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IMPROVING SERVICES TO IMPROVE QUALITY OF LIFE FOR VETERANS AND THEIR FAMILIES

Report of the Standing Committee on Veterans Affairs

Greg Kerr, M.P.
Chair

MAY 2012

41st PARLIAMENT, 1st SESSION

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has the honour to present its

FIFTH REPORT

Pursuant to its mandate under Standing Order 108(2) and the motion adopted by the Committee on Thursday, November 24, 2011, the Committee has studied the review of the delivery of front-line health and wellbeing services for Canadian veterans and has agreed to report the following:

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IMPROVING SERVICES TO IMPROVE QUALITY OF LIFE FOR VETERANS AND THEIR FAMILIES

INTRODUCTION

The past decade has seen major efforts to improve the quality of services provided to veterans and serving members of the Canadian Forces (CF) and the Royal Canadian Mounted Police (RCMP) who have been injured on duty, as well as to the members of their family. The underlying objective of these efforts is to deliver service as seamlessly as possible, integrating the four components of the service continuum: (1) health and transition services provided to serving members of the CF and the RCMP; (2) medical services offered under the responsibility of Veterans Affairs Canada (VAC); (3) non-medical benefits and transition services provided by VAC; and (4) services delivered by private and community organizations.

In 2009, VAC introduced a key transformation program specifically to integrate those services: "Our guiding vision is that by 2015 veterans and their families will be able to connect with VAC through multiple communication channels, and to trust VAC to correctly identify their needs upon release and ensure a smooth transition from the Canadian Forces to the care of Veterans Affairs Canada."[1]

To form an overview of available services so as to identify best practices, deficiencies and promising initiatives, the Committee decided on November 24, 2011 to "begin a review of the delivery of front-line health and well-being services for Canadian veterans."[2]

The expression "front-line" does not refer to emergency or first responder services, which are usually associated with that term, but rather to the work of individuals who are in daily contact with veterans for the purpose of delivering those services. It is those individuals, whether or not they are associated with VAC, who can provide the Committee with the most accurate picture of the quality of services provided and of how adequately they contribute to veterans' health and well-being.

The expression "health and well-being services" could also be interpreted very broadly, ultimately to include all services and benefits that veterans may receive. The Committee's initial intention was to focus more on non-financial services, since financial benefits were analyzed in detail in its June 2010 report.[3] However, as one

1 Ms. Charlotte Stewart, Director General, Service Delivery and Program Management, Department of Veterans Affairs, *Evidence*, Meeting No. 14, 1st Session, 41st Parliament, November 29, 2011, 0855, http://www.parl.gc.ca/HousePublications/Publication.aspx?DocId=5286429&Language=E&Mode=1&Parl=41&Ses=1.

2 *Minutes of Proceedings*, Meeting No. 13, 1st Session, 41st Parliament, November 24, 2011.

3 *A Timely Tune-up for the Living New Veterans Charter*, June 2010.

departmental representative clearly noted, “Income is an important, if not the most important determinant of health.”[4] Committee members therefore looked at financial factors when it became apparent that they had a direct impact on the outcomes of health and wellness programs. That influence has been clearly felt in vocational rehabilitation programs.

The health and wellness services delivered to veterans involve continuous interaction between VAC, the Department of National Defence (DND), the RCMP, provincial authorities, veterans’ groups, community organizations and a large number of health, rehabilitation and transition professionals not employed by the Government of Canada. In addition, several services, in particular transition, mental health care and assistance services for homeless veterans, have developed in recent years in response to local initiatives that have led to partnerships with VAC and the CF, all of which opened up new opportunities, but also raised numerous challenges.

The purpose of this report is to conduct an overall assessment of these health and wellness services from the standpoint of the individuals who are in daily contact with the veterans receiving those services. We therefore hope to be able to provide the Government of Canada with recommendations on how to improve service delivery where deficiencies have been identified, to point out programs that are yielding good results and to support the implementation of constructive initiatives.

This report is divided into seven parts. In part 1, we identify a number of challenges that Veterans Affairs Canada is facing in its modernization efforts. As VAC is one of the few federal departments managing the delivery of direct services to a specific population for which it is responsible, it is facing administrative efficiency issues similar to those of provincial governments. The aim of the transformation plan introduced a few years ago was to deliver better results starting in 2015, but various measures previously introduced are already promising the desired outcomes.

Part 2 presents the health care, transition and rehabilitation programs put in place by DND. The purpose of those programs is to rehabilitate injured military members and return them to the regular force, and to prepare for the transition of military members who are to be discharged for medical reasons or who choose to leave the CF but may have access to VAC programs.

Part 3 outlines the rehabilitation and transition services that have been developed through cooperation between DND and VAC, with a particular focus on the integrated personnel support centres and the clinics providing care to the victims of operational stress injuries.

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4 Ms. Charlotte Bastien, Regional Director General, Quebec Region, Department of Veterans Affairs, *Evidence*, Meeting No. 21, 1st Session, 41st Parliament, February 14, 2012, 1635, http://www.parl.gc.ca/HousePublications/Publication.aspx?DocId=5386193&Language=E&Mode=1&Parl=41&Ses=1.

Parts 4 and 5 focus on the health and well-being programs for which VAC is directly responsible. These are the programs governed by the Veterans Health Care Regulations, pertaining to the actual health care itself, the Veterans Independence Program and long-term care. They also include career transition and physical, psychosocial and vocational rehabilitation services implemented after the *New Veterans Charter* came into force.

Part 6 describes the contributions made by the private and community sectors to veterans' health and well-being, including the innovative Career Transition Assistance Program, developed in partnership with the University of British Columbia and the Royal Canadian Legion, as well as promising local initiatives designed to assist homeless veterans.

Part 7 focuses on the experience of veterans of the RCMP in the complex architecture of veterans' programs. VAC is responsible for administering the disability benefits of RCMP members who have been injured on active duty and for providing them with health care. As the needs of former RCMP members may differ considerably from those of CF veterans, this cooperation agreement raises specific challenges in determining the objectives of each of the programs.

In addition to the testimonies heard during the meetings it held in Ottawa, the Committee travelled to Vancouver, Edmonton, Cold Lake, Toronto, Montréal, St. John's and Halifax to assess the services delivered there and, in particular, the partnerships that have formed through local initiatives.

Committee members offer their sincere thanks to all the witnesses who contributed to this report and hope that it faithfully reflects their perspectives.

1. HEALTH AND WELL-BEING CARE: VALUABLE PROGRAMS IN A COMPLEX STRUCTURE

In his *Annual Report 2010-2011*, the Veterans Ombudsman identified the seven most common grounds for the complaints submitted to him during the year. Health care benefits were the subject of the largest number of complaints, and four of the seven grounds for complaint directly concerned health and well-being care.

The vast majority of veterans' complaints, as well as similar comments heard from numerous witnesses, only very rarely concerned the appropriateness of the programs themselves. Criticisms essentially focused on the complex nature of eligibility criteria, a lack of information on programs, the paperwork involved in qualifying for those programs, application processing delays and the reasons provided in support of decisions.

There can be no doubt that VAC is fully aware of these challenges at all levels and that significant efforts have been made over many years to improve the processes involved in the programs, which are generally appreciated. The results of those efforts should emerge in 2015 once an extensive transformation plan has been implemented. As Ms. Charlotte Stewart, Director General for Service Delivery and Program Management, told the Committee:

> The transformation plan I was speaking about has milestones within every year.… This is a very significant transformation that is going to affect all levels of the organization. It's taking the organization from a paper-based, non-technology department into being, I believe, one of the leaders in both those areas. Each year, we will achieve certain goals. We've already made progress. We're reducing the complexity and reducing the turnaround of our programs, and we've already achieved that with our disability programs. While 2015 is the end state, it is by no means the point at which all our accomplishments will have been achieved.[5]

The first element of this transformation is outreach and information. Before the *New Veterans Charter* came into force, the approach guiding the services offered to veterans was based on eligibility for a disability pension, which opened the door to benefits based on disability level. Since 2006, the approach has been based on renewing ability through rehabilitation and supporting the transition to civilian life. Legitimate concerns have been expressed as a result of that change and have resulted in a media whirlwind in which it was difficult at times to form an accurate picture of the situation. The Department acknowledged the need to provide a clearer picture of the underlying objectives of these new programs and pledged to provide better information:

> We've developed an outreach consultation and engagement strategy, and part of that strategy concerns the communication of programming and benefits to veterans.… We've just finished a series of 19 visits to all of the major bases in Canada in cooperation

5 Ms. Charlotte Stewart, *Evidence*, Meeting No. 14, 1st Session, 41st Parliament, November 29, 2011, 0910, http://www.parl.gc.ca/HousePublications/Publication.aspx?DocId=5286429&Language=E&Mode=1&Parl=41&Ses=1.

> and partnership with the Canadian Forces. We've met with the veterans and serving military members and their families for the very purpose of communicating the message about the program.
>
> What we're finding, regrettably, is that there has been some misinformation in the public domain. There has been some lack of understanding by some of our veterans and serving members. Our outreach strategy is designed to get to that audience, and it includes aggressive changes in how we're going to be communicating with veterans and serving members through social media and other means.[6]

With regard to health and rehabilitation programs, Committee members have no doubt that these outreach efforts will achieve good results since veterans do not question the value of the programs themselves and therefore support the Department's efforts in this area.

Given the extreme importance of communication, the Committee recommends:

Recommendation 1

That Veterans Affairs Canada continue its outreach efforts to veterans and their families, in order to increase awareness for programs, particularly improvements to the *New Veterans Charter* that came into force in October 2011, and collaborate with the Department of National Defence to encourage the dissemination of information through the chain of command.

The second element related to VAC's transformation program is reducing application processing times. Improvements have already been noted, but work still remains to be done. The Department would prefer to decentralize decision-making authority for the most common authorizations to front-line employees:

> With respect to measuring the satisfaction level or feedback, we do client satisfaction surveys. That's a key element of our feedback methodology. With respect to front-line decision-making, our case managers now have the ability to make virtually all their own decisions around the rehabilitation case planning needs of an individual client. In the past, some of those decisions had to be escalated either to another level in a region or up to head office. We've changed the authority level for the front-line staff, so they can make those decisions, and we've also made sure they have the training required to do that.[7]

A third element of the transformation plan is designed to simplify application processing. The red tape involved often makes veterans feel as though they are seen as trying to obtain benefits they do not deserve. If veterans get the impression the

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6 Mr. Bernard Butler, Director General, Policy and Research Division, Department of Veterans Affairs, *Evidence*, Meeting No. 14, 1st Session, 41st Parliament, November 29, 2011, 0920, http://www.parl.gc.ca/HousePublications/Publication.aspx?DocId=5286429&Language=E&Mode=1&Parl=41&Ses=1.

7 Ms. Charlotte Stewart, *Evidence*, Meeting No. 14, 1st Session, 41st Parliament, November 29, 2011, 0920, http://www.parl.gc.ca/HousePublications/Publication.aspx?DocId=5286429&Language=E&Mode=1&Parl=41&Ses=1.

Department is closely scrutinizing every detail of their claim, that will needlessly fuel an atmosphere of mistrust. In this case, the problem is not that veterans are being told "no," since their applications are granted in the vast majority of cases. What they do find hard to understand at times is why they are not immediately told "yes" when their applications are clearly legitimate.

To address the significant paperwork involved, the government announced a series of measures designed to streamline the administrative process for obtaining the various allowances provided by VAC.

The first measure followed the Veterans Ombudsman's report titled *Veterans' right to know reasons for decisions: a Matter of procedural fairness*, which was released in December 2011. The report reviews letters issued by VAC informing veterans of its decisions on their applications for disability pensions or disability awards based on its assessment of the degree of disability. The review was based on a sample of 213 letters received by veterans who had decided to request a review by the Veterans Review and Appeal Board. "In applying the guidelines established for this review, the Ombudsman found that all the letters examined failed a test of adequacy in the reasons given for the decisions."[8]

Shortly after the report was released, the Honourable Steven Blaney, Minister of Veterans Affairs, announced a series of measures for the purpose of "cutting red tape," which included a commitment to "[reach] out to many Veterans who have recently received decision letters to make sure they have the information they need and find out how we can make our letters easier to understand."[9] As well, the Minister announced the Department is working toward ensuring greater consistency and clarity in decision letters.

Another example of modernization in this area is the development of what has been called the "Benefits Browser," which helps veterans navigate through the complex eligibility criteria for the various programs. This initiative, originating in the Ombudsman's office, has been adapted by the Department to suit its needs. While currently only used internally, veterans should soon be able to access it online.[10]

Other administrative measures, both planned and implemented, already suggest that application processing times will be shorter. Recently, the Minister announced an initiative to simplify reimbursement procedures for the Veterans Independence Program.

> Veterans who receive grounds maintenance and housekeeping services through VIP will no longer have to obtain, track and submit receipts to receive the financial support they

8 Veterans Ombudsman, Veterans' right to know reasons for decisions: a Matter of procedural fairness, December 2011, p. 5.

9 Speaking notes for the Honourable Steven Blaney, Minister of Veterans Affairs, Winnipeg, February 21, 2012.

10 Mr. Keith Hillier, Assistant Deputy Minister, Service Delivery, Department of Veterans Affairs, *Evidence*, Meeting No. 23, 1st Session, 41st Parliament, March 8, 2012, 1540, http://www.parl.gc.ca/HousePublications/Publication.aspx?DocId=5441470&Language=E&Mode=1&Parl=41&Ses=1.

> need. The payments will be based on an individual's needs and the local going rates for these services. Veterans will receive two payments each year. By replacing multiple reimbursements with simple up-front payments, Veterans Affairs Canada will ensure that Veterans will no longer face paying for expenses and being out of pocket while waiting to be reimbursed.[11]

Significant improvements have also been noted in application processing times at the Veterans Review and Appeal Board.[12] Even though delays are still considered too long, Canadian veterans can nevertheless take comfort in the knowledge that, by comparison, it takes approximately 600 days to reverse a decision through the same appeal process in the United States.[13]

All these efforts are welcome and have already helped recognize the Department's determination to improve its processes. Committee members obviously wish to commend these initiatives and will continue to monitor their results.

The Committee heard concerns from witnesses over the impact of budget cuts on veterans. For example, Mr. Robert O'Brien of the Canadian Association of Veterans in United Nations Peacekeeping told the Committee: "We are concerned, desperately concerned, about the front-line staff. If those front-line staff are not there, then veterans will be very poorly serviced."[14]

The Minister and departmental officials have repeatedly stated that transfers to individuals will not be affected by the cuts and that only operating budgets will be affected by the deficit reduction plan. As to whether that might lower the quality of services to veterans, the Minister and his officials assured Committee members that the efficiency gains resulting from the administrative measures put in place would help offset the risks

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11 *Veterans Affairs Minister Steven Blaney is Cutting Red Tape for Veterans and their Families*, News Release, April 3, 2012, http://veterans.gc.ca/eng/department/press/viewrelease/1346.

12 Mr. John D. Larlee, Chair, Veterans Review and Appeal Board, *Evidence*, Meeting No. 22, 1st Session, 41st Parliament, March 6, 2012, 1635,http://www.parl.gc.ca/HousePublications/Publication.aspx?DocId=5431578&Language=E&Mode=1&Parl=41&Ses=1.

13 Ms. Cheryl Flohr, Acting Deputy Director, Pre-Discharge and Retired Pay Programs, Veterans Benefits Administration, United States Department of Veterans Affairs, *Evidence*, Meeting No. 26, 1st Session, 41st Parliament, March 27, 2012, 1610, http://www.parl.gc.ca/HousePublications/Publication.aspx?DocId=5481039&Language=E&Mode=1&Parl=41&Ses=1.

14 Mr. Robert O'Brien, Chairman, Board of Directors, Canadian Association of Veterans in United Nations Peacekeeping, *Evidence*, Meeting No. 25, 1st Session, 41st Parliament, March 15, 2012, 1610, http://www.parl.gc.ca/HousePublications/Publication.aspx?DocId=5468411&Language=E&Mode=1&Parl=41&Ses=1.

associated with staff cutbacks.[15] Since those measures have just been announced, we cannot assess their results at this time.

15 The Honourable Steven Blaney, Minister of Veterans Affairs, *Evidence*, Meeting No. 22, 1st Session, 41st Parliament, March 6, 2012, 1600, http://www.parl.gc.ca/HousePublications/Publication.aspx?DocId=5431578&Language=E&Mode=1&Parl=41&Ses=1; also Mr. Keith Hillier, *Evidence*, Meeting No. 7, 1st Session, 41st Parliament, October 25, 2011, 0855, http://www.parl.gc.ca/HousePublications/Publication.aspx?DocId=5196758&Language=E&Mode=1&Parl=41&Ses=1.

2. SERVICES PROVIDED WITHIN THE CANADIAN FORCES

A. Health care

Unlike the United States, Canada no longer has a system of military hospitals capable of providing specialized care. The CF must therefore rely on the basic services offered at military bases and, for special care, on services developed by the provincial systems to members of the general public.

On December 13, 2011, Committee members visited the Glenrose Rehabilitation Hospital in Edmonton. That institution is devoted exclusively to high-level rehabilitation care for both adults and children, regardless of their rehabilitation needs. It is one of seven rehabilitation centres with which DND has formed a partnership to provide treatment to military members injured while on active duty. That partnership is therefore separate from VAC's rehabilitation program, and the hospital does not have 'contract beds' for long-term care. This means that military members who are admitted to the facility, often those posted to CFB Edmonton, have access to the same quality of care as is offered to other patients and may benefit from the expertise developed in treating those patients. Through this partnership, DND has provided the necessary resources to fund the installation of one of the two Computer-Assisted Rehabilitation Environment (CAREN) systems in Canada. The other is at the Ottawa Hospital Rehabilitation Centre.

From those visits and the compelling evidence given by several witnesses, Committee members observed the quality of health care provided to CF members. Some reservations were nevertheless expressed regarding specialized mental health care, although CF representatives stressed that it was of higher quality than what is available through provincial services:

> If people present at the operational trauma and stress support centre here in Ottawa with mental health conditions for which they need assistance, they'll get to see a specialist within six to eight weeks. In the general population in Canada, people can wait 12 to 18 months to see the same specialist. I am here to tell you that the medical care provided to Canadian Forces personnel is second to none in this country.[16]

The progress accomplished within the CF to prevent and treat mental health problems, as well as its ongoing fight against the stigma attached to it, is now widely acknowledged. It was recognized by the Canadian Alliance on Mental Illness and Mental Health, in 2009, when the Honourable Peter McKay, Minister of National Defence, Gen. Walter Natynczyk, Canadian Chief of Defence Staff, and LCol. Stéphane Grenier,

16 Rear-Admiral Andrew Smith, Chief, Military Personnel, Department of National Defence, *Evidence*, Meeting No. 19, 1st Session, 41st Parliament, February 7, 2012, 1620, http://www.parl.gc.ca/HousePublications/Publication.aspx?DocId=5365884&Language=E&Mode=1&Parl=41&Ses=1.

Director of Casualty Support Management at DND, were named Champions of Mental Health by the organization.

As will be seen below, the challenge has more to do with the fact the quality of care provided in the CF may lead to disappointment when recently discharged veterans have to deal with the reality of provincial services for the first time.

Psychological care

The only concern expressed about the quality of health care in the CF was the lack of clinical psychologists in uniform whom military members could consult. The situation is the same at the RCMP, where some 15 civilian psychologists are employed, but no clinical psychologists.[17]

There are psychologists in the CF, but their role is not to provide clinical support to military members, and they are not associated with medical staff. By comparison, there are clinical psychologists in the U.S. Armed Forces, which are in the process of recruiting those types of skills for permanent positions.[18] The situation is the same in the armed forces of most of Canada's closest allies. Clinical psychologists are even frequently found in units deployed for combat operations, unlike what is done in the CF.

The purpose of integrating psychologists into the armed forces is to take preventive action by providing a climate of trust that military members cannot find in civilian life.[19] On numerous occasions, Committee members heard about how hard it is for military members and veterans to trust people who have no military experience. Communications between mental health specialists and patients are, by their nature, delicate. Consequently, when psychological problems arise, military members have no easy access to specialists trained to provide them with psychological support before those problems become serious. Medical staff or chaplains on hand can provide additional help in certain cases, but that is not their primary role. The Operational Stress Injury Social Support network is also helpful in mitigating potential consequences of a mental health condition. In addition to the contribution of these highly-valued resources, the availability of the specialized expertise of clinical psychologists would guarantee optimum care.

Military members have access to psychologists from operational stress injury clinics, but these are civilian psychologists working off military bases. In addition, military members must be referred to them by DND case managers. These are cases that have reached a degree of severity that could have been mitigated by making military psychologists available. Their presence could also substantially reduce the shock of

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17 Superintendent Lynn Lemieux, Acting Director General, Occupational Health and Safety Branch, Royal Canadian Mounted Police, *Evidence*, Meeting No. 27, 1st Session, 41st Parliament, April 3, 2012, 1630, http://www.parl.gc.ca/HousePublications/Publication.aspx?DocId=5499538&Language=E&Mode=1&Parl=41&Ses=1.

18 See the brochure at http://www.goarmy.com/content/dam/goarmy/downloaded_assets/pdfs/amedd/amedd-clinical-psychologist-success.pdf.

19 Confidential brief submitted to the Committee, April 3, 2012.

transition for those who must leave the CF against their will. In view of the fact that three-quarters of the participants in VAC's rehabilitation programs suffer from mental health problems, the benefits of this kind of change could prove very significant. The Committee therefore recommends:

Recommendation 2

That Veterans Affairs Canada, in cooperation with the Department of National Defence, assess the potential benefits of integrating clinical psychologists into the military personnel of the Canadian Forces.

B. Transition programs

CF members are offered a number of programs and services during their transition from military to civilian life. Many are intended for all military personnel, but some more particularly for members who have been, or will be, discharged for medical reasons.

1) Transition programs for all Canadian Forces members

The Chief of Military Personnel is responsible for transition programs. The main programs are the Second Career Assistance Network (SCAN) and the Military Civilian Training Accreditation Program (MCTAP). In addition, measures have been implemented in recent years to enable military members to participate in advertised internal appointment processes in the federal public service.

a) Second Career Assistance Network

The purpose of SCAN is to assist military members in planning and preparing for the transition to civilian life. It is the responsibility of the Director of Training and Education Policy, who reports to the Chief of Military Personnel.

> Those leaving upon retirement or to pursue a second career are encouraged to attend the Canadian Forces-sponsored second career assistance network seminars. During these seminars, they receive assistance and advice in various areas, such as financial and estate planning, adjusting to their new reality, and résumé writing.[20]

Members of the regular force and full-time reservists are eligible for SCAN. Depending on availability, spouses and common-law partners may also attend the seminars.[21]

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20 Rear-Admiral Andrew Smith, *Evidence*, Meeting No. 19, 1st Session, 41st Parliament, February 7, 2012, 1530, http://www.parl.gc.ca/HousePublications/Publication.aspx?DocId=5365884&Language=E&Mode=1&Parl=41&Ses=1.

21 Department of National Defence, Defence Administrative Orders and Directives (DAODs) – DAOD 5031-4, Second Career Assistance Network Programme.

b) Military Civilian Training Accreditation Program

MCTAP is also the responsibility of the Director of Training and Education Policy. Through this program,

> The CF is committed to ensuring that CF members receive recognition for their military education, training and experience that are transferable to the civilian sector. The CF recognizes the importance of this recognition by having military education, training and experience evaluated so it may be given civilian recognition in the form of full or partial credits or qualifications.[22]

This provides professional organizations with access to educational material and instructional content to make connections between military and civilian occupations, a process that may involve educational institutions (universities, colleges and technical schools) and professional organizations (federal departments and agencies, professional associations and international, federal and provincial agencies). This process can eventually assist former military members in obtaining recognized civilian credentials. The purpose of this program is to complete at least 20 accreditations per year. The equivalencies resulting from the recognition granted are entered by the Canadian Defence Academy (CDA) into the Canadian Forces Equivalencies Database (CFED) and may be accessed on the CDA's website.

The process also works in the other direction:

> The general public can use CFED to view what their civilian training/education may result in terms of military qualifications upon enrolment in the Canadian Forces. Teachers/counsellors can also use CFED to advise their students of potential jobs in the military related to their field of study.[23]

This kind of program is consistent with the thrust of the Helmets to Hardhats Program officially launched on January 6th of this year. The Government of Canada will invest $150,000 to develop a website through which skills acquired in the military can be matched with the needs of the construction industry. The program was developed in partnership with Canada's Building Trades Unions and the American Federation of Labor and Congress of Industrial Organizations.[24] It also involves the Department of Human Resources and Skills Development and the private sector. TransCanada Corporation, one of the largest oil and gas pipeline companies in the North America, has committed

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22 Department of National Defence, DAOD 5031-6, Military Civilian Training Accreditation Program.

23 Ibid.

24 Mr. Bernard Butler, *Evidence*, Meeting No. 14, 1st Session, 41st Parliament, November 29, 2011, 0935, http://www.parl.gc.ca/HousePublications/Publication.aspx?DocId=5286429&Language=E&Mode=1&Parl=41&Ses=1.

$1 million in support of the program,[25] which will also offer a promising outlet for active reservists wishing to start a career in the construction industry.[26]

c) Participation in advertised internal appointment processes in the federal public service

Since the *Public Service Employment Act* (PSEA) was amended on April 1, 2006, the organizations governed by the Act have been allowed to include CF members in their advertised internal appointment processes (i.e., staffing notices). Military members may therefore participate in advertised internal appointment processes in the federal public service, provided the organizational criterion ("staffing notice") entitles CF members to be considered, and the member "meets the other criteria" (geographic or occupational).[27] Members are defined as "members of the Regular Force" and "members of the Reserve Force on Class B or C service for over 180 consecutive days." "Also, Bill C-40, which came into force in 2008, protects the jobs of public service employees who serve in the reserve force and take a leave of absence for military service in Canada and abroad."[28] DND's rule is to include all military members in its advertised internal appointment processes.[29]

2) Transition programs for ill or injured military members

The Directorate of Casualty Support Management (DCSM) is responsible for programs and services in support of ill and injured military members and their families. According to DND, DCSM's mission is to be responsible "for creating programs to help ill and injured members successfully reintegrate to their military careers or adjust to the civilian workforce, and provide assistance so that they and their families may continue to enjoy the quality of life they deserve."[30] It reports to the Directorate General Personnel and Family Support Services (DGPFSS), which in turn reports to the Chief of Military Personnel. In many instances, the programs are similar to those developed for members who choose to leave the CF, but adapted and personalized based on needs.

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25 See http://www.buildingtrades.ca/Newsroom/Latest-News/Industry-News/TransCanada-Donates-$1-Million-to-Support-Canadian.aspx.

26 Mr. Robert Blakely, Director, Canada Affairs, Building and Construction Trades Department, AFL-COI, Canadian Office, *Evidence*, Meeting No. 24, 1st Session, 41st Parliament, March 13, 2012, 1640, http://www.parl.gc.ca/HousePublications/Publication.aspx?DocId=5456817&Language=E&Mode=1&Parl=41&Ses=1.

27 Department of Justice, *Public Service Employment Act*, last amended on April 18, 2008, current to November 14, 2011, pp. 15 and 16. See also Public Service Commission, Reference List - Organizations' Statutory Links with the Public Service Commission and the *Public Service Employment Act* - Explanatory Notes, last updated in October 2011; Public Service Commission, Participation of Canadian Forces Members in Advertised Internal Appointment Processes (06-06), March 31, 2006.

28 Ms. Anne-Marie Robinson, President, Public Service Commission of Canada, *Evidence*, Meeting No. 24, 1st Session, 41st Parliament, March 13, 2012, 1635, http://www.parl.gc.ca/HousePublications/Publication.aspx?DocId=5456817&Language=E&Mode=1&Parl=41&Ses=1.

29 Department of National Defence, Participation of Canadian Force (CF) Members in Advertised Internal Appointment Processes.

30 Department of National Defence, Personnel - Casualty Support.

> In lieu of the second career assistance network sessions, the ill and injured leaving the Canadian Forces are encouraged to attend medical release information sessions…. Family members are invited to attend the meetings and the information sessions, as their support and understanding are key components of a successful transition.[31]

DCSM's programs include the Transition Assistance Program (TAP) and the Vocational Rehabilitation Program for Serving Members (VRPSM).[32]

a) Transition Assistance Program

TAP helps military members who have been, or who will be, released for medical reasons make the transition to active civilian life.

> The transition assistance program is a Workopolis-type website that links prospective employers with medically releasing personnel through a password-protected website. Approximately 300 employers are registered with this transition assistance program. The program staff also assist personnel who wish to apply for priority placement within the public service.[33]

The above-mentioned Helmets to Hardhats Program dovetails with TAP and involves VAC where work in the construction industry may be considered as eligible training under the Vocational Rehabilitation Program. There have already been several successful examples of this kind of cooperation:

> At CFB Edmonton we've had a number of people go into the boilermakers. At CFB Esquimalt through the Vancouver Island building trades, we've had people who have gone to work in the shipyards, because it takes the same skills to build a ship as it takes to build a house.[34]

Recognizing the potential of these partnerships, the Committee recommends:

Recommendation 3

That the Government of Canada continue to work with public and private partners to assist veterans and their families to find suitable

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31 Rear-Admiral Andrew Smith, *Evidence*, Meeting No. 19, 1st Session, 41st Parliament, February 7, 2012, 1530, http://www.parl.gc.ca/HousePublications/Publication.aspx?DocId=5365884&Language=E&Mode=1&Parl=41&Ses=1.

32 Department of National Defence, Personnel - Casualty Support, Director General Personnel and Family Support Services (DGPFSS), Director Casualty Support Management and The Centre - Functions. See also the DGPFSS website: http://www.cfpsa.com/en/index.asp.

33 Rear-Admiral Andrew Smith, *Evidence*, Meeting No. 19, 1st Session, 41st Parliament, February 7, 2012, 1535, http://www.parl.gc.ca/HousePublications/Publication.aspx?DocId=5365884&Language=E&Mode=1&Parl=41&Ses=1.

34 Mr. Robert Blakely, *Evidence*, Meeting No. 24, 1st Session, 41st Parliament, March 13, 2012, 1640, http://www.parl.gc.ca/HousePublications/Publication.aspx?DocId=5456817&Language=E&Mode=1&Parl=41&Ses=1.

employment following release from the Canadian Forces. Current programs like Helmets to Hard Hats should be commended.

Although initiatives involving cooperation between the private sector and the federal government have not developed to the same degree as in the United States, the growing awareness on the part of businesses and the Canadian public is starting to produce encouraging results.

b) Vocational Rehabilitation Program for Serving Members (VRPSM)

This program is intended for members of the military who have received a notice of release for medical reasons. It affords those members the opportunity to take a vocational rehabilitation program, including training, the necessary studies and a job placement opportunity for up to six months prior to release. The program is part of the military disability insurance plan managed by the financial services of the Service Income Security Insurance Plan (SISIP).[35]

c) Priority entitlement of military members released for medical reasons

Under the Public Service Employment Regulations, since December 31, 2005, veterans of the CF and the RCMP who have been released or discharged for medical reasons have had a "right to be appointed in priority" to any position in the federal public service for which they have the essential qualifications. That right was introduced in 1997, but initially applied only to members who had served in a "special duty area." Eligibility was expanded in 2004 to include those whose disability was related to any "special duty service." Since May 2010, this priority entitlement has also been granted to the surviving spouses or common-law partners of members of the CF and RCMP who have died on active duty, but is limited to those whose death occurred after October 7, 2001, when Canadian military operations began in Afghanistan.[36] In 2010-2011, four survivors of members of the CF or RCMP who died in the line of duty registered with the Public Service Commission (PSC), and one was appointed to a position.[37]

Veterans have five years after release to activate their priority right. Once activated, that right remains in effect for two years. The right is shared with other classes of candidates: employees declared surplus or laid off, employees who have a disability, and

35 Rear-Admiral Andrew Smith, *Evidence*, Meeting No. 19, 1st Session, 41st Parliament, February 7, 2012, 1535, http://www.parl.gc.ca/HousePublications/Publication.aspx?DocId=5365884&Language=E&Mode=1&Parl=41&Ses=1.

36 Ms. Anne-Marie Robinson, *Evidence*, Meeting No. 24, 1st Session, 41st Parliament, March 13, 2012, 1635, http://www.parl.gc.ca/HousePublications/Publication.aspx?DocId=5456817&Language=E&Mode=1&Parl=41&Ses=1.

37 Public Service Commission, *2010-2011 Annual Report*, p. 115.

certain employees on leave of absence.[38] The PSC is responsible for administering these priority entitlements.

Approximately 250 military members released for medical conditions activated their priority entitlement to an appointment to the public service in each of 2007, 2008 and 2009. Of that number, approximately 200 were appointed to a position, 60% of them in the first six months after activating their priority right. Nearly half of the approximately 50 who were not appointed to the public service found employment in other sectors.[39] Some 85% of those who activated their priority file therefore obtained employment.

The potential of this process is thus enormous. Since approximately 2,000 military members are released for medical reasons every year, the question is how many of them might activate their priority right and have chosen not to do so. In 2010-2011, 154 members of the CF or RCMP released for medical reasons were appointed to positions in the public service. That represents a 17% decline relative to 2009-2010, the first drop since 2006-2007.

The President of the PSC noted, "We need to improve coordination and share information about the public service at the earliest possible time, because medically released members are sometimes not familiar with the public service staffing system."[40]

The question of the percentage of VAC employees who themselves are veterans was often cited as one of the reasons why it is more difficult to establish a climate of trust between veterans and the Department. The priority entitlement may be one way that could be used much more systematically in connection with career transition programs. A large percentage of front-line employees in the United States are veterans, with nearly 75% in certain divisions of the Department.[41] Information sessions are of course given at transition seminars, but that information tends to be diluted as a result of the many programs and stakeholders present at those meetings. Committee members believe that targeted information campaigns might make it possible to take greater advantage of this occupational option. The Committee therefore recommends:

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38 Ibid, p. 113.

39 Ms. Anne-Marie Robinson, *Evidence*, Meeting No. 24, 1st Session, 41st Parliament, March 13, 2012, 1635, http://www.parl.gc.ca/HousePublications/Publication.aspx?DocId=5456817&Language=E&Mode=1&Parl=41&Ses=1.

40 Ibid, 1640.

41 Ms. Susan McCrea, Executive Assistant, Intergovernmental Affairs, United States Department of Veterans Affairs, *Evidence*, Meeting No. 26, 1st Session, 41st Parliament, March 27, 2012, 1610, http://www.parl.gc.ca/HousePublications/Publication.aspx?DocId=5481039&Language=E&Mode=1&Parl=41&Ses=1.

Recommendation 4

That Veterans Affairs Canada, in cooperation with the Public Service Commission, the Department of National Defence, and the Royal Canadian Mounted Police, examine ways to increase the percentage of departmental employees who are veterans.

3. SERVICES DEVELOPED JOINTLY BY NATIONAL DEFENCE AND VETERANS AFFAIRS CANADA

A. Integrated Personnel Support Centres (IPSC)

In 2009, DND and VAC launched a national network of Integrated Personnel Support Centres (IPSC) for military members who are injured or about to leave the CF.[42] More than 100 VAC employees work at 24 bases across the country to facilitate exchanges.

Of the 24 IPSCs across the country, those in Shilo and Moncton each have a satellite office, respectively in Moose Jaw and Charlottetown. The centres are grouped within regional elements that together constitute the Joint Personnel Support Unit. The purpose of the IPSCs is to provide support to CF members who are ill or injured, and to facilitate their recovery, rehabilitation and reintegration into the forces where possible. If reintegration is not possible, members must be released for medical reasons, and an IPSC will provide them with the services necessary to their transition to civilian life.

Committee members travelled to Cold Lake on December 13, 2011 and to Halifax on February 28, 2012 to see how the activities of an IPSC are organized on the ground. Ms. Sharon Gosling and Capt. Power, the managers in Halifax, outlined the various services provided: forms management, guidance, assessment of workload at time of reintegration, awareness of the chain of command based on members' specific needs, and vocational rehabilitation for those who must be released. For this last group, who will become clients of VAC, the objective is to prepare them for transition while they are still supported by the CF. Six months before their scheduled release date, the Service Income Security Insurance Plan (SISIP) takes charge of their vocational rehabilitation needs and may cover them for up to two years following release. VAC's Vocational Rehabilitation Program can be accessed after that two-year period, if necessary.

The centres permit interaction among the various CF partners, including VAC, the Operational Stress Injury Social Support (OSISS) network, the Canadian Legion and other locally active organizations. Although their implementation is still in the early stages, the IPSCs are already facilitating resource coordination, particularly for members who have been released for medical reasons and have rehabilitation needs after release.

In the United States, similar cooperative efforts have not only improved relations between the departments of Defense and Veterans Affairs, they have also resulted in major efficiency gains. For example, the medical assessment process, which determines whether a military member may remain in the forces, is also used to assess the degree of disability on which the Department of Veterans Affairs relies to determine the amounts of

42 Ms. Charlotte Stewart, *Evidence*, Meeting No. 14, 1st Session, 41st Parliament, November 29, 2011, 0855, http://www.parl.gc.ca/HousePublications/Publication.aspx?DocId=5286429&Language=E&Mode=1&Parl=41&Ses=1.

the allowances to which the military member could be entitled if released: "The legacy sequential processes on average took about 540 days to complete. Our goal under the integrated process is to complete the process within 295 days. We are currently averaging 396 days on the integrated process."[43]

In Canada, one of the benefits of this consolidation of resources is apparent from the transition interviews given to all CF members who are being released.

> During meetings with a VAC staff member, the transition needs of the entire family are discussed and information is provided on the programs and services we have available to meet those needs. For those with more complex needs, comprehensive case management services are available. A VAC staff member will work with the veteran and family members to assess needs, set achievable goals, and to establish a plan to reach those goals.[44]

This interview is mandatory for regular force members released for medical reasons, but not for reservists or members who are voluntarily released. If it were made mandatory, it could help prevent a number of problems that arise later:

> A mandatory release interview for all, including reservists, where releasing members agree to have service records and health records transferred to a VAC database, as well as the issuing of an ID card reflecting the veteran's file number, would ensure prompt access to benefits in the future. Furthermore, if such a card is subject to periodic renewal, it would provide the basis of a tracking system, whereby all veterans can be reached, including reservists.[45]

Discussions on this ID card, which would facilitate the transmission of information, are already under way between DND and VAC:

> One of the things that veterans have told us is that they don't want a DND card and a VAC card; they don't need both in their wallet. That's why we're working with the chief of military personnel to come up with a card that will indicate that somebody has served their country and also be of use for veterans' issues.[46]

DND is responsible for making this decision since it would impose an obligation on military members who are still serving. That is why we are not making a formal

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43 Ms. Cheryl Flohr, *Evidence*, Meeting No. 26, 1st Session, 41st Parliament, March 27, 2012, 1535, http://www.parl.gc.ca/HousePublications/Publication.aspx?DocId=5481039&Language=E&Mode=1&Parl=41&Ses=1.

44 Ms. Maureen Sinnott, Director, Strategic and Enabling Initiatives, Department of Veterans Affairs, *Evidence*, Meeting No. 15, 1st Session, 41st Parliament, December 1, 2011, 0910, http://www.parl.gc.ca/HousePublications/Publication.aspx?DocId=5294184&Language=E&Mode=1&Parl=41&Ses=1.

45 Mr. Guy Parent, Veterans Ombudsman, Chief Warrant Officer (Retired), Office of the Veterans Ombudsman, *Evidence*, Meeting No. 23, 1st Session, 41st Parliament, March 8, 2012, 1530, http://www.parl.gc.ca/HousePublications/Publication.aspx?DocId=5441470&Language=E&Mode=1&Parl=41&Ses=1.

46 Mr. Keith Hillier, *Evidence*, Meeting No. 23, 1st Session, 41st Parliament, March 8, 2012, 1645, http://www.parl.gc.ca/HousePublications/Publication.aspx?DocId=5441470&Language=E&Mode=1&Parl=41&Ses=1.

recommendation in this matter, although we do encourage VAC to continue the steps it has previously taken in this direction.

It is still too early to assess the scope of the benefits afforded by this integration of partners within the IPSCs, but it is already clear that the centres promote a better exchange of information between DND and VAC. For example, there is a VAC employee in the Chief of Personnel's suite, and a representative from DND serving at the General Officer level, positioned at VAC headquarters in Charlottetown.

The synergy resulting from these interactions affords more advantages than the disadvantages that may sometimes arise from inevitable overlaps. Those advantages may include, for example, the exchange of medical files, the possibility of starting rehabilitation programs as soon as possible after an injury, and the determination as to whether it would be appropriate to allow VAC to offer its vocational rehabilitation programs sooner.

Transmission of medical files

One of the irritants frequently cited in the transition process is the difficulty veterans encounter in accessing their complete medical files. The IPSCs should eventually be able to improve this situation, but there currently appears to be some confusion over the exact nature of the problem. According to the DND representative:

> When a person releases, both their personnel files and their medical files go to Archives Canada.
>
> However, before individuals leave the forces, they have the right to have a copy of their medical files. All they have to do is make that request. Especially for people with medical problems, we ensure through the integrated personnel support centre that a copy of their medical file is made and handed to them so that when they transition to their civilian caregiver, they can bring their file with them for good continuity there.[47]

That statement contrasts with the gist of the Veterans Ombudsman's remark that a medical file may be sent to VAC as part of a decision-making process concerning financial benefits without that information being provided to the client.[48]

> Veterans Affairs Canada typically stipulates that if supporting service and/or medical information is held in government repositories, it is the Department that will recover the information and not the applicant. Depending on whether the member is still-serving or released and for how long, these files are normally recovered from the Canadian Forces

47 Colonel Gerry Blais, Director, Casualty Support Management, Department of National Defence, *Evidence*, Meeting No. 19, 1st Session, 41st Parliament, February 7, 2012, 1540, http://www.parl.gc.ca/HousePublications/Publication.aspx?DocId=5365884&Language=E&Mode=1&Parl=41&Ses=1.

48 Mr. Guy Parent, *Evidence*, Meeting No. 23, 1st Session, 41st Parliament, March 8, 2012, 1535, http://www.parl.gc.ca/HousePublications/Publication.aspx?DocId=5441470&Language=E&Mode=1&Parl=41&Ses=1.

> or Library and Archives Canada and are delivered directly to the Department. The applicant is not provided a copy of these documents for review.[49]

The problem appears to be related to two separate factors. The first one is that, if that military member does not request a copy of his medical file at the time of release, it may be more difficult for the individual to obtain one at a later date. It does not seem reasonable that elements of a veteran's medical file should be forwarded to the Board, or to anyone, without the veteran receiving a copy, particularly if that information is deemed relevant to a decision on a financial benefit. The Committee therefore recommends:

Recommendation 5

That, during the transition interview process, releasing military members be informed of their right to request a copy of their medical file.

The second problem stems from the fact that it is uncertain whether the term "medical file" designates anything specific. Since the CF have no central database on service injuries, medical information is not necessarily transferred systematically from the CF to VAC, or in the other direction if problems subsequently arise that were not diagnosed when the individual was still a CF member.[50] It is possible that some information may be in one place and other information elsewhere and that there is no rigorous procedure for maintaining a complete medical file at all times.

This problem was often cited by the National Defence and Canadian Forces Ombudsman, and the Department claimed the situation will be corrected through implementation of new the Canadian Forces Health Information System.[51] That system was to go into operation in 2008, but its introduction was postponed and operational stress injury data are expected to be available in 2012.[52]

B. Operational Stress Injury Clinics

These clinics are also a joint responsibility of DND and VAC. There are 9 out-patient centres plus one 10-bed in-patient facility at Ste. Anne's Hospital. The vast majority of patients at these clinics are veterans referred by VAC case managers. In January 2012, there were 221 patients at the Montréal clinic, 189 of whom had been referred by VAC,

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49 Veterans Ombudsman, *Veterans' Right to Know Reasons for Decisions: A Matter of Procedural Fairness.* Examination of the adequacy of information in decision letters from Veterans Affairs Canada, December 2011, p. 7.

50 Confidential brief submitted to the Committee, p. 2.

51 Mr. Pierre Daigle, Ombudsman, National Defence and Canadian Forces Ombudsman, *Evidence*, Meeting No. 32, 3rd Session, 40th Parliament, November 30, 2010, 15h50, http://www.parl.gc.ca/HousePublications/Publication.aspx?DocId=4834865&Mode=1&Parl=40&Ses=3&Language=E.

52 Response by the Minister of National Defence to question Q-374 from the member for Etobicoke North, September 16, 2010, p. 24.

17 by DND, 3 by the RCMP, in addition to 12 spouses and children. The clinics have no mandate to provide services to family members unless a veteran requests them.

Committee members visited the Vancouver clinic on December 12, 2011. To be admitted to that facility, a veteran must be referred by a case manager. The centre's staff consists of three psychologists, one nurse and one psychiatrist, and staff training there is based on veteran-specific problems.

When a veteran is referred, a professional from the clinic contacts the individual within two days after the referral, and the first meeting is held approximately one month later. Of the 150 files active at the time of our visit, about 20 concerned active members and the remainder concerned veterans. RCMP veterans are referred only occasionally. Professionals at the clinic told members of the Committee that with its current structure, the clinic would be able to meet greater demand. It works in cooperation with Operational Stress Injury Social Support (OSISS), but as that network has two coordinators for British Columbia, it is somewhat limited in its ability to identify active members who might benefit from the services it provides.

The importance of this peer support network further underscores the issue of trust noted above regarding the absence of clinical psychologists in the CF. OSISS has become the preferred channel through which military members can request assistance.

> Peer support is, first and most importantly, the key to getting people to treatment…. It's the nature of our business that a lot of the fellows who need help do not want to step forward and say so, but when one of your peers tells you that it's really important to see the doctor and tells you to take your medicine, etc., it goes a long way towards helping the person find the proper balance they need.[53]

However, the network's effectiveness is limited by the fact that it remains an informal structure not directly integrated into the units and that it cannot replace the expertise of clinical psychology professionals. For the moment, however, it is still the best resource for military members who will eventually need the services provided by the clinics.

One of the limits identified by witnesses is the lack of psychiatric or psychological care in emergency situations: "…all of the operational stress injury clinics that were put in place do not cater to veterans who are in crisis; veterans must be stabilized and free of addiction before gaining access to their own clinics."[54]

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53 Colonel Gerry Blais, *Evidence*, Meeting No. 19, 1st Session, 41st Parliament, February 7, 2012, 1645, http://www.parl.gc.ca/HousePublications/Publication.aspx?DocId=5365884&Language=E&Mode=1&Parl=41&Ses=1.

54 Mr. Guy Parent, *Evidence*, Meeting No. 23, 1st Session, 41st Parliament, March 8, 2012, 1535, http://www.parl.gc.ca/HousePublications/Publication.aspx?DocId=5441470&Language=E&Mode=1&Parl=41&Ses=1.

Ste. Anne's Hospital is also unable to handle these cases. The treatment it provides for mental health problems lies midway between the basic follow-up care available at a long-term care centre and the acute care that can only be offered at a psychiatric hospital.

There is currently only one clinic providing residential services for psychiatric care patients. That clinic, adjacent to Ste. Anne's Hospital in Sainte-Anne-de-Bellevue, was opened in February 2010, and has admitted 73 patients to date. It provides specialized services through a stabilization program that can run from two to six weeks, and a new intensive treatment program of up to eight weeks. The clinic can therefore provide acute care, but for brief periods, and can accommodate some 10 patients at a time. This kind of service is provided in the United States, but it is easier to introduce there, given the much larger number of veterans likely to benefit from it.[55]

Knowing that "male veterans [have] a 46% higher rate of death from suicide,"[56] every effort should be made to assist those who are at highest risk. The Department is currently studying measures designed "to ensure that we can better serve those who, I would say, require crisis emergency support. The residential treatment clinic at Ste. Anne's Hospital does respond to a need, but there are needs for those who are in crisis and who require emergency support that we need to factor into our continuum of service."[57]

To support efforts already being made in that direction, the Committee recommends:

Recommendation 6

That Veterans Affairs Canada continue to improve its efforts to reach out to veterans who are in need of medical, psychosocial, or other forms of rehabilitation. This can be achieved by maintaining current practices of visiting military bases across the country and by strengthening partnerships between district offices and local health organizations.

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55 Dr. Joel Scholten, Associate Chief of Staff, Rehabilitation Services, Washington DC Veterans Affairs Medical Center, United States Department of Veterans Affairs, *Evidence*, Meeting No. 26, 1st Session, 41st Parliament, March 27, 2012, 1600, http://www.parl.gc.ca/HousePublications/Publication.aspx?DocId=5481039&Language=E&Mode=1&Parl=41&Ses=1.

56 Dr. David Pedlar, Director, Policy and Research, Department of Veterans Affairs, *Evidence*, Meeting No. 21, 1st Session, 41st Parliament, February 14, 2012, 1540, http://www.parl.gc.ca/HousePublications/Publication.aspx?DocId=5386193&Language=E&Mode=1&Parl=41&Ses=1.

57 Mr. Raymond Lalonde, Director, National Centre for Operational Stress Injuries, Ste. Anne's Hospital, Department of Veterans Affairs, *Evidence*, Meeting No. 23, 1st Session, 41st Parliament, March 8, 2012, 1620, http://www.parl.gc.ca/HousePublications/Publication.aspx?DocId=5441470&Language=E&Mode=1&Parl=41&Ses=1.

C. Continuity of health care during transition to provincial systems

Many witnesses noted the lack of continuity between care provided in and outside the CF, particularly in the treatment of operational stress injuries and pain management, fields in which the provincial health services have very limited expertise. As Dr. Alice Aiken told the Committee, the differences between health care provided in the CF and that offered by the provincial systems or covered by VAC can present a challenge to transitioning veterans.[58]

This problem is readily apparent in the management of prescriptions. At the time of release, new veterans receive prescriptions for several months but are required to find their own general practitioner, which can be a challenge in itself. Once they have secured the services of a physician, the problem is that the eligible medications are different from those they were taking while serving.[59] In operational stress injury cases, the change in prescription alone can have serious consequences, in addition to the uncertainty it adds to the efforts that must be made by a veteran in precarious health.[60]

Some veterans whom we met in Cold Lake said they appreciated the improvement effort that the IPSCs represent but lamented the red tape involved in certain procedures that limit the cooperation of local physicians. During the Committee's visit to Halifax, Lieutenant Commander (retired) Dr. Heather A. Mackinnon described the demanding procedures required of doctors who agree to take care of veterans and to provide the necessary documentation to VAC.[61] That perception was confirmed by the director of the Edmonton Regional Office during the Committee's visit to Cold Lake on December 13, 2011.

According to the ethical standards of the medical profession, when a doctor retires or moves, his or her patients are referred to another doctor or needs are temporarily allocated among the physicians who remain, pending a more permanent solution. "There is no CF equivalent link or handover process between the military 'family doctor' and the civilian 'family doctor' communities nor is one being encouraged."[62]

Committee members believe that a smoother transition in health care services could be conducive to a more harmonious transition to civilian life. The Committee therefore recommends:

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58 Dr. Alice Aiken, Director, Canadian Institute for Military and Veteran Health Research, *Evidence*, Meeting No. 21, 1st Session, 41st Parliament, February 14, 2012, 1625, http://www.parl.gc.ca/HousePublications/Publication.aspx?DocId=5386193&Language=E&Mode=1&Parl=41&Ses=1.

59 Mr. Guy Parent, *Evidence*, Meeting No. 23, 1st Session, 41st Parliament, March 8, 2012, 1640, http://www.parl.gc.ca/HousePublications/Publication.aspx?DocId=5441470&Language=E&Mode=1&Parl=41&Ses=1.

60 Dr. Heather Mackinnon, brief to the Committee, February 28, 2012.

61 Ibid.

62 Confidential brief to Committee, p. 6.

Recommendation 7

That Veterans Affairs Canada, in cooperation with the Department of National Defence, examine ways to foster a smooth transition between health care provided to military personnel and that offered to Canadian Forces veterans in the civilian world.

D. Research program

In addition to research conducted in Canada on the health of military members and veterans, the Canadian Institute for Military and Veteran Health Research, which was established two years ago, is a very promising step forward. Before it was launched, Canada was alone among its allies in not having such an institute.[63]

Specialized research is often the only way to establish a connection between a given medical condition and military service. The particular nature of military operations often makes it impossible to use research conducted on a civilian population. Since veterans must demonstrate the connection between their medical condition and their service when applying for benefits, research is thus an essential tool. The Royal Canadian Legion has long emphasized the importance of research and must sometimes rely on what has been done outside Canada to demonstrate a causal link between service and certain medical conditions.

> We didn't have research on things like ALS. Two years ago we went to the American Legion convention, and we found that Veterans Affairs in the United States had accepted ALS as a benefit symptom for moving down the road because they'd found out that they had research demonstrating that people who'd served in the military, due to environmental reasons and stressors that they experienced while in the military, had a higher preponderance of ALS symptoms than those of the general population. The Legion took that to VAC and VAC said they didn't have the research for it. So we went, back door, to the ALS Society of Canada…, brought it back again, and, lo and behold, ALS is now a benefit symptom. This is how we get our work done.[64]

This concern about the availability of research encouraged the Legion to provide financial support for the establishment of the Canadian Institute for Military and Veteran Health Research.

> The Canadian Institute for Military and Veteran Health Research is an innovative organization that engages existing academic research resources and facilitates the development of new research, research capacity, and effective knowledge exchange…. The institute's research focuses on outcomes that translate into programs, policies, and practices that can rapidly impact the lives of the beneficiaries. CIMVHR is focused on

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63 Dr. Alice Aiken, *Evidence*, Meeting No. 21, 1st Session, 41st Parliament, February 14, 2012, 1535, http://www.parl.gc.ca/HousePublications/Publication.aspx?DocId=5386193&Language=E&Mode=1&Parl=41&Ses=1.

64 Mr. Brad White, Dominion Secretary, Dominion Command, Royal Canadian Legion, *Evidence*, Meeting No. 15, 1st Session, 41st Parliament, December 1, 2011, 1005, http://www.parl.gc.ca/HousePublications/Publication.aspx?DocId=5294184&Language=E&Mode=1&Parl=41&Ses=1.

> ensuring that Canada's best researchers are engaged in research that is fully coordinated with national and international agencies to ensure that they complement, not duplicate, existing research activities.[65]

This research may prove essential in assisting veterans, particularly those requiring special attention:

> Many of these conditions were concentrated in an important group of veterans who had what I would describe as very complex states of health. I have come to call this pattern the triple threat. That is veterans who suffer from musculoskeletal disorders — -arthritis and back problems — -mental health conditions, and chronic pain. That accounted for 16% of veterans in the survey. So we are focusing on these health issues in the analyses that we're doing so we can support the development of health care programs to support this group even better.[66]

Recognizing the growing complexity of health conditions experienced by veterans, military personnel and security forces, and the necessity of maintaining in Canada a core network of researchers and clinicians specialized in the understanding and treatment of these conditions, the Committee recommends:

Recommendation 8

That Veterans Affairs Canada, in collaboration with the Department of National Defence and the Canadian Institutes of Health Research, provide meaningful support to research specifically focused on the health of veterans, military personnel, and security forces personnel.

E. Monitoring of veterans

One of the difficulties involved in transition programs is ensuring the monitoring of veterans who have completed a program or who have decided not to take one. This is a problem for veterans who have been released for medical reasons and for others as well, but it involves an additional risk for those in whom the onset of operational stress injury symptoms is deferred.

Various options have been considered, such as issuing a veteran's card or peer sponsoring systems. There is no single permanent solution to the problem, but promising initiatives must be supported. One such initiative is a relatively simple monitoring system that was put in place at the Halifax Integrated Personnel Support Centre. That system, managed by Mr. Rick Frail, Services Coordinator, helps to identify or find veterans in a non-intrusive way and to make them aware of available support services in the event they

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65 Dr. Alice Aiken, *Evidence*, Meeting No. 21, 1st Session, 41st Parliament, February 14, 2012, 1535, http://www.parl.gc.ca/HousePublications/Publication.aspx?DocId=5386193&Language=E&Mode=1&Parl=41&Ses=1.

66 Dr. David Pedlar, *Evidence*, Meeting No. 21, 1st Session, 41st Parliament, February 14, 2012, 1545, http://www.parl.gc.ca/HousePublications/Publication.aspx?DocId=5386193&Language=E&Mode=1&Parl=41&Ses=1.

might eventually need them. A database complying with all confidentiality rules can thus be developed and monitoring can be conducted in a manner consistent with the veteran's wishes.

Several similar initiatives have been developed more or less systematically within the CF or in cooperation with VAC.

The Committee therefore recommends:

Recommendation 9

That Veterans Affairs Canada, in cooperation with the Department of National Defence, examine current industry best practices to develop methods to effectively monitor veterans' progress while participating in transition programs.

4. HEALTH SERVICES PROVIDED UNDER THE RESPONSIBILITY OF VETERANS AFFAIRS CANADA

Health and well-being services provided to Canadian veterans are governed by the Veterans Health Care Regulations, which specify the nature and eligibility criteria of three distinct programs: the Health Care Programs themselves, the Veterans Independence Program and the Long-Term Care Program. The Regulations, which are made under the *Department of Veterans Affairs Act*, define access to health care for all veterans, regardless of whether they fall under the *Pension Act* or the *New Veterans Charter*.

The *New Veterans Charter* was unanimously adopted by both the House of Commons and the Senate in 2005, and came into force on April 1, 2006. It did not alter the health care available to veterans but did change the way they accessed it.[67] Before 2006, their access was conditional on being granted a pension. VAC covered the necessary care for the injury or illness resulting in entitlement to that pension. Now, VAC similarly covers the health care necessary for the injury or illness for which a disability award has been granted.

Physical rehabilitation programs were also available prior to 2006, but they were not a mandatory condition for pension purposes. Today, veterans may receive a disability award without taking part in a rehabilitation program, but not the Earnings Loss Benefit. The health care programs have not changed since 2006, but the *New Veterans Charter* introduced a rehabilitation incentive that did not previously exist.

The Regulations grant enhanced access to services to World War II and Korean War veterans, also called ”war-service veterans”, suffering from a serious disability. In their case, access to certain services does not depend on whether their condition is service-related. Consequently, all war-service veterans whose disability is rated more than 48% have access to the health care and chronic care programs and to the Veterans Independence Program, even if their disability is not service-related. Generally, for other categories of veterans, the degree of disability must be 78% for them to be entitled to the same benefits, or their income must be low.

For so-called modern-day veterans (i.e. those who have served since the Korean War), the same services will generally be accessible only if their need is a direct consequence of a service-related disability. Access to long-term care in a contract bed or at Ste. Anne’s Hospital is limited to war-service veterans. Modern-day veterans have access to long-term care at “community facilities”, that is to say institutions administered by the provinces. In those cases, VAC will pay the difference between the cost of care to which the veterans would have been entitled under the provincial regime and that of their entitlement under the Regulations.

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67 Mr. Stéphane Lemieux, Team Manager, Client Services, Department of Veterans Affairs, *Evidence*, Meeting No. 21, 1st Session, 41st Parliament, February 14, 2012, 1640, http://www.parl.gc.ca/HousePublications/Publication.aspx?DocId=5386193&Language=E&Mode=1&Parl=41&Ses=1.

The main reason for this distinction between war veterans and modern-day veterans stems from the introduction of the *Defence Services Pension Act* in 1950, followed by the *Canadian Forces Superannuation Act* in 1959. Over the following decades, the Canadian government adopted the view that taxpayers were already providing modern-day veterans with a suitable income through that plan, which was not available to war veterans. It therefore became unnecessary to guarantee health care to veterans whose condition was not service-related, particularly since the provincial plans already offered basic coverage and the military pension plan now gives eligible veterans and members of their families access to the Public Service Health Care Plan.[68] Today, veterans who left the CF too soon to be eligible for the pension plan can gain access to it by making the same monthly contributions as those paid by federal public servants.

If a military member leaves the CF in good health, and that condition subsequently deteriorates for non-service-related reasons, responsibility for providing services falls to the provinces, as it does for any other Canadian citizen.

The situation is entirely different for veterans with service-related disabilities. Regardless of whether they are eligible for a military pension, DND's Service Income Security Insurance Plan (SISIP) and VAC's benefits guarantee those veterans compensation for suffering related to their condition and, to the extent they agree to take a rehabilitation program, for any resulting loss of income.

The complex nature of the health care eligibility criteria set out in the Veterans Health Care Regulations is one of the Veterans Ombudsman's main targets during his mandate, for which he has adopted the theme of "One Veteran".

> The complexity currently built into the program's criteria and processes creates an overarching barrier to program accessibility. Over the years, veterans have been categorized by where, when, and how they served, which explains why there are 18 veteran client groups used by Veterans Affairs Canada. Since sailors, soldiers, airmen, and airwomen, as well as members of the Royal Canadian Mounted Police, do not question where and when they must serve, for Veterans Affairs Canada to determine that the level of programs and services provided will be based on the type of service rendered is an injustice of the first order.
>
> Access to benefits should be determined by injuries and illnesses related to service, and should be the same for all veterans, regardless of the nature or the location of their service. Categorization has led to the fact that even within the veterans community there are those who do not consider themselves veterans when compared to our war veterans…. We do not provide consideration to veterans based on when and where they served but recognize them based on the fact that they served honourably.[69]

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68 Mr. Bernard Butler, *Evidence*, Meeting No. 14, 1st Session, 41st Parliament, November 29, 2011, 0930, http://www.parl.gc.ca/HousePublications/Publication.aspx?DocId=5286429&Language=E&Mode=1&Parl=41&Ses=1.

69 Mr. Guy Parent, *Evidence*, Meeting No. 23, 1st Session, 41st Parliament, March 8, 2012, 1535, http://www.parl.gc.ca/HousePublications/Publication.aspx?DocId=5441470&Language=E&Mode=1&Parl=41&Ses=1.

By contrast, there are fewer categories in the American system. They are: combat veterans and veterans with service-connected disabilities. However, the United States has a complex set of rules defining priority access to services based on a veteran's involvement in combat operations, as well as the severity of the disability and income levels. The distinctions are not generally made based on the place and date of service, although that statement must be qualified since some programs introduce chronological distinctions between veterans. For example, the new American legislation on veterans' training and education creates a distinct separation between veterans who served before and after September 11, 2011.[70]

A. Veterans Independence Program

The Veterans Independence Program (VIP), one of the most appreciated programs offered by VAC, grants access to home care services, nutrition, housekeeping, residence access (lawns, entranceways, etc.), transportation services to travel to medical appointments and, in certain cases, transportation to social activities where a veteran is isolated. In 2011, the average per-veteran cost of this program was $7,800.[71]

Certain irritants were identified in connection with the red tape involved in invoice management, and that problem will no doubt be resolved in large part by the recent decision to replace the reimbursement procedure with a biannual allowance.

However, some veterans feel that the program is too restrictive and defines services too specifically instead of adjusting to veterans' particular needs:

> [A veteran] can have a nurse, medicine, and food, but the problem is, if his roof is falling off, if his furnace is broken, or he needs to have a single-pane window cleaned — they won't do a second window. In other words, he can live in a hovel, but he certainly gets meals on wheels.[72]

The Committee insists on recognizing the government's recent initiatives aimed at reducing red tape and simplifying how VIP benefits are paid out. Changing from a contribution to a grant model will provide relief for both veterans and the Department by eliminating thousands of unnecessary transactions each year. In the same spirit of eliminating administrative irritants, it would perhaps be appropriate for the Department to identify general objectives for supporting veterans' independence, under which a wider variety of services could be included without changing the overall cost of the program, rather than insist on the fixed list of services established in 1990, each having an indexed

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70 Ms. Margarita Cocker, Deputy Director, Vocational Rehabilitation and Employment Service, Veterans Benefits Administration, United States Department of Veterans Affairs, *Evidence*, Meeting No. 26, 1st Session, 41st Parliament, March 27, 2012, 1700, http://www.parl.gc.ca/HousePublications/Publication.aspx?DocId=5481039&Language=E&Mode=1&Parl=41&Ses=1.

71 Regulations Amending the Veterans Health Care Regulations, Regulatory impact analysis statement, SOR/2012-42, March 15, 2012.

72 Mr. Gord Jenkins, President, NATO Veterans Organization of Canada, *Evidence*, Meeting No. 25, 1st Session, 41st Parliament, March 15, 2012, 1615, http://www.parl.gc.ca/HousePublications/Publication.aspx?DocId=5468411&Language=E&Mode=1&Parl=41&Ses=1.

annual maximum rate and different eligibility criteria, which makes it more difficult to adapt to changes in veterans' living conditions.

B. Long-term care

The Long-Term Care Program is defined in Part III of the Veterans Health Care Regulations. That care may be provided in three ways: at a community facility administered by provincial authorities, in a "contract bed" for veterans under a contract between VAC and certain provincial and private facilities, or at Ste. Anne's Hospital in Sainte-Anne-de-Bellevue. VAC usually pays the difference between the cost of what is covered by the provincial plan and that of the veteran's entitlement under the Regulations.

The demand for contract beds increased sharply in the late 1990s, and veterans found themselves on a waiting list for long periods of time. Many veterans also preferred to use provincial services so that they could live near their families rather than travel to where a contract bed became available.

In 2000, the Wait List Management Initiative (WLMI) was introduced to remedy the problem:

> [This initiative] allows for the payment of care in community facilities for overseas service veterans if the veteran has been found eligible for a contract or departmental bed and none is available within a reasonable distance of their community.[73]

The costs associated with care at a community facility are lower than those of care in a contract bed because, in the latter case, VAC pays operating and administrative costs in proportion to the number of beds for which a contract has been signed. For example, "the national average cost of care in 2010-11 in a contract bed was approximately $63,700 per year as opposed to approximately $13,100 per year for an [overseas service veteran] in a community facility under the WLMI."[74]

The number of contract beds can be expected to decline gradually, as those contracts give way to agreements under which modern-day veterans can access beds at community facilities where long-term care needs are a consequence of an injury or illness for which they have received a pension or disability award. As the Veterans Ombudsman noted, "The long-term care program does not include a strategy to incorporate the Canadian Forces veterans who may require long-term care down the road in priority placement."[75]

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73 *Regulations Amending the Veterans Health Care Regulations*, Regulatory impact analysis statement, SOR/2012-42, March 15, 2012.

74 Ibid.

75 Mr. Guy Parent, *Evidence*, Meeting No. 23, 1st Session, 41st Parliament, March 8, 2012, 1530, http://www.parl.gc.ca/HousePublications/Publication.aspx?DocId=5441470&Language=E&Mode=1&Parl=41&Ses=1; also Mr. Gord Jenkins, *Evidence*, Meeting No. 25, 1st Session, 41st Parliament, March 15, 2012, 1615, http://www.parl.gc.ca/HousePublications/Publication.aspx?DocId=5468411&Language=E&Mode=1&Parl=41&Ses=1.

The difference between the care provided in a contract bed or at Ste. Anne's Hospital and that received at a provincial community facility is attributable to the fact that there is no specific treatment for veterans.[76] As Committee members saw during their visit to Glenrose Hospital, veterans under care there are not separated from other patients, as they are under care provided in contract beds. In other words, according to the Veterans Health Care Regulations, modern-day veterans have access to the same long-term care as other Canadians, except where that care is a consequence of a service-related disability. In that case, the federal government's responsibility is to pay the cost of the additional services that other Canadians bear on their own, including veterans who need that care for reasons not directly related to their service.

C. Future of Ste. Anne's Hospital

The imminent transfer of Ste. Anne's Hospital to provincial authorities has been a sensitive issue for many veterans since negotiations began. On April 27, 2012, at a press conference held jointly by the Honourable Steven Blaney, Minister of Veterans Affairs, and Doctor Yves Bolduc, Minister of Health and Social Services for the Government of Quebec, Minister Blaney said: "One of my priorities is [...] to ensure the retention of our professionals and the transfer of the Hospital to the Government of Quebec should help to maintain their expertise."[77] Minister Bolduc added that the integration of the institution would respect the rich legacy of our veterans. St. Anne's will also continue to strengthen its innovative partnership with McGill University in the area of geriatrics and psychogeriatrics, and will build on that partnership and research excellence.

The American example of Walter Reed Hospital regularly serves as a point of comparison: "They didn't spread the Walter Reed centre for veterans out into 50 states. They had one place where they could focus on this."[78]

In intervening so directly in an area of provincial jurisdiction, the federal government determined the level of service that it considered legitimate to offer to those who had borne arms. Without disappearing completely, that level of service may gradually decline since, as the provinces have no particular responsibility for veterans, they will naturally be inclined to consider them as one clientele among many. The care that veterans are given, and the expertise developed as a result, will thus focus to a greater degree on more general priorities. The Committee therefore recommends:

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76 Dr. Heather Mackinnon, presentation to the Committee, Halifax, February 28, 2012.

77 Veterans Affairs Canada, "Government of Canada and Government of Quebec Sign Agreement in Principle for the Potential Transfer of Ste. Anne's Hospital", News Release, April 27, 2012.

78 Mr. Gord Jenkins, *Evidence*, Meeting No. 25, 1st Session, 41st Parliament, March 15, 2012, 1650, http://www.parl.gc.ca/HousePublications/Publication.aspx?DocId=5468411&Language=E&Mode=1&Parl=41&Ses=1.

Recommendation 10

That Veterans Affairs Canada, in negotiations for the transfer of Ste. Anne's Hospital to the province of Quebec, ensure that it maintains a centre of excellence in clinical research and that our veterans continue to receive priority access to quality care in the official language of their choice.

5. NON-MEDICAL BENEFITS AND TRANSITION SERVICES PROVIDED BY VETERANS AFFAIRS CANADA

> Gainful employment has been widely recognized as being probably the best thing we can do for the health and wellness of veterans on an on-going basis.
>
> Colonel (retired) Bill Sutherland (Chair, National Board of Governors, Commissionaires), *Evidence*, March 13, 2012, 1720

> We know...that if you are gainfully employed, that is...your best form of rehabilitation moving forward.
>
> Mr. Wolfgang Zimmermann (Executive Director, National Institute of Disability Management and Research), *Evidence*, March 15, 2012, 1720

Although there is not complete consensus, generally speaking, the figures on veterans' working lives are positive:

> Released Canadian Forces members [are] less likely to experience low income compared to other Canadians.... Less than 2% experienced persistent low income, which is low income that has continued. Almost 90% worked after release, and the majority were satisfied with their work. Veterans were no more likely to experience unemployment. The unemployment rate was about 8% at the time of the survey, which was comparable to the general population.[79]

Veterans who released from the regular force between 1998 and 2007 had an average income of $62,300 (in 2007 dollars) when they left the CF.[80] The biggest concerns are the figures on involuntarily released veterans, many of whom are discharged for medical reasons. "Members who had involuntary release had a lot of difficulty with transition."[81] Whereas veterans' incomes fell by 10% on average in the three years following their release from service, the figure is 29% for veterans who have been released for medical reasons and for female veterans.[82] In view of this sharp decline in income among veterans released for medical reasons, vocational rehabilitation and transition programs should be aimed at them on a priority basis.

Under the *New Veterans Charter*, two new programs focusing specifically on vocational transition were put in place: the Career Transition Program, which is intended

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79 Dr. David Pedlar, *Evidence*, Meeting No. 21, 1st Session, 41st Parliament, February 14, 2012, 1540, http://www.parl.gc.ca/HousePublications/Publication.aspx?DocId=5386193&Language=E&Mode=1&Parl=41&Ses=1.

80 Veterans Affairs Canada and National Defence. *Income Study: Regular Force*, p. 30.

81 Dr. David Pedlar, *Evidence*, Meeting No. 21, 1st Session, 41st Parliament, February 14, 2012, 1550, http://www.parl.gc.ca/HousePublications/Publication.aspx?DocId=5386193&Language=E&Mode=1&Parl=41&Ses=1.

82 Veterans Affairs Canada and National Defence. *Income Study: Regular Force*, pp. 30-31.

for all CF veterans, and the Vocational Rehabilitation Program, which is more specifically for veterans released for medical reasons.

A. Career Transition Program

This program applies to all former CF members, whether their situation is governed by the *New Veterans Charter* or by the *Pensions Act*. It is essentially intended for military members who are about to be released and provides workshops on practical matters (résumés, preparing for interviews, starting up a business, and so on), personal guidance counselling (skills testing, career counselling, etc.) and job-finding assistance with the support of a trainer.[83] Similar services are provided through the Service Income Security Insurance Plan (SISIP), but they are available only to members who are about to be released for medical reasons. Management of the program has been contracted out to Right Management, a specialized human resource development firm.

The workshops are organized in groups of 10 to 12 participants. After taking them, those who so wish may undergo individual career counselling to determine what skills are transferrable to civilian life and to learn how to present them in a favourable light to potential employers, either in a résumé or through preparation for an interview. Once members in transition are ready to look for a civilian job, a whole series of support services is put at their disposal:

> This includes, among other things, 24/7 online access to an exclusive CTS national job bank, comprising over 200 hiring organizations and search firms across 35 different industries; quarterly communiqués providing labour market and job search trends across Canada; access to an online database of 17 million companies worldwide for market research; opportunities to attend meet-the-employer events and career fairs; job offer evaluation; and social media training, e.g., LinkedIn profile development.[84]

In its evaluation of the programs under the *New Veterans Charter*, the Department found that participation in the program was much lower than anticipated. Of the 15,000 members who left the CF between 2006 and 2009, including 1,533 recipients of disability awards, only 233 took part in any aspect of the Job Placement Program offered by Right Management for VAC. The Department had made a commitment to conduct a thorough review of the program's implementation, but it was impossible to determine from the evidence whether participation had increased.

However, the veterans who have taken part in the program acknowledge its benefits, particularly those who had military trades that have no direct equivalence in civilian life.

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83 Ms. Maureen Sinnott, *Evidence*, Meeting No. 15, 1st Session, 41st Parliament, December 1, 2011, 0910, http://www.parl.gc.ca/HousePublications/Publication.aspx?DocId=5294184&Language=E&Mode=1&Parl=41&Ses=1.

84 Mr. Bill Foster, Director of Program Delivery, Career Transition Services, Right Management, *Evidence*, Meeting No. 20, 1st Session, 41st Parliament, February 9, 2012, 1540, http://www.parl.gc.ca/HousePublications/Publication.aspx?DocId=5375618&Language=E&Mode=1&Parl=41&Ses=1.

> A lot of combat arms individuals…do struggle initially…. We're also seeing folks who, if after a little bit of counselling and coaching they do get a sense that there is something on the civilian side that they could do, then learn how to market themselves based on the skills they've amassed over the years within the military. Sometimes it's just a little bit of additional information and a lot of assistance around how to market yourself to the civilian world. It's not necessarily that they have to completely reinvent themselves.[85]

When career transition needs include training or study, costs are usually covered by VAC.[86]

B. Vocational Rehabilitation Program

Veterans released for medical reasons have access to the SISIP Vocational Rehabilitation Program for two years following their release. After that period, they may take the Vocational Rehabilitation Program offered by VAC. Since 2009, these rehabilitation services have been provided under contract by CanVet, a joint venture comprising WCG International HR Solutions, the March of Dimes and Innovative Rehabilitation Consultants.

The purpose of vocational rehabilitation is to take stock of the veteran's skills, determine what civilian jobs are most likely to correspond to them, develop new abilities and determine a career plan and personal monitoring. Services are transferrable to the veteran's spouse or common-law partner in the event of death or if the Department determines that the rehabilitation program will not be enough to enable the veteran to find suitable employment. Veterans who have not found a satisfactory career after taking the program may fall back on the Canadian Forces Income Support Program.[87] In 2010-2011, four veterans chose that option, for a total expenditure of $13,679.[88]

Services offered to veterans with a disability who have already completed the SISIP Vocational Rehabilitation Program are more personal than the career transition services provided to all military members preparing to leave the CF. Of the approximately 1,900 clients referred since 2009, 90% suffer from operational stress problems.

> When a veteran is referred to CanVet, one of our vocational rehabilitation specialists will complete a thorough assessment of his or her medical, psychosocial, vocational, and educational history. Our role is to provide an objective third-party professional opinion on every client's vocational potential back to the VAC case manager. We consult with medical personnel, occupational therapists, psychologists, and psychiatrists as required

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85 Mr. Bill Foster, *Evidence*, Meeting No. 20, 1st Session, 41st Parliament, February 9, 2012, 1615, http://www.parl.gc.ca/HousePublications/Publication.aspx?DocId=5375618&Language=E&Mode=1&Parl=41&Ses=1.

86 Ms. Maureen Sinnott, *Evidence*, Meeting No. 15, 1st Session, 41st Parliament, December 1, 2011, 0910, http://www.parl.gc.ca/HousePublications/Publication.aspx?DocId=5294184&Language=E&Mode=1&Parl=41&Ses=1.

87 Ms. Janice Burke, Director, Mental Health, Department of Veterans Affairs, *Evidence*, Meeting No. 15, 1st Session, 41st Parliament, December 1, 2011, 1005, http://www.parl.gc.ca/HousePublications/Publication.aspx?DocId=5294184&Language=E&Mode=1&Parl=41&Ses=1.

88 2010-2011 Public Accounts of Canada, Transfer Payments, p. 268.

> on each file. Our goal is to help every client develop a plan that uses their transferable skills, builds new complementary skills, and will ultimately help them to find long-term sustainable civilian employment in the shortest route possible…and CanVet reimburses clients on behalf of Veterans Affairs for eligible costs, such as tuition, books, and supplies.[89]

The vocational rehabilitation programs present two major challenges: the overlap between the programs offered by DND and those under the responsibility of VAC, and the need for early intervention to ensure greater chances for success.

C. Overlap in vocational rehabilitation programs

The Committee previously noted some overlap in its study of the programs under the *New Veterans Charter*.[90] Similar concerns were expressed by representatives of the consortium responsible for delivering those programs on behalf of VAC, and by the Veterans' Ombudsman:

> Harmonizing of programs between National Defence and Veterans Affairs Canada is probably a very important area…. We have programs now that exist on both sides, on the Veterans Affairs Canada side as well as DND/CF, and they're not harmonized. The accessibility criteria are different, for instance, for vocational rehabilitation. The ceiling for those programs is different as well. It leads to a lot of confusion….[91]

Better program harmonization would greatly simplify the transition process. DND and VAC very recently harmonized the Earnings Loss Benefit Program with the Disability Benefits Program of the Service Income Security Insurance Plan. It should be feasible to take similar action on vocational rehabilitation services, the long-term consequences of which are so significant for veterans' well-being. The Committee therefore recommends:

Recommendation 11

That Veterans Affairs Canada, together with the Department of National Defence, take steps to reduce overlap in the vocational rehabilitation programs currently available.

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89 Ms. Tricia Gueulette, National Contract Manager, CanVet Vocational Rehabilitation Services, WCG International HR Consultants, *Evidence*, Meeting No. 20, 1st Session, 41st Parliament, February 9, 2012, 1535, http://www.parl.gc.ca/HousePublications/Publication.aspx?DocId=5375618&Language=E&Mode=1&Parl=41&Ses=1.

90 *A Timely Tune-Up for the New Living Charter*, June 2010.

91 Mr. Guy Parent, *Evidence*, Meeting No. 23, 1st Session, 41st Parliament, March 8, 2012, 1555, http://www.parl.gc.ca/HousePublications/Publication.aspx?DocId=5441470&Language=E&Mode=1&Parl=41&Ses=1.

D. Reimbursement for services procedures

Representatives of the consortium responsible for the Vocational Rehabilitation Program described the administrative red tape involved in the reimbursement for services provided to veterans:

> The reimbursement rules for our clients…are challenging and unclear. As well, the rules ask for clients to prepay their expenses and then get reimbursed by CanVet, which eventually gets reimbursed by the Department…. In many cases, clients struggle to meet these payments. Because of situations like this, CanVet has taken it upon itself to sponsor most clients' tuition and pay the institutions directly, which is outside of our contract. We have also gone outside of our contract to pay for books, accommodation, tutoring, and other things for clients before they're eligible to submit their claims. We felt this was necessary to ensure many of our clients were able to keep going with their plans and to alleviate some of the stress brought on by these rules, which could have aggravated our clients' health.[92]

Once again, VAC recently announced that it was simplifying the reimbursement rules for the Veterans Independence Program. The same kind of red tape is involved in that case, and the effective solution chosen in the first case should be valid in the second. The Committee therefore recommends:

Recommendation 12

That Veterans Affairs Canada review the regulations that deal with the reimbursement of costs incurred by participants under the Vocational Rehabilitation Program.

E. Need for early intervention

Occupational therapists and other rehabilitation professionals emphasized that the key to successful vocational rehabilitation is to return to work in the year following an injury.

> If someone has been out of the workforce for six months or longer on account of a disabling condition, the odds of ever going back to work are greatly reduced, if non-existent. Additionally, the U.K. Department for Work and Pensions estimates that the suicide rate for unemployed individuals with disabilities is approximately 40 times that of the average population.[93]

DND's policy is to retain seriously injured members in the CF for up to three years after their injury. The objective is "to ensure that their needs are met and all of the required

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92 Ms. Tricia Gueulette, *Evidence*, Meeting No. 20, 1st Session, 41st Parliament, February 9, 2012, 1540, http://www.parl.gc.ca/HousePublications/Publication.aspx?DocId=5375618&Language=E&Mode=1&Parl=41&Ses=1.

93 Mr. Wolfgang Zimmermann, Executive Director, National Institute of Disability Management and Research, *Evidence*, Meeting No. 25, 1st Session, 41st Parliament, March 15, 2012, 1555, http://www.parl.gc.ca/HousePublications/Publication.aspx?DocId=5468411&Language=E&Mode=1&Parl=41&Ses=1.

safeguards are in place to ensure a seamless, well-managed, and planned transition."[94] Although the underlying intent of the policy is certainly praiseworthy, it appears to undermine a quick return to work for military members who, it is already known, will eventually be released.

> Individuals who acquire a disability while in the service tend to stay within the Department of National Defence for an extended time. In many ways, that's similar to what the private sector would call "light duty", as opposed to taking concrete steps at intervention early on…. These individuals are kept within DND for a long time without any significant employment relationship. They're simply kept and paid within the Department. Then, all of a sudden, after two to five years, they get discharged and they have to deal with VAC in rebuilding their lives…. You need to look at intervening rather than dragging the process out for years. Past a point, as we know from global best practices, there's little hope of this individual ever going back to work.[95]

After the three-year period during which those members remain in the CF, they may take the SISIP Vocational Rehabilitation Program for two years following release. Only then can they take the VAC/CanVet Rehabilitation Program. In its 2009 evaluation of *New Veterans Charter* programs, VAC found that only about 15% of all veterans who had taken the SISIP Vocational Rehabilitation Program subsequently took the VAC/CanVet program.

When veterans decide to take the program, up to five full years may elapse without them having any significant employment relationship. This means that their chances of finding suitable employment are virtually nil: "Often many years pass from when a Canadian Forces member is injured to when we see them in CanVet. In fact, we have not yet really started to see the injured Canadian Forces members who were in Afghanistan."[96]

Committee members believe that introducing a program under which early action is taken with injured military members who, it is known, will eventually have to be released for medical reasons could have significant positive consequences for their perception of life after the service. The Committee therefore recommends:

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94 Rear-Admiral Andrew Smith, *Evidence*, Meeting No. 19, 1st Session, 41st Parliament, February 7, 2012, 1530, http://www.parl.gc.ca/HousePublications/Publication.aspx?DocId=5365884&Language=E&Mode=1&Parl=41&Ses=1.

95 Mr. Wolfgang Zimmermann, *Evidence*, Meeting No. 25, 1st Session, 41st Parliament, March 15, 2012, 1645; Also Mr. Richard Blackwolf, President, Canadian Aboriginal Veterans and Serving Members Association, *Evidence*, Meeting No. 25, 1st Session, 41st Parliament, March 15, 2012, 1720, both at http://www.parl.gc.ca/HousePublications/Publication.aspx?DocId=5468411&Language=E&Mode=1&Parl=41&Ses=1.

96 Ms. Tricia Gueulette, *Evidence*, Meeting No. 20, 1st Session, 41st Parliament, February 9, 2012, 1540, http://www.parl.gc.ca/HousePublications/Publication.aspx?DocId=5375618&Language=E&Mode=1&Parl=41&Ses=1.

Recommendation 13

That Veterans Affairs Canada continue to work cooperatively with the Department of National Defence to increase program consistency and support vocational rehabilitation specialists and other organizations that provide early intervention to transitioning CF personnel and veterans seeking employment.

F. Support for families

One of the benefits of the *New Veterans Charter* was its emphasis on the family. However, there remains some confusion as to the actual benefits that are now being offered to families. For example, under the Vocational Rehabilitation Program, the terms of the contract allow CanVet "to serve spouses of totally and permanently incapacitated members, or those who have passed away. Those are the only services we are allowed to provide at this time under the terms of our contract."[97]

VAC presented a more inclusive image of family involvement:

> For instance, as I mentioned, when veterans are injured and need case management services, they'll meet with the case manager and get an individualized case plan…. Typically, the interviews, the discussions, and even the development of the plan would incorporate a family member.
>
> Depending on the needs of the veteran, family members can also receive direct support. If part of the veteran's need is to get psychological counselling to strengthen some element of their family life, the spouse or common-law partner can also participate in that if it's directly linked to the veteran's need. Beyond that, family members have access to operational stress injury clinics. They have access to our OSSIS network, which is more of a peer support and family support network across the country. That's where they can meet with people who are facing similar issues to their loved ones. We have a 24-hour help line. Family members can call at any time and voice a concern or raise an issue. Obviously, our protocols around privacy are clear in that regard.[98]

During the Committee's visit to the Vancouver Operational Stress Injury Clinic, employees emphasized that patient recovery would be greatly facilitated if services could be offered to their families. To avoid misunderstanding about the services that are offered to the families, the Committee therefore recommends:

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97 Ibid, 1650.

98 Ms. Charlotte Stewart, *Evidence*, Meeting No. 14, 1st Session, 41st Parliament, November 29, 2011, 0950, http://www.parl.gc.ca/HousePublications/Publication.aspx?DocId=5286429&Language=E&Mode=1&Parl=41&Ses=1.

Recommendation 14

That Veterans Affairs Canada provide veterans and the public a clearer picture of the family services that have been put in place as a result of the coming into force of the *New Veterans Charter*.

6. HEALTH AND TRANSITION SERVICES PROVIDED BY PRIVATE AND COMMUNITY ORGANIZATIONS

In the course of this study, the members of the Committee came to see how much the quality of front-line services depends on the daily involvement of individuals who work, or in many cases volunteer, for community organizations. Their daily contact with veterans enables these organizations to provide the Government of Canada with invaluable information to help it tailor its programs. These organizations are also a launch pad for initiatives that show great promise.

The witness from the Canadian Aboriginal Veterans and Serving Members Association spoke eloquently of the quiet but essential role these groups play in delivering front-line support:

> Another problem with veterans from that era — World War II, Korea — is that they've never been familiar with PTSD. I personally phone every one of them practically on a monthly basis, and sometimes they talk about the war, their experiences, or problems they have. If I notice that they're coming up with nightmares or any of the symptoms of PTSD, we contact VAC to go out and have an assessment, and have them receive compensation for that type of thing.[99]

Over the past few years, many veteran support organizations have expanded their activities more or less informally by seizing opportunities created by new technologies. The Committee salutes these groups' energy and vitality. The Royal Canadian Legion works with these organizations and continues to play a central role in assisting veterans. Every time the Committee learned about an innovative project, the Legion was already on top of it.

Members of the Legion, as well as those of many other veterans' organizations, provide free assistance for veterans applying to VAC for services or benefits of any kind. They are able to guide them through the entire process, helping them complete the initial application and accompanying them if they have to appear before the Veterans Review and Appeal Board. They offer support and information, and sometimes even direct services. The witness representing the Legion gave several examples of recent initiatives supported by the organization:

> In Calgary, the poppy fund supports a food bank for veterans. We also contribute to non-government-funded programs provided by military family resource centres. At the Edmonton Garrison Military Family Resource Centre, the poppy fund supports a program for children with parents who have experienced trauma. This is a group-based program for children whose parents have suffered from operational stress injuries, and it teaches

99 Mr. Richard Blackwolf, *Evidence*, Meeting No. 25, 1st Session, 41st Parliament, March 15, 2012, 1545, http://www.parl.gc.ca/HousePublications/Publication.aspx?DocId=5468411&Language=E&Mode=1&Parl=41&Ses=1.

them how to develop skills to deal with the stresses in their homes, in a peer environment with children who also have families with the same difficulties.[100]

The Legion has also sponsored projects like Cockrell House in Victoria, which assists homeless veterans; it has provided financial support for the University of British Columbia's Veterans Transition Program; it manages an affordable housing program; and it helped establish the Canadian Institute of Military and Veteran Health Research.[101]

The following section gives a brief description of two promising initiatives supported by the Legion: the Veterans Transition Program developed by the University of British Columbia, and pilot projects for homeless veterans. We also highlight the Commissionaires' important contribution to career transition.

A. Veterans Transition Program – University of British Columbia

On December 12, 2011, Committee members had the opportunity to meet on site the program management team and several program participants. The Dean of Education, Dr. Blye Frank, commended the quiet determination of professors Marvin Westwood, David Kuhl and Tim Black, and the enthusiasm of the individuals who assist them, in particular Mr. Tim Laidler, a former participant and now program coordinator, and doctoral student Mr. Duncan Shields.

His work with World War II veterans convinced Dr. Westwood that the key was to intervene as quickly as possible. "With war veterans," he said, "we unfortunately got there 60 years too late." He added, however, that it is not enough to simply intervene quickly. It is important also to create an atmosphere of trust, because some veterans who have gone through training and witnessed the intensity of war find it hard to form relationships with people who have not had similar experiences.

This is why the program is group-based. The participants get directly involved in one another's activities. The team of counsellors that guides each group includes veterans who have been trained to help others. Dr. Westwood also pointed out that program participants are not necessarily suffering from an operational stress injury. The transition from military to civilian life is a complex process and requires more than the simple application of diagnostic criteria. The only admission requirements for the program are difficulty making a smooth transition and the ability to function in a group. Core funding comes from the Legion's British Columbia/Yukon Command, and the university graciously provides logistical support and space to run the program.

Mr. Shields presented statistics which show that veterans who complete the program have a better quality of life. He pointed out that a transition program is very

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100 Ms. Andrea Siew, Director, Service Bureau, Royal Canadian Legion, *Evidence*, Meeting No. 15, 1st Session, 41st Parliament, December 1, 2011, 0850, http://www.parl.gc.ca/HousePublications/Publication.aspx?DocId=5294184&Language=E&Mode=1&Parl=41&Ses=1.

101 Mr. Brad White, *Evidence*, Meeting No. 15, 1st Session, 41st Parliament, December 1, 2011, 0900, http://www.parl.gc.ca/HousePublications/Publication.aspx?DocId=5294184&Language=E&Mode=1&Parl=41&Ses=1.

different from a treatment program. A treatment program is designed to eliminate or mitigate undesirable physical or psychological symptoms, whereas the goal of a transition program is to help the veteran become productive once again.

> The career transition component that's different is that it looks to get to the deeper cause, whereas the current career transition modules that they hold and are funded by the government will be typically that you fill out the assessment tests and find out what your skills are and you look to make an across-the-board transition.[102]

The program takes three months to complete and includes ten days in residence. An initial period of four days in residence gives the participants the opportunity to acquire the basic skills they need to go home to their family and friends and talk to them — usually for the very first time — about the significance of the things they experienced and how those things changed them. During a second four-day block, the participants explore the meaning of the events in greater depth and start coming to grips with the trauma. The remaining two days in residence focus on the psychological aspect of their career, essentially the necessary acceptance that they are shedding their military identity and happily opening new doors to the future.

During their visit, Committee members were able to interact with some of the program participants and gain insight into the reasons why they joined the program and what it is they are getting out of it. It was clear from many of the conversations that veterans are somewhat resistant to a strictly clinical approach whereby a health professional draws up a list of symptoms based on answers to standard questions. Some veterans are mistrustful of the services provided by government authorities, including VAC, because they fear the information they give will have an impact on their career future. In some cases, that mistrust is simply a product of perceived dehumanization associated with the administrative process of applications, forms, reviews, directives and deadline upon deadline. Veterans get a feeling the process will cause them more stress and undermine their recovery and transition.

The program is currently undergoing an expansion. "We have a five-year strategic plan and our mandate is to offer it to anyone who wants it by the fifth year."[103] In May 2011, the organization applied for accreditation so that it can be recognized as a service provider to VAC.

Recommendation 15

That Veterans Affairs Canada recognize the good work accomplished by the Royal Canadian Legion and the University of British Columbia through their Veterans Transition Program, and that the Department continue to support programs that assist transitioning veterans.

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102 Mr. Tim Laidler, Operations Coordinator, Veterans Transition Program, University of British Columbia, *Evidence*, Meeting No. 15, 1st Session, 41st Parliament, December 1, 2011, 1000, http://www.parl.gc.ca/HousePublications/Publication.aspx?DocId=5294184&Language=E&Mode=1&Parl=41&Ses=1.

103 Ibid, 0930..

B. DND – Commissionaires' Return to Work Program

The Canadian Corps of Commissionaires celebrated its 85th anniversary in 2010.[104] Its mandate is to "promote the cause of Commissionaires by the creation of meaningful employment opportunities for former members of the Canadian Forces [CF], the Royal Canadian Mounted Police [RCMP] and others who wish to contribute to the security and well-being of Canadians."[105] Commissionaires employs more than 20,000 men and women of all ages across Canada, including former CF and RCMP personnel.

Despite sustained efforts to diversify its workforce, Commissionaires still views itself as an organization "led and managed by veterans for veterans."[106] Almost all of the organization's executives are former members of the CF or the RCMP.[107] Commissionaires hires between 1,000 and 1,200 veterans a year.[108]

On November 1, 2010, Commissionaires signed a memorandum of understanding with the CF and DND on a return to work program designed to ensure "ex-members of the CF and Reserve — including physically or psychologically injured personnel — have the best possible working-life outcome."[109]

This program is especially interesting in the context of this report because it targets exactly the objectives set out in the previous section regarding quick intervention as a condition for successful career transition:

> The return-to-work program is essentially a rehabilitation effort where disabled veterans come to us, and they're still members of the Canadian Forces. I think the thinking is that the sooner they're back in the work environment, the speedier their rehabilitation. The types of work we provide them are limited to what their abilities are. […]
>
> To date, we have 33 members we've assisted in this fashion. The individual can make a decision as to whether he wants to continue on in the forces, or he can await the outcome of a medical decision made by a proper medical authority. We hope that if at some time they do decide to transition and leave the forces they would do so through us.

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104 Commissionaires, "85th anniversary: Celebrating a proud history and an exciting future, 2011. For more about the history of Commissionaires, see John Gardam, ed., *The Commissionaires: An Organization with a Proud History, 1925-1998,* Burnstown: General Store Publishing House, 1998, pp. 1-345. To obtain a complete copy of the 1925 letters patent that founded Commissionaires, see Canada, *Letters Patent Incorporating Canadian Corps of Commissionaires*, Ottawa: Department of the Secretary of State, July 1925).

105 Commissionaires, Our Mandate, 2011.

106 Commissionaires, Media Fact Sheet.

107 Commissionaires, Divisions, 2011; Commissionaires, Executive Bios, 2011.

108 Colonel (retired) Bill Sutherland, Chair, National Board of Governors, Commissionaires, *Evidence*, Meeting No. 24, 1st Session, 41st Parliament, March 13, 2012, 1650, http://www.parl.gc.ca/HousePublications/Publication.aspx?DocId=5456817&Language=E&Mode=1&Parl=41&Ses=1.

109 Commissionaires, Commissionaires and DND join forces to support injured veterans – Memorandum of Understanding on new Return to Work program signed, media release, November 2, 2010. See also DND-Commissionaires Return to Work Memorandum of Understanding, backgrounder, November 2010.

> We think we can provide a mechanism that would give them a safe landing, so to speak, back into society.[110]

The program is currently offered on a limited basis only, but the Committee believes that projects like these, which support the rapid career transition of injured military personnel, has enormous potential. The Committee therefore recommends:

Recommendation 16

That Veterans Affairs Canada explore the possibility of expanding transition support programs like the program created by Commissionaires and National Defence.

C. Support for Homeless Veterans

On January 30 and February 2, 2011, Committee members travelled to Toronto and Montréal to observe two of the three projects VAC supports to assist homeless veterans.

In Toronto, the members visited the facility operated by Good Shepherd Ministries. The organization serves about 1,200 meals a day to the city's homeless and provides shelter and short- and long-term reintegration services. The 91-bed facility is always filled to capacity.

A typical reintegration program at the Good Shepherd Ministries comprises three phases. The pre-treatment phase, which includes housing, basic services and assessment, can take as long as 14 days, at the end of which the person will have to decide between taking treatment and going back to external services. If the person opts for treatment, the second phase proceeds. Half of those admitted to the first phase choose treatment. Depending on the circumstances, which vary a great deal, treatment can continue as long as the person cooperates with his or her case manager. Some people leave treatment after only a few weeks, while others have stayed at the shelter for more than a year. The third phase, referred to as post-treatment, is designed to keep homeless persons off the street, prevent substance abuse relapse and help them find suitable housing.

In April 2010, in the wake of disturbing reports on the possible number of homeless veterans, the Royal Canadian Legion asked Good Shepherd Ministries to always ask people admitted to the shelter if they ever served in the Canadian Forces. Approximately 10% of the 669 people admitted since then identified themselves as veterans.

Good Shepherd Ministries proposed three options for developing support services for homeless veterans. The first was to have VAC coordinate a housing service in the

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110 Colonel Douglas Briscoe, Executive Director, National Office, Commissionaires, *Evidence*, Meeting No. 24, 1st Session, 41st Parliament, March 13, 2012, 1655, http://www.parl.gc.ca/HousePublications/Publication.aspx?DocId=5456817&Language=E&Mode=1&Parl=41&Ses=1.

community, which would entail hiring additional staff and developing expertise in working with the homeless. The second option was to have VAC provide existing organizations with funds to hire the staff needed to deliver treatment to homeless veterans. The third option was to leave case management in VAC's hands and provide organizations with funds for monitoring and community housing, which would foster partnerships with organizations that already have expertise in reintegration of the homeless.

The Royal Canadian Legion has raised $450,000 to date to help homeless veterans and created the Joe Sweeney Fund to deliver the support. Good Shepherd Ministries does not receive any financial compensation from VAC for the reintegration services it provides to veterans. Normally, veterans who receive those services also get financial benefits, which means the Department is satisfied that their physical, mental or psychosocial problem is service related. Organizations that provide quality services enabling the reintegration of a large number of homeless veterans could thus be recognized as official service providers and receive adequate financial support. Good Shepherd Ministries has an on-site case manager, which shows that VAC already appreciates the value of the services provided. The Committee therefore recommends:

Recommendation 17

That Veterans Affairs Canada continue to work with community organizations to combat homelessness among veterans.

In Montréal, members of the Committee visited the offices of VAC and were given an overview of the pilot project that has been set up to assist homeless veterans. A representative of peer helpers with the Operational Stress Injury Support Program told the members how the first initiatives were taken at a homeless shelter called Accueil Bonneau. Several veterans were identified at that time, but in many cases, it was hard to establish a relationship of trust with VAC, and financial assistance was often rejected outright.

Wounded Warriors, a Toronto-based veteran support association, then provided a $5,000 emergency fund to help meet urgent needs without having to go through government processes. The Canadian Auto Workers' union donated a vehicle so that case managers can get around to various shelters in the city and raise the profile of this initiative.

To date, 25 homeless veterans have been identified in Montréal. Ten are attending a VAC rehabilitation program, one is deceased, one has left the country and the remaining 13 showed no interest in getting help.

The president of Wounded Warriors told Committee members that community organizations have the flexibility needed to provide emergency services and funds, which

is sometimes difficult for rigid government programs to do. It was in that same spirit that the Canadian Aboriginal Veterans Benevolent Association was created.[111]

In Halifax, Committee members met representatives from Veterans Emergency Transition Services (VETS), whose mission is also to help veterans who are, or are at risk of becoming, homeless. Their approach is yet another illustration of the need to involve community organizations in any initiative that entails front-line work. Because the most vulnerable veterans tend not to trust government institutions, collaboration between VAC and organizations that work in the field must be more discreet. Instead of direct funding, VETS would like to see government assistance take the form of letters of support that organizations could use to obtain funding elsewhere; government recognition would enhance their credibility.[112]

As the Veterans Ombudsman noted, all of these support projects for homeless veterans are promising. Each in its own way, they could help devise a national strategy that would replace the current initiatives, as there is a great deal of disparity from region to region.[113]

111 Mr. Richard Blackwolf, *Evidence*, Meeting No. 25, 1st Session, 41st Parliament, March 15, 2012, 1630, http://www.parl.gc.ca/HousePublications/Publication.aspx?DocId=5468411&Language=E&Mode=1&Parl=41&Ses=1.

112 Mr. David MacLeod, Director, Policy and Communications, VETS, Brief to Committee, February 28, 2012.

113 Mr. Guy Parent, *Evidence*, Meeting No. 23, 1st Session, 41st Parliament, March 8, 2012, 1650, http://www.parl.gc.ca/HousePublications/Publication.aspx?DocId=5441470&Language=E&Mode=1&Parl=41&Ses=1.

7. SPECIAL STATUS OF THE ROYAL CANADIAN MOUNTED POLICE

According to the RCMP witnesses who appeared before the Committee, VAC is perceived as an organization whose primary responsibility is to serve CF veterans and which has a service contract with the RCMP to administer disability pensions. According to that contract, the RCMP reimburses VAC for the services provided to RCMP veterans.[114]

A. Routine care

Since members of the RCMP are not covered by the *Canada Health Act* for purposes of routine health care, the force is responsible for those services. Members are, however, covered by the Public Service Health Care Plan for prescription drugs and supplementary care and by the Public Service Dental Care Plan. RCMP veterans are not covered by the Veterans Independence Program or the Long Term Care Program.

B. Disability-related care

Since 1947, VAC has administered the RCMP disability pension plan for service-related injuries and illnesses that lead to disability. The plan is administered under the *Pension Act*, not the *New Veterans Charter*.

In 2010, more than 8,000 former members of the RCMP were drawing a lifelong monthly disability pension. The fact that they were receiving those pension benefits qualified them for health care services provided by VAC to treat the injury or illness for which the benefits were being paid.

Health care services are therefore the same for RCMP veterans as for CF personnel and were not affected when the *New Veterans Charter* came into effect. Because the clinics that treat operational stress injuries were established under the Veterans Health Care Regulations, RCMP members and veterans also have access.

Most physical and psychosocial rehabilitation services were available before the *New Veterans Charter* came into effect, but veterans had to apply for them. Furthermore, physical recovery was often viewed as having the potential to reduce monthly pension benefits. This impediment to rehabilitation is less prevalent among RCMP members — who are still governed by the *Pension Act* — because the vast majority are still employed by the RCMP, as opposed to military personnel discharged for medical reasons who may find it harder to find a satisfactory civilian job.

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114 Mr. William Gidley, Executive Director, RCMP Veterans' Association, *Evidence*, Meeting No. 27, 1st Session, 41st Parliament, April 3, 2012, 1545, http://www.parl.gc.ca/HousePublications/Publication.aspx?DocId=5499538&Language=E&Mode=1&Parl=41&Ses=1.

C. Financial benefits

In 2006, the RCMP declined an invitation to join the *New Veterans Charter*. Following broad consultation with its members and a financial analysis that compared different scenarios, the RCMP decided it was better to maintain the *Pension Act* regime. Regarding the other benefits introduced in the *New Veterans Charter*, rehabilitation programs in particular, the RCMP determined that its members "already enjoyed many of the benefits and services introduced in the *New Veterans Charter* and, due to a difference in organizational and disability pensioner dynamics, did not require certain other benefits being offered."[115]

D. Rehabilitation services

Unlike the CF, which have to discharge a member for medical reasons if the member is no longer able to meet the operational standards related to universality of service, the RCMP has a duty to accommodate a member who is injured on the job. It must therefore make all necessary efforts to keep the member in a suitable position within the organization and provide any rehabilitation services the member needs in order to facilitate reintegration.

Because of this duty to accommodate, RCMP veterans leave at an older age than members of the CF. "Because our careers are longer and in a lot of cases very diverse, a lot of skills are picked up. When members are released, they have a lot of baggage from which to draw to get different employment outside."[116]

RCMP veterans do not have access to the career transition programs available to CF veterans under the *New Veterans Charter*. Since 2006, CF veterans have been required to attend a transition program in order to receive certain financial benefits, such as the earnings loss benefit, the permanent impairment allowance and the supplementary retirement benefit. For members of the RCMP injured while on duty, the earnings loss benefit is useless if they continue to be employed by the force, as is the supplementary retirement benefit, the purpose of which is to compensate for the fact that the loss-of-income allowance is not income for purposes of retirement plans or the Canada Pension Plan.

For RCMP veterans who have to leave the force because they are fully and permanently disabled, the disability insurance plan administered by Great-West Life offers coverage similar to the coverage provided by the Service Income Security Insurance Plan,

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115 Chief Superintendent Alain Tousignant, Director General, Workplace Development and Wellness, Human Resources, Royal Canadian Mounted Police, *Evidence*, Meeting No. 6, 3rd Session, 40th Parliament, April 1, 2010, 1110, http://www.parl.gc.ca/HousePublications/Publication.aspx?DocId=4409725&Language=E&Mode=1&Parl=40&Ses=3.

116 Superintendent Rich Boughen, Acting General Director, Occupational Health and Safety Branch, Royal Canadian Mounted Police, *Evidence*, Meeting No. 6, 3rd Session, 40th Parliament, April 1, 2010, 1115, http://www.parl.gc.ca/HousePublications/Publication.aspx?DocId=4409725&Language=E&Mode=1&Parl=40&Ses=3.

that is, 75% of the veteran's salary until the age of 65. The amount of disability benefits paid by VAC is not affected by the disability benefits paid under the RCMP plan.

While the different circumstances of RCMP and CF members explain many differences in how programs apply to them, RCMP members continue to feel excluded from VAC's priorities:

> Most of our members have little or no knowledge of VAC and the services offered. SRR's have endeavoured to carry the VAC message to the membership. As recipients of a service, as clients we ask on behalf of our members, what steps have VAC taken to delivering their message to our members. I see no VAC literature, no pamphlets in the majority of the RCMP Offices and the detachments that I have visited. This is unacceptable. VAC must step up and create awareness of their programs.[117]

The Committee heard much criticism from the RCMP members regarding various specific aspects of the VAC programs, access to the Veterans Independence Program,[118] the tentative introduction of the transition interview system,[119] operational stress injury clinics ill suited to the specific environment of the RCMP, and inconsistent handling of incident files, which makes it difficult to determine whether the condition is service-related.[120]

The Committee would like to focus on the underlying issue of the status of the RCMP within VAC programs. Until that issue is better resolved, it will be difficult to tackle more specific problems. The Committee therefore recommends:

Recommendation 18

That Veterans Affairs Canada improve communication of benefits and services to veterans of the Royal Canadian Mounted Police and consider their unique situation in relation to program delivery.

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117 S/Sgt Michael Casault, National Executive, Staff Relations Representative Program, Royal Canadian Mounted Police, *Evidence*, Meeting No. 27, 1st Session, 41st Parliament, April 3, 2012, 1530, http://www.parl.gc.ca/HousePublications/Publication.aspx?DocId=5499538&Language=E&Mode=1&Parl=41&Ses=1.

118 S/Sgt Murray Brown, Staff Relations Representative, Royal Canadian Mounted Police, Brief presented to the Committee, Halifax, February 28, 2012, p. 3.

119 S/Sgt Michael Casault, *Evidence*, Meeting No. 27, 1st Session, 41st Parliament, April 3, 2012, 1530, http://www.parl.gc.ca/HousePublications/Publication.aspx?DocId=5499538&Language=E&Mode=1&Parl=41&Ses=1.

120 S/Sgt Murray Brown, Brief presented to the Committee, Halifax, February 28, 2012.

CONCLUSION

The complex set of programs related to the health and well-being of veterans is coordinated at the federal level by VAC, DND and the RCMP. The provinces, veterans associations, community groups, the private sector and labour are frequent partners in these programs. This makes it possible to offer a wide array of options that in most cases can be suitably adapted to veterans' and their families' particular circumstances. However, coordination is a challenge.

The Departments' different legislative and regulatory authorities and provincial jurisdiction over health and social services sometimes leave front-line workers with little leeway. According to the evidence the Committee heard, veterans affected by this complexity and the individuals who work with them on a daily basis would like to see more cohesiveness and more flexibility. It bears noting, however, that the programs themselves, which cover health care, rehabilitation, career transition, home care and other services, are for the most part well received.

To update the approaches associated with some of these programs, the government developed a transformation plan that will be fully implemented by 2015. Three elements in the plan drew the Committee's attention: the need for greater awareness among veterans and the public of the objectives of the rehabilitation programs introduced since the *New Veterans Charter* came into effect in 2006; shorter application processing times and better explanation of the reasons for decisions; and streamlining of reimbursement procedures under the Veterans Independence Program and the Career Transition Services Program. According to the evidence, veterans welcomed these changes.

The operational needs of the CF and the RCMP are such that members have preferred access to the specialized health services provided by the provinces; military personnel can also use the general medical services provided on bases. For mental health problems, members of the CF and the RCMP have access to outpatient clinics for operational stress injuries, but there are no uniformed clinical psychologists whom military personnel and RCMP can consult and whose services could help prevent problems from getting worse and making outside intervention necessary. That is why the Committee recommends that the possibility of integrating clinical psychologists into the military be explored.

Regarding the career transition programs available to military personnel who are about to be discharged, whether voluntarily or for medical reasons, the evidence showed that the priority they are guaranteed within the public service could be used more. Moving from the CF to a civilian job at DND seems to be a fairly well-established practice, but options for moving from the CF to VAC ought to be promoted. One of the benefits of such promotion is that the Department would be able to increase the proportion of veterans in its workforce.

For CF veterans, the quality of many services depends on the interaction between DND and VAC. The creation of integrated staff support centres has made it easier for the two departments to interact and has done much to improve the transition process. Military personnel about to be discharged are informed of these services through a process that includes a transition interview. The evidence showed that military personnel do not always ask for a copy of their medical records at the time of their interview, and that can lead to problems down the road because it is harder to obtain the records after leaving the forces. That is why the Committee recommends that military personnel be informed at their transition interview of the benefits of getting a copy of their medical records.

The main difference between the health care services provided to military personnel and those provided to veterans is not actually quality of care, but rather accessibility. Military personnel get specialized emergency care faster than veterans or the general public and in some cases, they have access to a wider range of drugs. It is currently difficult for VAC to provide front-line support when a veteran's mental health problems require emergency services. That is why the Committee recommends that the Department continue its efforts to better reach veterans in need.

In light of the evidence the Committee heard, better continuity between the medical services provided to military personnel and those provided to veterans, particularly in the first few months after they are discharged, would help make transitions smoother.

The quality, accessibility and relevance of health and well-being services for CF and RCMP veterans depend in large part on the findings of research on those services. The Committee finds it commendable that the Canadian Institute for Military and Veteran Health Research was created, and recommends that the Government of Canada continue to support this research.

Once they have left the CF or the RCMP, veterans cannot be identified or located unless they themselves voluntarily request services from VAC. This limits VAC's ability to reach veterans who might at some point need certain services; for example, mental health problems may not show up for months or even years after an individual leaves the CF or the RCMP. During its visits, the Committee saw a number of promising local practices that should be extended more systematically and that make keeping track of veterans easier without invading their privacy.

The health care programs coordinated by VAC for CF veterans are governed by complex rules that create multiple categories of veterans depending on the date, place or type of service, level of disability and income. According to the evidence, modern-day veterans, that is, veterans who served in the military after the Korean War, do not look kindly on this complexity. This is especially true of the contract long-term care beds program, to which only World War II and Korean War veterans have access. The imminent transfer of Canada's last veterans' hospital, St. Anne de Bellevue, to the Government of Quebec symbolizes for some the end of a system which gave veterans access to enhanced services. The Committee therefore recommends that priority access to long-term care be maintained, but in provincially controlled facilities.

In addition to health care services, VAC coordinates vocational rehabilitation and career transition programs designed to help CF veterans lead productive lives as civilians. These programs are also well received, but the existence of similar programs coordinated by DND sometimes creates confusion. For that reason, the Committee recommends that VAC and DND come up with ways of reducing any duplication that may exist between their respective transition programs.

The career transition and vocational rehabilitation programs are managed by subcontractors through contribution agreements. This means that veterans or the subcontractor has to pay for the services and then request reimbursement from the Department. The government has already begun the process of replacing this contribution system with a grant system that would eliminate many of the irritants identified by the witnesses. The new system has already been applied to the Veterans Independence Program, and a similar provision has been made in the 2012-2013 *Budget Implementation Act* to extend it to the Career Transition Services Program.

Evidence from a number of specialists highlighted the fact that the earlier a rehabilitation program enables an injured veteran to resume productive activity, the greater the chances of a successful career transition. The respective responsibilities of DND and VAC suggest that some military personnel about to be discharged might benefit from earlier intervention while they are still in the CF. Some recently implemented programs, such as Commissionaires' Return to Work Program and the Helmets to Hardhats Program, are promising, and the Committee recommends that the government continue to implement best practices for early intervention developed by rehabilitation specialists.

Support for families was another key objective of the implementation of the *New Veterans Charter*. It is not always easy to tell whether changes to certain services are a result of the coming into force of the Charter or adjustments to programs that existed before the Charter took effect. That is why the Committee recommends that the nature and scope of services to families that flow from the *New Veterans Charter* be clarified.

During its visits, the Committee was impressed by the professionalism, dedication and creativity of the individuals who work for organizations that support veterans. The coordinators of the Veterans Transition Program, which was developed jointly by the University of British Columbia and the Royal Canadian Legion, do a remarkable job; the program will soon be extended to other regions of the country. Commissionaires has been supporting career transition for almost a century, and its Return to Work Program, implemented in cooperation with DND, provides an overview of the benefits of integrating quickly into a workplace to facilitate the transition to civilian life. The Committee notes in particular the work of organizations that help homeless veterans. The members thank the staff and volunteers of Good Shepherd Ministries, Wounded Warriors, Canadian Auto Workers and Veterans Emergency Transition Services for their warm welcome and their invaluable contribution.

The Committee ends this report by focusing on veterans of the RCMP. Given the special nature of their work, the links between them and VAC have sometimes been frustrating. The Committee recognizes that RCMP veterans should be more involved in the

development and implementation of VAC programs that affect them, and this must be reflected by communicating better and making veterans more aware of the Department.

Owing to the multidimensional nature of the programs and jurisdictions that come into play in supporting veterans, there will always be an element of inevitable complexity. That complexity must not, however, jeopardize the basic objective underlying these programs: recognition by the Government of Canada, on behalf of all Canadians, of the inestimable value of the service that made them veterans, of the risk they faced to preserve our values, and the generosity they are entitled to expect when the fulfilment of their duty left its marks on their bodies, their spirit and their ability to work. The members of the Committee would like to reiterate their commitment to that objective and sincerely thank everyone who provided input for this study.

LIST OF RECOMMENDATIONS

Recommendation 1

That Veterans Affairs Canada continue its outreach efforts to veterans and their families, in order to increase awareness for programs, particularly improvements to the *New Veterans Charter* that came into force in October 2011, and collaborate with the Department of National Defence to encourage the dissemination of information through the chain of command. 6

Recommendation 2

That Veterans Affairs Canada, in cooperation with the Department of National Defence, assess the potential benefits of integrating clinical psychologists into the military personnel of the Canadian Forces. 11

Recommendation 3

That the Government of Canada continue to work with public and private partners to assist veterans and their families to find suitable employment following release from the Canadian Forces. Current programs like Helmets to Hard Hats should be commended. 14

Recommendation 4

That Veterans Affairs Canada, in cooperation with the Public Service Commission, the Department of National Defence, and the Royal Canadian Mounted Police, examine ways to increase the percentage of departmental employees who are veterans. 17

Recommendation 5

That, during the transition interview process, releasing military members be informed of their right to request a copy of their medical file. 22

Recommendation 6

That Veterans Affairs Canada continue to improve its efforts to reach out to veterans who are in need of medical, psychosocial, or other forms of rehabilitation. This can be achieved by maintaining current practices of visiting military bases across the country and by strengthening partnerships between district offices and local health organizations. 24

Recommendation 7

That Veterans Affairs Canada, in cooperation with the Department of National Defence, examine ways to foster a smooth transition between health care provided to military personnel and that offered to Canadian Forces veterans in the civilian world. 26

Recommendation 8

That Veterans Affairs Canada, in collaboration with the Department of National Defence and the Canadian Institutes of Health Research, provide meaningful support to research specifically focused on the health of veterans, military personnel, and security forces personnel. 27

Recommendation 9

That Veterans Affairs Canada, in cooperation with the Department of National Defence, examine current industry best practices to develop methods to effectively monitor veterans' progress while participating in transition programs. 28

Recommendation 10

That Veterans Affairs Canada, in negotiations for the transfer of Ste. Anne's Hospital to the province of Quebec, ensure that it maintains a centre of excellence in clinical research and that our veterans continue to receive priority access to quality care in the official language of their choice. 34

Recommendation 11

That Veterans Affairs Canada, together with the Department of National Defence, take steps to reduce overlap in the vocational rehabilitation programs currently available. 38

Recommendation 12

That Veterans Affairs Canada review the regulations that deal with the reimbursement of costs incurred by participants under the Vocational Rehabilitation Program. 39

Recommendation 13

That Veterans Affairs Canada continue to work cooperatively with the Department of National Defence to increase program consistency and support vocational rehabilitation specialists and other organizations that provide early intervention to transitioning CF personnel and veterans seeking employment. 41

Recommendation 14

That Veterans Affairs Canada provide veterans and the public a clearer picture of the family services that have been put in place as a result of the coming into force of the *New Veterans Charter*. 42

Recommendation 15

That Veterans Affairs Canada recognize the good work accomplished by the Royal Canadian Legion and the University of British Columbia through their Veterans Transition Program, and that the Department continue to support programs that assist transitioning veterans. 45

Recommendation 16

That Veterans Affairs Canada explore the possibility of expanding transition support programs like the program created by Commissionaires and National Defence. 47

Recommendation 17

That Veterans Affairs Canada continue to work with community organizations to combat homelessness among veterans. 48

Recommendation 18

That Veterans Affairs Canada improve communication of benefits and services to veterans of the Royal Canadian Mounted Police and consider their unique situation in relation to program delivery. 53

APPENDIX A
LIST OF WITNESSES

Organizations and Individuals	Date	Meeting
Department of Veterans Affairs	2011/11/29	14
Bernard Butler, Director General, Policy and Research Division		
Charlotte Stewart, Director General, Service Delivery and Program Management		
Department of Veterans Affairs	2011/12/01	15
Janice Burke, Director, Mental Health		
Maureen Sinnott, Director, Strategic and Enabling Initiatives		
Royal Canadian Legion		
Andrea Siew, Director, Service Bureau		
Brad White, Dominion Secretary, Dominion Command		
University of British Columbia		
Tim Laidler, Operations Coordinator, Veterans Transition Program		
Department of National Defence	2012/02/07	19
Fred Bigelow, Director General, Personnel and Family Support Services		
Gerry Blais, Director, Casualty Support Management		
Andrew Smith, Chief Military Personnel		
Right Management	2012/02/09	20
Bill Foster, Director of Program Delivery, Career Transition Services		
Carol Hurst, Operations Manager, Career Transition Services		
WCG International HR Consultants		
Tricia Gueulette, National Contract Manager, CanVet Vocational Rehabilitation Services		
Canadian Institute for Military and Veteran Health Research	2012/02/14	21
Alice Aiken, Director		
Susan Marlin, Chair, Interim Board of Directors		
Department of Veterans Affairs		
Charlotte Bastien, Regional Director General, Quebec Region		
Stéphane Lemieux, Team Manager, Client Services		
David Pedlar, Director, Policy and Research		

Department of Veterans Affairs	2012/03/08	23
Keith Hillier, Assistant Deputy Minister, Service Delivery		
Raymond Lalonde, Director, National Centre for Operational Stress Injuries, Ste. Anne's Hospital		
Office of the Veterans Ombudsman		
Guy Parent, Veterans Ombudsman, Chief Warrant Officer (Retired)		
Gary Walbourne, Director General, Operations		
Building and Construction Trades Department, AFL-CIO, Canadian Office	2012/03/13	24
Robert Blakely, Director, Canadian Affairs		
Commissionaires		
Douglas Briscoe, Executive Director, National Office		
Paul Guindon, Chief Executive Officer, Commissionaires Ottawa, Chairman, National Business Management Committee		
Bill Sutherland, Chair, National Board of Governors		
Public Service Commission of Canada		
Hélène Laurendeau, Senior Vice-President, Policy Branch		
Anne-Marie Robinson, President		
Canadian Aboriginal Veterans and Serving Members Association	2012/03/15	25
Richard Blackwolf, President		
Sylvain Chartrand, Representative		
Canadian Association of Veterans in United Nations Peacekeeping		
Robert O'Brien, Chairman, Board of Directors		
National Institute of Disability Management and Research		
Wolfgang Zimmermann, Executive Director		
NATO Veterans Organization of Canada		
Gord Jenkins, President		
Veterans of Canada		
Donald Leonardo, Founder and Chief Executive Officer		

United States Department of Veterans Affairs	2012/03/27	26
Margarita Cocker, Deputy Director, Vocational Rehabilitation and Employment Service, Veterans Benefits Administration		
Michael Fisher, Program Analyst, Readjustment Counseling Service, Vet Center		
Cheryl Flohr, Acting Deputy Director, Pre-Discharge and Retired Pay Programs, Veterans Benefits Administration		
Susan McCrea, Executive Assistant, Intergovernmental Affairs		
Joel Scholten, Associate Chief of Staff, Rehabilitation Services, Washington DC Veterans Affairs Medical Center		
RCMP Veterans' Association	2012/04/03	27
William Gidley, Executive Director		
Royal Canadian Mounted Police		
Michael L. Casault, National Executive, Staff Relations Representative Program		
Daniel Dubeau, Acting Chief Officer, Human Resources		
Lynn Lemieux, Acting Director General, Occupational Health and Safety Branch		
Abraham A. Townsend, National Executive, Staff Relations Representative Program		

APPENDIX B
LIST OF BRIEFS

Organizations and Individuals

Confidential Brief

Equitas Society

Good Shepherd Ministries

MacKinnon, **Heather**

Royal Canadian Mounted Police

Veterans Emergency Transition Services

Whelan, **John**

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 (Meetings Nos. 14, 15, 19, 20, 21, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32 and 33) is tabled.

Respectfully submitted,

Greg Kerr, M.P.

Chair

SUPPLEMENTARY OPINION OF THE OFFICIAL OPPOSITION

The Standing Committee on Veterans Affairs on the *Review of the Delivery of Front-Line Health and Well-Being Services for Canadian Veterans, April 2012*

New Democrats would like to thank the many witnesses who appeared before the committee for this study on the "Review of the Delivery of Front-Line Health and Well-Being Services for Canadian Veterans." We also want to thank the Chair and the entire committee for their efforts on this report. A special thanks is extended to the current Veterans Ombudsman, Guy Parent, and his staff for their contributions, as well as the former Veterans Ombudsman Colonel Pat Stogran.

While we support the underlying objective of this report, the Official Opposition has some very serious concerns with its content. We remain concerned that the committee embarked on this study in the middle of the federal government's strategic review exercise. Committee hearings were finished just as the federal government tabled the March 2012 budget. It was therefore impossible to determine in this report how cuts to Veterans Affairs Canada (VAC) staff and its operating budget, as outlined in the March 2012 budget, will impact on the delivery of front-line health and well-being services for military and RCMP veterans and their families.

New Democrats are very concerned that the cuts to staff (approximately 804 VAC staff), the elimination of nine regional offices across the country, and proposals for private sector/alternate service for VIP reassessments, will seriously impact the quality of service to veterans and their families. The Official Opposition does not believe that the Department of Veterans Affairs can maintain the same standard of care or programs and services with fewer and fewer staff and resources.

The Official Opposition tabled a motion in the House of Commons on March 5th, 2012:

> "That, in the opinion of this House, the government should: a) honour the service of Canadian military and RCMP veterans and their families by committing to not cut Veterans Affairs Canada in the upcoming budget; and b) provide programs and services to all military and RCMP veterans and their families in a timely and comprehensive manner."

New Democrats asked the federal government to commit that there would be no cuts to the Department of Veterans Affairs in their upcoming budget considering that the United States, Australia, and Britain had exempted their Veterans Departments from budget cuts. Unfortunately, this motion was defeated by the Conservative government on March 6th, 2012.

The Department maintains that "it expects to manage the cuts" because the number of veterans served is getting smaller (*"Shrinking population, technology behind 800 cuts at Vetearns Affairs", Canadian Press, 2012-04-12).* Yet departmental information provided

to this committee during this study confirmed that the client base of Veterans Affairs Canada has actually grown by 7,888 veteran clients and 5, 371 survivor clients since March 2001. (*Written Responses to Questions asked in Committee / following the meeting of Tuesday, November 29, 2011).* While it is true that World War II and Korean veterans are passing away quickly, there are many modern-day veterans with complex needs that require VAC services and programs. At the same time, Veterans Affairs Canada is only serving one-third of the estimated current veteran population. It is estimated that there are over 750,000 retired military and RCMP veterans but as of March 2011, VAC was serving 218,000 clients and of these, 140,302 were veterans. That means that over two thirds of the potential veteran client base is not being served by the Department of Veterans Affairs.

The report provides an account of the key issues brought forward by a variety of witnesses but it does not adequately or clearly reflect the opinion of many veterans who were unable to appear and have identified deficiencies in programs and services provided by the Department of Veterans Affairs and Department of National Defence. It would have been helpful to hear from these veterans and their organizations.

The report states that, “the vast majority of veterans’ complaints, as well as similar comments heard from numerous witnesses, only very rarely concerned the appropriateness of the programs.” The report touched on the criticisms raised by veterans on the complex nature of eligibility criteria or accessibility to programs but it did not offer any concrete recommendations to resolve these concerns. In the opinion of the Official Opposition, this is not sufficient considering that many veterans and veterans’ organizations have called for program and service changes.

New Democrats point out that many veterans have questioned the appropriateness of the programs available to veterans, specifically with regards to the New Veterans Charter. During the study, the Official Opposition pressed the committee to review elements of the New Veterans Charter specific to this study of front-line health and well-being services. Unfortunately, this request was ignored.

While New Democrats agree with the rehabilitative approach of the New Veterans Charter, we insist that the federal government honour the commitment that the New Veterans Charter is a “living document” that is to be amended and adjusted as circumstances require. To date, the federal government has only made four enhancements to the New Veterans Charter through Bill C-55. Unfortunately, the hundreds of recommendations suggested by the New Veterans Charter Advisory Group (NVCAG), the Special Needs Advisory Group (SNAG) and other veterans’ organizations to improve the New Veterans Charter have not been implemented.

Furthermore, the Official Opposition recommended that the committee include the privacy breach issue within the scope of this study and hear from relevant witnesses. Again, this request was ignored by several members of this committee. While the Department of Veterans Affairs insists that the problems with privacy violations have been fixed, new complaints surfaced during this report, suggesting that the Department

has not fully dealt with the problem. Ensuring that veterans' health records and privacy is protected must be a key element in providing successful front-line health care and well-being services. New Democrats maintain that the numerous and very serious privacy breaches of veterans' health records and personal information was certainly relevant with respect to this report and its review of the delivery of front-line health care and well-being services.

The report briefly looked at the special status of the Royal Canadian Mounted Police within the mandate of Veterans Affairs Canada but the recommendations did not adequately address the concerns of RCMP veterans with respect to the need for the development of an RCMP specific OSISS program and access to the VIP.

Finally, this report reviews the health and transition services provided by private, community service and charitable organizations. While New Democrats are very grateful for the excellent work provided by these organizations and in many cases volunteers, we are concerned that they are "filling in the gap" for services and programs that should be provided by the Department of Veterans Affairs. We feel that it is the responsibility of Veterans Affairs Canada to provide appropriate programs that address veterans' homelessness, transition support, food bank use, and many other supports. New Democrats are very appreciative of the Royal Canadian Legion and all the veterans' organizations who continue to provide support, information, and direct services to veterans.

In conclusion, the NDP have concerns with this report and are releasing this supplementary opinion. Our men and women of the military and RCMP have served with unlimited liability and they deserve to have a government and opposition members that give the ultimate responsibility to their needs and their families' needs all the way to, and including, their headstones.

We have provided a list of recommendations that we believe would improve the delivery of front-line health and well-being services for all military and RCMP veterans. The recommendations are by no means exhaustive.

Respectfully submitted,

Peter Stoffer, MP, Sackville-Eastern Shore, Official Opposition Critic for Veterans Affairs

Irene Matthysen, MP London-Fanshawe

Annick Papillon, MP, Québec (ACVA committee member 2011/06/13 – 2012/04/23)

Rejean Genest, MP, Shefford (ACVA committee member 2011/06/13 – 2012/04/23)

Sylvain Chicoine, MP, Chateauguay-Saint-Constant

Manon Perreault, MP, Montcalm

April 2012

NDP Recommendations to Improve the Delivery of Front-Line Health and Well-Being Services for Canadian Veterans*:

- Continue to push for improvements to the New Veterans Charter
- Better support for those suffering from PTSD and other mental health concerns
- Access to long-term care contract beds for modern-day veterans and the development of Health Centres of Excellence that specialize in veterans care
- Increase federal government allowances for veterans' funerals
- Elimination and/or reform of the Veterans Review and Appeal Board
- Expansion of Veterans Independence Program (VIP) to the RCMP
- A full public inquiry and better compensation for victims of Agent Orange and defoliant spraying at CFB Gagetown
- Introduced the Veterans First Motion that called for a series of improved benefits for veterans and their families. This motion was passed in the House of Commons in November 2006 and included the following: Amend Section 31 (1) of the Canadian Forces Superannuation Act so that second spouses of CF members and veterans have access to pension rights upon the death of the Canadian Forces member or veteran (marriage after 60); Extend the VIP (Veterans Independence Program) to all widows of all veterans, regardless of the time of death of the veteran and regardless of whether the veteran was in receipt of VIP services prior to his/her death; Increase the Survivor's Pension Amount upon death of Canadian Forces retiree to 66% from the current amount of 50%; Eliminate the unfair reduction of SISIP (Service Income Security Insurance Plan) long term disability benefits from medically released members of the Canadian Forces; and eliminate the deduction from annuity for retired and disabled CF members.

*Note: These recommendations by the NDP are by no means exhaustive. They represent only some of the suggestions put forward by the NDP to improve the delivery of front-line health and well-being services for all military and RCMP veterans.

Front Line Services for Veterans: The Liberal Party Minority Report

The Liberal Party is disappointed with the calibre and generality of this Report. Such an extensive study provided an opportunity for the Committee to make impactful recommendations to the Department of Veterans Affairs. The recommendations however, as well as the report in general, display that the majority of the Committee is more interested in congratulating the government, than in providing advice and constructive criticism to improve services to the veterans of Canada.

Recommendation 2

That Veterans Affairs Canada, in cooperation with the Department of National Defence, assess the potential benefits of integrating clinical psychologists into the military personnel of the Canadian Forces.

This recommendation simply calls for further study. The time for study is past. The time for action is now. Accordingly, Recommendation 2 should be changed to the following:

That Veterans Affairs Canada, in cooperation with the Department of National Defence ***integrate*** *clinical psychologists into the military personnel of the Canadian Forces*

Recommendation 4

That Veterans Affairs Canada, in cooperation with the Public Service Commission, the Department of National Defence, and the Royal Canadian Mounted Police, examine ways to increase the percentage of departmental employees who are veterans.

Again, this recommendation simply requires the Committee to do more study - requiring the government to do little, if anything. Accordingly, the Liberal Party proposes the following in lieu of Recommendation 4:

That Veterans Affairs Canada, in cooperation with the Public Service Commission, the Department of National Defence, and the Royal Canadian Mounted Police, use the priority entitlement to employment in the public services to increase the percentage of departmental employees who are veterans, and that it develop information campaigns for that purpose

Recommendation 5

That, during the transition interview process, released military members be informed of their right to request a copy of their medical file.

The Liberal Party attempted repeatedly to have the Committee examine well known privacy breaches within the office of the Minister of Veteran Affairs. They were rejected. The Liberal Party continues its call for full blown study on privacy breaches, and proposes the following in lieu of Recommendation 5:

That Veterans Affairs Canada ensure that a copy of the complete medical file be systematically provided to all military members released for medical reasons, and that all information transmitted by a federal authority relating to a veterans medical file, also be provided to the veteran concerned, regardless of the reasons for the information request.

Recommendation 6

That Veterans Affairs Canada continue to improve its efforts to reach out to veterans who are in need of medical, psycho-social, or other forms of rehabilitation. This can be achieved by maintaining current practices of visiting military bases across the country and by strengthening partnerships between district offices and local health organizations.

This recommendation fails to recognize that the status quo is failing our veterans. It must to strengthened to read:

That Veterans Affairs Canada implement measures to ensure veterans in crisis have access to emergency psychiatric care, including inpatient treatment.

Recommendation 7

That Veterans Affairs Canada, in cooperation with the Department of National Defence, examines ways to foster a smooth transition between health care provided to military personnel and that offered to Canadian Forces veterans in the civilian world.

The seriousness of the issue cannot be understated. Dr. Alice Aiken, Director of the Canadian Institute for Military and Veterans Health Research, appeared at Committee on February 14th, 2012, and spoke both personally and professional about her experience. She said: "... my biggest challenge was in the transition to provincial health care, where I got the same treatment as a prisoner, and I was informed of that. When my husband transitioned out later, he was medically released and had served in both Bosnia and Afghanistan. The impact on our family was mitigated by the fact that we had both been military and knew what to do. But I think his biggest struggle was in transitioning to a civilian health care system that didn't understand his needs...also his front line services provided by Veterans Affairs...is sometimes a very difficult bureaucracy for the veteran to deal with...". The time for more study has passed. The Liberal Party proposes the following in lieu of Recommendation 7:

That Veterans Affairs Canada in cooperation with National Defence, make every effort to ensure greater continuity between health care provided in the Canadian Forces and that offered in the civilian world, including the ability for released member of the Canadian Forces to continue to see a military doctor until such time they are able to secure the services of a civilian doctor.

Recommendation 9

That Veterans Affairs Canada, in cooperation with the Department of National Defence, examine current industry best practices to develop methods to effectively monitor veterans progress while participating in transition programs.

The wilful disregard of the majority of the Committee for veterans' privacy is exemplified here. Any monitoring protocol must respect privacy. Yet, there is no mention of it. Accordingly, the Liberal Party proposes the following in lieu of Recommendation 9:

That Veterans Affairs Canada, in cooperation with the Department of National Defence, develop an integrated and systematic veteran monitoring protocol that is based on the most promising current initiatives and guarantees respect for veterans privacy.

Recommendation 10

That Veterans Affairs Canada, in negotiations for the transfer of Ste. Anne's Hospital to the province of Quebec, ensure that it maintains a centre of excellence in clinical research and that our veterans continue to receive priority access to quality care in the official language of their choice.

The services at Ste Anne's hospital, exclusive and unique to veterans, must be maintained. The Liberal Party proposed the following in lieu of Recommendation 10:

That Veterans Affairs Canada, in negotiations for the transfer of Ste. Anne's Hospital to the province of Quebec, ensure that it maintains a centre of excellence in clinical research ***and care dedicated exclusively to veterans,*** *and that our veterans continue to receive priority access to quality care in the official language of their choice***.**

Recommendation 12

That Veterans Affairs Canada review the regulations that deal with the reimbursement of costs incurred by participants under the Vocational Rehabilitation Program.

This recommendation mandates further study. It is the Committee's role to study, and the study is complete. It is now the Department's role to act. Accordingly, the Liberal Party proposed the following in lieu of Recommendation 12:

That Veterans Affairs Canada take all necessary measures to prevent participants of the Vocational Rehabilitation Program from being required to pay, in advance, the costs of services for which they are entitled.

Recommendation 13

That Veterans Affairs Canada continue to work cooperatively with the Department of National Defence to increase program consistency and support vocational rehabilitation specialists and other organizations that provide early intervention to transitioning CF personnel and veterans seeking employment.

This recommendation is applause for the status quo. The Liberal Party proposes the following in lieu of Recommendation 13:

That Veterans Affairs Canada, together with the Department of National Defence, take action to implement better early intervention practices developed by vocational rehabilitation specialists.

Recommendation 15

That Veterans Affairs Canada recognize the good work accomplished by the Royal Canadian Legion and the University of British Columbia through their Veterans Transition Program, and that the department continue to support programs that assist transitioning veterans.

The recommendation ignores the pressing need for the government to provide financial and administrative support to an excellent program that should be expanded. The Liberal Party proposes, in lieu of Recommendation 15:

That Veterans Affairs Canada, in cooperation with the Royal Canadian Legion and the University of British Columbia, provide meaningful and tangible support for the national expansion of Veterans Transition Program.

Recommendation 17

That Veterans Affairs Canada continue to work with community organizations to combat homelessness among veterans.

This is yet another example of the majority on the Committee offering full support for the status quo. Accordingly, the Liberal Party proposes the following:

That Veterans Affairs Canada recognise the service provided by Good Shepherd Ministries through its rehabilitation programs and that it provide the organisation with financial compensation.