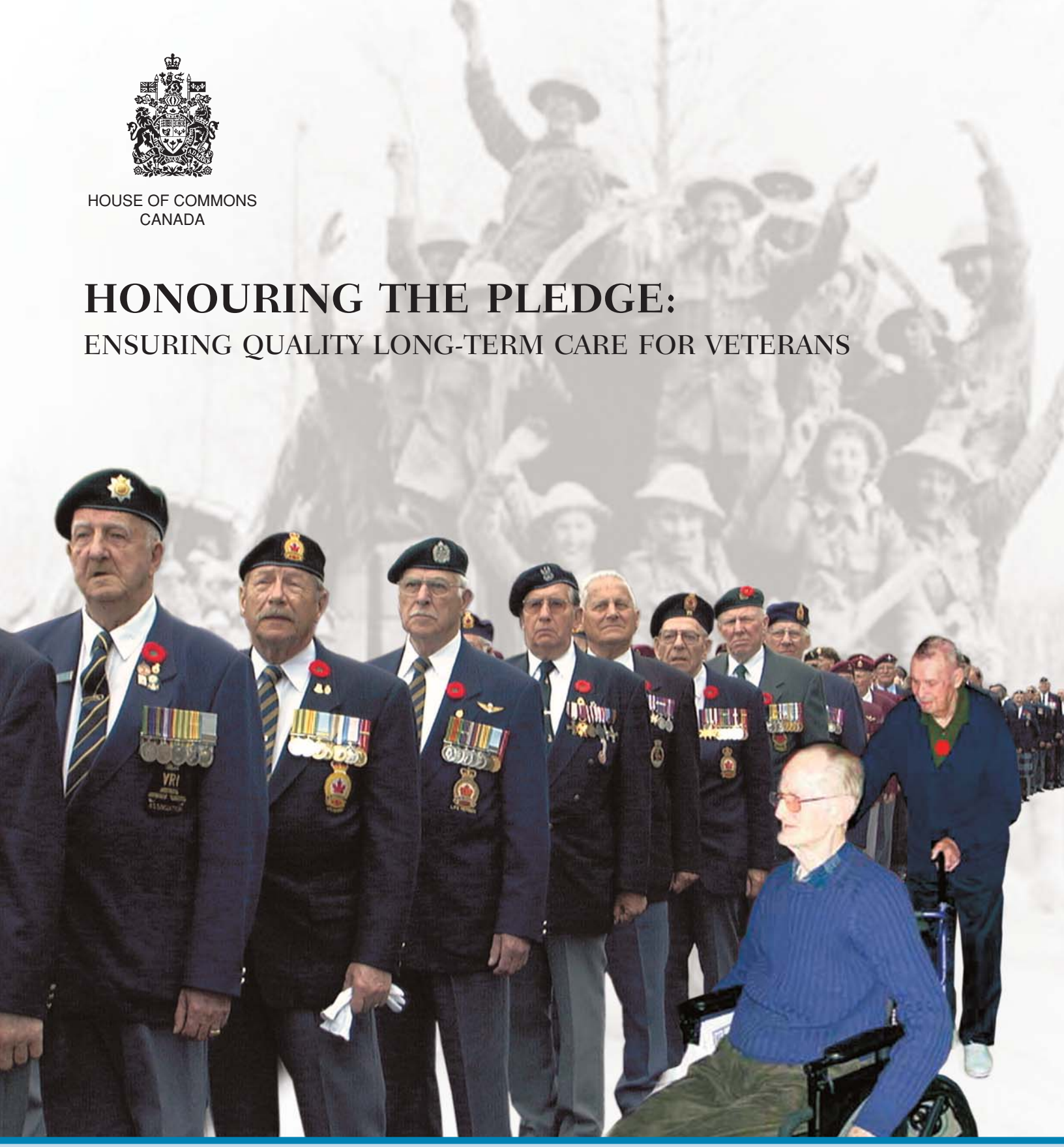
HOUSE OF COMMONS
CANADA

HONOURING THE PLEDGE:

ENSURING QUALITY LONG-TERM CARE FOR VETERANS



Report of the Standing Committee on
National Defence and Veterans Affairs

David Pratt, M.P.
Chair of the Committee

Report of the Sub-Committee
on Veterans Affairs

Bob Wood, M.P.
Chair of the Sub-Committee

June 2003

CREDIT FOR COVER PHOTOGRAPHS

Colour photographs from the ceremony at the Tomb of the Unknown Soldier, Ottawa May 28, 2000, and from photo gallery of Veterans Week at Ste. Anne's Hospital, November 2002: Veterans Affairs Canada.

Background photograph of soldiers celebrating the victory at the Battle of Vimy Ridge, April 1917: National Archives of Canada PAC A-1322.

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HONOURING THE PLEDGE: ENSURING QUALITY LONG-TERM CARE FOR VETERANS

REPORT OF THE STANDING COMMITTEE ON NATIONAL DEFENCE AND VETERANS AFFAIRS

REPORT OF THE SUB-COMMITTEE ON VETERANS AFFAIRS

David Pratt, M.P.
Chair of the Committee

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June 2003

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THE STANDING COMMITTEE ON NATIONAL DEFENCE AND VETERANS AFFAIRS

has the honour to present its

THIRD REPORT

In accordance with its mandate under Standing Order 108(2), your Committee established a sub-committee on veterans affairs who undertook a study on long-term care for veterans throughout Canada.

Following its visit to facilities in Canada providing long-term care to veterans, the Sub-Committee agreed that it was necessary to table a report.

Your committee adopted the report, which reads as follows:

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PREFACE BY CHAIRMAN, SUB-COMMITTEE ON VETERANS AFFAIRS

The Sub-Committee on Veterans Affairs undertook its study of long-term care for veterans in late 2001. In the months that followed, there were constant reminders of the sacrifices and exploits of the men and women who defended freedom and democracy during two world wars and the Korean War. For example, the sixtieth anniversary of the Dieppe Raid and the eighty-fifth anniversary of the Battle at Vimy Ridge were commemorated in 2002 while May 2003 featured the sixtieth anniversary of the turning point in the Battle of the Atlantic and of the Dambuster Raid. Other major commemorations in 2003 include the eighty-fifth anniversary of the First World War Armistice and the fiftieth anniversary of the Korean War Armistice. The string of major remembrance ceremonies will not end there because 2004 will be the sixtieth anniversary of D-Day and the Battle of Normandy. While honouring the memory of those who died in battle, the commemoration of these and other major events in our history also remind us of the valour of those who returned from wartime service and who are now elderly and frail.

Many of these war service veterans now need long-term care. The network of veterans long-term care facilities established across Canada over the last decades is providing care to a large number of them. Like the rest of Canada's health care system, these facilities are trying to meet the needs of the elderly while grappling with the financial restraints of the day. Veterans and their families as well as veterans groups and other Canadians have been concerned about the effects of the crisis in the Canadian health care system on the long-term care provided to veterans. Some veterans are uncertain if they will have access to long-term care when they will need it. Measures have been taken in recent years to address problems identified by veterans groups and previous parliamentary reports, but concerns persist about conditions in veterans long-term care facilities and their ability to meet the needs of veterans. This is why the Sub-Committee decided to undertake a study on veterans long-term care. There are many other issues of concern including the needs of younger veterans who have served Canada so well in peacekeeping and other operations since the Korean War. These issues may likely be the subjects of future studies, but for now, the situation in the veterans long-term care facilities was our primary concern.

During the examination of the situation, we benefited greatly from the presentations made by representatives of the Royal Canadian Legion, the National Council of Veterans Associations in Canada, and the Army, Navy and Air Force Veterans of Canada. Their concern for the well-being of all our veterans was clearly evident and their suggestions for improvements greatly assisted us in identifying the problems to be fixed. We were also able to count on the detailed explanations of issues by representatives of Veterans Affairs Canada and salute their efforts to correct the problems that we and others pointed out. Indeed, a few problems were dealt with during

the study with positive results and recently announced measures will provide veterans with some increased services we strongly support, such as the extension of the Veterans Independence Program benefits beyond one year for spouses of veterans. Our study also benefited from information provided by provincial health care authorities and from the testimony provided by witnesses from other government departments and by experts who explained the complexities of caring for the elderly and home care.

However, our study would have been incomplete without visits to veterans long-term care facilities across the country. These visits allowed the Sub-Committee members to see for themselves the conditions in the facilities and to hear the views of veterans. We wish to thank the staff and administrators of all the facilities we visited as well as regional and provincial authorities and Veterans Affairs Canada representatives who helped to facilitate our visits. The presentations made by the staff and administrators and the frank exchange of views were of great value in the preparation of this study. While some of our comments may be critical of conditions or issues we encountered, we have no reason to question the dedication of the staff and administrators of the facilities we visited to the care of our veterans.

Finally, on behalf of the members of the Sub-Committee, I wish to thank the Clerk of the Sub-Committee, Diane Deschamps, and the researchers from the Parliamentary Research Branch of the Library of Parliament, Michel Rossignol and Wolf Koerner, as well as Lieutenant-Colonel (Retired) Barry Hamilton, consultant, who assisted the Sub-Committee notably during the visits to facilities in Western Canada.

Bob Wood, M.P.

PHOTOS

Members of the Sub-Committee on Veterans Affairs chat with spouses of veterans during visit to Ridgewood Veterans Wing, Saint John, New Brunswick, April 4, 2003.
(Photo: Clancy MacDonald)

Canadian Veterans march in the streets of Liverpool, United Kingdom, during ceremonies marking the sixtieth anniversary of the turning point in the Battle of the Atlantic, May 4, 2003.
(Photo: Veterans Affairs Canada)

Ceremony at the monument of the Fusiliers Mont-Royal Regiment during the pilgrimage marking the sixtieth anniversary of the Dieppe Raid, August 2002. **(Photo: Clancy MacDonald)**

Victoria Cross recipient Sergeant Ernest (Smokey) Smith (in wheelchair) and other veterans during the Dieppe Raid pilgrimage, August 2002. **(Photo: Clancy MacDonald)**

Bob Wood, M.P., then Parliamentary Secretary for Veterans Affairs, lays a wreath at the Cassino War Cemetery during the pilgrimage marking the fifty-fifth anniversary of the Italian Campaign, October 6, 1999. **(Photo: Veterans Affairs Canada)**

Two members of the Canadian Forces lay a wreath on behalf of peacekeepers at the Ancona War Cemetery during the Italian Campaign pilgrimage, October 10, 1999.
(Photo: Veterans Affairs Canada)

The crowd in Nijverdal gives a rousing welcome to Canadian Veterans during the pilgrimage marking the fifty-fifth anniversary of the Liberation of the Netherlands, May 6, 2000.
(Photo: Veterans Affairs Canada)

Ceremony at the Canadian Korean War Memorial Garden, Naechon, during the pilgrimage to mark the fifty-fifth anniversary of the Korean War Armistice, October 11, 1998.
(Photo: Veterans Affairs Canada)

HONOURING THE PLEDGE: ENSURING QUALITY LONG-TERM CARE FOR VETERANS

> I can assure you tonight that in anything we seek to do about veterans' medical and hospital care the Government's primary consideration will be to protect the interests and promote the welfare of the veterans themselves. — **Prime Minister Lester B. Pearson, speech to the Dominion Convention of the Royal Canadian Legion, 17 May 1964.**

INTRODUCTION

The views expressed in this report were shaped to a large extent by the information gathered by members of the Sub-Committee on Veterans Affairs during visits to a number of facilities across the country providing long-term care to veterans. The testimony given by officials from the Department of Veterans Affairs, representatives of veterans groups and other witnesses was also of great value. However, it was clear from the start that the conditions in such facilities had to be seen first-hand in order to gain a good picture of the current situation across the country. Obtaining the views of a number of veterans in those facilities was also an important element of this study. Given the time and resources available, it was not possible to visit all the facilities across Canada or to go outside of the major urban centres. Nevertheless, while some recommendations in this report are specific to the conditions in the facilities we visited, we trust that the actions taken in response to these and our more general recommendations will be of benefit to all of Canada's veterans.

The main focus of this report is the long-term care provided to Canada's war service veterans. Veterans from the First World War, the Second World War and the Korean War are now in their seventies, eighties and older. Some of their needs are identical to those of other elderly Canadians while others are specific to individuals who have experienced the rigours of military life and the horrors of war. Canada's commitment to provide long-term care to elderly veterans who suffered injuries during wartime or who are now in failing health remains as strong as ever. However, over the last few years, veterans groups, family members and others have raised questions about variations in the quality of care provided to veterans in some facilities or regions compared to others. Many war service veterans are in long-term care facilities which provide services under contract with Veterans Affairs Canada, but which remain part of or associated with provincially funded and administered health care institutions. Thus, veterans in need of long-term care have not escaped the effects of the crisis facing the health care system throughout much of Canada. For many years now, dedicated but overburdened health care personnel have been grappling with the consequences of budget cuts while trying to meet the needs of a growing but aging population. Although federal and provincial authorities are taking measures to address the problems within the health care system across Canada in light of the findings of the Romanow report and other studies, there is still room for concern about the effects of the crisis on long-term care for veterans.

Given the situation, the Sub-Committee on Veterans Affairs undertook this study in late 2001. To some extent, this report is part of a second wave of efforts to ensure that the quality of long-term care for veterans is maintained at a high level. The first wave, prompted in part by concerns expressed in the 1996 Auditor General Report and its 1998 follow-up, featured a major report by the Sub-Committee on Veterans Affairs of the Standing Senate Committee on Social Affairs, Science and Technology tabled in February 1999. The report, *Raising the Bar: Creating a New Standard in Veterans Health Care*, highlighted the problems faced by a number of facilities across the country providing long-term care to veterans. It made several recommendations including the accreditation of a hospital or long-term care facility by the relevant national organization as a condition for placing a Veteran in their care. In response to the report, Veterans Affairs Canada took a number of measures including signing an agreement with the Canadian Council on Health Services Accreditation (CCHSA) which ensures to some extent that national standards are being set for and met by hospitals and long-term care facilities across the country providing care to veterans.

While much has been done by Veterans Affairs Canada and health care facilities since the *Raising the Bar* report, there is still room for improvement in a number of areas. For example, the quality of the food provided to veterans in hospitals and long-term care facilities, a major source of concern in the late 1990s, is still an issue despite some efforts to address the problem. Meanwhile, new factors are increasing the complexity of providing care to elderly veterans. Like other elderly Canadians, many war service veterans tend to stay at home as long as possible before entering long-term care facilities. However, by the time they enter such facilities, they can be quite frail or they may be dealing with some form of dementia. Thus, they may require a lot of attention if not intensive care. In any case, after enjoying the comforts of home for so long, the veterans often find the transition to living in a long-term care facility quite difficult despite visits by family members and friends. In order to facilitate the transition, considerable efforts are being made in many care facilities to create a more home-like environment, a marked improvement over the dormitory or hospital atmosphere which prevailed in many veterans residences decades ago. The renovations recently undertaken or planned at Ste. Anne's hospital on Montreal Island and other veterans long-term care facilities across the country underline this trend towards a home-like environment. Among other things, such an environment offers more privacy to the individual veterans, not to mention to their families when they visit.

While the trend towards staying at home longer may influence to some extent the design and atmosphere of long-term care facilities, it also makes it more difficult to predict exactly when many veterans will leave their homes to become residents in long-term care facilities. Indeed, it is not always clear if a long waiting list at certain facilities is a sign that there are not enough priority beds in a region or merely an indication that many veterans are putting their names on the list in case they need more intensive long-term care at one point in their lives. Officials from Veterans Affairs Canada have stated that on a number of occasions, veterans on a waiting list have indicated their preference for staying at home a little while longer even when they were told that a priority bed in a veterans long-term care facility was available. This complicates the management of the waiting list by the

Department and can raise concerns among some veterans that a place in a facility will not be available when they need it. However, the Department undertook a pilot project in some regions to ensure that overseas service veterans, while waiting for a priority access bed, can have access to the Veterans Independence Program (VIP) and treatment benefits as well as to funding for a bed in community care facilities pending the availability of a bed in a veterans facility. As announced on May 12, 2003, the Honourable Dr. Rey D. Pagtakhan, Minister of Veterans Affairs, intends to bring forward legislation that will provide VIP and health care benefits to all overseas service veterans at home while they wait for a priority access bed in a long-term care facility. Thus, veterans will be able to get assistance if they reach a point where they must move to a veterans long-term care facility, but have to wait for a place to become available.

As Veterans Affairs Canada rightly proclaims, the VIP program was a pioneering step in helping to provide national home care. Indeed, VIP benefits help veterans to maintain their independence and to stay in their homes as long as possible. As in Canada's health care system, the emphasis is increasingly on home care instead of long stays in hospitals or long-term care facilities that are costly to operate and maintain. The fact remains that until veterans become residents in a long-term care facility, the spouses and other caregivers often shoulder much of the burden of caring for these persons as they get older. Once the veterans do move to the long-term facilities, they continue to benefit from the support of spouses, other family members and friends who often play active roles in residents councils. As we noted during our visits, many spouses pay frequent visits, in some cases every day of the year, despite the distance from their homes, financial limitations and their own health problems. This is why we warmly welcome the announcement made on May 12, 2003 by the Minister of Veterans Affairs that the legislation he will bring forward will also extend the continuation period of VIP benefits to the surviving spouses of veterans from one year to lifetime. We strongly support this extension, which has been recommended by veterans groups and parliamentary committees over the years because of the important contribution made by spouses to the care of veterans. While issues such as accommodations and the quality of meals are important elements of the long-term care provided to veterans, we should not lose sight of the major contribution made by spouses, family members and friends, not to mention the dedicated staff of the long-term care facilities and members of veterans groups, to the quality of the care provided.

LONG-TERM CARE FACILITIES

A. The Responsibilities of Veterans Affairs Canada

The network of facilities across Canada providing long-term care for veterans can trace its origins to the First and Second World Wars when hospitals and residences were constructed to care for returning veterans injured in combat zones. Today, almost all of the buildings built during or just after wartime have been replaced with more modern facilities which in many cases still proudly bear the names of their predecessors. One of the last buildings built in the 1940s, the Colonel Belcher Hospital in Calgary, was finally

replaced in May 2003 when veterans moved into the new Carewest Colonel Belcher Care Centre in a different area of the city. Over time, the facilities providing long-term care to veterans across the country have to a large extent been transformed to keep pace with developments in the health care system and to respond better to the changing needs of its residents. The large dormitories of the past have been replaced by smaller rooms including a few private ones, while many dining and recreation areas have become much more attractive. Meanwhile, there have also been changes in the attitudes of veterans themselves, many of them staying at home as long as possible and moving into veterans facilities only when failing health makes it necessary. Thus, the transformation process is by no means over because some facilities are still adjusting to the changing needs of their residents.

Perhaps the greatest change over the past decades has been the transfer of veterans facilities from the federal government to provincial administration. Veterans Affairs Canada still bears much of the responsibility for, and the costs of, ensuring the long-term care of veterans. Indeed, instead of doing this through facilities it owns and administers, it now does it mainly through transfer agreements with health care facilities or regional health organizations administered and funded by the provinces. The only veterans care centre still administered by Veterans Affairs Canada is Ste. Anne's Hospital in Sainte-Anne-de-Bellevue on Montreal Island. The Department participated for a number of years in negotiations with representatives of the Province, but no agreement was reached on the transfer of Ste. Anne's to provincial administration and no further discussions are planned. Thus, the transfer of veterans care facilities to provincial administration, which began in the 1960s, is basically complete with just one facility remaining under departmental administration.

While the merits of the transfer of veterans facilities may still be a subject of debate, the significant costs and disruptive effects of reversing the process at this stage would probably far outweigh whatever benefits such a move produced. Thus, the main issue is whether or not veterans are getting good quality care within the network of long-term care facilities as it exists today. There is no doubt that by having contractual arrangements with different provincial health authorities, Veterans Affairs Canada has to work within the context of provincial jurisdictions, varying approaches to health care issues and the economic realities of the different regions involved. Providing long-term care to veterans in cooperation with provincial health care systems has both advantages and disadvantages. Most of the facilities providing long-term care to veterans are part of or associated with hospitals and regional health care administrations and can therefore keep their operating costs within workable limits by sharing services such as heating and laundry provided by centralized units. However, the integration of many veterans facilities within hospital complexes or regional health care administrations also has some disadvantages. For example, the centralized production of meals for all the buildings within a hospital complex or all the hospitals within a city helps to reduce costs, but is often a key factor in the dissatisfaction of veterans with the quality and delivery of their meals, as noted in the chapter on this subject.

Since it has chosen to provide long-term care to veterans through contractual arrangements with provincial health care systems, it is up to Veterans Affairs Canada to ensure that veterans have access as much as possible to the same level of care wherever they may be in Canada. If provincial health care authorities decide to reduce the funding provided to health care facilities including those taking care of veterans, the Department has to monitor the situation and take corrective measures if necessary to ensure that there is no significant decline in the level of care provided to veterans. This was clearly demonstrated in early 2002 when a situation developing in one province had significant implications for the quality of and access to long-term care for veterans. During its visit to veterans facilities in Western Canada in May 2002, the Sub-Committee was made aware of the potential effects of new health care policies and funding formulas announced by the Government of British Columbia in April 2002 on the care of veterans in that province. Given the seriousness of the situation, the Committee decided to table an interim report in June 2002 entitled *Long-term Care for Veterans: The West Coast Crisis*, instead of waiting until its final report to deal with this issue. Indeed, one of the reasons the situation in B.C. raised concerns is the fact that the situation had an impact not only on veterans who have lived most of their lives in that province, but also the numerous veterans who, like many other elderly Canadians, have moved to B.C. to enjoy their retirement years.

The interim report recommended that Veterans Affairs Canada immediately provide additional funding to ensure that the quality of long-term care at The Lodge at Broadmead in Victoria, the George Derby Centre in Burnaby and other facilities in British Columbia is not adversely affected by shortfalls in provincial funding. In its response to the interim report, tabled on November 7, 2002, the Government of Canada indicated that representatives of Veterans Affairs Canada had met with officials from The Lodge at Broadmead and the George Derby Centre to discuss funding to offset the financial challenges resulting from the new policies announced by the provincial government. Subsequent to the tabling of the Government's response, the Sub-Committee has been advised that an agreement had been reached with one of the facilities and that negotiations with the other were progressing well. We trust that the actions taken by Veterans Affairs Canada with regard to the funding situation in B.C. have insured that veterans at The Lodge at Broadmead and the George Derby Centre will continue to receive the high quality of care we observed during our visits to these facilities.

Another recommendation of the interim report called on Veterans Affairs Canada to become more involved in the control and management of the waiting list of veterans seeking access to facilities in B.C. When the Sub-Committee undertook its visits in Western Canada, some of the new policies announced by the B.C. government were already having an effect on both the admission and placement of veterans into long-term care facilities in the province. In its response, the Government of Canada indicated that discussions were underway with the regional health authorities to ensure that Veterans Affairs Canada would have increased control in the administration of waiting lists of veterans seeking access to priority beds at individual facilities. Indeed, the response points out that the Department remains committed to individual waiting lists because this

ensures that it will be aware of what veterans are in priority beds and what veterans are actually in need of a bed. However, we want to ensure that the Department's policies concerning waiting list is consistent in all the provinces. We therefore recommend that:

RECOMMENDATION 1

Veterans Affairs Canada review its policies on waiting lists to ensure that it has the necessary level of information in all provinces to be as up to date as possible on the number of veterans in priority beds and those waiting to have access to such beds.

In its third recommendation, the interim report called on Veterans Affairs Canada to undertake the renegotiation of the 1996 Transfer Agreement between the Government of Canada, the Government of the Province of British Columbia and the administrators of the George Derby Centre as well as the agreements concerning other veterans long-term care facilities in B.C. In its response, the Government of Canada indicated that renegotiation was unnecessary given the progress made with regard to the other recommendations. However, we are pleased to note that, as indicated in the response, renegotiation remains an option if the problems are not satisfactorily resolved. Indeed, Veterans Affairs Canada must ensure that the veterans basically receive the same level of care whether they are in Ste. Anne's Hospital or in a facility transferred to or administered by provincial health authorities. The situation may vary somewhat from one province to another, but the onus is on the Department to monitor developments in the facilities across the country and to take timely corrective measures if necessary. We therefore recommend that:

RECOMMENDATION 2

Veterans Affairs Canada review its procedures in order to ensure that it can effectively monitor conditions in all the facilities across Canada providing long-term care to veterans and that it can take corrective measures in a timely fashion if and when a situation develops which threatens to reduce the access of veterans to priority beds or the quality of care given to them.

While action has been taken in response to the effects of the new policies announced by the B.C. government on the admission to and placement of veterans in long-term care facilities, we still have concerns about the whole question of access to such facilities both in B.C. and elsewhere. If veterans are staying at home longer before entering long-term care facilities, they can be quite elderly when it becomes necessary for them to request a place. The requirements of obtaining a place, such as completing many forms, can be quite a burden for an elderly person, especially if they have had little contact beforehand with Veterans Affairs Canada and are unfamiliar with the full extent of services and benefits available to veterans. For one reason or another, some veterans may not know that they can get long-term care in veterans facilities. If they do not identify

themselves as veterans, regional and provincial authorities may not be able to inform them about the services available. More efforts should be made to inform veterans still living at home about the services they can have access to and to encourage them to identify themselves as veterans when they request admission to a long-term care facility in their region or province. Everyone concerned should remember that veterans needing long-term care are elderly and frail and need help to deal with all the bureaucratic requirements which are part of the admission process. We have also become aware of a number of cases where veterans on waiting lists for a place in long-term care centres have been dropped from the list or have been moved to the bottom because they refused an offer of a place in a facility other than the one they requested. Some persons were dropped from a list because they refused an offer for a place in a facility when they were given only 24 hours to make a decision and to move into a facility. veterans should not be denied access to long-term care facilities when such situations occur. We therefore recommend that:

RECOMMENDATION 3

Veterans Affairs Canada explore with regional and provincial health authorities ways of standardizing, as much as possible, the gerontological assessment process used to determine the level of care required by veterans seeking a place in a long-term care facility to reduce discrepancies from one region or province to another in terms of access.

RECOMMENDATION 4

Veterans Affairs Canada ensure that veterans seeking access to a long-term care facility are not taken off the waiting list or relegated to the bottom of the line if they refuse to accept a placement at a facility because it is not the one they requested or because they were given less than three days to agree to and move to the location offered to them.

RECOMMENDATION 5

Veterans Affairs Canada explore with regional and provincial health authorities ways to quickly identify veterans among individuals seeking access to long-term care facilities, including a box on the application forms asking if the applicant is a Veteran, so that the onus will not be mostly on the veterans themselves to determine what services they are entitled to.

B. Conditions in Veterans Long-term Care Facilities

Most of the facilities we visited have a mix of double- and single-occupancy rooms. In general, this provides enough privacy for each resident and visiting family members, although in some locations such as the Ridgewood Veterans Wing in Saint John, New Brunswick, more could be done in the double rooms to improve privacy. Storage areas and closets are insufficient in some cases. However, the problems noted in some facilities to some extent pale in comparison with the situation observed at the Caribou Memorial Veterans Pavilion, part of the Dr. Leonard A. Miller Centre in St. John's, Newfoundland and Labrador. A number of rooms in that location house three residents, a situation that we find unacceptable especially when compared to the accommodations found in other facilities we visited. In some of the other locations, such as Ste. Anne's Hospital, renovations were imminent or have been completed to increase the availability of private or double-occupancy rooms. However at Caribou, with three persons living in a small room, storage space is at a minimum, but more importantly, the residents have little privacy, especially when family members visit. This is an issue in many facilities. As the spouse of a veteran told us during our visits, families often have to discuss with veterans their final wishes and financial issues and if there is no small meeting room available or if the Veteran is too frail to move, they sometimes find it uncomfortable talking about these things with other people around. If this is a problem in double-occupancy rooms, it is even more so in rooms with three individuals. The poor design of parts of the Caribou Pavilion, such as the foyer apparently seldom used by veterans, did little to ease the situation.

The problems at the Caribou Pavilion, as at other facilities, are in large part linked to the lack of resources available to deal who have residents who have some form of dementia. Indeed, a large number of elderly Canadians, including veterans, are dealing with some form of dementia. Alzheimer's Disease is the most common form of dementia, but there is also Creutzfeldt-Jacob Disease, Lewy Body Dementia, Pick's Disease and Vascular Dementia. Many of the veterans facilities we visited estimate that up to 70% of their residents are dealing with some form of dementia, and at Ste. Anne's Hospital it is about 80%. Even in a large facility like the veterans wing in Sunnybrook and Women's College Health Sciences Centre in Toronto, the health care personnel noted that the layout and overall design of the building's floors, though only a few years old, was out of date given the needs of many of their current residents. When we visited the facility in May 2002, the redesign of the dementia section had the highest priority and the plans were set, but the start of the project was delayed pending a decision on funding. In other facilities, such as the Ridgewood Veterans Wing, a dementia unit separate from the rest of the building was recently added. This allows residents with dementia to circulate in their own enclosed area, preventing them from wandering off elsewhere in a building or leaving it without supervision. At the same time, other residents do not have to come into contact with individuals who can become aggressive or mistrustful amid strangers. The warm and inviting atmosphere of Liberty Lane, the 24-bed area in the Ridgewood Veterans Wing for veterans with Alzheimer's Disease, is certainly a model for other facilities. Secure but attractive outdoor areas for residents dealing with some form of dementia like those at

Ste. Anne's Hospital and the Perley and Rideau Veterans Health Centre in Ottawa are major assets of these facilities and should be a feature available in all long-term care facilities.

On the other hand, the resources available at the Caribou Pavilion for dealing with dementia cases were quite limited. We were given a description of how the nursing staff constantly has to play a game of chess, carefully moving residents from one room to another when new residents arrive or when some individuals become too aggressive and have to be moved to a more secure area or a private room. The frequent moves from one room to another, although quite necessary, bother the residents, who often have difficulty adjusting to new rooms and roommates, and frustrate family members. The Sub-Committee was informed that the Caribou Pavilion had submitted a proposal in order to increase its dementia capabilities, which was being considered by Veterans Affairs Canada. The Department informed us that it recognizes the need that exists at this facility and indicated that the proposal would be considered very seriously. However, we believe that it is necessary to underline the problems this facility is coping with while providing care to residents dealing with some form of dementia and to emphasize the need for quick action. Indeed, veterans in this region have few options available other than the Caribou Pavilion, so the facility should be well equipped to provide care to veterans dealing with some form of dementia. We therefore recommend that:

RECOMMENDATION 6

Veterans Affairs Canada proceed as quickly as possible to help the Caribou Memorial Veterans Pavilion, part of the Dr. Leonard A. Miller Centre in St. John's, Newfoundland and Labrador, significantly improve its capacity to provide long-term care to its residents dealing with some form of dementia.

While increasing the dementia capabilities at the Caribou Pavilion will resolve some of the problems, we firmly believe that the accommodation situation should also be improved. There should be private or double-occupancy rooms, not small cramped rooms with three or four residents. We therefore recommend that:

RECOMMENDATION 7

Veterans Affairs Canada, in cooperation with the Caribou Pavilion, the Dr. Leonard A. Miller Centre and the Health Care Corporation of St. John's, ensure that in the process of increasing the Pavilion's dementia capabilities, the rooms with three or more residents are replaced by private or double-occupancy rooms without reducing the total number of priority access beds.

The situation at the Caribou Pavilion reminds us of the need to maintain standards for accommodations in long-term care facilities for veterans across the country. Some of the facilities were designed a decade ago when the increase over time in the number of residents with some form of dementia appears to have been somewhat underestimated in many parts of Canada. As mentioned above, the Caribou Pavilion is not the only facility grappling with the implications of an increasing number of dementia cases and finding itself in a less than ideal situation to provide the necessary care. Single- and double-occupancy rooms are not a luxury because the well-being and attitude of some persons with a low level of dementia could be seriously affected if they constantly have to share a room with very aggressive roommates. The decline in the abilities and attitudes of a person with dementia can be a steady process, but it is still necessary to ensure the best possible living environment for that individual. This is important for the well-being and safety not only of other residents, but also of the staff and visitors. Another issue concerns the needs of female veterans who are a small minority within the war service veterans population. For facilities with a mainly male population, it is sometimes difficult to provide all the accommodations required. We therefore recommend that:

RECOMMENDATION 8

Veterans Affairs Canada establish clear accommodation standards to ensure that all major veterans long-term facilities and, as much as possible, all other facilities with priority access beds for veterans are able to provide private rooms, or at least a mix of private and double-occupancy rooms for residents, and to meet the needs of female veterans.

We recognize that providing private rooms for all residents in veterans long-term care facilities may not be possible because of limitations imposed by budgetary considerations and the dimensions and designs of the building used. Nevertheless, given the age of the war service veterans, efforts must be made to avoid situations where three or four residents have to share a small cramped room. There is a clear trend towards creating a more home-like atmosphere in veterans long-term care facilities, but many of the buildings we visited are still basically hospital-type environments and are part of health care complexes. Reducing the total number of residents in veterans facilities is not an option because the need is so great and the waiting lists are quite long in many locations. Even places like the Ridgewood Veterans Wing in Saint John, New Brunswick, where the facilities were recently expanded could use additional beds in order to fully meet the needs of their regions and to shorten the time some veterans have to wait in order to get a long-term care bed. The Sub-Committee did visit some facilities which were far removed from the hospital-type environment and still met all the care and other needs of their residents.

In a perfect world, the Sherbrooke Community Centre in Saskatoon, Saskatchewan, which includes the Veteran's Village and which has about 40 veterans out of a total of 270 residents, would certainly be one of our choices as a model for all other veterans long-term care facilities across Canada. As so aptly described in the community centre's fall 2002 newsletter, the Sub-Committee was "incredibly impressed" with what it saw at this facility. The village is composed of small houses arranged in pods linked to an auditorium, a gift shop, therapy areas, a child daycare and other services. The houses can be easily adapted to meet the needs of residents, including those with Alzheimer's Disease. The houses help to create a family-type environment, but a multi-skilled staff is available to provide care. The Sub-Committee was also impressed by the whole approach or philosophy at the centre, the Eden Alternative, which seeks to address what has been called the three plagues of nursing homes — loneliness, helplessness and boredom. The approach used at the Sherbrooke Community Centre allows individuals to be active in their community despite heavy care needs. In the real world, budgetary constraints and other factors no doubt make it difficult for facilities in other regions of the country to completely imitate the layout and design of a facility like the Sherbrooke Community Centre. However, the other facilities could certainly benefit from exchanges of views on the centre's experience in adopting and putting into practice its approach to long-term care. Veterans Affairs Canada, notably with the active involvement of the staff of Ste. Anne's Hospital, has encouraged consultations on best care practices and other issues among the facilities providing long-term care to veterans. At a time when long-term care for all elderly Canadians is undergoing major changes, if not a revolution, we trust that the Department and facilities are aware of the approach to long-term care adopted by the Sherbrooke Community Centre and can apply where possible some of the lessons learned.

Indeed, any approach to care and accommodations which helps married couples stay together or makes it possible for spouses to stay close, if not next door, to the long-term care facility where a Veteran is staying is worthy of note. The approach taken at, for example, the new Carewest Colonel Belcher Centre in Calgary where an apartment complex is part of the centre is a valuable one as long as spouses of veterans who are residents of the long-term care centre can easily obtain an apartment. Indeed, when a married Veteran becomes a resident of a long-term care facility, the transition is often difficult for both spouses and sometimes lead to the break-up of the marriage. Among other things, the move by a Veteran into a long-term care facility can result in significant new expenses for the spouse in terms of transportation to and from the facility in order to visit and to consult with caregivers on the veteran's state of health. We therefore recommend that:

RECOMMENDATION 9

Veterans Affairs Canada explore options such as alternative housing and enhanced home care to limit as much as possible the separation of couples and consider, on a case-by-case basis, providing some level of reimbursement to spouses of veterans in long-term care facilities for the costs of transportation between their homes and the facilities.

QUALITY AND DELIVERY OF MEALS

Whether elderly veterans stay at home or especially if they live in a long-term care facility, they often rely on somebody else to prepare their meals. During the visits to facilities across Canada, the Sub-Committee found that, despite the effort made over the last decade to address the problems identified by various parliamentary reports and by the veterans themselves, the quality of the food served to our veterans remains a major issue. Everyone complains about hospital food and it often appears that nothing can be done about it, but it is an issue that cannot be ignored. The veterans living in long-term care facilities are elderly, need nutrition and often have difficulty eating some or most types of food because of chewing or swallowing difficulties. They also live in these facilities for months and years, so the lack of variety or the unappetizing nature of the food can have a very negative effect on their well-being and behaviour. We are well aware of the fact that people have different tastes and do not always like the food that is the most healthy choice for them. In many facilities, the dieticians who plan the meals and those who prepare them have made considerable efforts to produce interesting and nutritious meals while keeping in mind various financial and time constraints. In some locations, the veterans' level of satisfaction is monitored on a regular basis. Nevertheless, we are greatly concerned that food is still an issue in long-term care facilities for veterans and firmly believe that more efforts are needed in this area.

Our views were shaped by discussions with veterans and, in a number of facilities, by eating the same meals as those served to them on the day of our visits. Our findings are not based on rigorous scientific methodology, but in terms of quality, variety, temperature and satisfaction levels, the meals clearly vary from very good, such as those at the Camp Hill Veterans Memorial Building in Halifax and the Ridgewood Veterans Pavilion in Saint John, New Brunswick, to very disappointing, such as the meals at the Deer Lodge Centre in Winnipeg. The meals in some of the other locations are closer to the bottom than to the top of the scale despite the efforts made over the years to address the problems. For example, the meals at the Caribou Memorial Veterans Pavilion in St. John's, Newfoundland and Labrador, are in this category.

In some locations, the quality of the food is good, but problems in terms of variety, preparation and delivery of the meals tip the scale toward the bottom. A lot of attention is paid to the nutritional value of the food, but by the time the meals actually reach the veterans, they are often lukewarm and have become unappetizing. For example, there

are frequent complaints about toasts, which can be perfect when just out of the toaster and buttered, but which become mushy and unappealing by the time it finally arrives on a veteran's plate half an hour or so later. Some facilities are more successful than others in minimizing the problems associated with the admittedly daunting task of preparing and delivering food for a large number of individuals. This appears to be especially true in the case of facilities which prepare a significant portion of the meals on location instead of relying on a central kitchen some blocks or even kilometres away producing meals for a number of regional health care facilities. In general, the level of satisfaction is also higher in facilities which avoid as much as possible rethermalized food.

Indeed, rethermalized meals, which are cooked in advance, frozen and then reheated before serving, have long been the source of complaints from veterans and other residents of long-term care centres. The costs of preparing and delivering meals no doubt represent a major portion of the operating budget of long-term care facilities. Faced with spiralling health care costs and tight budgets, the administrators of regional health care facilities carefully scrutinize every opportunity to reduce costs. Some have opted for rethermalized food and centralized meal preparation for regional health care facilities to reduce production costs. In another cost-cutting measure, cold and warm food items are put on the same tray. The final preparation of the meals is done in special carts, like the ones used at the Perley and Rideau Veterans' Health Centre Ottawa, which are supposed to heat only the warm food and keep the rest cold. If the system is not properly adjusted, the result can be an unappetizing mess.

Indeed, food quality and satisfaction inevitably varies from one veterans facility to another because, except for Ste. Anne's hospital, the facilities are part of provincially administered and funded operations which provide under contract priority beds to the Department of Veterans Affairs. The provincial and regional authorities have taken different approaches to the preparation and delivery of meals while trying to keep costs within the limits imposed by fiscal realities. This in itself is not a problem since one approach can be as valid as another. However, we are concerned by the great fluctuation in terms of quality, variety and delivery of meals across the country. The level of satisfaction of the veterans with the food is difficult to gauge with complete certainty because many factors can intervene such as personal dislikes and changing tastes as a person ages. For example, during our visit to the Sunnybrook and Women's College Health Sciences Centre in Toronto, some veterans said that they were quite satisfied with the food while others complained forcefully. Thus, while the views of veterans should constantly be taken into account, standards should be established to ensure that veterans in one region of Canada can get basically the same quality, quantity and types of food as in any other region. Furthermore, the situation should be monitored on a regular basis by Veterans Affairs Canada to ensure that the standards are met. We therefore recommend that:

RECOMMENDATION 10

Veterans Affairs Canada, in cooperation with the administrators of the facilities and regional and provincial health authorities, develop standards for the quality, preparation and delivery of meals in veterans long-term care facilities to clearly indicate the level of quality and satisfaction that should be maintained.

RECOMMENDATION 11

Veterans Affairs Canada ensure that the standards established pursuant to recommendation 10 are met by monitoring on a regular basis the quality, preparation and presentation of meals provided in all veterans long-term care facilities, utilizing not only questionnaires asking the level of satisfaction of veterans, but also regular inspections by departmental officials or, at the behest of the Department, members of veterans groups.

RECOMMENDATION 12

Veterans Affairs Canada undertake consultations with the facility administrators and regional and provincial health authorities to increase as quickly as possible the quality of and the level of satisfaction with the meals served to veterans at the Deer Lodge Centre in Winnipeg and the Caribou Memorial Veterans Pavilion in St. John's, Newfoundland and Labrador.

Our recommendations do not imply that the preparation and presentation of food must be exactly the same across the country in every facility. Nevertheless, Veterans Affairs Canada must ensure that the meals served to veterans meet as much as possible certain national standards besides nutrition. The goal is to raise the level of quality, preparation and presentation of food in facilities where problems have been identified and to ensure that other facilities maintain their high standards. This still leaves room for differences from one region to another, especially in terms of local recipes. One of the major complaints at the Caribou Memorial Veterans Pavilion in St. John's, Newfoundland and Labrador, was the lack of at least occasional servings of regional types of food. veterans there look forward to the special meals organized every few weeks by the local branch of the Royal Canadian Legion featuring local recipes. While keeping in mind the need to maintain healthy eating habits, some effort should be made at Caribou and other locations to perk up the menu now and then with regional and traditional dishes.

This would certainly help to increase the variety of the meals served to the veterans or at least break up the routine occasionally. Some veterans at a number of locations pointed out the often depressing effects of the constant predictability of the menus where Tuesdays inevitably means chicken or pasta. At Camp Hill Veterans

Memorial Building in Halifax, some veterans suggested that occasional meals with fried rather then baked food and even occasional surprises like pizza would add variety. Looking forward to meals can be a very important factor in helping people avoid or overcome depression. As mentioned at a few facilities, some veterans can get quite depressed during the first weeks in a long-term care facility. Indeed, even the smell of cooking food can have a therapeutic effect, if only on special occasions. The staff at some facilities pointed out that the preparation of traditional dinners during the Christmas holidays is a sure way to lift the spirits of many veterans. At a time when considerable efforts are being made to create a home environment in long-term care facilities, these are small details that have to be taken into consideration. The occasional availability of local favourites can only help in creating a good environment. Thus, we recommend that:

RECOMMENDATION 13

In the development of standards for the quality, preparation and delivery of meals, pursuant to recommendation 10, Veterans Affairs Canada should encourage all veterans long-term care facilities to develop menus which occasionally feature regional recipes and special meals and which cater as much as possible to the eating habits and tastes of elderly individuals.

The size of and atmosphere in a dining room can also have an impact on the well-being of residents in long-term care facilities. Some facilities housed in large buildings have benefited from the decentralization of dining rooms so that each floor, if not each corner of a floor, can have its own dining area. This may stretch the ability of the staff to meet the demands of individuals, especially if, as happens occasionally at the Camp Hill Veterans Memorial Building, some volunteer helpers are not available. However, the benefits of this trend are not simply limited to the issue of providing good hot meals at the appropriate time. For example, the staff at the Sunnybrook and Women's College Health Sciences Centre in Toronto recognized the need to improve the dining experience of its residents and was working to realize this goal when we visited. The move towards small dining rooms is not just a passing fancy because smaller rooms offer a much better atmosphere for residents with some form of dementia who may have difficulty coping with very large and crowded dining areas. The attractive dining area in Liberty Lane, the new wing recently added to the Ridgewood Veterans Wing in Saint John, New Brunswick, to care for veterans with Alzheimer's disease can easily serve as a model for the design of such areas in other facilities. We therefore recommend that:

RECOMMENDATION 14

Veterans Affairs Canada, in cooperation and in agreement with facility administrators and regional and provincial health authorities, develop guidelines for the construction or renovation of dining areas to ensure easy wheelchair accessibility, a more home-like atmosphere and improved security.

In large facilities, small dining areas spread out throughout a floor or building can give veterans easier access to snacks in between meals or in the evenings. We noticed that in some facilities, for safety reasons, the residents did not have access to a toaster or other electrical appliance to prepare the snacks themselves. However, in many facilities, it appeared to be common practice to arrange for toasts to be made or for snacks to be delivered whenever a veteran made a request.

We recognize that preparing or facilitating the serving of special meals or snacks, even if only on an occasional basis, can be a burden on the already strained resources of some facilities. The facilities we visited were generally flexible enough to modify or change the meals for individuals with allergies or certain medical conditions. A system which can adjust the quantity or the types of food served in a meal for certain individuals should be able to respond occasionally to the desire of many residents for local recipes or special meals. However, concerns were expressed in some locations either by veterans or members of their families about how the food services responded to the special needs of certain individuals. For example, at the Caribou Memorial Veterans Pavilion, there was concern about the effects of mono sodium glutamate (MSG) in the soup and other prepared foods and there were conflicting views about how well the facility responded to the needs of certain veterans with medical conditions or swallowing problems. Because of their health problems, some veterans have to eat only certain types of food. They may have to eat the same meal with little or no variety for weeks if not months. This can have a negative effect not only on the well-being and spirit of the veteran, but also on the peace of mind of family members. In such cases, there should perhaps be more consultations between the staff of the long-term care facility involved and the family members of a veteran in order to try to find some ways of modifying the menu to meet the needs of the veteran while ensuring some variety in the meals. In general, we found that the staff in long-term care facilities are well aware of the special needs of some veterans in terms of food and made special efforts to find solutions where possible.

However, a number of elderly veterans, like many other elderly persons, are dysphagic. They have great difficulty chewing or swallowing anything but food prepared in a purée or reconstituted form. It is not always possible to offer someone who has to eat such food over a period of weeks if not months the kind of variety the regular menu might offer. Besides, the unappetizing appearance of purée food can, over time, have a depressing effect on the Veteran and lead to loss of appetite and weight. Therefore, it was with great interest that we sampled reconstituted food prepared with recipes developed during a research project undertaken at Ste. Anne's Hospital. The aim of the research was to improve not only the taste of the reconstituted food, but also the presentation. For example, a purée made with carrots can be shaped to look like small carrots. Even beer and juices can be processed to provide the texture necessary for persons who have great difficulty swallowing. The results of tests using volunteers have been quite dramatic in terms of weight gain and improved attitudes. The reconstituted food has obvious benefits not only for veterans, but also for many other elderly Canadians. More research is needed, possibly in cooperation with private enterprise, to

develop large-scale production and packaging techniques so that veterans and other persons with special needs elsewhere in the country can have access to this type of food. We therefore recommend that:

RECOMMENDATION 15

Veterans Affairs Canada continue to support, possibly in partnership with private enterprise, the reconstituted food program at Ste. Anne's Hospital designed to help individuals with chewing and swallowing difficulties with the aim of making such food available to all other veterans long-term care facilities and possibly to non-veterans centres as well.

OTHER ISSUES

A. Identity

At first glance, the clear identification of a building or part of a building as a facility providing long-term care to veterans may appear to be a minor issue. However, veterans are proud of having served their country and Canadians of all ages admire and respect them. It is therefore important to ensure that veterans long-term care facilities are distinct and clearly identified. Indeed, in some communities, such facilities are one of the most visible reminders of the significant role veterans played in Canada's history and of the unending gratitude of Canadians. The presence of a veterans facility within a community also helps to make veterans still living at home and their families aware that long-term care will be available if and when needed. In general, we found that the facilities which we visited are clearly identified even if they are part of a larger health care complex. However, veterans at one of the largest facilities, the Sunnybrook and Women's College Health Sciences Centre in Toronto, told us that they believed a bit more could be done to clearly identify the veterans facility within the large complex. Indeed, one veteran claimed that many people in the community do not know that there are still veterans at the facility. The Sub-Committee itself had difficulty finding the right building and entrance amid the sprawling complex. Although both veterans and community residents live in three buildings, including the George Hees Wing and the Dorothy Macham Home, some way could be found to better highlight the presence of a sizeable community of veterans within the complex. Among other things, the signs at the entrance of the Sunnybrook campus could more clearly indicate the location of the Hees and Kilgour Wings and the involvement of Veterans Affairs Canada in ensuring care for the veterans. We therefore recommend that:

RECOMMENDATION 16

Veterans Affairs Canada, in cooperation with the administrators of the Sunnybrook and Women's College Health Sciences Centre and the veterans and Community Residents Council, explore ways to increase the profile of the veterans community within the Sunnybrook campus, including more prominent signboards.

B. Consultations

Our discussions with members of residents committees like the veterans and Community Residents Council at the Sunnybrook and Women's College Health Sciences Centre highlighted the important contributions such organizations make to the quality of care provided to veterans. In many of the facilities we visited, there is a well-established procedure where representatives of residents committees, including veterans and family members, can discuss problems with administrators and seek solutions. Indeed, veterans have a right to make their views known and these should be taken into consideration as much as possible in the course of providing long-term care to them. They should be consulted on anything that may affect their quality of life. Of course, a cooperative approach where everyone, including veterans, family members, facility staff and others can have their say is the best way to ensure a productive dialogue. However, with regard to consultations with the veterans receiving long-term care, some issues need attention.

For example, since long-term care facilities have an increasing number of elderly residents dealing with some form of dementia, it is not always possible to consult fully with many of them about decisions affecting their quality of life in a long-term care environment. In such cases, family members can play an important role in making sure that a veteran dealing with dementia is receiving proper care, but others may not have anyone to speak on their behalf. The same is true for individuals who may have difficulty speaking while recovering from a stroke. Representatives from Veterans Affairs Canada should be able to monitor the situation with regard to the care given to residents dealing with some form of dementia while consulting on a regular basis with other residents in a facility. However, we received conflicting opinions during our visits about the extent to which officials from the Department monitored conditions in long-term care facilities and the quality of care provided. Some persons told the Sub-Committee that they talked on a regular basis to a departmental official while others declared that they had never seen a departmental representative in the facility. We believe that, in a number of cases, residents and family members may not be fully aware of the extent to which departmental representatives keep track of the situation in veterans long-term facilities. Just because they have not personally met a visitor from the Department or a local representative in a facility does not necessarily mean that Veterans Affairs Canada is unaware of conditions there. Nevertheless, we still have some concerns about how closely the Department monitors conditions in some facilities. We welcome the agreement the Department has reached with the Royal Canadian Legion to train representatives of that organization to

monitor conditions in smaller facilities providing priority access beds to veterans with the use of a detailed checklist. Nevertheless, we feel that more effort is needed and recommend that:

RECOMMENDATION 17

Veterans Affairs Canada establish clear guidelines for its representatives across the country so that they can monitor conditions in facilities providing long-term care to veterans under contract with the Department on a regular basis and in a consistent fashion.

We also recommend that:

RECOMMENDATION 18

Veterans Affairs Canada, in cooperation with all the parties involved, develop guidelines to govern consultations between the administrators of facilities providing long-term care to veterans, councils of residents, including veterans, and departmental officials to ensure that all veterans long-term care facilities have a significant level of consultations and that the interests of residents dealing with some form of dementia or otherwise unable to speak for themselves are well served.

Consultations between all interested parties are an important element in ensuring quality long-term care for veterans across the country. However, we recognize that for economic and other reasons, it is not always possible for provincial and regional health authorities, facility administrators and Veterans Affairs Canada officials to resolve all issues to the complete satisfaction of veterans and their families. While some services are desirable to enhance the quality of life of veterans and their families, their value and their costs have to be carefully weighed against those of other services more directly related to long-term care needs. For example, the veterans at the Camp Hill Veterans' Memorial Building in Halifax are concerned about the reduction in the hours of operation of the restaurant on the main floor. Over the years, it has been a popular place for the veterans who often enjoyed having occasional meals there with family and friends. However, the Veterans' Memorial Building is one of many buildings in a health care complex administered by the Capital District Health Authority, also known as Capital Health, which has many other restaurant facilities. After a review, Capital Health decided in 2002 to close some restaurants and to reduce the services and hours of the restaurant in the Veterans' Memorial Building. Measures were taken to ensure that veterans could continue to enjoy at least some of the benefits they had before in the cafeteria, but the dwindling number of veterans making full use of the cafeteria area during weekends threatens to produce more cuts in services and hours. We believe that it would be a great shame if the cafeteria area on the main floor could no longer play an important role in the

quality of life of veterans, their families and friends, and the Camp Hill staff. Economic realities make it difficult to satisfy the needs of all parties involved, including Capital Health administrators trying to reduce operating costs. However, we encourage all the parties involved to engage in consultations on the issue and to try to find a way to retain some of the benefits provided by the cafeteria area.

C. Security

Another issue of concern raised by members of the residents council and by spouses and other family members at Camp Hill, but also mentioned in other facilities, is the question of security in the facilities. There have been reports of thefts and there have been cases where personal items have disappeared. Most items are merely displaced instead of being stolen. Some residents dealing with dementia often move items belonging to somebody else without understanding the implications. However, in some facilities, there may also be cases where someone from outside entered the facilities and stole personal items and equipment. Measures have been taken to improve security, such as safes to store valuable personal objects. Nevertheless, other measures may be necessary to prevent a significant increase in security problems. We therefore recommend that:

RECOMMENDATION 19

Veterans Affairs Canada, in cooperation with administrators of veterans long-term care facilities, regional and provincial health authorities and residents councils, review security policies to ensure the protection of residents and staff and to prevent the loss or theft of personal property.

D. Music Therapy

Many factors contribute to the quality of long-term care including the layout of the accommodations and satisfaction with the food served. However, many other elements play an important role in ensuring a good quality of life for the veterans in a long-term care facility. Indeed, some of these elements have a therapeutic value for all the residents in a facility, notably those dealing with some form of dementia. This is especially true of music therapy, an activity which is often threatened by budget cuts, but which undeniably has a place in any long-term care facility. The Sub-Committee saw first-hand how music therapy is used in many facilities to entertain residents and also help them improve, restore or maintain health. We were also made aware of how music can reduce the aggressiveness of certain persons dealing with some form of dementia, an important factor for the well-being and safety of other residents and staff. We are therefore very concerned that the music therapy programs, like some other services, are often dogged by uncertainties concerning continued funding. For example, some provincial funding for music therapy at the Camp Hill Veterans Memorial Building in Halifax ended in 2002 and at the time of our visit, there was still some uncertainty about other sources of funding. We were also

informed that there is a need for many more musical therapists and it was noted how much the residents enjoyed the music. Given the high costs of health care throughout the country, it is perhaps inevitable that all services provided in long-term care facilities are often re-evaluated and that the costs and benefits of music therapy are weighed against those of other activities and services. However, the value of music therapy is so undeniable for the well-being of individuals that all possible efforts should be made to ensure that veterans in long-term care facilities across the country can have access to such programs. After all, the quality of life in long-term care facilities is not just a question of accommodations and food. We therefore recommend that:

RECOMMENDATION 20

Veterans Affairs Canada give a high priority to music therapy programs in veterans long-term care facilities and cooperate with provincial and regional health authorities as well as with administrators of facilities to find ways to ensure adequate and steady funding for these valuable services.

Arts and crafts programs are also an extremely valuable element of life in long-term care facilities. Some of the veterans long-term care facilities such as Ste. Anne's Hospital, have quite extensive arts and crafts activities, some of which were made possible thanks to the support provided by the Canadian Red Cross. We also visited the workshops at the Sunnybrook and Women's College Health Sciences Centre in Toronto and at the Perley and Rideau Veterans' Health Centre in Ottawa where we saw many examples of the artistic talents of a number of veterans. The sale of paintings and crafts produced by veterans, notably at the shop at Sunnybrook, is a welcome initiative to generate extra funds for activities and to encourage more artistic creation. Other facilities, notably the Caribou Memorial Veterans Pavilion in St. John's, Newfoundland and Labrador, need more resources for arts and crafts, notably woodworking.

E. Spiritual Needs

Veterans in long-term care facilities have many other needs, including spiritual ones. The work of spiritual or pastoral care workers in such facilities contributes enormously to the well-being of the residents and their families and friends. It helps the residents cope with change and loss, failing health and other problems. When visitors have left and the staff is busy making rounds, spiritual caregivers are sometimes the only persons available to chat with veterans. Indeed, in many places, such as the Camp Hill Veterans Memorial Building in Halifax, spiritual caregivers function as full members of the care team. However, in some of the smaller facilities, space can be at a premium and the room assigned to spiritual caregivers can be too small to meet all the needs of the facilities. Such rooms can play multiple roles, serving for example as small meeting rooms for other activities. Since many residents are in wheelchairs, some of them quite bulky, accessibility problems and small dimensions can frustrate many residents who wish to go to the chapel or spiritual care room, whether for spiritual or other activities. For example,

the room used by the pastoral care department at the Ridgewood Veterans Wing is a valuable asset to the facility, but it could certainly use more space. Veterans Affairs Canada recognizes the importance of making spiritual care services available to veterans in long-term care facilities and we trust that it will continue to give its support and help as much as possible. Spiritual care workers provide confidential counselling and emotional support to veterans and their families.

F. Canadian Forces Veterans

While meeting the needs of war service veterans, it is important to help our younger veterans. The younger veterans, often called new veterans, are current or former members of the Canadian Forces. Some of them are receiving benefits from the Department of Veterans Affairs because of injuries suffered during peacekeeping or other military operations. While most of the new veterans do not currently require the type of care provided by veterans long-term care facilities, many of them need help to deal with disabilities or injuries. Indeed, a number of new veterans are dealing with post-traumatic stress disorder (PTSD) and other stress-related injuries and have access to services provided by veterans Affairs, in cooperation with the Department of National Defence. Specialized centres such as the one recently established at Ste. Anne's Hospital are helping veterans deal with PTSD, but it is recognized that more efforts are needed to reach out to all individuals who need help. In fact, while the number of war service veterans is steadily declining, an ever-increasing proportion of the clients of the Department of Veterans Affairs are Canadian Forces veterans, including those who have served in special duty areas. It is expected that by 2006, 44.4% of the Department's clients will be war service veterans, compared to 49.4% in March 2003. Thus, Veterans Affairs Canada is clearly entering a period of transition where after concentrating for many decades on the pension and health care needs of war service veterans, its focus will shift more and more towards services for Canadian Forces veterans. The implications of such a shift will have to be taken into consideration while still ensuring the care of elderly veterans. Everyone involved has to make sure that declining numbers of war service veterans do not lead, in the coming years, to cancellations of needed renovations or any decline in the quality of care provided in veterans long-term care facilities.

As for the current situation, we noted during the visit of facilities that it is not clear in many cases what they can do for new veterans. Some facilities may have one or two younger veterans receiving specialized care while most of the others can offer little assistance notably to individuals dealing with PTSD or other stress-related injuries. The Centre at Ste. Anne's Hospital can help young veterans dealing with PTSD, but it is not always clear what role other veterans long-term care facilities can play. Indeed, problems can arise when younger individuals are mixed with elderly residents. Thus, many facilities should perhaps continue to concentrate only on the care of elderly veterans. However, younger veterans may still seek help from veterans long-term care facilities because of their clear association with caring for veterans. The facilities should at least be able to provide some guidance to the new veterans on where they can find help within their communities. We therefore recommend that:

RECOMMENDATION 21

Veterans Affairs Canada ensure that all veterans long-term care facilities are kept up to date on departmental programs designed to assist Canadian Forces veterans, including those dealing with post-traumatic stress disorder or other stress-related injuries, so that they can provide some guidance to new veterans and help them find the help they need within their communities.

CONCLUSION

The members of the Sub-Committee on veterans Affairs visited a number of facilities across Canada providing long-term care to veterans. In general, we found modern facilities which are trying to keep up to date with the latest techniques in providing long-term care to elderly residents or which have formulated plans to improve their capabilities, notably in the care of individuals dealing with some form of dementia. We also found problems including those concerning the production and distribution of meals. The network of veterans long-term care facilities across Canada generally faces the same problems as other facilities providing care to elderly Canadians. Even the best-equipped facilities have accommodations or services which they would like to improve, but there is often a long wait for the funding required to carry out the improvements and it is not always certain that funding will be available because of budgets cuts. In one of the veterans facilities we visited, renovations in one section of a floor had recently been completed and the rooms had state of the art beds and other equipment, but pending approval of the funding for the specialized nursing staff, there were no residents. In other facilities, there is a need to replace old bathtubs and to improve shower facilities and while Veterans Affairs Canada strongly supports the requests made by the facilities administrators for the needed funding, it can still take some time until the projects get the green light. Given the age of most of the residents in veterans facilities and the disabilities many are grappling with, delays in approving the funding for projects for renovations of accommodations and for the improvement of essential equipment should be kept to a minimum. We therefore recommend that:

RECOMMENDATION 22

Veterans Affairs Canada, in cooperation with administrators of veterans long-term care facilities, regional and provincial health authorities, and federal government officials, review the decision-making process concerning funding for renovations and equipment for veterans long-term care facilities to reduce delays as much as possible.

Accelerating the decision-making process regarding renovations and needed equipment would be beneficial not only for the veterans, but also for the staff of the long-term care facilities. Better accommodations and equipment no doubt helps the care giving staff who with great dedication and determination provide excellent care for our veterans. Indeed, during our visits to facilities across the country, the most common trait we found amid all the variations in terms of problems and resource levels, was the dedication of the staff and their desire to provide the best possible care to the veterans. Caring for elderly persons, some of whom are dealing with some form of dementia, is not always an easy task, but in many facilities, we were nonetheless told that the turnover in nursing and other staff was low. Among other things, this helps people with dementia who often find it difficult to deal with strangers. Thus, it is important to have the same staff dealing with residents. At the same time, the staff have developed considerable expertise in the care of the elderly. A facility could have the best rooms, equipment and food, but without highly qualified and dedicated staff, the quality of care provided would be very short of the mark. We wish to thank all the doctors, nursing staff, administrators, officials of Veterans Affairs Canada and other workers who play such an important role in providing quality long-term care to veterans.

However, ensuring the long-term care of veterans does not always leave much time to participate in other activities such as transporting residents to special events or pushing those in wheelchairs in the outdoor areas of a facility. Meanwhile, given the financial realities we must all deal with, the administrators of the facilities cannot allocate resources to many activities and services which, although desirable, do not have the same priority as basic services such as heating and meal production. Nevertheless, many facilities still benefit from activities and services which add so much to the quality of life of the residents even though the staff cannot provide them and the funding is not available from governments. Indeed, during visits to facilities and during testimony by witnesses, the Sub-Committee was constantly reminded of the major contribution made by individuals and groups to the quality of life of veterans in long-term care facilities. The work done by volunteers who give part of their free time to visit veterans and to organize special events in facilities is of inestimable value. veterans groups including the Royal Canadian Legion, the Army, Navy and Air Force veterans of Canada, and the National Council of Veteran Associations in Canada, both at the national and local levels, organize special events, raise funds for renovations, and donate services and equipment such as specially designed vehicles to transport veterans, including those confined in wheelchairs, to medical appointments or special outings. For example, the famous Bullet II vehicle, appropriately decorated to reflect the experiences of the veterans and provided by local branches of the Legion, is a key asset to the quality of life of the residents of the Sunnybrook and Women’s College Health Sciences Centre.

While veterans groups make an important contribution, many individuals, including many young Canadians, also play a role. They help the staff in a variety of duties including the delivery of meals. Many students, while taking courses on caregiving, gain experience while talking with veterans and organizing activities. During our visits, the Sub-Committee was given many examples of the valuable contributions made by volunteers.

However, we were also informed that there is always a need for more volunteers and that sometimes activities are not possible because volunteers are not available. Many potential young volunteers may not be fully aware of the contribution they can make not only to the quality of life of the veterans, but also to their communities. Indeed, many potential young volunteers may have only a vague notion of the important contribution veterans made to international peace and their country's history. Among other things, this highlights the importance of the Canada Remembers program of Veterans Affairs Canada which commemorates the sacrifices of Canadians who fell in battle and the contribution made by those who returned to Canada after fulfilling their wartime duties. By raising the awareness of young Canadians about veterans and what they went through, the program can indirectly encourage them to do more volunteer work in facilities providing long-term care to veterans. We therefore recommend that:

RECOMMENDATION 23

Veterans Affairs Canada maintain its strong commitment to its Canada Remembers program and explore the possibility of providing more information in its community engagement and other activities aimed at young Canadians on the types of volunteer work which can be done in veterans long-term care facilities.

While there is always a need for new volunteers, it is also important to recognize the value of the work currently done by individuals and groups to enhance the quality of life of veterans and to encourage them to continue. Many volunteers spend a significant portion of their free time to help veterans stay active and to organize special events and excursions, but do not always receive the recognition they deserve. In 2001, the Minister of Veterans Affairs Commendation was established to salute veterans who have made significant contributions to Canada and to the well-being of veterans. A new commendation could perhaps be established to highlight the contributions made by individuals or groups to the quality of life of veterans in long-term care facilities. We therefore recommend that:

RECOMMENDATION 24

Veterans Affairs Canada explore the possibility of establishing a new commendation program to salute the significant contribution made by a volunteer or a group of volunteers, including non-veterans, to the quality of life of veterans in long-term care facilities.

Finally, we will continue to monitor developments in the long-term care of war service veterans and other veterans issues. The government's response will give us some indication of the progress made in resolving the problems that we and others have identified. Many of the issues involved are complex and we realize that some of the problems will not be resolved in just a few weeks. We therefore recommend that:

RECOMMENDATION 25

Veterans Affairs Canada submit an annual report on the progress made in dealing with the issues and problems raised concerning long-term care for veterans and that the report be tabled in Parliament.

LIST OF RECOMMENDATIONS

RECOMMENDATION 1

Veterans Affairs Canada review its policies on waiting lists to ensure that it has the necessary level of information in all provinces to be as up to date as possible on the number of veterans in priority beds and those waiting to have access to such beds.

RECOMMENDATION 2

Veterans Affairs Canada review its procedures in order to ensure that it can effectively monitor conditions in all the facilities across Canada providing long-term care to veterans and that it can take corrective measures in a timely fashion if and when a situation develops which threatens to reduce the access of veterans to priority beds or the quality of care given to them.

RECOMMENDATION 3

Veterans Affairs Canada explore with regional and provincial health authorities ways of standardizing, as much as possible, the gerontological assessment process used to determine the level of care required by veterans seeking a place in a long-term care facility to reduce discrepancies from one region or province to another in terms of access.

RECOMMENDATION 4

Veterans Affairs Canada ensure that veterans seeking access to a long-term care facility are not taken off the waiting list or relegated to the bottom of the line if they refuse to accept a placement at a facility because it is not the one they requested or because they were given less than three days to agree to and move to the location offered to them.

RECOMMENDATION 5

Veterans Affairs Canada explore with regional and provincial health authorities ways to quickly identify veterans among individuals seeking access to long-term care facilities, including a box on the application forms asking if the applicant is a Veteran, so that the onus

will not be mostly on the veterans themselves to determine what services they are entitled to.

RECOMMENDATION 6

Veterans Affairs Canada proceed as quickly as possible to help the Caribou Memorial Veterans Pavilion, part of the Dr. Leonard A. Miller Centre in St. John's, Newfoundland and Labrador, significantly improve its capacity to provide long-term care to its residents dealing with some form of dementia.

RECOMMENDATION 7

Veterans Affairs Canada, in cooperation with the Caribou Pavilion, the Dr. Leonard A. Miller Centre and the Health Care Corporation of St. John's, ensure that in the process of increasing the Pavilion's dementia capabilities, the rooms with three or more residents are replaced by private or double-occupancy rooms without reducing the total number of priority access beds.

RECOMMENDATION 8

Veterans Affairs Canada establish clear accommodation standards to ensure that all major veterans long-term facilities and, as much as possible, all other facilities with priority access beds for veterans are able to provide private rooms, or at least a mix of private and double-occupancy rooms for residents, and to meet the needs of female veterans.

RECOMMENDATION 9

Veterans Affairs Canada explore options such as alternative housing and enhanced home care to limit as much as possible the separation of couples and consider, on a case-by-case basis, providing some level of reimbursement to spouses of veterans in long-term care facilities for the costs of transportation between their homes and the facilities.

RECOMMENDATION 10

Veterans Affairs Canada, in cooperation with the administrators of the facilities and regional and provincial health authorities, develop standards for the quality, preparation and delivery of meals in veterans long-term care facilities to clearly indicate the level of quality and satisfaction that should be maintained.

RECOMMENDATION 11

Veterans Affairs Canada ensure that the standards established pursuant to recommendation 10 are met by monitoring on a regular basis the quality, preparation and presentation of meals provided in all veterans long-term care facilities, utilizing not only questionnaires asking the level of satisfaction of veterans, but also regular inspections by departmental officials or, at the behest of the Department, members of veterans groups.

RECOMMENDATION 12

Veterans Affairs Canada undertake consultations with the facility administrators and regional and provincial health authorities to increase as quickly as possible the quality of and the level of satisfaction with the meals served to veterans at the Deer Lodge Centre in Winnipeg and the Caribou Memorial Veterans Pavilion in St. John's, Newfoundland and Labrador.

RECOMMENDATION 13

In the development of standards for the quality, preparation and delivery of meals, pursuant to recommendation 10, Veterans Affairs Canada should encourage all veterans long-term care facilities to develop menus which occasionally feature regional recipes and special meals and which cater as much as possible to the eating habits and tastes of elderly individuals.

RECOMMENDATION 14

Veterans Affairs Canada, in cooperation and in agreement with facility administrators and regional and provincial health authorities, develop guidelines for the construction or renovation of dining areas to ensure easy wheelchair accessibility, a more home-like atmosphere and improved security.

RECOMMENDATION 15

Veterans Affairs Canada continue to support, possibly in partnership with private enterprise, the reconstituted food program at Ste. Anne's Hospital designed to help individuals with chewing and swallowing difficulties with the aim of making such food available to all other veterans long-term care facilities and possibly to non-veterans centres as well.

RECOMMENDATION 16

Veterans Affairs Canada, in cooperation with the administrators of the Sunnybrook and Women's College Health Sciences Centre and the veterans and Community Residents Council, explore ways to increase the profile of the veterans community within the Sunnybrook campus, including more prominent signboards.

RECOMMENDATION 17

Veterans Affairs Canada establish clear guidelines for its representatives across the country so that they can monitor conditions in facilities providing long-term care to veterans under contract with the Department on a regular basis and in a consistent fashion.

RECOMMENDATION 18

Veterans Affairs Canada, in cooperation with all the parties involved, develop guidelines to govern consultations between the administrators of facilities providing long-term care to veterans, councils of residents, including veterans, and departmental officials to ensure that all veterans long-term care facilities have a significant level of consultations and that the interests of residents dealing with some form of dementia or otherwise unable to speak for themselves are well served.

RECOMMENDATION 19

Veterans Affairs Canada, in cooperation with administrators of veterans long-term care facilities, regional and provincial health authorities and residents councils, review security policies to ensure the protection of residents and staff and to prevent the loss or theft of personal property.

RECOMMENDATION 20

Veterans Affairs Canada give a high priority to music therapy programs in veterans long-term care facilities and cooperate with provincial and regional health authorities as well as with administrators of facilities to find ways to ensure adequate and steady funding for these valuable services.

RECOMMENDATION 21

Veterans Affairs Canada ensure that all veterans long-term care facilities are kept up to date on departmental programs designed to assist Canadian Forces veterans, including those dealing with post-traumatic stress disorder or other stress-related injuries, so that they can provide some guidance to new veterans and help them find the help they need within their communities.

RECOMMENDATION 22

Veterans Affairs Canada, in cooperation with administrators of veterans long-term care facilities, regional and provincial health authorities, and federal government officials, review the decision-making process concerning funding for renovations and equipment for veterans long-term care facilities to reduce delays as much as possible.

RECOMMENDATION 23

Veterans Affairs Canada maintain its strong commitment to its Canada Remembers program and explore the possibility of providing more information in its community engagement and other activities aimed at young Canadians on the types of volunteer work which can be done in veterans long-term care facilities.

RECOMMENDATION 24

Veterans Affairs Canada explore the possibility of establishing a new commendation program to salute the significant contribution made by a volunteer or a group of volunteers, including non-veterans, to the quality of life of veterans in long-term care facilities.

RECOMMENDATION 25

Veterans Affairs Canada submit an annual report on the progress made in dealing with the issues and problems raised concerning long-term care for veterans and that the report be tabled in Parliament.

APPENDIX A
LIST OF WITNESSES

37th Parliament, 2nd Session

Associations and Individuals	Date	Meeting
Department of Veterans Affairs	26/02/2003	3
The Hon. Rey Pagtakhan, Minister		
Larry Murray, Deputy Minister		
Brian Ferguson, Assistant Deputy Minister, Veterans Services		
Michaela Huard, Director General, Policy Coordination and Ottawa Headquarters		
Darragh Mogan, Director General, Program and Service Policy Division		
University of Manitoba	19/03/2003	4
Dr. Evelyn Shapiro, Professor-Senior Scholar, Department of Community Health Sciences, Faculty of Medicine		
Royal Canadian Legion	28/05/2003	6
Allan Parks, Dominion President		
Jim Margerum, Coordinator, Long Term Care		
Pierre Allard, Director, Service Bureau		

37th Parliament, 1st Session

Associations and Individuals	Date	Meeting
Royal Canadian Legion	31/01/2002	3
Allan Parks, Dominion Command 1st Vice-President and Chairman, Veterans Service and Seniors Committee		
Jim Rycroft, Director, Service Bureau (Dominion Command) and Secretary, Veterans, Service and Seniors Committee		
Beech Gordon, Service Officer		
Department of Veterans Affairs	13/03/2002	5
The Hon. Rey Pagtakhan, Minister		
Larry Murray, Deputy Minister		
Brian Ferguson, Assistant Deputy Minister, Veterans Services		
Keith Hillier, Assistant Deputy Minister, Corporate Services		
National Council of Veteran Associations in Canada	11/04/2002	7
H. Clifford Chadderton, Chairman		
Brian Forbes, Honorary Secretary General and Legal Counsel		
Faye Lavell, Director, National Service Bureau		
Jean MacMillan, Assistant Director, Administrative, National Service Bureau		
Health Canada	25/04/2002	8
Dr. Paul Gully, Senior Director General, Population and Public Health Branch		
Nancy Garrard, Director, Division of Aging and Seniors, Centre for Healthy Human Development		
Sue Morrison, Manager, Palliative Care Secretariat, Health Policy and Communications Branch		

APPENDIX B
VISITS TO VETERANS LONG-TERM CARE FACILITIES

January 31, 2002

The Perley and Rideau Veterans' Health Centre
Ottawa, Ontario

April 18, 2002

Ste. Anne's Hospital
Ste-Anne-de-Bellevue, Quebec

May 2, 2002

Sunnybrook & Women's College Health Sciences Centre
Toronto, Ontario

May 27, 2002

The Lodge at Broadmead and Veterans Health Centre
Victoria, British Columbia

May 28, 2002

George Derby Centre
Burnaby, British Columbia

May 29, 2002

Carewest Colonel Belcher
Calgary, Alberta

May 30, 2002

Sherbrooke Community Centre
Saskatoon, Saskatchewan

May 31, 2002

Deer Lodge Centre
Winnipeg, Manitoba

April 1, 2003

The Caribou Memorial Veterans Pavilion
St. John's, Newfoundland

April 2, 2003

Camp Hill Veterans' Memorial Building
Halifax, Nova Scotia

April 4, 2003

Ridgewood Veterans Wing
Saint John West, New Brunswick

Note: On April 3, 2003, the Sub-Committee also visited Veterans Affairs Canada Headquarters in Charlottetown, Prince Edward Island.

REQUEST FOR GOVERNMENT RESPONSE

Pursuant to Standing Order 109, the Committee requests that the government table a comprehensive response to this report.

A copy of the relevant Minutes of Proceedings (*Meeting No. 33 which includes this report*) is tabled.

Respectfully submitted,

David Pratt, M.P.
Chair

MINUTES OF PROCEEDINGS

Wednesday, June 4, 2003
(*Meeting No. 7*)

The Sub-Committee on Veterans Affairs of the Standing Committee on National Defence and Veterans Affairs met *in camera* at 3:40 p.m. this day, in Room 306, West Block, the Chair, Bob Wood, presiding.

Members of the Sub-Committee present: Bill Blaikie, Louis Plamondon, Rose-Marie Ur, Elsie Wayne, Bob Wood.

Acting Member present: David Price for Ivan Grose.

In attendance: *From the Parliamentary Research Branch of the Library of Parliament*: Michel Rossignol, Research Officer.

Pursuant to Standing Order 108(2), the Sub-Committee considered a draft report on long-term care for Veterans.

It was agreed, — That the draft report as amended be concurred in as the First Report of the Sub-Committee and that the Chair be authorized to present it to the Standing Committee on National Defence and Veterans Affairs at the earliest possibility.

It was agreed, — That, pursuant to Standing Order 109, the Sub-Committee recommend that the Standing Committee on National Defence and Veterans Affairs request that the government table a comprehensive response to this report within one hundred and fifty (150) days.

It was agreed, — That the Chair be authorized to make such typographical and editorial changes as may be necessary without changing the substance to the Report.

At 4:10 p.m., the Sub-Committee adjourned to the call of the Chair.

Diane Deschamps
Clerk of the Sub-Committee

Tuesday, June 10, 2003
(*Meeting No. 33*)

The Standing Committee on National Defence and Veterans Affairs met *in camera* at 3:40 p.m. this day, in Room 308, West Block, the Chair, David Pratt, presiding.

Members of the Committee present: Claude Bachand, Leon Benoit, Robert Bertrand, Dominic LeBlanc, Joe McGuire, Anita Neville, David Pratt and David Price.

Acting Member present: Bob Wood for Janko Perić.

In attendance: *From the Parliamentary Research Branch of the Library of Parliament*: Michel Rossignol, Research Officer.

The Committee proceeded to consider a report of the Sub-Committee on Veterans Affairs.

Bob Wood presented the First Report (*Honouring the Pledge: Ensuring Quality Long-Term Care for Veterans)* of the Sub-Committee on Veterans Affairs.

It was agreed, — That the First Report of the Sub-Committee on Veterans Affairs be concurred in as a report of this committee and that the Chair of the Sub-Committee, or his designate, be authorized to present it to the House at the earliest possibility.

It was agreed, — That, pursuant to Standing Order 109, the Committee request that the government table a comprehensive response to this report within one hundred and fifty (150) days.

It was agreed, — That the Chair be authorized to make such typographical and editorial changes as may be necessary without changing the substance of the report to the House.

At 4:00 p.m., the Committee adjourned to the call of the Chair.

Diane Deschamps
Clerk of the Committee