross, and the funding would flow through Medavie Blue Cross to the service provider.

In other instances, however, a veteran may have somebody that they want to hire for their personal care, grounds maintenance, or housekeeping. If that's their choice, they can certainly do that as well and be reimbursed for personal care costs. As I mentioned, there is an annual grant that is provided for housekeeping and grounds maintenance so individuals can hire their own service providers.

THE CHAIR: We'll move on now to Kim Masland.

KIM MASLAND: In March of this year, it was in the news that nearly 40,000 veterans were waiting to have their application for financial assistance approved. You mentioned there have been extra bodies hired and some locations re-opened and a new location. I'm just wondering if you can give me an update of how that backlog is moving along; 40,000 applications is a lot of applications to be in a backlog.

SANDRA WILLIAMSON: I don't have a current number. What I can say is that there were 41,000 decisions made last year for disability benefits - that's for fiscal year 2018-19. As I mentioned as well, there was a 60 per cent increase in the number of disability benefit applications since 2015, 90 per cent of which were first applications for disability benefits.

There are new decision models that have been put in place to try to streamline the adjudication. Processes are continuing to be looked at to remove the administrative burden from veterans as well as to support staff in moving forward. There is continuous improvement in looking at the processes associated with the decisions around disability. There has been an investment of approximately \$43 million to allow for the hiring of new staff to address this issue and to be able to process claims on a more expedited basis.

I don't know if you have anything, Sherry.

SHERRY SPENCE: No, I think you have covered it pretty well. Going back to the question that I talked about when I said that we did a lot of outreach, one of the fallouts of the outreach is that more people became aware of the benefits and services to which they were entitled. The department has a hard time keeping up with the demand because it has

just grown exponentially. All the efforts that Sandy talked about that have been put in place are going a long way in working towards reducing that backlog.

KIM MASLAND: I did notice that it said an increase of 11,000 more applicants from the previous year, but one-third of that total was waiting longer than 16 weeks. That's a long time to wait just to find out if you're even going to be considered to be approved. I'm just wondering, was there any location that is seeing a larger increase or influx of applicants?

SANDRA WILLIAMSON: I don't have that information with me. We can probably provide it to the committee.

I do know that there has been a new integrated team approach that has also been implemented to reduce the number of hand-offs in the adjudication of disability benefits. A full team looks at a claim at the same time as opposed to it coming into one place within the department and then it moves to somebody else and then moves to somebody else. I can say that we're seeing very positive results as a part of that approach.

There are new measures that are being looked at across the department to try to improve those turnaround times, but as Sherry said, the increase in applications is really a good thing because it means that more veterans and their families are becoming aware of the benefits and are applying for benefits to which they're entitled.

THE CHAIR: We will move now to Lisa Roberts.

LISA ROBERTS: Thanks very much. I have your December 2018 Veterans Affairs Canada - Facts and Figures book, and I just noticed on Page 5 that we see a significant decrease in the number of program recipients and expenditures, particularly in regard to critical injury benefit. There are other lines where there's a decrease. Can you explain why?

SANDRA WILLIAMSON: The nature of that benefit is to compensate for traumatic injuries that occur quite suddenly. I can tell you that when the benefit was first introduced, the department already had information around a number of individuals - for example, individuals who would have served in Afghanistan - who suffered the type of traumatic catastrophic injuries that that benefit is intended to compensate. Things like amputation, for example.

Those individuals were identified, and adjudications took place on a proactive basis. We've also had some people come in after the fact, but the number of recipients is decreasing because up-front people were identified, and benefits were paid out. It was a \$70,000 lump-sum payment when it was introduced, so we were able to process those benefits very quickly. Fortunately, we haven't seen the same catastrophic injuries in more recent years.

LISA ROBERTS: I would just say there are other lines where there have also been decreases and certainly, if Ms. Spence wanted to address that, I'd welcome that as well.

Also, on Page 11 in the Facts and Figures document, we see that Nova Scotia has an estimated 41,600 veterans living here. That's about 4 per cent of our population and I'm wondering if you can address how that compares to the proportion of veterans living in other provinces.

SANDRA WILLIAMSON: I don't know if this is going to actually address your question because I can't talk about the proportion, but what I can say is the total estimated veteran population in Canada is about 650,000 veterans.

Approximately 18 per cent of that number are clients of Veterans Affairs because many veterans weren't injured or don't have a medical condition caused by or associated with their military service. Even individuals returning from the Second World War, some of them became doctors, lawyers, and took on other professions. We see in some cases them only coming to the department in their very later years; for example, when they need home care support or when they need long-term care, but they don't necessarily have a disability associated with their military service.

The information is in the front end of the Facts and Figures that I'm quoting. Right now, we're serving about 20,000 war veterans and we're serving about 97,000 Canadian Armed Forces veterans. We also have RCMP veterans who are our clients as well as a number of survivors - not quite 50,000 survivors of veterans as well. I don't think that answers in terms of the proportion.

[2:45 p.m.]

SHERRY SPENCE: I not sure if I can really help out here. I mean the numbers are as addressed or as shown in the book but I can tell you that our statistics department has known that once people leave the military they tend to reside close to the base where possibly they did a lot of their career. I think in some cases you can tell by the provinces where the bases are located - British Columbia, Quebec, Ontario - that there's a larger population around areas that have a lot of military presence.

THE CHAIR: Thank you, Ms. Spence. Now we move on to Mr. Brendan Maguire.

BRENDAN MAGUIRE: Thank you for your time today. A quick question a little bit off topic from some of the stuff we're discussing. I spent a lot of time with Gus Cameron who advocates quite heavily on behalf of the veterans at Camp Hill. One of the things that Gus got me to start doing a couple of years ago - because I was kind of nervous about it - was bringing my children to Camp Hill. We go a couple of times a year and it's probably more for the veterans, especially the older veterans, they absolutely love it.

One of the things that kind of shocked me or stood out to me when I first went was just having a conversation especially with some of the older vets, like the World War II vets - there are very few left, obviously - and their stories. There was one gentleman I spoke to who was a teacher one day and the next thing you knew he was a paratrooper who was being dropped behind enemy lines. He did that for three years. He is very open about some of his stories and then came back and became a teacher again.

One of the things that kind of stuck out to me was the stories. We're losing our World War II veterans at a phenomenal rate now - is anyone doing anything to keep these stories to kind of show the next generation these first-hand experiences? We can do all the movies and the television shows we want but my son is now six years old and we went a couple of months ago and for the first time in his mind things started to register about what war was and what this all means and who these people actually were. Are we doing anything to keep these first-hand experiences and these first-hand stories?

SANDRA WILLIAMSON: I am the senior director of health care programs so that's not my bailiwick but I can tell you that commemoration and Canada Remembers is a huge part of our department and there are activities and initiatives under way. We can certainly provide the committee with more detailed information about kind of like what is taking place within the department.

I can tell you there was one initiative where they paired youth with a now-deceased soldier but that youth was then responsible for working with the family for researching the story of that soldier. It really made it real for the youth. So, much of the emphasis at the department now is really passing the torch on to that younger generation because as you say, we need to keep those stories alive, we need to keep those memories alive. Unfortunately, I just don't have with me now a list of everything that is taking place but we can certainly provide you with kind of more detailed substance around those types of initiatives.

BRENDAN MAGUIRE: A quick comment because I would appreciate if there's something you can send the committee because I think it's important not only to have a written record of the stories but also it would be nice to have a recording of them first-hand, telling their stories because even over the last few years since I've been going down, they've lost veterans down there, World War II veterans, so I think it's important that we keep those stories. Anything you can provide the committee would be greatly appreciated.

THE CHAIR: Thank you, Mr. Maguire. Ms. Williamson, you are fine with that, right? We move on to Mr. Ben Jessome.

BEN JESSOME: I just wanted to draw back to Mr. MacLeod's line of questioning. I'm asking - I guess I speak in generalities in the interest of trying to be a little more specific about what a general veteran would do in this circumstance.

Ms. Williamson, you referenced the relationship or the capacity and I guess authority that Nova Scotia has to place individuals in beds that are I guess covered or respective to Veterans Affairs Canada. Is the compensation for the bed for that veteran the same? Something is just not lining up for me when the comment is that Veterans Affairs is not creating eligibility for, or they are not eligible to be at a bed outside of Halifax, but you're informing me that there's a relationship there.

Where are we not lining up here? Is it something to do with compensation for that space? Whose responsibility is it to get it to where it needs to be?

SANDRA WILLIAMSON: I'm not sure if the committee is aware that for veterans who are in long-term care, Veterans Affairs Canada provides 100 per cent of the costs. So, unlike other jurisdictions, for example, Ontario, Quebec, and many jurisdictions where veterans are, for example, treated as any other provincial resident and are cared for, we would contribute to their accommodation and meals - that \$1,000 a month that I referenced. In some instances we provide funding to certain facilities to provide an enhanced level of care or service. We would cover 100 per cent of the cost of care for veterans, regardless of where they are in care.

The facilities that have contracted beds only, it comes back to a question of the eligibility that is established within our regulatory framework, the Veterans Health Care Regulations, that outlines the eligibility for war veterans, Korean war veterans, post-Korean war veterans, and where they can be cared for.

BEN JESSOME: Okay, that's helpful. To shift gears slightly, I want to ask a question about the spouses of having-served veterans. I had a situation that was close to home where there was an appetite to place a spouse in Camp Hill with their veteran partner and the inability to do so. Just generally, what are we doing to address that gap and make it a little more seamless in terms of making sure that those two people end up together for the remaining days or their remaining time?

SANDRA WILLIAMSON: Thank you for that question. As I mentioned, Camp Hill is owned and operated by the Nova Scotia Health Authority. The spouses of veterans, we don't have programs and benefits specifically for long-term care for the spouses of veterans. The Nova Scotia Department of Health and Wellness doesn't license or fund any of the beds at Camp Hill for long-term care for provincial residents. We know that they use space for short-term care, and they reimburse the department for those costs.

We certainly appreciate the desire for couples to remain together and to the extent possible, we would help to facilitate that through our front-line staff in other facilities that can accommodate it. But I have to say that with respect to Camp Hill, the fact that those beds are not licensed or funded by the province for long-term care is challenging.

THE CHAIR: Mr. MacLeod.

ALFIE MACLEOD: I just want to go back to what we were talking about earlier. I am concerned and I guess not the sharpest knife in the drawer because I don't understand how somebody can be eligible for programs but the facilities that are offering the programs, they can't go into them. There's something wrong with that. When it comes back to our veterans, we should be doing everything in our power to make their final years better, and we have a classic case.

When I asked you before about whether there is some kind of appeal process, is there somebody - how do we go about putting some common sense into this whole thing? We pay for the beds, we have an individual who needs it, he's eligible, but he can't go in that bed over there because it's not the right colour or something. I just don't get that.

SANDRA WILLIAMSON: Thank you and I can say that we are having meetings with the Nova Scotia Department of Health and Wellness and the Nova Scotia Health Authority because we know there are facilities where there are beds that are not being used. I need to come back to the point that they're not licensed or funded for long-term care. The only thing I can say is that we are working diligently with our provincial partners to try to address this situation in Nova Scotia.

ALFIE MACLEOD: I still didn't hear if there's a process to appeal this. That's really what - I know you can't change it, I understand that perfectly, but there's got to be a way that we can keep this family happy - "happy" for lack of a better term. A 60-year marriage, 35 years of service to your country, and you're told you're going to be put 100 miles away from the person you love? Now, there are days I'm sure my wife would be very happy with that, but the other side of that coin is that somebody who gives service to our country should not be treated like that, in my mind.

I'm just asking you for the appeal process because there's got to be a way.

SANDRA WILLIAMSON: There is an appeal process so any decision that is taken by the department, there are levels of appeal and redress within the department for somebody to appeal - you know, within 30 days of receiving a decision and if they are not satisfied with their first level of appeal, there is an avenue for a second level of appeal as well.

The one thing that I always strongly recommend is that individual veterans and their families work with the area office that is either located in their community or closest to their community. I can tell you that our front-line staff, our case managers, our veterans service agents, our veterans service team managers work very hard to try to resolve issues to the fullest extent possible, but there are formal avenues of appeal and redress. I would suggest that our area office staff would be more than happy to help the individual with that process.

THE CHAIR: Now we move on to Lisa Roberts.

LISA ROBERTS: I'd like to sort of drill down to make sure that we all correctly understand this situation around Camp Hill which you've referenced where you say that the Department of Health and Wellness hasn't licensed and isn't funding beds for long-term care.

One of the things that we often hear in the news stories when one of these stories comes out every six months or year and there's somebody who wants to get into Camp Hill and they'll say, but there's an empty bed and that's challenging for people to understand when they know that they really need the bed or their spouse really needs a bed and there's not a bed.

So there isn't a bed not because of the federal Veterans Affairs - in that case, it would be that the Department of Health and Wellness has decided not to license or fund that bed for long-term care. Am I understanding that correctly?

SANDRA WILLIAMSON: I just want to clarify that in your example, would you be using the example of Mr. Jessome, for example, of a spouse or a veteran?

LISA ROBERTS: My understanding is that the veterans who are eligible are able to get in there. It's the spouses, I guess, the people who don't fit into that small group of people for whom you have jurisdiction.

[3:00 p.m.]

SANDRA WILLIAMSON: You're correct that the Nova Scotia Department of Health and Wellness does not license or fund beds at Camp Hill for other provincial residents. As such, the Nova Scotia Health Authority doesn't have the funding to accept those individuals, even though there are vacant beds.

I would suggest that these types of questions would probably be best addressed to your provincial colleagues. As I said, we work very closely with them, we try to serve veterans to the fullest extent possible. When it comes to non-veterans and the policies associated with access to facilities for non-veteran residents, I think your provincial colleagues would be in the best position to address that.

LISA ROBERTS: Because you are the Senior Director of Health Care Programs, you are interacting with provincial departments of health across the country. I'm just wondering if you could share how it is different interacting with Nova Scotia versus interacting in some other jurisdictions, in part because we do have an aging demographic, we have a lot of people who are waiting for a bed that is appropriate for them.

We're having a hard time staffing some health care facilities, which means that there aren't RNs available if you wanted to designate this wing, or we're going to place a veteran in a long-term facility in this place closer to home. If there isn't the staff to staff

that, it becomes very difficult. We haven't had any new long-term care beds built or funded in Nova Scotia in the past five years. How is it difficult in your position and how do you see Nova Scotia serving veterans with the resources that we have in the province?

SANDRA WILLIAMSON: We have different agreements in place with different facilities in different jurisdictions. I mentioned that starting in the mid 1960s former veterans' hospitals were transferred - Sunnybrook hospital in Toronto was transferred in 1966 - so agreements that were put in place at that time kind of reflected the infrastructure that was in place, the governance that was in place at that time. We continue to have an ongoing relationship with the Ontario Ministry of Health and other ministries and departments of health across the country.

Nova Scotia is the only jurisdiction that does not contribute to the care of veterans in long-term care. Veterans Affairs Canada covers 100 per cent of the cost of care of the 359 veterans who are cared for currently in Nova Scotia. Having said that, there are some facilities in other jurisdictions where we do provide full funding. However, for the most part, through provincial departments or ministries of health, veterans are treated as provincial residents first and then we contribute or top up those services.

The discussions that we have involve facility administrators, as well as provincial departments of health. I know that relatively recently within Nova Scotia that the health authorities have been consolidated to the Nova Scotia Health Authority. I can say that we have a very good relationship with the Nova Scotia Health Authority. We have tripartite meetings between Veterans Affairs Canada, the provincial department, and the Nova Scotia Health Authority, because we realize that in a number of facilities there are vacant beds and are looking at what's the plan to have that capacity used to the benefit of those who need long-term care?

THE CHAIR: Now we'll move on to Suzanne Lohnes-Croft.

SUZANNE LOHNES-CROFT: I'm a little curious about the Operational Stress Injury Clinic, and I'd like to talk about where it's located and the services that it provides to veterans.

SANDRA WILLIAMSON: There are 11 Operational Stress Injury Clinics located across the country as well as satellite offices. There's an OSI - an Operational Stress Injury Clinic in Dartmouth. It provides assessment of veterans and clinical services to those veterans. It provides follow-up as required. It works with the veterans as well as their families.

SUZANNE LOHNES-CROFT: Are you talking about post-traumatic stress mostly or are there other injuries?

SANDRA WILLIAMSON: Operational stress injuries are not only post-traumatic stress disorder - PTSD - but it could be any type of mental health condition. It could be anxiety. It could be depression. The Operational Stress Injury Clinic would deal with veterans who are experiencing mental health challenges and difficulties, not simply PTSD, but other types of mental health conditions.

SUZANNE LOHNES-CROFT: How does the satellite service work? It's in Dartmouth. If you lived in Cape Breton, would you be accessing it through satellite services, or do you have to be physically there to receive services?

SANDRA WILLIAMSON: When I said they're satellite offices as opposed to full services - the mental health services and benefits don't fall within my program area, so in terms of the details as to how individuals, for example, would actually access those clinics or those services, especially remotely, if somebody is located in kind of a remote location.

I do know that more and more, telemental health services are being used. Whether or not that capacity is available, for example, in Dartmouth or within Nova Scotia - I can't answer that, but it's certainly something that we could take away and follow up with to provide greater detail as to how those mental health services are provided within Nova Scotia.

THE CHAIR: We'll move on to Mr. Ben Jessome again.

BEN JESSOME: I'm going to stick to the same line of previous questioning just to try to gain a little more clarity.

The issue whereby a spouse of a veteran wants to go to Camp Hill is not permissible because the beds are not licensed for the non-veteran spouse. Is that correct?

SANDRA WILLIAMSON: Yes - I'm just going to repeat, Mr. Jessome, yes. Although Veterans Affairs works with veterans and their families, when it comes to long-term care, we have no jurisdiction or capacity to provide care to the spouse or family member of a veteran.

Camp Hill Veterans Memorial Building is part of the QEII Health Sciences Centre, owned and operated by the province, and those beds are not licensed or funded at this time by the province for long-term care. Those beds, when they're vacant, are used sometimes for short-term overflow, but not for the long-term care of provincial residents.

BEN JESSOME: The solution that I've seen in a couple of different examples is to move the couple as a unit to a site that's off-site to anywhere but Camp Hill.

In an example that was cited earlier, we've got a veteran who is being directed to Camp Hill specifically, so we're kind of - I don't know, it seems very cyclical and it seems

like there's not really a clear direction because if you are telling me, regardless of whether it's the province or the feds, the spouse of the military veteran is not eligible to be in a bed in Camp Hill but there's a scenario where the veteran is being specifically directed to Camp Hill. How does that add up?

SANDRA WILLIAMSON: I'm not familiar with the situation that your colleague member has raised so I can't really speak to that to provide the clarity that you may be looking for with respect to that scenario. The scenario with respect to Camp Hill, the only thing I can say again is, that is a situation where a provincial resident who is the spouse of a veteran would like to be co-located and that's not something that we are able to do at Camp Hill. But in those situations we do work with the veteran and the family to try to find other accommodation and work as well with our provincial colleagues.

I can say that our provincial colleagues in those situations work closely with us as well, to find a nursing home where there may be no wait-list and the veteran could transfer from Camp Hill to that nursing home and the spouse can be there, co-located with them.

THE CHAIR: Thank you, Ms. Williamson. We move on to Mr. MacLeod.

ALFIE MACLEOD: You mentioned earlier that we now have about 50 beds in Camp Hill that are no longer specifically for veterans. When that happens, is there a surplus of funds then for your operation? The reason I ask that is we've had presentations here at this committee of people who were interested in seeing like a walk-in clinic for veterans and some of the other services.

I know you said just recently that psychiatric services don't come under your department but there are a number of other issues. A lot of the modern-day veteran today suffer from PTSD and when they go into an ordinary hospital setting or a doctor setting, they find themselves getting very nervous and agitated at the process. The presentation made to us here was about doing something within Camp Hill for a veterans' walk-in clinic so they would be with people who are identifying the same issues and challenges who would be a little more comfortable in that, I guess.

As you said, your funding changes on a regular basis, according to the needs. I'm just wondering if there's any thoughts of looking into something like that for our veterans, but more importantly, I think, our modern-day veterans seem to have a lot more stresses these days and it's just another way of trying to look after the people who look after us.

SANDRA WILLIAMSON: First I'd like to clarify, the 50 beds that I made reference to, those are beds for veterans but those are beds for veterans who previously would not have been eligible to go into Camp Hill because they didn't meet the criteria under the Veterans Health Care Regulations. It was in 2016 that we kind of expanded to allow for post-Korean war veterans, certain Allied veterans, Canadian veterans who served in Canada only and didn't ever go overseas who also weren't eligible for Camp Hill. So

the 50 beds are beds that were designated for a broader group of veterans. The province uses them for short-term stay when they have overflow. I just wanted to clarify that.

[3:15 p.m.]

Secondly, with respect to the walk-in clinic, we are aware that there were discussions taking place within Nova Scotia. If a walk-in clinic is created or established, there's possibly capacity that that clinic could become a service provider - registered with Medavie Blue Cross - and veterans could access services there depending on the nature and scope of those services. If it were mental health services, they would be eligible to be reimbursed for those costs.

The funding that's provided currently to Camp Hill is for long-term care so our agreement with long-term care that dates back to 1978 is to provide for the long-term care of veterans, not for other types of health services or mental health services. I am aware that those discussions are taking place within the province.

ALFIE MACLEOD: I guess what I'm maybe at a little bit of a loss at - situations are changing. This is something that changes on a regular basis. The number of World War I, World War II, and Korean veterans we have are dissipating just because of Mother Nature and the way things work, but there are other services that are required. Would Veterans Affairs look at helping to fund the other types of services that are required by modern day veterans and/or past veterans?

SANDRA WILLIAMSON: I can't commit to the department that we would fund the establishment of a walk-in clinic at Camp Hill - I don't know the nature or scope of that proposal. What I can tell you is for post-Korean war veterans, we fund treatment benefits associated with any disability that they have. That covers prescription drugs and medical equipment that's very similar to Public Service Health Care Plans which would be dental, vision care, prosthetics.

Anything that a veteran - regardless of when they served, whether it was World War II, Korean War, or post-Korean War, a veteran who has a service-related injury or illness and has disability benefits from the department and requires treatment benefits, we would cover the cost of those. Similarly, in those situations, if they require home care supports or home health services through our Veterans Independence Program, funding would be available for them as well.

Psychological counselling, the services of a psychiatrist or psychologist, as well as other allied health professionals like physiotherapists, massage therapists - things of that nature, the costs are also covered for veterans to help them manage or treat their disabilities. We do definitely provide a broader array of health and mental health services; or actually fund them as opposed to being the first provider, necessarily.

THE CHAIR: Thank you, Ms. Williamson. Now we move on to Mr. MacKay.

HUGH MACKAY: Before I get to the question, I'd just like to thank you and commend you for coming from a federal department to speak to a provincial committee today and to come from out of province. I certainly agree with my colleague, the Honourable Alfie MacLeod, that the Atlantic Provinces are certainly highly represented within the Canadian Armed Forces and within the veteran population. I commend you, but I also think it's appropriate for you to come.

I want to come back to something, as I understood it, that Nova Scotia is the only province that does not contribute to veterans' long-term care and perhaps that's part of the 1978 agreement that was mentioned, so my question might actually be for Ms. Spence.

I'm assuming this agreement is something that would be negotiated with each provincial government as a service level agreement and that it would involve cost-sharing of a number of different things besides long-term care. If that's correct, what other sorts of things are involved in these service-level agreements?

SANDRA WILLIAMSON: It's actually through provincial legislation that the province has indicated that it doesn't cover the cost of care for veterans. I don't recall the name of the legislation, it may come back to me, but it's through provincial legislation.

To correct myself, I believe we have a few beds. I think we have 10 contract beds in P.E.I. No veterans in those beds but if there were veterans, the Department of Veterans Affairs would cover 100 per cent of their costs, so there are no veterans in those beds. I just wanted to kind of correct myself when I said that Nova Scotia is the only province that doesn't cover the costs.

HUGH MACKAY: Thank you for that, it has piqued my interest, I must say. On something somewhat related, I guess, I'm always curious as to what departments do risk analyses, risk mitigation and management. I'm wondering, what are the risks that you see for continuing program delivery to our veterans, what could impact that and what might you be doing to mitigate these things?

SANDRA WILLIAMSON: Well I can tell you there has been significant financial investment over the last number of years, in terms of benefits and services. New benefits have been put in place, new capacity in terms of staff to be able to deliver those benefits.

I don't think I'm well prepared, to be perfectly honest, to talk about the risk and mitigation. I would say that mitigation that has been put in place really is around enhancing the capacity of the department to serve our veterans by hiring more case managers, working very diligently to kind of manage caseloads, as your committee colleagues kind of referenced earlier to expedite the processing of disability benefit claims so that money gets into the hands of veterans more quickly.

I'd say in terms of the efforts the department is undertaking to deliver services, deliver benefits that meet the needs of the population that we serve, that we have a number of initiatives under way to try to do that.

THE CHAIR: Thank you, Ms. Williamson. We'll move on to Kim Masland, who has one question.

KIM MASLAND: At one of our last meetings we had a couple come in from Paws Fur Thought. I was absolutely amazed by how successful this service dog program has been to many veterans living with PTSD. Actually the couple that were here, one of the presenters actually was one of those success stories and it was pretty neat to listen to.

I've had the chance to run into a couple of other people who have been recipients of service dogs. I guess my question would be, many of these people or many of these veterans who have been able to get a service dog, the success has been incredible. Many of them no longer require psychological treatment, they are off medication and enjoying a normal life.

If you look at the cost of a PTSD service dog compared to a treatment, a life treatment, medically it would seem as if the cost of a dog would be a lot less. I know that VAC gave \$400,000, I think, to Wounded Warriors last year for the PTSD service dog program and I'm wondering - because of the success of this program and we have so many veterans living with PTSD, is there any indication of looking at increasing funding to that program?

SANDRA WILLIAMSON: As you may be aware, in Budget 2018 the government implemented the medical expense tax credit to recognize the cost of those dogs. The department has funded a pilot study through the Canadian Institute for Military and Veteran Health Research in Laval University to look at the efficacy and effectiveness of service dogs, so we are contributing to the broader literature around the use of service dogs.

THE CHAIR: We'll move on to Lisa Roberts.

LISA ROBERTS: Thank you. In 2017-18, the top three most common medical conditions related to military service were hearing loss, tinnitus, and post-traumatic stress disorder. I'm wondering if you can address how the types of medical conditions resulting from service have changed over time and also how the department is responding to this information with a view toward prevention.

SANDRA WILLIAMSON: One of the things I can say - and I don't have specific statistics in front of me, the mental health conditions that we have witnessed within the Canadian military population and the veteran population - is we've seen an increase in recent years. I would say almost similar to what might be recognized within the overall Canadian population.

One thing I would like to point out to the committee is that our approval rating for applications for disability benefits for PTSD is approximately 97 per cent.

In terms of how things may have changed, I don't have the data in front of me, but as we are dealing with an older population of war veterans, in particular, sometimes the first time they're coming to us is because of hearing loss. Having served in World War II without proper protection, they're coming forward. We are reaching out and they are coming forward. I don't know if that would've been the same situation 10 years ago in terms of hearing loss or tinnitus or mental health conditions.

With respect to prevention, the Canadian Armed Forces looks at the disabilities that the veteran population has - the injuries, the illnesses - that their Canadian Armed Forces members, while still serving, are experiencing and do take measures in terms of how best to prevent hearing loss and other musculoskeletal conditions. Lots of work has been undertaken by the Canadian Armed Forces and National Defence around mental health.

LISA ROBERTS: Thank you. I'll ask a very short snapper of a question that's not exactly a follow-up.

Again, from your December 2018 document, on Page 13 it states that the total number of veterans by VAC area office includes 14,790 for Nova Scotia and yet we know that there are 41,600 veterans in Nova Scotia. Does that mean that those numbers live in Halifax and Sydney where the offices are located, or is that the number actually receiving the services you mentioned earlier that not all veterans actually receive services? I'm just wanting to understand those numbers.

SANDRA WILLIAMSON: What this table is showing, and I'm just looking from the beginning - those are veterans who have active case plans with a departmental case manager. These would be veterans who are not case managed.

Typically, a case manager would be working with individuals with complex care needs. There are other veterans who have hearing loss - I'll use your example - so they get a disability benefit. They get financial compensation because of that benefit and maybe we pay for hearing aids, batteries, and other types of treatment benefits or supplies, but they would not be case managed. They would not have a case plan because they don't require that.

Looking at that number, that simply is indicating the total number of veterans who were actively case-managed at, I would say, a specific point in time.

THE CHAIR: Thank you, Ms. Williamson. We move on to Mr. Ben Jessome again.

BEN JESSOME: Thank you, Madam Chair. I will just say thank you to our guests here today. I complement what my colleague has said about your time and energy here.

[3:30 p.m.]

My last question has to do with your comments, Ms. Williamson, around there being no program for the spouses of military personnel, in terms of long-term care. Can you just perhaps try to shed some light on the background behind this decision? I think it's pretty safe to say there is quite a distinct level of service that the spouse of a military person commits to the career of the military so maybe you can shed some light on how that decision got made or gets made, please.

SANDRA WILLIAMSON: I can't necessarily tell you how that decision got made but I'll give you the context. The Department of Veterans Affairs, our mandate and our minister's mandate is to provide care and treatment and re-establishment for the men and women who served in the Canadian Armed Forces. So the kind of care treatment, whether it's like medical care, medical treatment of the family members of military personnel, would fall within the jurisdiction of provincial health systems with funding, I would say, like through the Canada Health Transfers. So in the same way that Veterans Affairs doesn't provide treatment benefits, cover the cost of prescription drugs, for example, for the spouses or the children of military veterans or doesn't cover treatment services like physiotherapy or anything of that nature, that's covered through provincial insured services or their own private insurance.

The department doesn't cover the cost of long-term care for the spouses of that population. Our mandate really is specific to the care, treatment and re-establishment of veterans in civilian life who have served Canada.

BEN JESSOME: In keeping with the initiation of the inquiry around Mr. Desmond today, you referenced that mental health is not covered or, I guess, not the jurisdiction of your office. Where would we seek the input of the federal government around mental health care-related issues?

SANDRA WILLIAMSON: I would say that anything related to the Desmond inquiry - we're aware that there has been an inquiry established by Nova Scotia under your Fatality Investigations Act and that inquiry would be the best place to deal with any issues specific to the Desmond family.

On a more general note, we do have a mental health services directorate within our same service delivery branch, so there is a Director General who is responsible for the health professional services. Her name is Dr. Cyd Courchesne, so under her responsibility is the director responsible for mental health services, the nurses that work within Veterans Affairs Canada, the physicians that work within Veterans Affairs Canada. Our chief psychiatrist, who is Dr. Alex Heber, they would be best placed to kind of speak more specifically to mental health services and programs.

THE CHAIR: Thank you again, both Ms. Sandra Williamson and Sherry Spence. I think that wraps up all our questions. If you'd like to give some final remarks before you leave the room, thank you again. Ms. Williamson.

SANDRA WILLIAMSON: I would just like to say thank you to the committee for this opportunity to speak with you today. We will follow up with the information that we promised. I'd just like to kind of emphasize again that we do work as closely as possible with our colleagues and partners within the province to serve needs of veterans. As I said in my opening statement, we do have a common goal to kind of make sure that you know collectively we can serve those who served us, so thank you again.

THE CHAIR: Ms. Spence, would you like to say anything?

SHERRY SPENCE: I'll just echo Sandy's comments and say thank you very much for the invitation to be here today. It was very much a pleasure to come out and speak to people who are interested in veterans as much as we are, so thank you.

THE CHAIR: Thank you again. Thank you for the trip you made. It was wonderful information, we thank you. We'll let you leave and then we have some committee business to continue - just a couple of things.

The only committee business we have is the information we received from Paws Fur Thought . . . (Interruption) We've lost everybody. Alfie has gone for the day. Are we ready? Okay.

The only thing I wanted to say was that we received some correspondence that was sent to all of us by email, from Paws Fur Thought because we asked for it at the February 19<sup>th</sup> meeting. Did everybody receive that through email? He has provided us with a lot of information that we requested in seven or eight different studies that were done, a whole list of them. We all received them by email. I hope that was satisfactory.

The only other business we need to do is the next meeting, June 18<sup>th</sup>. We have a by-election that day apparently. The Military Family Resource Centre has confirmed that they can come. Are we okay with that date for everybody? We tried to find other dates and it was very difficult so I think we're going to have to keep it as June 18<sup>th</sup>, 2:00 p.m. to 4:00 p.m.

I now adjourn the meeting. Thank you so much for being here.

[The committee adjourned at 3:28 p.m.]