HANSARD

NOVA SCOTIA HOUSE OF ASSEMBLY

COMMITTEE

ON

VETERANS AFFAIRS

Tuesday, April 16, 2024

RED CHAMBER

The Use and Availability of Veterans Affairs Canada Long-Term Care Beds in Nova Scotia

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[Hon. Steve Craig was replaced by Hon. Trevor Boudreau.]

In Attendance:

Tamer Nusseibeh
Legislative Committee Clerk

Philip Grassie
Legislative Counsel

WITNESSES

Nova Scotia Health Authority
Brett MacDougall
Vice President of Operations, Eastern Zone

Eileen MacGibbon
Vice President of Operations, Central Zone

Heather White
Director of Veterans' Services and Geriatrics at Camp Hill

The Royal Canadian Legion Nova Scotia/Nunavut Command
Don McCumber
President

Veterans Affairs Canada
Steven Harris
Assistant Deputy Minister, Service Delivery

Lynne McCloskey
National Manager, Long Term Care and Veterans Independence Programs

House of Assembly
Nova Scotia

HALIFAX, TUESDAY, APRIL 16, 2024

STANDING COMMITTEE ON VETERANS AFFAIRS

2:00 P.M.

CHAIR
Chris Palmer

VICE CHAIR
Danielle Barkhouse

THE CHAIR: Order. I call this meeting to order.

This is the Standing Committee on Veterans Affairs. My name is Chris Palmer, MLA for Kings West, and I'm the Chair of the committee. Today we will hear from presenters regarding the Use and Availability of Veterans Affairs Canada Long-Term Care Beds in Nova Scotia.

I'd like to ask all those in the room if they could please at this time make sure that your phones are turned off or put them on silent so we don't have any interruptions. At this point, I'd like to ask all of our committee members, beginning to my left with MLA Barkhouse, to introduce themselves and their constituencies, please.

[The committee members introduced themselves.]

THE CHAIR: For the purpose of Hansard, I'd also like to recognize the presence of Legislative Counsel Philip Grassie to my left and Legislative Committee Clerk Tamer Nusseibeh to my right.

As I mentioned, our topic today is the Use and Availability of Veterans Affairs Canada Long-Term Care Beds in Nova Scotia. Welcome to all of our guests here today. I'd like to give you all an opportunity to introduce yourself and who you represent, the organization. We'll go across the table with a brief introduction of who you are, and then I'll come back to the table for opening remarks. We'll begin with Ms. McCloskey.

[The witnesses introduced themselves.]

THE CHAIR: We'll now open the head table for some opening remarks. Mr. Harris, if you'd like to begin, go ahead.

STEVEN HARRIS: Good afternoon, and thank you again, Chair and committee members, for inviting us to appear on the topic of long-term care. My name, again, is Steven Harris. I'm the assistant deputy minister for Service Delivery within Veterans Affairs Canada, and I'm joined by my colleague, Lynne McCloskey, responsible for - as a national manager for long-term care.

Veterans Affairs Canada supports the well-being of veterans and their families through the delivery of programs such as disability benefits, financial benefits, rehabilitation, support at home, and by commemorating the achievements and sacrifices of Canadians during periods of war, military conflict, and peace. Our work is influenced by many factors, internal and external. The programs and services we deliver are impacted by broader policies and the priorities of the Government of Canada; we must adapt to the needs of the people we serve.

At the same time, the management and direction of programs and services relies on people, budgets, processes, and tools. All of these factors play a central role in our programs and services.

Our priority is to make sure Canada's veterans have access to the programs, services, and support they need when and where they need it, as quickly and as efficiently as possible. The veteran population covers a wide range of ages from people in their early 20s to some over 100 years of age. Many VAC clients have physical and mental health injuries with varying needs when it comes to support. Some individuals may need physical rehabilitation, some are looking for support to enter the workforce, while other veterans need the support of long-term care facilities.

As we know, long-term care facilities support those who can no longer care for themselves for long periods of time. VAC provides financial services to eligible veterans who need long-term care. Veterans are able to receive support through contract beds or community beds. Contract beds are designated through contractual agreements with provinces, health authorities, and/or facilities for priority access of war veterans. Priority access in this case means that a war veteran will receive priority for admission to the next available contract bed regardless of how long they, or non-veterans, have been waiting for admission to the facility.

There are various funding agreements in place for contract beds across Canada. In Nova Scotia, VAC covers the full operational costs, including staff, heat, lights, as well as enhanced programs and services that are not typically found in nursing homes. These programs and services may include physiotherapy, musical therapy, or palliative care.

Community beds are available to veterans, as well as other provincial residents. When a veteran resides in a community bed, like a contract bed, Veterans Affairs provides assistance by subsidizing the veteran's monthly accommodation and meal costs so that the maximum any veteran contributes toward their residential fee is $1,221.10 a month as of October of last year.

Veterans Affairs pays the full accommodation and meals for veterans who are in their care as the result of an injury or illness suffered related to service. Through a means test, veterans who have a spouse or a common-law partner may have a reduced monthly contribution, from $0 to that $1,200 figure.

Veterans Affairs supports about 2,000 veterans in more than 700 nursing homes and other long-term care facilities across Canada. In Nova Scotia, we support the full cost of care for 135 veterans in contract beds and preferred-admission beds at Camp Hill, as well as for 107 veterans in community beds, for a total of 242 veterans receiving Veterans Affairs departmental support for long-term care.

Although Veterans Affairs pays the full cost and care for the Nova Scotia veteran community beds, the assessment and placement of veterans into these beds is the responsibility of continuing care services of the Province. Veterans Affairs has developed collaborative and working relationships with the staff at the Nova Scotia Health Authority and the Department of Seniors and Long-term Care. We will continue to work with our provincial and local Health Authority partners to ensure our veterans are receiving the care and support they deserve.

Lastly, we are committed to adapting the ever-changing environment as the needs of Canada's veterans and their families evolve. The department appreciates the collaborative work with others, as the responsibility of veterans' well-being is shared with multiple jurisdictions, other government departments, and individual veterans. We will work to ensure we are complementing and supplementing all the positive work done for veterans in this regard.

THE CHAIR: I believe, Mr. MacDougall, you have opening remarks to give.

BRETT MACDOUGALL: My name is Brett MacDougall. I am the vice-president of Operations for Eastern Zone, Nova Scotia Health Authority. Good afternoon and thank you for the opportunity to meet today. Caring for veterans who proudly serve our country is a true privilege. I hope now to walk you through our role in providing this important care.

Nova Scotia Health Authority has a contractual obligation with Veterans Affairs Canada to provide eligible veterans accommodation in 131 designated beds located in seven facilities across the Nova Scotia Health Authority. Eligibility for these beds is determined by Veterans Affairs Canada, and access to those beds is coordinated through Veterans Affairs Canada, or VAC.

When a VAC bed opens up in one of our Nova Scotia Health facilities, we inform the VAC, and they advise if there's an eligible veteran in need of a bed. If so, we work together to facilitate admission into that bed.

The total operating budget for these 131 beds in seven facilities is $18,328,207, and it is provided through Veterans Affairs Canada.

In Central Zone, there is one Nova Scotia Health facility with VAC beds. Camp Hill Veterans Memorial Building in Halifax has 108 VAC beds. All beds are currently occupied by veterans.

In Eastern Zone, there are two Nova Scotia Health facilities with VAC beds: Taigh Na Mara in Glace Bay has four beds, all occupied by veterans; and Harbour View Hospital in Sydney Mines has three beds, two occupied by veterans and one currently vacant.

In Western Zone, there are three Nova Scotia Health facilities with VAC beds: Fishermen's Memorial Hospital in Lunenburg has four VAC beds, all occupied by veterans; Yarmouth Regional Hospital in Yarmouth has five beds, all occupied by veterans; and Soldiers Memorial Hospital in Middleton has four contract beds, all occupied by veterans.

In Northern Zone, there is one Nova Scotia Health facility with contract beds: Sutherland Harris Memorial Hospital in Pictou has three contract beds, all occupied by veterans.

Based on these numbers, the Nova Scotia Health Authority is currently operating 131 VAC beds with 99.2 per cent occupancy rate, which translates into 130 beds occupied by veterans and one vacancy. Our strong, interprofessional clinical care team are dedicated to meeting our clinical mandate to provide outstanding, quality, long-term care and service to veterans, in alignment with Accreditation Canada standards of excellence and with Nova Scotia Department of Seniors and Long-term Care facility licensing requirements.

Before closing, I would like to acknowledge, on behalf of the Nova Scotia Health Authority, the positive partnership we have with both Veterans Affairs Canada and the Royal Canadian Legion. We are fortunate to work closely with both parties and appreciate the impact their many contributions have on our veterans, our facilities, and our communities. This support directly impacts our ability to provide the highest quality of care to our veterans in recognition of their service to our country.

I hope this information has been helpful. We look forward to answering any questions you may have.

THE CHAIR: Mr. McCumber.

DON MCCUMBER: I welcome this opportunity to appear before the provincial Standing Committee on Veterans Affairs. I wish to speak on the topic of long-term care and how the present policies and procedures in place are having a dramatic effect on our veterans facilities that are located within our Command. That is in reference to those veterans who have served in the Second World War and the Korean War, as well as those since who served within our Canadian Armed Forces and may wish to locate within these facilities. Many of these veterans do not fall under the present guidelines that have been established by VAC. At present, we know there has been a drastic decline in the occupancy of veterans within these units.

The following is an update of information I received to date in comparison to the 2018 report, excluding Camp Hill and Northumberland. Of the 124 contract beds, as of 2018, we've noted that approximately 22 are occupied by veterans. The remaining 102 beds are currently occupied by non-veterans. This leaves veterans requiring beds to be placed in waiting. In one case, a decorated Yarmouth Korean War veteran was left waiting for two years for a bed, even though he qualified under the current definition. In another example, we have a post-Korea veteran who served honourably between 1954 and 1970 with postings to Germany and two tours in Cyprus. He does not qualify for a veteran bed under the definition within his local community of Yarmouth.

It would be safe to say that even with a lack of veterans within these facilities, you would find that most beds are fully occupied when you include those non-veterans in the list. We feel this situation has come about with an agreement made between Veterans Affairs and the Nova Scotia Health Authority that they could place into these units those whom they choose when a veteran bed became vacant.

Reviewing minutes of Hansard of 2018, I quote the comment to the procedure in place at that time for filling vacant beds: "We do have the ability to utilize those" - referring to vacant beds - "for temporary transitional care and so traditionally they are used for individuals who may be in hospital waiting discharge to the community or waiting placement in a community-based nursing home, so a similar level of care and support."

Now, those non-veterans are held within these units on a permanent basis. Veterans who qualify for these beds may never be admitted, due to a long wait time for admittance. As we all know, these veterans facilities were set up to accommodate our veterans. These facilities provided not just health care, but a place for them to enjoy a sense of comradeship while living within their own little community. Close by are Legions that lend support to the veterans and the units. That support has been through the raising of funds for vans to take them to various Legion community events, social gatherings within these units, as well as providing additional personal comforts they may need that are not provided by VAC. The Legions have been, and continue to be, a great asset to these facilities.

We owe so much to all who served and are serving in our defence, and for our democracy. The least we can do is ensure that we provide all veterans with the comforts and the quality service provided within these units when the need arises.

Nova Scotia/Nunavut Command's solution is twofold. If the provincial health authority has the authority to place into these units whomever they so choose, as they have been doing when a bed becomes vacant, we suggest a reversal of the present situation: When a non-veteran bed becomes vacant, that priority be given to a veteran who may be available. That is whether they fall within the current criteria or not. Thus, in the future, we would have these facilities housed by veterans. Those who fall under the guidelines of VAC would continue to receive the present benefits, and all other veterans would fall under the provisions of the Nova Scotia Health Authority.

[2:15 p.m.]

Further, we suggest, as Veterans Affairs Canada has introduced the preferred-admission bed program within Camp Hill Veterans' Memorial Building, that this program be consistent throughout all the veterans units within our province, thus making long-term care accommodation available to all veterans that have honourably served.

In one of our hundred branches from Yarmouth to Cape Breton, we have identified seven veterans in their 90s and 47 veterans in their 80s who have the potential to be placed in a veterans unit. It is certain that veterans wish to be housed within these facilities; however, they may not ever be given the chance under the current criteria.

I thank you on behalf of all the members of Nova Scotia/Nunavut Command and all our veterans, for the opportunity to address this committee. Thank you for the past opportunities to discuss with you our concerns as they relate to our commitment to those veterans whom we are honoured to serve.

THE CHAIR: We look forward to the conversation this afternoon. Just to give you an idea of how the committee process works here, each caucus will have 20 minutes of questioning to our witnesses. We'll start with the Liberals, the NDP, and then the governing caucus. I will have a hard stop at the end of 20 minutes, so just a little bit of a warning that if you are speaking and I do have to call order, it's not that we don't want to hear you. I just have to stick to the 20 minutes. Just giving you an idea that that may happen.

We will end questioning at around 3:40 p.m. and then we'll have closing statements at that time. We will now begin our questioning with the Liberal caucus. MLA Ince.

HON. TONY INCE: My question is for the Nova Scotia Health Authority. There was recently a water break in the Halifax Infirmary which impacted many people, staff,

patients, and so on. This also affected Camp Hill. My question is: What is the current status with Camp Hill, and are all the residents safely back in their place?

THE CHAIR: Ms. White.

HEATHER WHITE: It certainly was a challenging week for sure, but very happy to share that all the veterans and residents at Camp Hill were able to be safely cared for throughout the water main break. We're happy to have full water service back now with the exception of, we still have some limited fire suppression capacity, so we have additional fire watch in place. Our drinking water and water for flushing toilets, et cetera is all back online. I'm really proud of our teams and how well they came together and supported, and our facilities teams who worked really hard with many community partners to restore service quickly.

TONY INCE: With that, will the pipes be fully serviced and upgraded? Do you have any idea on that?

THE CHAIR: Ms. MacGibbon.

EILEEN MACGIBBON: Work was already under way for a full replacement of that component of our infrastructure. So, the water main break, unfortunately preceded that work. That work is well under way, had been, and will continue to a full replacement towards the end of this Summer.

THE CHAIR: MLA Jessome.

HON. BEN JESSOME: I'd like to jump over to Mr. McCumber, just to clarify. Mr. McCumber, you referenced a couple of advocacy items. The first: The Province has the authority to place civilians when a vet bed becomes available. The Legion would like to see a reciprocal agreement offering preference to veterans for civilian beds. Can you just go back to the second item that you referenced there with respect to the preferred admission.

DON MCCUMBER: Just to give you an example in speaking of the Yarmouth facility, Veterans Place, which I am familiar with and live close to. There were, at one time, 15 contract beds there, and they were allotted for veterans who fall under the guidelines of being a Second World War veteran and Korean War veteran.

As a bed became vacant, as we know, Veterans Affairs turned over the responsibility to the Province to temporarily house a patient, or a non-veteran, in one of those units. As we have progressed through the years, we now have five veterans who qualify to be there, and 10 non-veterans who are in that wing right now.

As I mentioned, when a veteran comes along who is entitled, we'll say as a Second World War or Korean War veteran who was assessed by Continuing Care to go into that

facility, there is no space for them. We can't go in there and demand that one of those individuals be removed, because they may not have a place to go to at this point.

In order to reverse that trend as I've suggested, if the Nova Scotia Health Authority has the authority to put in there those that they recommend or are assessed, then let's make it a veteran so that down the road, as one of those individuals moves out, we're moving a veteran into that facility. That's the situation with that.

With regards to preferred-access beds, it's my understanding that Veterans Affairs had made an agreement with Camp Hill to open these preferred-admission beds that would accommodate those veterans. However, that does not apply to other facilities across the province, because Veterans Affairs has not come down to make an arrangement with Yarmouth or Middleton or Fishermen's Memorial Hospital, any of those places, to say: Yes, we've designated so many beds to Camp Hill. We will designate 10 beds in Yarmouth, or eight beds in Yarmouth, that would be preferred-admission beds and they would be cared for under VAC.

BEN JESSOME: Perhaps our friends from the Nova Scotia Health Authority or Veterans Affairs could comment on, I guess, if there's a wait-list for - I understand that there's one vacancy across the province with the existing entitled beds. Are there people waiting for space?

THE CHAIR: Ms. McCloskey.

LYNNE MCCLOSKEY: Currently we have two veterans awaiting placements to contract beds in Nova Scotia. Both of those veterans are awaiting placement to Wynn Park Villa in Truro, which is not part of the Nova Scotia Health Authority. One of those veterans is currently in long-term care and wants a transfer, and the other is in hospital awaiting placement.

We have five contract beds at Wynn Park Villa. We have had five contract beds at Wynn Park Villa for more than 15 or 20 years, and they are currently fully occupied. As a veteran vacates one of those beds, then they would have the next available bed that would come. Other than that, it is my understanding that there are no veterans awaiting placement to a contract bed.

BEN JESSOME: To Mr. McCumber's advocacy for that reciprocal nature if beds are filled, is there - maybe Nova Scotia Health, but is there flexibility within the current system to make that type of move? To ensure that if there is a wait-list and I guess a general, gen pop, bed becomes available that there's preference provided to the veteran who would have otherwise moved into a preferred-access bed.

BRETT MACDOUGALL: I think it would be important to note that the Nova Scotia Health Authority is the operator of beds. Whether a veteran, through Veterans

Affairs Canada, is identified and therefore placed through wait-list management through Veterans Affairs Canada, they would determine whether or not that patient would come into a Veterans Affairs bed within the existing Veterans Affairs beds that we have, in relation to the Nova Scotia Health Authority.

If it's a patient that would be determined or reviewed through the Department of Seniors and Long-term Care, in collaboration with Nova Scotia Health Authority Continuing Care, then that would be a determination through Seniors and Long-term Care on the next available patient, based on patient needs that they would then tell us when and who and how we would take that patient into one of our other existing long-term care beds.

Just for clarity, we don't have the authority to change policy or procedure. We work with both Veterans Affairs Canada and the Department of Seniors and Long-term Care and either organization, in partnership with us, tells us how the patient would enter into an existing bed that we provide services to.

BEN JESSOME: I appreciate that response. I guess what I'm understanding is there is a preferred method of bringing civilians into - or I guess to take the place of veteran preferred-access beds but there is not a reciprocal agreement that's available to use. It's just subject to the directive of VAC? Can you just clarify that?

BRETT MACDOUGALL: For the Nova Scotia Health Authority, we become aware that we have a vacant VAC bed. We communicate that vacancy to Veterans Affairs Canada, and based on a wait-list that Veterans Affairs Canada would hold they would then determine who the next patient from Veterans Affairs Canada would be to come into our facility. Then we would welcome them into our facility. The determination is made through the Veterans Affairs Canada process.

TONY INCE: I'm hoping that I can get some clarification. I am a little confused. Mr. MacDougall, in your remarks you've highlighted that we've got 131 beds. Mr. McCumber has highlighted 124. Now I'm wondering, is this number a result of 2018 or are your numbers more up-to-date? I'm a little confused; there's a discrepancy in who is in the beds, based on the two remarks.

BRETT MACDOUGALL: Prior to coming to this committee, we went through an exercise to identify which beds we have, in each location, and we can confirm that we have 131 Veterans Affairs Canada beds.

TONY INCE: Mr. McCumber, are your numbers more related to 2018 or do you have something more current because again, there is that discrepancy?

[2:30 p.m.]

DON MCCUMBER: My numbers were based on looking at the 2018 report that showed - and I was only speaking on behalf of seven of these units. As I said, I excluded Camp Hill and Northumberland because I couldn't get that information. If you go to the 2018, and I don't think any of those had changed, Soldiers Memorial Hospital - I stand to be corrected - was showing 25 contract beds; Fishermen's Memorial, 23; Taigh Na Mara, 31; Harbour View, 20; Veterans Place, 15; St. Anne Community and Nursing Care Centre, 5; and St. Martha's Regional Hospital had 5 contract beds. I understand they have those no longer. If you add those figures up, it would be 124 beds based on those 2018 figures.

In contacting the facilities to see how many veterans were in there, Soldiers Memorial - I stand to be corrected, as well - was showing 4; Fishermen's, 4; Taigh Na Mara, 4; Harbourview Hospital, 4; Veterans Place, 5; St. Anne, 1; and St. Martha's, 0. I was coming up with 22 veterans who were housed in those units.

I certainly stand to be corrected on the present figures that I have for those seven facilities, and it was just to give some idea to show the decline that we have in veterans being in those units presently and who qualify under the present guidelines of the Second World War and Korean War accommodation.

BEN JESSOME: To our team from Veterans Affairs Canada - probably a question you get regularly. You might know where my head's going with this. Preferred access is limited to Second World War and Korean War veterans. What is the discussion or is there an inclination for Veterans Affairs to open the doors to veterans who have been involved and served in more modern conflicts? I won't be rigid about specific conflicts. I just - generally speaking, we have present-day veterans serving in present and recent-past conflicts. I'm curious to hear from Veterans Affairs about an appetite or not to include veterans of other conflicts in the term "preferred access."

STEVEN HARRIS: We are looking at it for all the reasons that have been raised here by our partners who are presenting - Mr. McCumber. There has been a significant change in the demographics of Nova Scotia veterans and Canadian veterans who are eligible for contract beds. The limitation of World War II service and/or Korean War service suggests those individuals are quite aged, and many are lost - unfortunately, have passed at this point in time.

The demographic shift in terms of the veteran population for Nova Scotia and more broadly across Canada means that we need to re-examine the rules and eligibility in policy that's in place. We are looking at that. A colleague of mine in the department is looking at the rules for long-term care that exist across the country and how best to approach this to ensure a couple things. One is priority for ensuring we are providing the top level of care for our veterans, no matter their service. How do we make sure they have access to the best

health care, be that for long-term care or any number of other resources they might need - physical or mental health?

The second part of it is recognizing the critical nature of long-term care across the country and, of course, here in Nova Scotia, as well. How do we ensure maximization of any beds that might exist from a Veterans Affairs point of view to ensure the community can use them when veterans are not able to for reasons of lack of demand, because there isn't anyone who qualifies in those areas, or of geographic location and things of that nature? We're looking to ensure we can help work with our provincial partners - in this case, Nova Scotia - to use long-term care facilities to their absolute maximum.

Holding a bed for a population that has declined or not in demand now doesn't make any sense if it can be used better in a different way. This is the preferred-admission opportunity that exists, as well, to ensure we can get veterans who may not qualify for some of the other beds into long-term care appropriately - the work that's under way at Camp Hill and at other former veterans hospitals across the country. We are looking at that from a policy perspective and a long-term perspective of how we work best with each province and how we work nationally to ensure that support for veterans. It's work that's under way; it's just not quite finished yet.

BEN JESSOME: Is it a possibility that we could move away from preferred-access beds to a more preferred-access scenario?

STEVEN HARRIS: It's a little bit too soon, unfortunately, to pronounce on where we're going, but we are looking at all the options. We've put in place in Veterans Affairs a veterans independence program to help support healthy well-being for veterans in their home. It's been in place for a number of years. We've made modifications to that as well, to ensure that intermediate care can ensure that veterans can stay in their home for as long as possible. That's the best outcome for well-being, not a long-term care facility - it's being at home. We put in place measures for that to help avoid and minimize the demand on long-term care and help support healthy outcomes. We're looking at all the options with respect to long-term care and where we go in terms of the future.

THE CHAIR: We will begin the NDP's 20 minutes.

MLA Burrill.

GARY BURRILL: You all live so much in the world of these numbers that it's probably hard for you to realize that people getting this for the first time might not get it on the first pass. I'm thinking about the situation of a veteran who is looking at needing to go into long-term care and lives in a rural area, not near Camp Hill, and there aren't handy contract beds. If that veteran makes the decision to go into his community nearby - nursing home - I wonder if you could say a few things about what the financial consequences are for that veteran and that family, of that decision. If you could just characterize that.

STEVEN HARRIS: I'll ask Ms. McCloskey to add on, just from the point of view of a veteran's decision as to whether or not they wish to go to something like Camp Hill. We have both of those circumstances. We have veterans who live in rural areas who decide they would like to be in Camp Hill for some of the reasons that we noted earlier around wanting to be in that kind of veteran environment. We have people who live rurally, whose families are actually local to Halifax, who want to come in. We have people who live in rural situations who want to stay there, and I'll ask Ms. McCloskey to talk about what comes from that.

LYNNE MCCLOSKEY: If a veteran wants to be cared for in a community facility close to their family and friends, they absolutely have the opportunity to do that. The placement into those beds would be through the Nova Scotia Department of Seniors and Long-term Care, but Veterans Affairs Canada will pay for the full cost of care of those veterans if they meet the eligibility criteria. As in contract beds, they would also have a maximum contribution for their accommodation and meals of $1,221 per month, if they need long-term care for an illness or an injury that's not related to service. If it's in relation to their service, then they would pay $0 towards the accommodations and meals. Veterans Affairs would pay that on their behalf. If they cannot, through a means test, contribute the full $1,221, then we would do an income assessment to see what portion of that would be reasonable to expect the veteran to contribute.

GARY BURRILL: Then are you saying that there would be no financial impact of that decision for that veteran, and no difference in VAC-funded service levels if they went into the community facility that did not have contract beds? It's neither here nor there from a money point of view?

LYNNE MCCLOSKEY: That is correct. The difference may be that the veteran would wait for placement through the provincial placement agency, via their regulations or rules, to place provincial residents into community facilities.

GARY BURRILL: That is a consideration, then. It wouldn't be financial, it wouldn't be in the service provided, but the readiness of access would be outside of VAC and subject to the provincial wait-list. That's the critical difference, then.

LYNNE MCCLOSKEY: Yes, that is correct. They would be placed through the provincial placement agency, so Veterans Affairs Canada would not be the one to determine who gets the next available bed at that facility.

GARY BURRILL: Mr. McCumber, thinking about this, we know that when the time comes that the long-term care decision is being made by veterans that there are a lot of people who want to stay in their own communities. I'm thinking about the conversations that you have that are going on through the service officers of the Command, what are you hearing from veterans about access to long-term care and what they'd like to see in terms of improvements possibly closer to home? Is this a conversation?

DON MCCUMBER: It is a definite conversation with many. I know in Chester, there were 15 veterans who were polled there, and they were asked that question - where would you like to go if you needed long-term care? They all agreed that they would like to stay in their homes as long as possible. However, if the need arose, they would like to go to Fishermen's Memorial Hospital as part of the veterans unit.

I think we have to look at a lot of these veterans. As I see in Yarmouth anyway, there's a lot of comradeship when they go there. They feel comfortable in living in accommodation to be able to - as the reason Legions were established many years ago was they came back from war and they had experienced the same. They all had the same experiences over there and they would come back, they could share that, so they are looking for that type of a facility where they feel safe.

We, as legionnaires, welcome those veteran units within the community. That's what keeps us going, to advocate for those veterans to be able to go to those facilities, and to meet with them and have coffee and assist them. They are saying they want to go there.

My concern with the preferred access would be that if a person comes along and wants to be housed in a long-term care facility that we are saying to them, Yes, there is an opening but the opening is in Camp Hill, so we're expecting you at 90 years old to pack up your bags and go to Camp Hill and take one of those beds there. That's very unfair to ask that of a veteran. That's why the need for those preferred beds and all the units that we have to ensure that they remain in those facilities. Sorry, a long way around, but no, they want to go to those facilities.

GARY BURRILL: To come back to the VAC's point of view then, are there any modifications to the present protocols that are being considered that might address this kind of situation? Or, for example, that might find ways of bringing the VAC wait-list to bear on more community facilities? Is this something that is at all in view?

STEVEN HARRIS: A couple of things. Mr. McCumber notes the Legion's advocacy in this particular area both in the regional area but also, I know in speaking with his Dominion Command central group, they are very keen on seeing changes to long-term care.

I think with respect to the answer they gave earlier, we are looking at what changes might be most effective in this case. As we have discussed, there are circumstances of individual veterans whereby they want to stay local. There are circumstances where they prefer to go somewhere else. There are circumstances where their family needs and supports require them to go somewhere else as well. We are trying to balance all of the issues here.

[2:45 p.m.]

As I noted in my opening remarks, I think we have agreements with 700 community facilities across the country for a group of just over 2,000 veterans. It's a heavy lift on our part to make sure we can have as many community organization agreements in place. We continue to do that across the country, we'll continue to do that in Nova Scotia, and we'll look at it as part of the overall review of what aging in place looks like for veterans in Canada.

GARY BURRILL: I suppose VAC would recognize, too, that in a province like ours this is particularly significant - where we have a larger rural percentage of our population and our older population and our wartime-formed population tend to be more rural - so it would seem natural that this would be a priority for the department's upcoming period.

STEVEN HARRIS: We're definitely trying to look at the urban-rural splits that exist in provinces across the country. I understand that. I'm coming to you today from Prince Edward Island, where we have similar kinds of set-ups and similar challenges that exist with our health care authorities, in terms of maintaining sufficient supports and local community facilities in all areas. It's a challenge that is certainly recognized from the Veterans Affairs perspective. I understand the challenges being faced nationally in some places, as you know, and more specifically where there are rural challenges and aging populations in those areas - absolutely.

GARY BURRILL: I wanted to ask VAC, as well, about the situation of veterans' spouses. As things stand with present policy, does VAC become involved with the percentage of costs in long-term care for veterans' spouses?

LYNNE MCCLOSKEY: Veterans Health Care Regulations, which is the authority for the long-term care program, does not have any provisions for spouses of veterans.

GARY BURRILL: I knew it hadn't. I had hoped it had changed, but that is still the case. Perhaps I'll ask you, Mr. McCumber. Does the Legion see this as something that would be an important change - that there would be VAC support in long-term care for veterans' spouses?

DON MCCUMBER: We certainly would welcome that opportunity - that change, to see in facilities the method of having the arrangements made to have the veteran located there and certainly an opportunity to have their spouses there with them so they wouldn't be separated, especially if they have to go to other facilities.

GARY BURRILL: I was wondering, Ms. White, if I could ask: Is this in the live conversation in the family groups that you relate to in your work - the need for support for veterans' spouses in nursing home facilities?

HEATHER WHITE: From a Camp Hill perspective, we now have 108 veteran-designated beds, and we have 67 Department of Seniors and Long-term Care licensed beds. That has opened a whole new world of opportunity for spousal reunification.

Now what occurs is, if there is a veteran in our facility whose spouse requires or wishes to come into long-term care, they apply through the Department of Seniors and Long-term Care process and are given priority placement, as per their policy. That's part of the reunification in the Life Partners in Long-term Care Act, so that does apply, and they are placed.

Currently, we are happy to say we have eight couples living as spouses who have been reunited at Camp Hill.

THE CHAIR: MLA Burrill, I believe Mr. Harris wanted to chime in on that.

STEVEN HARRIS: I'd just like to add - because we have certain circumstances whereby, of course, the spouse wants to come and stay with the veteran. We've also had certain circumstances where, unfortunately, after the spouse comes to stay with the veteran in a veterans centre, the veteran dies. The spouse feels awfully uncomfortable there sometimes. The close camaraderie that exists by reunification or unifying the spouse with the veteran can sometimes be short lived, unfortunately, and then that requires another placement that could be very difficult for the families as well. It's another consideration. I just offer it as a point of reflection for everyone.

Sometimes in unifying families and couples, we can create downstream effects in that we always want to be supportive. I think that we would all recognize that having long-standing couples together in a long-term care facility is a noble goal, it's just that sometimes at the end of that, it can create some more complexity, too, for the Nova Scotia Health Authority, for the family, and others as well. I just wanted to note that.

GARY BURRILL: Am I understanding right that the wait-list you're working with, though, if you're working with a couple, is not the same? That the veteran themselves comes to you through the VAC wait-list, but the veteran's spouse would come to you through that much longer wait-list of the Province? Does this cause any difficulties?

HEATHER WHITE: You're correct. We would have veterans come through the VAC wait-list process, and then provincial residents, including spouses, would come through the Department of Seniors and Long-term Care placement process. That placement process does have a priority provision for the placement of spouses.

GARY BURRILL: Can you say a little bit about what the priority placement means? It's kind of an extra dimension of getting you higher on the list?

HEATHER WHITE: I would defer to my colleagues at the Department of Seniors and Long-term Care because we take our direction from them. They prioritize and place it, but I do know that it is a consideration.

GARY BURRILL: Thank you all very much for those answers. Those are the things I wanted to ask, Chair.

THE CHAIR: Okay, we will now move on to the PC caucus. We begin our 20 minutes, beginning with, I believe, MLA Taggart.

TOM TAGGART: As I begin, my - a lot of questions have been answered, of course. Some of mine are directed toward Veterans Affairs, but if you don't mind, before I start, I just really want to thank Mr. McCumber for his service, as well as the work that he does on behalf of the veterans and the Legion members in Nova Scotia. I thank you very much for that, sir.

As I say, a lot of these questions have been asked or partly answered, or whatever. If I kind of go over them - we know - and, quite honestly, it is very confusing. There are a lot of different levels and bureaucracies and rules and that to follow. It's a challenge for many, I'm sure, because it's a challenge for us here today - or certainly for me sometimes - to follow what's what.

We know the veterans wait-list is managed by Veterans Affairs Canada, and the Nova Scotia Health Authority receives those who are placed in Camp Hill. How many are on the Camp Hill wait-list? I believe there's been a reduction. Seniors and Long-term Care took over some of those, I think. How many are - are there people currently on a wait-list for Camp Hill?

LYNNE MCCLOSKEY: There are currently 20 veterans awaiting placement under the preferred-admission initiative at Camp Hill. Those would be veterans who were not entitled to access the facility under a contract bed. They would be veterans who served post-wartime or served with allied forces, and, in some events, some who served in Canada only. Those are the eligibilities that the preferred-admission initiative opened up at Camp Hill. There are 20 on that list, but there are no war-service veterans awaiting placement to a contract bed.

TOM TAGGART: Again, confusion. When I think of Camp Hill, I think of - and trust me on this. I support the fact - very much support the fact - that we're starting to, in some ways, recognize those who didn't serve in World War II or Korea, but specific to the rules that we have today, those who are in Camp Hill - those 24, I think you said, who are awaiting Camp Hill - are veterans but not veterans who meet the historical requirements. Am I right about that? Okay, thank you very much.

I think we know what makes someone eligible for a contract bed. I will refer to them as World War II and Korean veterans or current veterans - contract beds are for World War II or . . .

LYNNE MCCLOSKEY: Contract beds are designated for war veterans only, so you must have served during the Second World War or the Korean War, before they arrived at armistice. Anybody who served in Korea prior to July 27, 1953, and those who served during the Second World War, most would be entitled to priority access to a contract bed.

TOM TAGGART: I think you've pretty much answered my questions. Before I hand off to my colleague, the MLA for Chester-St. Margaret's, I just want to say - I'm sure I'm repeating myself - this is a really great discussion and I think there's lots - not lots, but there's more we can do for our veterans. I think it's really up to you folks who are before us today to sort that out and I look forward to your doing that. Thank you.

THE CHAIR: We'll move on to MLA Barkhouse.

DANIELLE BARKHOUSE: I thank you all for what you do. Mr. McCumber, thank you for your service. I come from a long line - my father, my father's father, my brother. That being said, my first question is to Veterans Affairs, and then I'm going to ask Mr. McCumber the same question. How do you expect long-term care needs of veterans to evolve for the next generation? What do you see?

STEVEN HARRIS: I think it's fair to say when we look at the population health of veterans, the most recent census indicated 461,000 veterans, which is a great number for us to have. We were sort of estimating it for a number of years but in the last census, veterans were included as an identifier.

We serve on a regular basis, veterans. We also serve family members and RCMP members as well. We serve them in different ways. Some require supports from a treatment benefit point of view, in other words, access to physiotherapies, medicines, treatment, mental health treatment.

When we look at the veteran population, what we see is a population that tends to be less well, on the whole, than Canadians. They suffer more mental health issues; they suffer more issues of physical health as a result of their service. If you just think of the difficulty of serving, the wear and tear on knees and shoulders, amongst the other injuries that might be suffered. They tend to have health that is not as good as the rest of their Canadian counterparts of the same age. We need to make sure that we are, in early days, treating them, making sure that we're mitigating their injuries and projecting forward, to understand what other issues they may have and that may arise.

Earlier I mentioned the Veterans Independence Program that has been around since the 1970s that provides that kind of in-home support for those individuals who might need it, who have an illness or injury related to their service that might require some extra in-home help. That could be home adaptation, making something more accessible. It could be somebody coming in and doing housekeeping and groundskeeping for periods of time, where a veteran is not able to do those kinds of things.

When we look at the long-term status for health, we're trying to do two things. One is manage the health requirements of veterans on a long-term basis, but also avoidance and prevention, working with our Canadian Armed Forces colleagues to help minimize the injuries and illnesses that might be suffered during service at the outset to avoid illness or injury. There are preventive measures that we're working on with our Canadian Armed Forces colleagues, and then as soon as we identify injuries on behalf of veterans, working with them to address them, to mitigate and minimize the impacts that they may have going forward.

[3:00 p.m.]

We do recognize that they have health that is probably not as good as their Canadian citizen counterparts. We need to make sure that we are intervening to ensure their health on a long-term basis as well.

DANIELLE BARKHOUSE: I'd like to ask the same question to Mr. McCumber. If you'd like, I can repeat it.

DON MCCUMBER: I guess when we look to the future, I guess this is my feeling anyway, we look back to those who went to war during the First World War, the Second World War, the Korean War, many soldiers went to war from the same communities. In some little community there may have been 30, 40, 50 members of that community who went and fought.

When they came back, they came back to a hero's welcome. There were thousands in the street, there were hundreds and thousands on the dockyards, and they were treated like heroes. They were welcomed back to Canada. What I am seeing now if you have individuals going, you have maybe one individual from a community who goes to Afghanistan, fights the battle, represents his country. Then when he comes back home, he walks down the street of his hometown, not to a hero's welcome, nobody to associate with, not really knowing where to go or whatever.

I really see that need down the road for these long-term care facilities when they need that. They need to know that we are here for them, that we are going to provide for them in the long term, and that they have a facility they can go to where we can treat many of them with PTSD, or some of the effects they have had from serving in some of these war-torn countries.

Down the road, as I said, I think we need to rethink the needs of these veterans that we have. I totally support them being in a facility where there's some commonality. That's just my response to that.

DANIELLE BARKHOUSE: Veterans Affairs, earlier I think one of the MLAs across the room asked if you are looking over the qualifications and whatnot. I think if I am correct, Mr. Harris, you said that you are reviewing - work is under way or something like that. I'm asking where is it at in the process? How long do you see this taking before the decision is made whether or not the rules will be changed?

STEVEN HARRIS: I'll start by offering that it's a very complex issue, because it not only involves Veterans Affairs, our determinations around what priority status, what eligibility, and entitlement might be in place, but negotiations with 10 provinces and three territories. We also work with our Indigenous colleagues and others around placements for facilities for Indigenous veterans too. That is work that's under way.

All the agreements we have at the moment are all unique and different and they all require changes and each of our provincial counterparts has a different approach for long-term care. Sometimes they are in the process of changing it right at this very moment in time as well - regrouping health authorities and things of that nature.

We have twofold work to do: One is the consultation that it must exist with our provincial counterparts because ultimately, they are delivering health care through long-term care facilities and other health care initiatives. Secondly, the work that we need to do to make sure that we're serving the veteran population in the very best possible way.

We've started that work on making sure that we can look at what the entitlement and eligibility is, and we continue to discuss with our provincial colleagues. Ultimately that may end up at a federal-provincial Ministers of Health discussion and others around what is the right outcome for how all provinces can support long-term care delivery for our veteran population, working with the federal department responsible and Veterans Affairs Canada.

In terms of a time frame, I can't really give you a time frame. I'd say we're probably a year out from coming to something that is fully able to be consulted and other supports along that way. It will still take some time, which is why we've made some modifications around things like the preferred-admission approach, to ensure that we could use available beds, to ensure that those veterans who need access to long-term care can get it in various places. We've made some small interim adjustments to try to recognize the fact that there may be gaps in areas, both provincially and otherwise, and we're working on trying to correct all those things at once.

DANIELLE BARKHOUSE: I had to ask. You had said best care, which then leads me to asking the Nova Scotia Health Authority: What measures are in place to ensure

high-quality care for our veterans in long-term care facilities? This could go to either/or - within the Nova Scotia Health Authority.

HEATHER WHITE: From a Camp Hill perspective, we do follow the Accreditation Canada guidelines for long-term care, and they set out the standards of excellence. We also follow all the Department of Seniors and Long-term Care facility requirements. Those are two benchmarks. We also are rolling out, provincially, interRAI data through CIHI that will allow us to look at our performance metrics and how they compare against other facilities, both provincially and nationally. We've been doing that at Camp Hill for some time, but we're thrilled now that the Province, across all different long-term care facilities, will be also rolling that out, because that creates great benchmarks and performance metrics for us.

DANIELLE BARKHOUSE: I think I remember, in a previous Veterans Affairs Committee, we talked a bit about CIHI. That is - I will be passing the rest of the time on to MLA Harrison with an ask: How much time do we have left?

THE CHAIR: MLA Harrison with five minutes and 25 seconds.

LARRY HARRISON: All my questions have been answered, Chair. (Laughter) I would like to make a comment, though, in listening to all of you about maybe expanding the eligibility for those who are serving now. You're right; they come back physically, mentally, and emotionally hurt in all kinds of ways. I'm glad the discussion is taking place to expand that eligibility, because it's really needed.

I always walk away from this committee feeling good, because I know you people care, and you're going to do what you can do to help. I just want to encourage you to continue that work, and I hope it will expand as time goes on.

THE CHAIR: MLA Boudreau.

HON. TREVOR BOUDREAU: Thank you to everybody for coming today. I'm not typically on this committee, but it is a very interesting topic. My wife and I are both health care providers. Prior to moving to Nova Scotia, I lived in Petawawa; it was during the Afghan War. I never really had a whole lot of experience in terms of living through wartime. My grandfather was a vet and talked lots about his experiences, but it did open my eyes in terms of the challenges.

You talk about those going overseas but also the families left behind. We got to meet a lot of those families and understand they were in such a different place than I was at the same age. The conversations about spousal - having supports and being able to be reunited with their loved ones certainly rings home. Thank you for that discussion.

I do want to talk a bit - maybe to NSHA - I'm going to ask my first question. Our Province has invested significantly in terms of long-term care and investments with - whether it's CCAs, RNs, or LPNs in terms of free tuition, additional seats, and wage increases. I guess my question is: Has there been - maybe Camp Hill, you can answer some of that, too. With these kinds of significant investments, have we been able to ensure there's sufficient staffing at facilities for our veterans, like in Camp Hill?

HEATHER WHITE: Recruitment and retention of staff is an ongoing challenge for us, but there's no question that the variety of different initiatives that have been put in place - anything that's supporting, overall, the sector, both the long-term care sector as well as in acute - have been helping us to attract, recruit, and retain staff. We also are fortunate to have several staff for whom caring for veterans or caring for individuals - older adults in the long-term care facility - holds special meaning. We do work to create that community, and that does help to recruit and retain staff.

BRETT MACDOUGALL: To be a bit more specific to your question, in conversations with our leaders within care settings that care for veterans, there have been stories shared in relation to the funding that's been made available to the CCAs and the importance of being able to build up that base of those providers. The last two years of the additional retention funding that's been provided to the nursing profession has helped us to both recruit and to retain nurses who may have been thinking about retiring, allowing them to continue to share their care expertise in caring for all our patients but most certainly the veterans who so well deserve it.

That helps to build that base and team so it will hopefully allow some of the other measures that are put in place, such as exploring international nurses to Nova Scotia and looking at the additional seats that have been added into our educational institutions over the last eight years. We will be starting to see those registered nurses, licensed practical nurses, and other resources coming into the system to help support long-term care and other care within the Nova Scotia Health Authority and across other departments within the Province. I would say yes to your question; it's been beneficial.

THE CHAIR: Twenty seconds, MLA Boudreau.

TREVOR BOUDREAU: Maybe I'll hold there. I have another question or two after, but maybe it will get asked. Who knows?

THE CHAIR: We will now move on to our second round of questioning. Each caucus will have nine minutes and 30 seconds in this round. MLA Jessome for the Liberal caucus.

HON. BEN JESSOME: I'd be remiss if I didn't reference a conversation I had yesterday with an individual from Cape Breton who wanted me to acknowledge that Nova Scotia, when compared to other jurisdictions in Canada, is home to the most significant

population of serving military men and women. They also expressed the likelihood, in many cases - or the reality and the likelihood - for future situations whereby those who serve find themselves retiring here in Nova Scotia. Therefore, it's our responsibility to ensure they have a landing pad if and when a long-term care facility becomes part of their care package down the road.

What I haven't heard - I'm basing this on the conversation today, going back to Mr. McCumber's acknowledgement that there is a policy that the Nova Scotia Health Authority can move individuals from the civilian population to a long-term care placement that would have otherwise been designated as a contract bed. I'm not hearing that there is a reciprocal agreement at the Department of Seniors and Long-term Care to ensure that, if there is a need for a veteran - at least for a preferred-access veteran. Is that something that the department can comment as to whether they're open to a commitment to establish on a go-forward basis?

[3:15 p.m.]

BRETT MACDOUGALL: The department in relation to the Nova Scotia Health Authority? I would state that the Department of Seniors and Long-term Care is separate from the Nova Scotia Health Authority, and that we would take instruction based on them being funders, and related to the policies and procedures that we have to follow. I think that would be something I'd have to defer to Seniors and Long-term Care for further consultation with them.

BEN JESSOME: We heard that there is a priority placement policy related to reunification for families. I'm wondering, if it's not something that the Nova Scotia Health Authority can comment on today, I would ask that the Nova Scotia Health Authority provides the committee with a response as to whether or not there is an appetite to establish a preferred-placement policy to ensure that if a contract bed is filled and there are no placements for an eligible veteran - is there an appetite for a preferred-access policy?

If that's less than clear, I'm happy to try to clarify, but I'll just leave it there.

BRETT MACDOUGALL: Maybe I'll try to restate what happens. As Veterans Affairs - VAC patients - as we have beds identified and we have a vacancy, we would inform Veterans Affairs Canada, and they would work with the existing demand in relation to veterans who would require access to our VAC beds.

Patients who would not fall into that category - Nova Scotia Health Continuing Care does an assessment - and those patients would then fall to the placement policy within the Department of Seniors and Long-term Care. Then Seniors and Long-term Care would inform us of which patient would be next in relation to which patient we take into one of our existing beds. It would be an ask to Seniors and Long-term Care for a policy change in relation to the question that you asked, not so much us in the Nova Scotia Health Authority

having the ability to create our own policy as it relates to how we have intake of veterans and/or patients who are requiring another pathway through Seniors and Long-term Care.

BEN JESSOME: I appreciate the cross-departmental relationship that exists, but it still stands out to me that there is a bit of an inequity in the policies as they exist. The contract beds are there with certainty to place a veteran. A bed is used for a civilian, but there is not a guarantee, by policy, whereby if those contract beds are full there is a replacement, if you want to call it that, to ensure that a veteran has a place to be.

I'm wondering if the Nova Scotia Health Authority would connect with Seniors and Long-term Care and provide the committee with a response as to whether or not that is something that they are prepared to agree to, to ensure that there is that reciprocal agreement as part of ensuring that war heroes have a place to be when the time comes.

THE CHAIR: Who from the Nova Scotia Health Authority would like to address that question?

BRETT MACDOUGALL: We can certainly bring forward your question to the Department of Seniors and Long-term Care, but we don't have the ability to give them direction. They actually give us direction, but we can bring that to them and inform them of that question that you asked.

HON. TONY INCE: My question is for Mr. Harris. Mr. Harris, can you tell us, or talk to us, about what other provinces might be doing well to support veterans in long-term care that we could implement here - or maybe we're already doing and doing better? I don't know. I'd like you to talk about that.

STEVEN HARRIS: Respectfully, I'd ask Ms. McCloskey to answer the question. She's got her pulse on what's going on across the country.

THE CHAIR: Ms. McCloskey, with one minute and 24 seconds.

LYNNE MCCLOSKEY: I think many provinces are doing things well, and they are all committed to serving veterans and doing so very well. They have different support systems, as Mr. Harris alluded to previously. The agreements we have across Canada for contract beds are numerous. They exceed 60 agreements, giving us the directives that were established at the time the facilities were transferred from Veterans Affairs Canada to the provinces. Those transfers happened anywhere between the 1950s right up until 2016, when we transferred the last facility to Quebec, which was Ste. Anne's Hospital.

Each health authority or government that manages those facilities has different systems in place, but the preferred admission or the priority admission of more veterans is respected throughout Canada. The numbers, as we indicated, are declining significantly because of the advanced age of the war veteran population, and we're in discussion with

them as to how to proceed and what happens into the future, which will be defined by the work that our policy colleagues are doing.

THE CHAIR: MLA Ince, that's all we have. I'm sorry. MLA Burrill.

GARY BURRILL: Ms. White, I wanted to go back to the question Mr. Ince opened the meeting with. He was asking about the infrastructure disruptions of the last couple weeks. You explained that everything is in hand, and we're okay now, but I wonder if you could speak to some of the disruptions in service that your resident population needed to deal with because of the infrastructure problems of the last few weeks.

HEATHER WHITE: For the time that we did not have access to running water, we did look at alternative ways to help support the care and needs of the residents. We did need to bring in portable toilets for our staff, and we did ask visitors to consider not visiting the facility at that point in time. We worked closely with all our colleagues in procurement, got lots of drinking water and lots of additional supplies brought over to allow us to ensure we could meet all the care needs of residents. It required lots of teamwork and pulling together, but the people did do that well, while our colleagues in facilities worked quickly to make the repair happen.

GARY BURRILL: In that situation with the portable toilets, the running water, and so forth - how long were you in the throes of that?

HEATHER WHITE: I'm trying to remember the exact amount of time. Eileen may . . .

EILEEN MACGIBBON: The first evening, when we had the first incident, I think it was six to eight hours before we had a restoration. As Ms. White referenced, our facilities team responded quickly. We had a resolution that evening, around 11:00 p.m. We had been six to seven hours when we were dealing with a loss of running water. Then we had a second break later that night, and that followed into what would have been Wednesday into Thursday in duration. Then another restoration, thankfully, was in place into Thursday-Friday. As Ms. White referenced, the team was incredibly responsive. It was two periods of time - not continuous - within that three-day period.

GARY BURRILL: When that kind of disruption is experienced, is there some kind of a contingency framework in place that is activated and that you move to? Clearly, this has never happened before. Was this a situation where management had to invent a path?

EILEEN MACGIBBON: Yes, of course, we have contingencies in place for any kind of catastrophic event that might affect our systems within health care. This was one, as you referenced, that was unusual to us. That was a new situation. However, as we always see, we had incredible response from our support teams - corporately, within facilities - as well as our clinical teams, to do everything they possibly could, as Heather outlined, to

ensure that we were taking care of our patients and doing the absolute best we can whilst the work was under way to restore services back to our normal status.

In terms of the second part of your question - do we have a structure in place? - there's a pretty significant infrastructure as it relates to emergency management and emergency preparedness. Those folks are incredible when an event happens at not only guiding and directing, but supporting the teams and ensuring that they're doing a tremendous amount of work behind the scenes to support whatever is needed.

GARY BURRILL: I guess it's too early to answer definitively lessons learned from the adjustments that had to be made, but at this preliminary stage, is there anything about the operation of Camp Hill, from this recent experience, that is emerging clearly - here are some things we need to attend to in a way that's different than before?

HEATHER WHITE: There wasn't anything that stands out specific to Camp Hill. I mean, I think every opportunity - every experience and event like this, you learn something new. But certainly, I think, extremely proud of how many people stepped in, and grateful for the support that Camp Hill received as part of a larger Halifax Infirmary campus. We were one of three buildings impacted, and we had a tremendous amount of support and people who stepped in to help.

EILEEN MACGIBBON: I'll just add that, as I think Heather pointed out, a lot of debriefing post-event has been occurring to ensure that if there's anything that we need to do differently the next time, if anything similar or related were to occur, that we use it as an opportunity to learn and improve as we go.

GARY BURRILL: Just lastly, the flooding problems at the Abbie J. Lane Memorial Building: How has that impacted your facility at Camp Hill?

HEATHER WHITE: The flooding at the Abbie Lane has not impacted us at Camp Hill, no.

THE CHAIR: MLA Burrill, with just over three minutes.

GARY BURRILL: That's what I wanted to ask. Thank you very much.

THE CHAIR: MLA Boudreau, with nine minutes and 30 seconds.

HON. TREVOR BOUDREAU: I just have one question - more of a curious question than anything, and I'll direct it to Veterans Affairs Canada.

One of the things that has taken place in Nova Scotia is our model of care in long-term care facilities. Basically, we're dedicating and saying we've modified it basically so that it's 4.1 hours of care per bed. I'm just wondering, in terms of Veterans

Affairs Canada, in terms of contracted beds and beds across Canada, do you have - where does your model lie, in terms of staffing?

LYNNE MCCLOSKEY: What we communicate to facility partners is that as long as the hours of care meet the standards in the province in which the care is being provided, that meets the requirements of Veterans Affairs Canada.

TREVOR BOUDREAU: I'm going to pass it on to - I think MLA Taggart is looking to take over.

TOM TAGGART: Whoever wants to can answer this. I'm not sure of the right person.

[3:30 p.m.]

Mr. McCumber spoke about fully-paid - or somebody, at least - whether it's a fully-paid veterans bed, because it's somehow related to their service injury and not - I guess the first part of the question is, that's all determined after they got the bed. They're still a veteran, so we don't have a situation where veterans are waiting to see what the answer is. Am I right about that? The follow-up - what is that procedure?

LYNNE MCCLOSKEY: The funding in facilities with contract beds - where we have contract beds available - is done typically through a budget. We submit a budget to the facility for the anticipated cost for the following year, and we pay the full cost of care. The veteran's contribution to accommodation and meals - you're correct. If they go into long-term care, the maximum they must pay is $1,221. If the application process is not completed - typically it happens quickly - we would admit the veteran and then catch up on the paperwork to determine the amount thereafter.

TOM TAGGART: If I could - just a personal comment I want to make mostly to Mr. McCumber. I have a lot of friends, and you can imagine not many of them served in World War II or Korea - not that I'm not young either. Anyway, PTSD is a huge concern to me. I believe we missed that for our veterans who came home from World War II at least. I guess all I'm saying is, as you go forward, keep your foot on the gas because those folks are going to need our support - or your support.

DON MCCUMBER: We are addressing those concerns at the branch level through our Veterans Outreach Program. We are offering buddy check coffees. We are inviting members who have served out to the branches to socialize. We're putting on model-building programs for them. We have a program where they can come in and learn how to tie flies then go to the Miramichi this Summer and try them out. We're offering a lot of programs to bring in those members who have the effects of PTSD and trying to reunite them, get them together, and help them focus on some of the activities we can provide for them.

DANIELLE BARKHOUSE: You'll have to excuse me. I have some notes here somewhere. I'm just wondering, can you explain the role of LTC facilities and VAC to confirm funding for health care costs and accommodation fees? How does that process work? That is to whomever puts their hand up first.

LYNNE MCCLOSKEY: I'm not sure I understood the question fully. Veterans Affairs Canada - there are two types of funding: for contract beds and for veterans in community beds. For veterans who are in contract beds, we have agreements with those facilities whereby we provide an annual budget for the expected cost of caring for the number of veterans who are within that facility. At the end of the fiscal year, we would do an operating cost review and then settle the accounts, whether we owe the facility or they owe us. For veterans in community beds, the facilities bill Veterans Affairs Canada via our third-party service provider, which is Medavie Blue Cross. They would submit the daily cost of the bed to Veterans Affairs Canada for payment.

The second part of the funding is direct to the veteran. Each residence in Nova Scotia would have to contribute towards the cost of their accommodation and meals. For veterans who are supported by Veterans Affairs Canada, through regulations the maximum they would need to pay, regardless of income or status, is $1,221 per month. All veterans would pay that unless they need long-term care because of an illness or injury related to service. If that's the case, they pay $0 towards their accommodation and meals; Veterans Affairs Canada pays it all on their behalf. If a veteran is married, has exemptions for spousal and personal support, and has less than $1,221 left at the end of the month, they would only need to contribute that portion that they have left. It's a sliding scale from zero to $1,221, based on income testing. Does that answer your question?

DANIELLE BARKHOUSE: You might have thought you didn't understand it, but you kind of did. Does that go for community beds as well?

LYNNE MCCLOSKEY: Community beds would be billed through Medavie Blue Cross. The facility would bill Medavie Blue Cross for each day a veteran occupies a bed, and Veterans Affairs Canada again pays the full cost of care, even though the veteran is in a community bed. The veteran would contribute, again, to their accommodation and meals according to the rules.

DANIELLE BARKHOUSE: This is for either VAC, but I think maybe more the Nova Scotia Health Authority, but I may be mistaken. It might be part of the answer, stating I'm wrong. Do you encounter any challenges or common concerns during the placement process related to veterans?

HEATHER WHITE: I can speak on behalf of Camp Hill and say it runs very smoothly together with Veterans Affairs Canada. When we identify a vacancy, we reach out to them, they send along the information for the next veteran who will receive the bed, and then we work quickly to facilitate that admission.

THE CHAIR: Ms. McCloskey, would you like to add?

LYNNE MCCLOSKEY: (Inaudible) to clarify that the placement process, other than working with the facilities on contract beds, Veterans Affairs Canada is not implicated for the admission to community beds. It's fully done by the Nova Scotia Department of Seniors and Long-term Care.

THE CHAIR: MLA Barkhouse with 45 seconds.

DANIELLE BARKHOUSE: I just want to thank you all for being here. I appreciate you. I know that there's no way I could get a question out and be answered in about 30 seconds now, so I do appreciate it and I do appreciate all your straightforward answers, and I appreciate Mr. McCumber for his service.

THE CHAIR: Thank you to all our members for the questions. Definitely lots to think about today, and a lot to glean from this for sure. What I'd like to do is give all of our witnesses and our guests a chance to have closing statements. We'll begin a little backwards this time and begin with Mr. McCumber, to begin his closing statement.

DON MCCUMBER: Just in closing, I'd like to say that over the last few years, we've seen the ombudsman come to the area, the deputy minister of Veterans Affairs Canada, we've seen the associate deputy minister. We've had many town hall meetings. We've had a lot of veterans out: members who are presently serving, those who have served. Issues are brought forward. That's it. I'll say no more. There's no response from the issues that are brought from these town hall meetings.

I'd just like to say that it doesn't matter what we do today, even if we come up with preferred-access beds for these units that I've mentioned. There are no openings. Looking down the road, if you look at Yarmouth with five veterans and 10 non-veterans, five years from now - we just lost one veteran from there, 106 years old; we have another one who's over 100. Shortly down the road, we will have no veterans in those facilities. They are going to become community long-term care facilities, and that's very shortly. That's very shortly.

What are we going to do? More resolutions that come from provincial command, the Dominion Command, the VAC - 20 years later, we're still doing the same thing? We have to take action now. The solution that I thought was a simple one is simply to say - the Nova Scotia Health Authority, who I understand responsibilities have been granted to from Veterans Affairs, just change your thinking and your policy so that when you have a veteran who has served but doesn't come under the guidelines, who's up in a hallway in a hospital for four weeks on a bed in a hallway with everybody walking by every day and all night. That's not fair. That is not fair. Now, there's no room to put that individual into a place in some of these facilities. There's no room, but when a place comes open - when one

of those placements comes open - from a non-veteran, for Pete's sake, let's put them there. That's the simple solution. We can do that.

That veteran who is there - treat them as a citizen of the community. You don't have to call them a veteran, but they are a veteran, and they're going to come out - if they're placed there, they're going to come under the guidelines of the Nova Scotia Health Authority, not Veterans Affairs. If we get those people in there now, in moving them there then you know something will - we're going to gradually build those veterans into those units. Maybe within five, six, or seven years we'll have agreements in place that those veterans who are there may be looked after by Veterans Affairs.

We need to move, and we need to move now. We need the support of the departments. We need the support of all the parties here within this province to recognize the need. We need to assist all our veterans. I just feel the solution there is to proceed as we say. We know we would like to have preferred-admission beds down the road. It's not going to happen tomorrow or the next day. It's going to take time, and the more time we take, the fewer veterans we're going to have in these units. We need to look after them. That's all I have to say.

THE CHAIR: Will there be a closing statement from the Nova Scotia Health Authority?

BRETT MACDOUGALL: I do want to thank the committee for the invite today. I appreciate the ability to come and speak. I certainly want to acknowledge Mr. McCumber, his service, and all the work the Royal Canadian Legion supports for veterans and our teams in the facilities in which they work.

I did want to clarify one more time before we close that as Nova Scotia Health Authority, we work with Veterans Affairs Canada and the Department of Seniors and Long-term Care, who set the policies and guidelines on which we operate. We do not, in fact, have the authority to change any of those policies, procedures, or guidelines. We are the operators, and we work with the funders - Veterans Affairs Canada, Seniors and Long-term Care - to ensure the patients receive care where they can and when they can, given the guidelines, policies, and procedures we're provided. Thank you for the opportunity to speak.

THE CHAIR: Thank you, Mr. MacDougall. Thank you to Ms. MacGibbon and Ms. White as well.

STEVEN HARRIS: Just quickly, I'd say thanks very much for the opportunity to come and present at this committee - very good discussion here today. The last piece I would just add is to Mr. McCumber: We do actually hear you. We know the recommendations you're making. We know the areas we need to work on, and we are working on them. I commit to you that we are working to resolve this issue, not only from

a long-term care perspective but other needs that exist for veterans, as well. We'll continue to work with you at the local level in the Legion and at the national level of the Legion, as well.

THE CHAIR: Thank you, Mr. Harris. Thank you, Ms. McCloskey, for all your contributions today.

That ends our time together as a committee with our witnesses. We will now take a three-minute recess - we have to attend to some committee business - to allow our guests to leave. Again, thank you very much for coming.

We stand recessed.

[3:44 p.m. The committee recessed.]

[3:48 p.m. The committee reconvened.]

THE CHAIR: Order. I call our meeting back to order. We'll just move on to our committee business for any discussion that's here around some letters and some correspondence sent back to our clerk from our question about other jurisdictions and their handling of veterans affairs.

We received correspondence - the Northwest Territories, Newfoundland and Labrador, and Prince Edward Island have responded. Yukon is the only province that has not responded at this point.

Is there any discussion there? Okay. We acknowledge we've received it.

The other piece of correspondence was from Ms. Heather White, Director of Veterans' Services and Geriatrics at Camp Hill. She had responded to a request for statistics on the number of deaths at Camp Hill between 2020 and 2023. Any discussion on that letter?

Is there any other business?

HON. BEN JESSOME: Just two hopefully quick things. Firstly, would the committee clerk be able to compile a list of the witnesses who have appeared before this committee, dating back to 2020? It's kind of an arbitrary date, but it overlaps the former and the new government. I want to be thorough and fair to both the committee members and the clerk.

THE CHAIR: I'm sure the clerk can compile that list and make it available to all caucuses.

BEN JESSOME: Please and thank you. Secondly, the representatives from Nova Scotia Health did indicate that they would follow up with a reply to the question of a reciprocal policy as to whether or not the Department of Seniors and Long-term Care would be interested in that - I'll call it "assured access" - for veterans if the contract beds are full. They did say they would provide that response through Seniors and Long-term Care. Maybe it doesn't require a formal motion, but I'm wondering if the Chair might follow up with Seniors and Long-term Care to get a response to that question - endorsed by all committee members, if that's a friendly thing to do. I'm happy to make a motion.

THE CHAIR: To your point, MLA Jessome, I'm not sure we need a motion as a committee. The recommendation I might make is that we give them an opportunity to respond to us. If we haven't received a response by the next committee meeting, at that point, maybe then we could proceed with a formal request. Does that go well for the committee?

TOM TAGGART: I don't disagree other than to say we're almost asking them to set policy. That's not typically done at this level. I may read that wrong, I don't know. If it was me who was answering the question, I would - I'm not going to set policy here. That happens in the House or whatever.

DANIELLE BARKHOUSE: I think we're fine with that. The Nova Scotia Health Authority stated they were going to send us a reply in their comments, so I think we're fine. Sending a letter - maybe we should wait. If it's not here by next month, maybe send something, if that's fine with the committee.

THE CHAIR: Seeing there's no other business, our next meeting will be May 21, 2024. Our topic will be medical coverage for veterans. Witnesses will be Medavie Blue Cross and Veterans Affairs Canada.

With no other business, we are now adjourned.

[The committee adjourned at 3:52 p.m.]