



A Discussion Paper

Honouring Canada's Commitment: "Opportunity with Security" for Canadian Forces Veterans and Their Families in the 21st Century

prepared by
Veterans Affairs Canada – Canadian Forces Advisory Council
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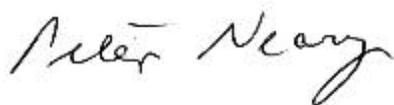
Foreword

In July 2000 the Veterans Affairs Canada – Canadian Forces Advisory Council was established to offer the Department of Veterans Affairs advice, within the scope of its mandate, on how to address a number of challenges facing the members and veterans of the Canadian Forces and their families. The Advisory Council has been meeting twice a year ever since to advance this aim.

During a meeting in October 2002, the Advisory Council concluded that despite numerous and ongoing improvements in the existing range of services and benefits available to these veterans and their families, the time had come to propose comprehensive reform. In order to place the case for renewal squarely on the public agenda, the Advisory Council has produced “Honouring Canada’s Commitment: ‘Opportunity with Security’ for Canadian Forces Veterans and Their Families in the 21st Century” and its companion reference document, “The Origins and Evolution of Veterans Benefits in Canada, 1914-2004.”

It is imperative that the men and women of the Canadian Forces should be assured at all times that our country has a comprehensive, coordinated, and easily understood plan for their future. Today, Veterans Affairs Canada, working closely with the Department of National Defence, is working towards the renewal of services and programs required to achieve this goal.

In submitting these documents, the Veterans Affairs Canada – Canadian Forces Advisory Council wishes to lend its expertise, advice, and support to the required and urgent reform of the system of veterans benefits. Those who serve Canada in uniform have need of this support, and they deserve nothing less.



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Introduction

Canada has one of the world's most generous and comprehensive programs of veterans benefits. Yet Canadian veterans face a complex system, involving numerous players and a challenging set of rules, eligibility guidelines, and program offsets. While much is right with the system and many substantial and important changes have been made in recent years, much still remains to be done to meet many of the demonstrable needs of the members and veterans of today's Canadian Forces and those of their families. In truth, the country's veterans affairs system is no longer in synchrony with the nature of modern military operations or the realities of family life in the twenty-first century. This leads to situations like those shared below, which are based on real experiences in today's Canada.

Maria

"Maria," a 31-year-old member of the Canadian Forces, was injured while on duty in flood relief in western Canada. One of her hands had to be amputated and the other is badly injured. She has been awarded a 100 percent disability pension from Veterans Affairs Canada, and she also receives special allowances related to her high level of incapacity. She obtains housekeeping assistance through the Veterans Independence Program of home care. However, because her disability was not incurred in a Special Duty Area (e.g., during peacekeeping), Maria is not eligible for such benefits as hearing aids and prescription drugs, unless the need for them can be attributed to her pensioned condition. Her eligibility for admission to Long Term Care, should she need it one day, is not automatic. Maria was substantially disabled in the service of Canada, but Canada does not cover 100 percent of her health and medical needs.

Chan

A 38-year-old, still-serving member of the Canadian Forces, "Chan" suffered a serious back injury in 1993, for which he receives a 35 percent disability pension from Veterans Affairs Canada. He has trouble walking, cannot bend over or lift objects, has sleep disturbances, and suffers both depression and weight loss. His wife of twelve years has to provide him with extensive care and does most of the household upkeep. She also is depressed and their marriage is in danger. Their two children, aged nine and ten, have a history of behavioural problems. Chan faces further back surgery. He could benefit from coordinated case management, but instead has received fractured services and support from a range of operatives: on-base medical staff, medical specialists, his Department of National Defence case manager, his military career manager, and the local Veterans Affairs Canada staff. He has not received a comprehensive occupational therapy assessment and is obtaining aids to living (such as bathtub railings and a special truck seat) on an ad hoc basis through the base's medical staff. Although Veterans Affairs Canada has been able to ease his wife's burden by providing housekeeping and grounds keeping through the Veterans Independence Program, it is limited in its ability to help meet other needs of a family in crisis. Chan would like to leave the military but feels that he is financially

unable to do so. Right now he receives full military pay and his disability pension. Once he leaves the Canadian Forces, he will likely receive only 75 percent of his military pay – a considerable loss in income.

Alex

“Alex,” a married father of two, spent sixteen years in the Canadian Forces before being medically released in 2003. During 1998, while serving on a Canadian warship, he suffered headaches and temporary blindness. On investigation, it was discovered that he had a cancerous brain tumour, which was removed. After six months’ medical leave and radiation treatments, he was back at work. He no longer requires treatment for his medical condition but must have yearly check-ups. He applied for a disability pension from Veterans Affairs Canada, believing that exposure to depleted uranium and various carcinogens on board ship had caused his cancer. His initial pension application was denied. An appeal is pending. Alex’s military career was prematurely ended because he no longer meets the rigorous medical requirements for service at sea. He asked to put his sixteen years’ experience to use in a continuing posting ashore, where he could also qualify for his twenty-year pension, but he was told that the Canadian Forces’ “universality of service” policy precluded this option. He is obtaining income support and vocational retraining for up to two years through the Service Income Security Insurance Plan but would rather be in uniform. He also feels that he should be compensated by the government for the early termination of his career.

Lee and Lori

“Lee” is a 34-year-old still-serving member of the Canadian Forces who has completed six operational tours overseas. He receives a 50 percent disability pension from Veterans Affairs Canada for post-traumatic stress disorder. His wife “Lori,” who says that their family life has “fallen apart,” moved off the base with their two children, ages two and four. She has told the base’s chaplain that Lee is suicidal and she limits the children’s contact with their father out of concern for their well-being. Lori has worked to obtain a real estate licence so that she can support herself and her children because Lee’s financial support is erratic. Lori finds herself overwhelmed by her situation. She has approached Veterans Affairs Canada to see if she can obtain help with child care or financial support for necessary counselling. Some limited support for counselling was approved. Child care assistance cannot be provided under existing programs. Unfortunately, housekeeping support that she might have obtained through the Veterans Independence Program can be provided only at Lee’s residence. She cannot receive such assistance in her new home. Lori could ask for further support from the Military Family Resource Centre, where she used to volunteer, but she is embarrassed to return there for help with her own needs and is concerned that confidentiality might not be respected.

Jean-Paul

A 55-year-old Canadian Forces veteran, “Jean-Paul” had both legs injured during a military parachuting accident. He was awarded a 100 percent disability pension by Veterans Affairs Canada in 1990 as a result of his injuries. He receives further allowances related to his high level of incapacity. His wife, who is battling cancer, has to live away so that she can pursue her career. They have two adult children, one of whom is a full-time student. Jean-Paul was recently diagnosed with diabetes, a disease that can lead to blindness, heart disease, kidney problems, amputations, and nerve damage. Despite being substantially disabled as a result of his military service, his diabetes tests and medication are not covered by Veterans Affairs Canada, nor is the medical care – like eye glasses – that he may require one day as a result of diabetes complications. Many other forms of medical treatment that Jean-Paul may need, including prescription drugs and nursing services, will only be provided at public expense if they can be attributed to his pensioned condition.

Carr

“Carr,” a 41-year-old father of two, left the Canadian Forces in 1995. He was injured in a live-fire training accident in 1988. He receives a 40 percent disability pension from Veterans Affairs Canada for post-traumatic stress disorder and for injuries to his right arm and shoulder and abdominal wounds caused by shrapnel. Carr’s wife has left him and filed for divorce. His two teenage sons live with him. The symptoms of his post-traumatic stress disorder have lessened, but he still suffers from depression and from eating disturbances. He has not been able to work for some time. A Veterans Affairs Canada counsellor has explored ways that Carr might obtain vocational retraining assistance. Unfortunately, at the time of his release he did not apply to the Service Income Security Insurance Plan for such assistance and would no longer be eligible to receive it. Veterans Affairs ceased to offer vocational rehabilitation or training programs in 1995. It is not clear what might be done to help Carr resume a productive life. This veteran’s story suggests that a lack of coordinated transition services at the time of his release hampered his effective re-establishment in civilian life. Program limitations within Veterans Affairs Canada have also made it difficult to help Carr achieve independence and functionality in his community.

Why cannot Canada do more for those who have faithfully and professionally served in the Canadian Forces? Why does it not do more to help military families live with the tragic consequences of a loved one’s service-related injury? Despite the best efforts on the part of the “system,” why do we leave people like Maria, Chan, Alex, Jean-Paul and Carr or couples like Lee and Lori, with serious, unmet needs?

This paper explores these questions. It also identifies a series of principles and priorities that should guide a comprehensive overhaul of Canada’s existing system of veterans benefits and services. We believe that such an overhaul is justified by the accumulated evidence of a decade’s

study, and we are pleased that Veterans Affairs Canada and the Department of National Defence are working together on this vital national work. It is our deeply felt hope that reform of the system will bridge existing gaps in our nation's support to members and veterans of the Canadian Forces and their families.

Context is important. We need to understand how veterans benefits have evolved in Canada and the commitments our government has made to veterans in the past if we are fully to appreciate the significance of the gaps that exist in current support and the reasons why they must be filled now. While new programs are being devised to meet new needs, old programs continue to operate (but do not necessarily meet present needs).

For this reason, the paper reviews the development of veterans benefits in Canada, starting with the First World War. It traces the emerging needs of veterans and the government's responses to them during a series of studies, reforms, and program updates. The historical overview offers essential insights. It shows Canada at its best, providing compassionate responses to urgent needs and pioneering key elements of the modern social safety net. It also leads one to a better understanding of how comprehensive our veterans benefits program once was and why it is constrained today in its support to Canadian Forces members, veterans, and their families.

The paper also explores how we can build on these traditions of veteran support, using the most current knowledge about modern disability management practices, the values of coordinated case management, the success of "one-stop" service initiatives by government, and insights into family dynamics and needs. We hope that the resulting overview will set the stage for an informed debate about the state of veterans benefits in Canada today and will support knowledge-based decisions about updating them to meet the urgent needs of Canadian Forces veterans in the twenty-first century.

Why Do We Have Veterans Benefits?

Why does Canada have a program of veterans benefits?¹ And why is there a unit of government called Veterans Affairs Canada (VAC)? The answer to these questions is to be found in the service that Canadians gave and the sacrifices they made during the two world wars of the twentieth century (1914-18 and 1939-45), the Korean War (1950-53), and other military operations since 1950 in the continuing cause of national defence, world peace, and security.

During the First World War, more than 600,000 Canadians enlisted, and during the Second World War more than a million. About 27,000 Canadians served in the United Nations Forces during the Korean War. In the last half-century, the men and women of the Canadian Forces (CF) have defended our territory, acted in concert – at home and abroad – with our North Atlantic Treaty Organization (NATO) and North American Aerospace Defence Command (NORAD) allies, have helped win the Cold War, and have carried out difficult and demanding peacekeeping and peacemaking duties in many parts of the world. Over five hundred were buried in England, France and Germany while serving during the Cold War, 115 lost their lives in other overseas military operations

(peacekeeping, peacemaking, etc.), and many have lost their lives training in Canada for war. This is an exemplary record, and the Government of Canada has recognized it as such.

To put on the uniform of one's country – and this is as true today as it was in 1914 – is to make an extraordinary commitment: to put oneself at risk, as required, in the interests of the nation. It is this commitment that explains and justifies veterans benefits and the branch of government that administers them.

Covenant and Commitment

Wisely, Canada has understood that extraordinary sacrifice and service require extraordinary recognition. Veterans benefits and the military record that lies behind them are central to the narrative of Canadian nationhood. Canada has had a comprehensive program of these benefits, which has paralleled its long and distinguished military history. By the same token, a well-thought-out and up-to-date scheme of veterans benefits – one that links recruitment, retention, and recognition – is essential to the well-being and operational effectiveness of today's Canadian Forces.

Between those in uniform and the country they serve there is an implicit social covenant that must be honoured. All this was well understood by previous generations of Canadians, as evidenced by the fact that veterans benefits as such have never been an issue in party politics. Rather, there has been support across the political spectrum for measures designed to fully carry out the country's obligation to those who enlist. There have been differences of opinion about the extent of programs and their administration, but not about the fundamental concept of veterans benefits or the need for Canada to have a comprehensive benefits program. This is all to the good and is an important legacy in dealing with contemporary issues. Translating the social covenant between the public and the military into practical policy and judicious administration is the work of Veterans Affairs Canada in partnership with the Canadian Forces.

In Canada as elsewhere, recognition of veterans has taken two forms: commemoration and tangible benefits. In remembrance, the country has cared for the graves of its war dead, created national Books of Remembrance, built monuments, maintained historic battlefields, preserved war records, organized veteran and youth pilgrimages, and solemnly honoured 11 November as Remembrance Day, which is now as the focus of Veterans' Week. This is an exceptional record of achievement of which all Canadians can be proud. We have not forgotten and we will not forget. In terms of tangible benefits, the country has given priority to looking after the families of the war dead while making benefits generally available to veterans, based on disability status and length and location of service.

1914-1939

In 1917 the Government of Canada promised that those who were “saving democracy” would not thereafter find their country “a house of privilege, or a school of poverty and hardship.”² This was a big commitment, and by definition it led the federal government into activities – in health and education, for example – that were normally under provincial jurisdiction. The federal government was responsible for national defence and, by extension, it became responsible for veterans affairs. Veterans had served the nation, and they expected the national government to act on their behalf. The Government of Canada accepted this responsibility. War obliterated many federal-provincial distinctions, and the administration of veterans benefits followed suit. Veterans benefits have, therefore, cut across regional, ethnic, language, class, and gender lines. As such, they have done more than assist tens of thousands of individual Canadians and their families – they have been a unifying force in the country.

Veterans benefits have been a building block of the Canadian social welfare state. They have provided a social laboratory for Canadians and have made them aware of what is possible when government acts decisively to meet a demonstrated social and economic need (and, in the case of the Second World War, to anticipate it). By serving the particular good, veterans benefits have also served the common good. Many of the social benefits we take for granted today originated or were pioneered in the context of Canadian veterans benefits, including free hospital coverage, vocational retraining for the disabled, federal support to post-secondary educational institutions, business development loans, publicly funded legal aid, income support for the needy, and home care.

In practice, veterans of the First World War were provided, subject to various eligibility criteria, with a range of benefits, including a small clothing allowance, a service gratuity based on length and zone of service, a land settlement scheme, a life insurance plan, and preference in appointments to the civil service. In 1915 the Military Hospitals Commission was established, and this eventually evolved into a national network of veterans’ hospitals. In 1918 the Department of Soldiers’ Civil Re-establishment was established, but the vocational training it offered was confined to the disabled and those who had enlisted as minors.³ In 1919 the *Pension Act* – which, as amended, is still being administered – was passed by Parliament, following a series of actions to meet the wartime emergency.⁴

From 1928 veterans benefits were administered by the Department of Pensions and National Health, and from 1933 the administration of the *Pension Act* was the responsibility of the Canadian Pension Commission.⁵ In 1930 Parliament provided for the War Veterans’ Allowance, to be administered by the War Veterans’ Allowance Board. This allowance, known among veterans as the “burnt-out pension,” was a discretionary benefit, made available to those with overseas service who could no longer make a living.

There was much that was worthwhile in all this, but in the 1920s and 1930s there was considerable controversy about veterans benefits, especially about the administration of the *Pension Act*, which had complex eligibility criteria and produced considerable and continuing

disappointment. In 1923-24 the administration of the *Pension Act* was subject to scrutiny by a royal commission.

As might be expected, veterans had their own sense of what their benefits should be, and, sensibly and patriotically, they organized themselves in the interest of remembrance, comradeship, patriotic endeavour, public service, and mutual aid. In 1917 the Great War Veterans' Association (GWVA) was formed in Winnipeg. In 1925 it joined forces with other veterans' organizations to launch the Canadian Legion of the British Empire Service League, now the Royal Canadian Legion.⁶ It has ever since been the largest veterans' organization in the country and has worked with other ex-service organizations, of which there have been many, to ensure that nobody who put on the country's uniform would be left out, ignored, or forgotten. Members of the GWVA called one another Comrade, and this remains the practice of the Legion and veterans' organizations generally, which emphasize the solidarity of all those who have served and the need for veterans to support one another for the common good. Through their constructive work and their philosophy of solidarity and sharing, the veterans' organizations have been the Government of Canada's partners in identifying veterans' needs and defining their benefits.

Within the government itself, it was taken for granted, after the First World War, that veterans benefits would be administered mainly by senior officials who were themselves veterans. Thus, the values and ideals of organized veterans could directly influence policy towards those who had served. This continued to be the case in Canada until, with the passage of time, veterans of the Second World War gradually retired from the role.

Obviously, much was accomplished by and on behalf of veterans in Canada between 1914 and 1939, but there was a lingering sense that not enough had been done for the First World War generation. "In Saskatchewan," Dorise Nielsen (MP for North Battleford) told the House of Commons in 1940, "we have living monuments to the last war. There I have seen returned men who, like driftwood cast up after the whirlwind and the whirlpool of the last war subsided, are now left on those desolate homesteads, uncared for and unnoticed. Since I have been in this city I have thought that I should like to bring some of these men here, in all their rags and tatters, and stand them around your great monument, to form a living testimony to the ingratitude of Canada."⁷

1939-1965

Soon after the Second World War began, the government acted to ensure that the mistakes of the past vis-à-vis veterans would not be repeated and that those now coming forward to serve the country would be given the full consideration they deserved. In the aftermath of the First World War there had been considerable social and economic upheaval in Canada, and there was a determination in Ottawa that nothing similar must happen again. Mobilization for total war, it was now well understood, could destroy the existing order after the conflict ended – unless there was a carefully constructed plan for demobilization and civil re-establishment.

Accordingly, even as the nation ramped up mobilization efforts, the Government of Canada began to plan for the end of hostilities.⁸ The first step in a long and complex planning process was taken on 8 December 1939, when a Cabinet committee on demobilization was appointed. This committee, which sought to define the obligation of the state “to those whose lives were interrupted by their service to their Country,”⁹ was supported by a General Advisory Committee on Demobilization and Rehabilitation, which in turn had fourteen subcommittees. This effort led to Privy Council order 7633 of 1 October 1941, a landmark document in Canadian social history, which promised a rehabilitation benefit to everyone who served in the armed forces during the war. This, of course, was a big advance over what had been done after the First World War, when rehabilitation benefits had been confined to the disabled and those who had enlisted as minors.

Fulfilling the promise of PC 7633 and getting the country ready to receive a new generation of veterans was an enormous task and one that fell to a reinvigorated Department of Pensions and National Health. The government was ably assisted in this challenge by the Canadian Legion and the other veterans’ organizations. The Legion, which was superbly led during the war, ran an educational service overseas and took an inclusive and innovative approach. It quickly succeeded in making itself the voice of those serving in the Second World War, and it advanced their cause as future veterans across a broad front. As always, many of the very best ideas about the benefits Canada should make available to the war veterans came from veterans themselves.

The plan adopted by the government assumed as a “basic truth ... that the great majority of veterans would much rather work than receive relief in any form from the State.” The purpose of the rehabilitation program was therefore to provide “opportunity with security.”¹⁰ Action in this regard, together with a comprehensive long-term program for those who could not be expected to look after themselves (the sick, the disabled, and the dependents of those who had died or been incapacitated), was what the situation required. The plan was put into effect in a flurry of statutes and regulations, which took account of duration and location of service (Canada or overseas) and the nature of service (volunteer or conscript). The government’s actions also recognized the fact that there were now women’s branches of the three armed forces and tens of thousands of women in uniform: in the Royal Canadian Air Force Women’s Division, or RCAF (WD), formed in 1941 as the Canadian Women’s Auxiliary Air Force; the Canadian Women’s Army Corps, or CWAC (formed 1941); and the Women’s Royal Canadian Navy Service, or WRCNS (formed 1942).

On 2 September 1939, by order-in-council, the government extended the benefits of the *Pension Act* to those who served during the Second World War, but a distinction was soon made between coverage under the “insurance principle” (for service outside the country) and under the “compensation principle” (for service inside the country).¹¹ The former provided coverage for disability or death on a round-the-clock basis, regardless of cause. The latter provided coverage only for death or disability that could be directly linked to military service. In 1941 the *Pension Act* was amended to take account of wartime developments, and, effective with the 1942 tax year, pensions were exempted from income tax, a provision that remains in effect. During

the same year the *Veterans' Land Act, 1942*, designed to foster “part-time farming coupled with other employment,” became law.¹²

By the *War Service Grants Act, 1944*, provision was made for the payment of gratuities and re-establishment credits. These were entitlements rather than discretionary benefits and were calculated on the basis of length and location of service. The Re-establishment Credit was the rehabilitation benefit received by most Canadian veterans in fulfilment of the promise of PC 7633. It was a Government of Canada credit that could be used (by sending in bills as they accumulated) for a variety of purposes, including the purchase of household goods, getting started in work, paying government insurance premiums, or buying a government annuity.

Alternatively, veterans could apply for property under the *Veterans' Land Act, 1942*, or for education and training under the *Veterans Rehabilitation Act* of 1945, which also featured “awaiting returns” for fledgling businesses, temporary incapacity payments, and unemployment benefits for those ineligible for unemployment insurance. The land, education, and training benefits, along with the benefits provided in the *Veterans' Business and Professional Loans Act* of 1946, were not entitlements; they were discretionary benefits that needed official approval.

Other benefits made available to Second World War veterans included a clothing allowance of \$100; free transportation to their place of enlistment or elsewhere in Canada at no more than the same cost; revised civil service preference; veterans' insurance and War Veterans' Allowance schemes; the right to reinstatement in civil employment; preference for jobs with the National Employment Service; and a comprehensive medical plan.

In 1944 the Department of Veterans Affairs was created, both to administer its own programs and to act as a coordinating agency within the government for all activities on behalf of veterans. One of its important early acts was the publication of the booklet *Back to Civil Life*, which explained to members of the forces the plan of the government for their civil re-establishment. “Canada's rehabilitation belief,” the ministerial preface explained, “is that the answer to civil re-establishment is a job, and the answer to a job is fitness and training for that job. Our aim is that these men and women who have taken up arms in defence of their country and their ideals of freedom shall not be penalized for the time they have spent in the services and our desire is that they shall be fitted in every way possible to take their place in Canada's civil and economic life.”¹³

In short, Canada was not promising to provide veterans with jobs; rather, it would provide them with the opportunity to get jobs. This fundamental message was reiterated in the opening sentence of the booklet, which went straight to the point: “The object of Canada's plan for the rehabilitation of her Armed forces is that every man or woman discharged from the forces shall be in a position to earn a living.”¹⁴ According to this philosophy, success would involve self-help, informed counselling, government assistance, voluntary effort, and business cooperation. In the section of the booklet on “Canadian Pensions,” procedures were reviewed and readers cautioned, in capital letters: “EXCEPT WHERE TOTAL DISABILITY EXISTS, DISABILITY PENSION IS NOT INTENDED TO PROVIDE COMPLETE MAINTENANCE. DISABILITY PENSION IS

COMPENSATION, FOR HANDICAP IN THE GENERAL LABOUR MARKET, WHICH IS PAID BY THE STATE TO ENSURE FOR THE PENSIONER AND HIS DEPENDENTS MAINTENANCE WHICH HE IS UNABLE TO PROVIDE.”¹⁵

One section of *Back to Civil Life* was entitled “Women Are Fully Eligible.”¹⁶ They were indeed eligible, though within a program that had been designed primarily for men, who accounted for the vast majority of enlistments. The fledgling Veterans Affairs department was also to the fore in resisting the postwar dismissal of women from the civil service and in advocating the right of married women to work for the Government of Canada. The case for this position was forcefully put by Major General E.L.M. Burns, the Director General of Rehabilitation, in a 1945 memorandum. Under the Charter of the United Nations, he wrote, Canada had agreed to “the realization of human rights and fundamental freedoms for all without distinction as to race, sex, language or religion,” and prohibiting the employment of married women in the civil service would violate this pledge.¹⁷

Retrospectively, the diverse and comprehensive program of benefits devised for the veterans of the Second World War was given an all-encompassing name – the Veterans Charter. In general, administration of this proceeded smoothly, and instead of the disruption that had followed the First World War, the country this time went from strength to strength, making the 1950s a golden time of economic prosperity. No doubt Canada’s favourable position in the world economy contributed to this, but so did the extensive wartime planning on behalf of veterans. Veterans benefits allowed the Government of Canada to keep up the population’s purchasing power while keeping spending within predictable limits and making an investment in young Canadians.

This investment produced exceptional results. The gratuities and re-establishment credits helped to launch many young families and ushered the country into the “baby boom.” Thanks to the constructive and determined efforts of veterans’ organizations, the *Veterans Land Act, 1942*, was transformed into a land *and* housing scheme – to the great advantage of many. By the same token, the *Veterans Rehabilitation Act* led to a great expansion of university facilities in the country and the training of a whole generation of professionals.

Beginning with PC 7633, Canada’s evolving program for its Second World War veterans had a clear purpose: to build morale for the war effort and ensure a smooth and constructive transition to peacetime conditions once victory was won. It had clear goals: to look after those who could not be expected to look after themselves, while preparing the able-bodied for work in the market economy through the philosophy of “opportunity with security,” a concept that respected the basic social and economic realities of the country. It had strong leadership from able administrators, who had learned from the past and had a deep sense of moral purpose and commitment to the public good. It was built on a fruitful partnership between the government and the veterans’ organizations. It had support from all political parties and was advanced on this basis. It promoted equality between men and women. It promoted medical innovation, fostering a new understanding of, and a fresh approach to, disability. It mobilized public opinion in support of veterans, especially through the work of the citizens’ committees which the Department of Veterans Affairs organized across the country.

The Veterans Charter program helped Canadians to help themselves, always a worthy and worthwhile objective. It discouraged dependency and promoted a healthy independence within the framework of community obligation. It also encouraged veterans to help one another, which they did to very good effect. It acknowledged a national responsibility and reminded Canadians that veterans benefits are nationally administered because the armed forces are a national institution. It effected a clear demarcation between the Department of National Defence (DND) and the Department of Veterans Affairs, the latter being a coordinating agency rather than one delivering all services for veterans. Above all, it promoted respect for those who had served their country.

Despite many achievements, there was much leftover business from the Veterans Charter, which had been a broad-brush program of general application. As such, it did not always recognize or adequately address the legitimate needs and aspirations of many sub-groups who, either in uniform or as civilians, had directly served the country during the war. Addressing these needs and correcting related oversights has been the continuing business of the Government of Canada ever since.

In 1949 the Department of Veterans Affairs welcomed a new group of veterans when Newfoundland (now Newfoundland and Labrador) became a province of Canada.¹⁸ Term 38 of the Terms of Union between Newfoundland and Canada dealt with veterans benefits. In effect, it extended most of the benefits of the Veterans Charter to Newfoundland veterans. In particular, it provided that a re-establishment credit was to “be made available to Newfoundland veterans who served in the Second World War equal to the re-establishment credit that might have been available to them under the *War Services Grants Act, 1944*, if their service in the Second World War had been service in the Canadian military, less the amount of any pecuniary benefits of the same nature granted or paid by the Government of any country other than Canada.”¹⁹ Omitted from consideration, however, were the members of the Newfoundland Forestry Unit, who fought long and hard within Canada for recognition.

While the Department of Veterans Affairs was busy integrating the Newfoundland veterans, it was also addressing the needs of veterans of the Korean War. Almost 27,000 Canadians served in the Special Force sent to Korea, most of them in either the 25th Canadian Infantry Brigade or in assigned naval and air force squadrons. Technically, the Canadians who went to Korea were deemed to have participated in a United Nations “police action” rather than a “war,” but this was a hollow distinction that belied the brutal reality of service in a bitter conflict. Canadians serving in Korea witnessed the horrors of a campaign that claimed more than 359,000 United Nations combatants and untold thousands of civilians. The war left 516 Canadians dead and another 1,042 wounded.

Initially, the government met the benefit needs of veterans of the Korean War through orders-in-council, but in 1951 Parliament made comprehensive provision for veterans benefits for service in Korea through the *Veterans Benefits Act, 1951*, which was extended in 1952 and 1953 and then expanded by the *Veterans Benefits Act, 1954*.²⁰ In effect, these Acts extended to veterans

of the Korean War the benefits of the Veterans Charter except for those of the War Veterans' Allowance, which were granted separately in 1952.

This was administratively straightforward, but Canadian veterans of the Korean War faced a long struggle, even from some fellow veterans, for full recognition in the country's military pantheon. In 1973 a group of them, meeting at Camp Borden, Ontario, formed the Korea Veterans Association of Canada (KVA), which worked hard to obtain a Canadian medal for those who had gone to Korea. Although a United Nations medal and a Canadian version of a Commonwealth medal had already been awarded, there was no truly Canadian medal for these veterans. Their goal was ultimately achieved in 1992 with the award of the Canadian Volunteer Service Medal for Korea.²¹ Their continuing quest for recognition also led to the dedication in 1997 of the privately funded Korea Veterans' Memorial Wall in Brampton, Ontario. In April 2002 the Monument to Canadian Fallen, unveiled in November 2001, was dedicated in the United Nations Memorial Cemetery in Busan (formerly Pusan), Korea. An exact copy of this monument was unveiled in Ottawa, on 28 September 2003, to mark the fiftieth anniversary of the Korean ceasefire. In forming an organization to advance their comrades' interests, the veterans of the Korean War set an example that was subsequently followed by other Canadian Forces veterans.

The adaptation of the Veterans Charter to the needs of veterans of the Korean War was perhaps an approach the government might have followed in relation to the future needs of ex-service Canadian men and women generally. But the Korea example was not followed up, with the result that the relationship of Canadian Forces veterans and Veterans Affairs was confined to a limited use of the *Pension Act*. This eventually produced adverse consequences which have not yet been fully addressed. Although all the statutes relating to the Veterans Charter remained on the books, Veterans Affairs Canada did not concern itself with the rehabilitation and re-establishment of former members of the Canadian Forces. The forces themselves eventually produced programs to fill some of this gap, but this was not the main business of National Defence. While the need for rehabilitation and re-establishment benefits continued, the government's commitment to deliver these through Veterans Affairs atrophied.

By the 1960s, the rehabilitation heyday of the Veterans Charter was over, though it still generated some business. For example, applications under the *Veterans Land Act, 1942*, continued until 31 March 1974, and payments under this Act are still being made.²² Nevertheless, the Department of Veterans Affairs had now clearly settled into its long-term business. This was mainly administration of the decisions of the Canadian Pension Commission and the War Veterans' Allowance Board, provision of health services to those who qualified for them, and various commemorative activities. By an April 1965 order-in-council the Minister of Veterans Affairs was also assigned "primary responsibility for all matters relating to the commemoration of the war dead and recognition of the achievements of former members of the Canadian armed forces."²³

As the Department of Veterans Affairs changed, so did the generations of veterans it served. In effect, the department tracked these veterans through the course of their lives and adapted its policies accordingly. By the 1960s, the First World War generation was facing the problems of old age,

while the big Second World War generation, which had successfully been launched back into civilian life in the late 1940s, was entering middle age.

During the interval, the social welfare system of the country, which inevitably affected veterans benefits, was also changed fundamentally. Unemployment insurance, which was taken into account in planning for the Veterans Charter, had been introduced in 1940. Family allowances followed in 1944, and a universal scheme of old age pensions was introduced in the good times of 1951. In 1957 public hospital insurance became a reality, and in the 1960s the Canada and Quebec Pension Plans and Medicare brought the Canadian welfare state to a new height of achievement. All Canadians – veterans and non-veterans alike – were eligible for these programs and, given this reality, the Department of Veterans Affairs had good reason to reflect and regroup.

This task was assisted by the 1962 Report of the Royal Commission on Government Organization, more often referred to as the Glassco Commission. It noted that one of the leading purposes of the Department of Veterans Affairs – to provide care for wounded veterans – had declined in significance, and most patients in departmental hospitals were those requiring chronic or nursing-home care. Having examined the issue further, in December 1963 the federal Cabinet agreed to transfer veterans' hospitals to provincial authorities, subject to various conditions being met.²⁴ In practice the first hospitals – Sunnybrook (Toronto) and Ste-Foy (Quebec) – were transferred respectively in 1966 and 1968, and by 1992 only one institution, Ste Anne's Hospital (Ste Anne de Bellevue, P.Q.) remained under federal administration. As it transferred hospitals to others, the Department of Veterans Affairs negotiated contracts for treatment and care with numerous providers across the country. In 2003 these contracts numbered 171 and represented an important and continuing source of federal assistance to provincial and private institutions. Negotiating and monitoring agreements rather than running institutions became the new health-care agenda of the Department of Veterans Affairs.

1965-1999

In September 1965 another process of reform was launched when the government announced the appointment of a three-person committee to survey the organization and work of the Canadian Pension Commission. It was chaired by Justice Mervyn Woods of the Saskatchewan Court of Appeal, a Second World War naval veteran. The secretary of the committee was H. Clifford (Cliff) Chadderton, executive secretary of the War Amputations of Canada and one of the country's best-known veterans. This initiative was in response to continuing stresses and strains in pension administration. In August 1969 the government responded to the 148 recommendations of the Woods report with a *White Paper on Veterans Pensions*.²⁵ This in turn led to legislation in 1971 that reconstituted the existing Veterans' Bureau as the Bureau of Pensions Advocates (as an independent body to assist veterans with their pension applications); established the Pension Review Board (to ensure arm's-length appeal of pension decisions); and made better provision for members of the Hong Kong force and other former prisoners of war of the Japanese. These changes, and many other improvements made as a result of the Woods Report, had the strong support of

veterans' groups and demonstrated convincingly that the historic partnership between organized veterans and the government remained strong. Indeed, in the memory of many Canadian veterans, the Woods Report and its aftermath came to constitute a high-water mark in veterans policy in the country.

In 1969 another important development occurred when the Service Income Security Insurance Plan (SISIP) was introduced for members of the Canadian Forces.²⁶ The limitations on disability pension coverage under the "compensation principle" in the *Pension Act*, along with various provisions of the military pension program provided through the *Canadian Forces Superannuation Act*, meant that military personnel had insufficient financial protection against death or injury that was not attributable to military service. The result was a voluntary death and disability insurance scheme. It initially provided a Survivor Income Benefit worth 50 percent of pay at time of death, with additional amounts for dependent children. There was also a Long Term Disability Benefit for those who were totally disabled as a result of injury or illness that was non-attributable to service. The initial level of compensation provided was 60 percent of the member's pay at release, plus 5 percent for each dependent child, to a maximum of 75 percent of last pay rate. Further sums, varying in size and duration with the nature of the injury, were payable in cases of accidental dismemberment not attributable to military service.

During 1974, changes to the plan were approved. There were particular concerns that recipients of Long Term Disability were reluctant to participate in vocational rehabilitation because subsequent employment would lead to an indefinite cessation of benefits. As a result, a five-year reinstatement waiver to the plan was approved. In 1995 the reinstatement waiver period was reduced to 36 months. The desirability of integrating plan benefits with the *Pension Act* disability pension scheme also became evident. In their original form, Service Income Security Insurance Plan benefits were not available to those receiving benefits under the *Pension Act*, since it was presumed that these individuals' needs were being met. But in practice, many recipients of disability pensions had low assessments and consequently needed additional income. With these considerations in mind, SISIP coverage was extended to disability arising from military service, but with benefit payments reflecting a claw-back or "offset" for any income received under the *Pension Act*. Participation in the Service Income Security Insurance Plan was made mandatory for all those who joined the Canadian Forces (Regular) on or after 1 April 1982.

In 1976 the administration of veterans affairs in Canada entered a new phase when it was announced that much of the Department of Veterans Affairs' operation would be relocated to Charlottetown as part of a federal government decentralization initiative.²⁷ On 28 June 1984 the Daniel J. MacDonald Building was officially opened in Charlottetown to house the department, and it has remained its principal base of operations ever since. The minister, of course, remained in Ottawa, as did a small support staff. Since 1991, the Ottawa operation has been located at 66 Slater Street. There had never been such a move before in the history of the Government of Canada, and nothing on the same scale has been attempted since. In 1984 the "applied title" of the department became Veterans Affairs Canada, which acquired the acronym VAC.²⁸ The legal name of the Department in English, however, continued to be the Department of Veterans Affairs.

Its French-language equivalent was *ministère des Affaires des anciens combattants*, but effective 12 December 1988, this was changed to *ministère des Anciens combattants*.

While the department was busy transferring operations to Charlottetown, it launched an ambitious and innovative program of home care. This was in response to a looming crisis in the availability of beds to meet the institutional care needs of the country's Second World War veterans. Alternative care approaches needed to be found or a potential doubling of veterans' beds would be required. Following extensive study of the problem, Veterans Affairs Canada launched a home-care pilot program. The success of this initiative led to the introduction of a full-scale program, known from 1984 as the Veterans Independence Program (VIP).²⁹

The VIP helps veterans maintain their independence through a combination of services that can include home care, ambulatory health care, home adaptations, and intermediate nursing-home care. It is based on a plan of needs assessment and care, which is created with support from Veterans Affairs staff and is self-managed by recipients in cooperation with provincial and regional health authorities. It focuses on the social aspects of healthy living in the community, such as housekeeping, grounds keeping, and social transportation – an emphasis that was all but unique in North America in 1981 when the pilot program began. It is modelled on a continuum of service or graduated-care model that emphasizes early minimalist intervention to prevent veterans from becoming unduly dependent on the health system, allowing them to live with comfort, security, and dignity in their own homes for as long as possible. By 2003, thanks to various changes in eligibility criteria, VIP covered a wide range of disability pensioners and income-qualified veterans. In 1990 caregivers of VIP recipients were made eligible for some benefits for up to a year following the veteran's death. In 2003 this benefit was extended for life to survivors (and, in cases where there is no survivor, to other primary caregivers), qualified overseas veterans, and totally disabled former prisoners of war who demonstrate a need for the program and are not otherwise qualified.

By the 1980s the improvements in pension administration made on the basis of the Woods Report were being overtaken by events, and the need for further change became apparent. In 1981 the Senate Standing Committee on Health, Welfare, and Science published *They Served: We Care*, which called for improved procedures and benefits under both the *Pension Act* and the *War Veterans' Allowance Act*.³⁰ In 1984 the Minister of Veterans Affairs appointed René J. Marin to lead a Special Committee to Study Procedures under the *Pension Act*, but the work of this group was overtaken by a change in government in 1984.³¹ The new minister, George Hees, himself a veteran, set out to simplify procedures across his portfolio and to give veterans faster and more efficient service, especially in relation to pension applications and payments. His philosophy of “speed, generosity, and courtesy” led to many improvements and lifted morale.³²

Between 1986 and 1987, a number of organizational changes were made to the portfolio in response to Program Review recommendations. In 1986 a “one-stop service” pilot project was launched, which saw the field offices of Veterans Affairs and Veterans Land Administration located together with those of the Canadian Pension Commission. The pilot's success led to a national program of office

consolidation within a year. In 1987 the Pension Review Board and War Veterans' Allowance Board were replaced by a single body, the Veterans Appeal Board. The Department of Veterans Affairs now also assumed full responsibility for service delivery of disability pensions, allowing the Canadian Pension Commission to concentrate on the adjudication of claims and improvements in the timeliness of decisions. Another successful initiative in this period led to the creation of a Treatment Accounts Processing System (TAPS) in the Ontario region, which improved the quality and speed of service to veterans and clients who submitted bills for treatment they had received. In 1989 the government announced a five-year, \$18.2 million contract with Blue Cross of Atlantic Canada to implement the TAPS system on a national basis.

Despite the changes made in the 1980s, complaints about pension administration continued into the 1990s, and matters in this regard were not helped when in 1993 Veterans Affairs and National Defence were included in the same portfolio (this was reversed in 1997). In that year it was taking an average of 542 days to process a favourable first application for a pension, and 385 days to process a negative one.³³ These were controversial numbers, and in 1994 the government committed itself to pension reform legislation and promised that by 15 September 1997 the time required to process and adjudicate disability pension claims and appeals would be cut in half. The promised legislation, Bill C-67, took effect on 15 September 1995. It gave the Minister of Veterans Affairs responsibility for rendering decisions at the first level of the pension adjudication; it merged the Bureau of Pensions Advocates, which had been a separate entity, with Veterans Affairs Canada; it abolished the Canadian Pension Commission and the Veterans Appeal Board; and it created the Veterans Review and Appeal Board (VRAB), which provides disability pension applicants with two levels of appeal and applicants for War Veterans' Allowance with a final appeal. A small percentage of pension applicants have gone beyond VRAB – usually at their own expense – to the Federal Court of Canada.

These sweeping changes, together with an infusion of additional funds in the 1995-97 federal budgets, improved both turnaround time and success rate. While nearly 70 percent of first applications had been turned down by the Canadian Pension Commission, departmental adjudicators under the new system made favourable or partially favourable first decisions more than 50 percent of the time. This was a notable achievement.

Important changes were also made in the 1990s in the Service Income Security Insurance Plan. During 1991 members of the Reserve Force who were employed on a part-time basis or for short call-outs (classes A and B) were afforded optional coverage under the plan. Members of the Reserve Force on long-term call-outs filling Regular Force positions (class C) had been eligible for coverage since 1976. During 1995 the Service Income Security Insurance Plan was amended so that Long Term Disability payments were made only to age sixty-five, rather than for life. Major medical benefits under the plan were updated to bring them in line with the Public Service Health Care Plan that covered other federal government employees.

As it continued its efforts in the 1980s and 1990s to ensure fairness and efficiency to individuals under the *Pension Act*, Veterans Affairs Canada was also heavily involved in ensuring just treatment to

various groups within the veteran population of the country. Over time, compensation payments were authorized for Hong Kong veterans (1998), Canadian airmen who had been improperly held at Buchenwald concentration camp (1998), merchant seamen (2001), and some aboriginal veterans (2002). In November 2003, Bill C-50 was passed, approving compensation for the first time to prisoners of war who had been held captive for between 30 and 88 days. The legislation also enhanced existing prisoner-of-war benefits payable to those who had been incarcerated by the enemy for more than 911 days. In 1946 the *Civilian War Pensions and Allowances Act* and a number of other acts had granted some Veterans Charter benefits to the members of various civilian groups who had been at the fore in the country's war effort during 1939-45 and to members of the Voluntary Aid Detachment who had served during the First World War. Over the years, various adjustments were made to these benefits (members of the Newfoundland Forestry Unit were eventually included), and in 2000 further improvements were made. In July 2003 the Supreme Court of Canada turned down a class action lawsuit (the Authorson case) seeking retroactive compensation on behalf of veterans who, while in government care before 1990, had not received interest on their accumulated veterans benefit payments. In December 2003, however, Ontario judge John Brockenshire ruled that veterans in the care of the federal government between 1918 and 1990 were entitled to damages in connection with funds held in trust on their behalf. Litigation on this issue continues. There are pending claims against the Government of Canada on behalf of Métis and non-status Indian veterans and participants in chemical weapons tests during the Second World War. Action on behalf of aboriginal veterans has also been taken before the United Nations Human Rights Committee in Geneva.

In October 1996, with most Second World War veterans now in their seventies, Veterans Affairs Canada launched a *Review of Veterans' Care Needs*. The first two phases of this review were devoted, respectively, to the care needs of community-dwelling veterans and the care needs of veterans living in long-term care facilities. Many beneficial changes were made on the basis of this work, which raised the stature of Veterans Affairs Canada as one of the country's leading centres of expertise on gerontological issues. In 1997 the Veterans Affairs Canada Gerontological Advisory Council was formed to assist the department in this key phase of its work.

1999-2003

In January 1999 Veterans Affairs Canada launched the third phase of its impressive *Review of Veterans' Care Needs*. The purpose of this phase was "to conduct a study of the issues related to the care and support of CF clients and their families, and to determine whether existing VAC programs and services ... [were] effective in meeting the needs of this increasing clientele."³⁴ The study revealed a situation that called for urgent action. This arose out of the circumstances that had faced the Canadian Forces in the 1990s. In that decade there had been a dramatic increase in the number and complexity of operations, both at home and abroad. At the same time, there had been a series of base closures and a drastic downsizing in personnel, both military and civilian. The result was a heightened operational tempo, as members of the forces were called upon to serve in the former Yugoslavia, the

Persian Gulf, and in many other difficult post–Cold War postings throughout the world. At home, while the massive restructuring was in progress, members of the forces were called upon to come to the aid of the civil power at Oka in 1990, to fight floods in Sherbrooke (1994), the Saguenay (1996), and the Red River Valley (1997), to assist in the aftermath of the ice storm in Quebec and Ontario (1998-99), to help with recovery operations after the crash of Swissair Flight 111 in September 1998, and to fight fires in British Columbia in the summer of 2003.

Not surprisingly, the human cost of the simultaneous processes of downsizing and speedup on still-serving and former members of the forces was high – and is daily still being paid. This was fully documented in a series of reports that left no doubt about the adverse impact on Canadian Forces personnel of the changes that had overtaken them. In chronological order, these reports were *A Study of the Treatment of Members Released on Medical Grounds* (J.W. Stow, 1997), *Care of Injured Personnel and Their Families Review: A Final Report* (R.G. MacLellan, 1997), *Moving Forward: A Strategic Plan for Quality of Life Improvements in the Canadian Forces* (House of Commons Standing Committee on National Defence and Veterans Affairs (SCONDVA), 1998), and the *Final Report – Board of Inquiry – Croatia* (26 January 2000).

Based on a survey of 648 Regular Force members who were released between 1992 and 1996, Stow found that 69 percent of respondents thought that the medical release system was unfair. Moreover, while 80 percent had applied for a disability pension under the *Pension Act*, only 44 percent had received one to that date. At the same time, 55 percent reported that their medical conditions had prevented them from finding new occupations, 41 percent that their incomes were 50-74 percent of their salaries at release, 29 percent that their incomes were less than half of that enjoyed at release, and 54 percent that their standard of living was significantly worse after their release. Generally speaking, the most junior members faced the worst prospects following release. Given all this, Stow challenged the adequacy of the *Pension Act* and the Service Income Security Insurance Plan for the many members of the Canadian Forces who were being medically released, and he called for a searching review of these programs.³⁵

MacLellan, who made 78 recommendations, was of like mind and reached this stark conclusion: “The CF/DND has failed in its mission to provide adequate care to its injured personnel and their families post-injury. Moreover, the personal situations discovered ... were not isolated ones but ones which, together, formed only the tip of a much larger iceberg. This iceberg is made up of feelings of disillusionment, discontent and despair which then engender mistrust, animosity and feelings of abandonment military members and their families experience. This is expressed towards a system which has socialized them to believe that when they needed it, the military would look after them, would not forget them.”³⁶ This was no longer the case, he said. A sense of abandonment was reported by the families of those injured or killed. The latter “consistently ... told of how once the public functions of military honours were completed, they could no longer expect to obtain information or assistance. They felt that in many instances they were treated with disdain by the military, after the initial response to the accident.”³⁷

By the same token, the SCONDVA report, undertaken at the request of the Minister of National Defence and based on extensive hearings and submissions, found that military personnel serving in the 1990s had been faced with “economic hardship; inadequate housing; an increase in high-risk operations with equipment that was old and ill-suited...; career stagnation; increased time away from home; multiple moves on short notice; and a perceived lack of public recognition for their efforts.”³⁸ Committee members reported that they “could not have envisioned the degree of frustration and desperation expressed by countless witnesses.” “Often,” they said, “the stories we heard proved heart-wrenching, making us wonder how things could have gone so obviously wrong.”³⁹ This led them to conclude “that *there really is no equivalent profession to that of service in the Forces*. Whatever programs we put in place, or adjustments we make, they must clearly reflect this reality.” In practice, SCONDVA advanced 89 recommendations and called for a “national commitment” to the Canadian Forces based on five principles:

- ! That the members of the Canadian Forces are fairly and equitably compensated for the services they perform and the skills they exercise in performance of their many duties. And, that such compensation properly take into account the unique nature of military service.
- ! That all members and their families are provided with ready access to suitable and affordable accommodation. Accommodation provided must conform to modern standards and the reasonable expectations of those living in today’s society.
- ! That military personnel and their families be provided with access to a full and adequate range of support services, offered in both official languages, that will ensure their financial, physical and spiritual well-being.
- ! That suitable recognition, care and compensation be provided to veterans and those injured in the service of Canada. Here, the guiding principle must always be compassion.
- ! That members be assured of reasonable career progression and that their service be treated with dignity and respect. In addition, they must be provided with appropriate equipment and kit commensurate with their tasking.⁴⁰

Phase III of the *Review of Veterans’ Care Needs* (RVCN III) built upon the findings of Stow, MacLellan and SCONDVA. The review team consulted widely with VAC staff, veterans’ organizations, and other stakeholders, conducted twelve focus groups with Canadian Forces clients or their families, reviewed over 700 client files, analysed the results of a mail-out survey that gained responses from nearly 2,000 Canadian Forces veterans, visited six Canadian Forces bases to gain a National Defence perspective, and consulted relevant literature and sources of expertise on a range of issues. Its final report was ready in March 2000.⁴¹

The report revealed that Veterans Affairs' client base from the Canadian Forces was growing at an annual rate of 9 percent and had doubled between March 1990 and March 1999, when it had reached 26,600 individuals, one-third of whom had been medically released. Their average age was 39 years. More than 60 percent had served at least once in a Special Duty Area (the military term for an overseas operation to which the insurance principle applied). About three-quarters of these clients were married, and 40 percent had dependent children. Many reported modest formal educational achievements: 21 percent had not completed high school, while a further 24 percent had no formal education beyond a high school diploma. All but 15 percent had found employment after leaving the Canadian Forces. This client group also experienced more long-term health problems than a comparable group in the general population. The vast majority (83 percent) reported pain that interfered with the activities of daily living. More than half (57 percent) had back problems, and nearly half (49 percent) reported arthritis or rheumatism. Non-food allergies and high blood pressure affected the health of about one-quarter of this group. About 25 percent reported symptoms that were consistent with, or that nearly met, the criteria for a diagnosis of post-traumatic stress disorder (PTSD). A slightly larger number (28 percent) reported symptoms of major depression.⁴²

The report also painted the picture of a Veterans Affairs organization that focused its energies on an established and well-known war veteran clientele at the expense of its wider mandate regarding "the care, treatment, training, or re-establishment in civil life, of *any* person who served in the naval, military, or air forces ... and ... the care of the dependents of any such person." While this mandate clearly included former members of the Canadian Forces, they were not listed among the VAC clients who were "eligible for full service." According to the report, in some VAC districts the "staff have been directed to spend little time on the CF client because, in their words, 'there is nothing we can do for them except take their pension application.'"⁴³

The differences in treatment experienced by Canadian Forces clients was clearly related to the issue of "veteran" status. As the discussion paper "Sir, Am I a Veteran?" explained:

At Veterans Affairs Canada, veterans enjoy a privileged status. They are regarded as heroes and are, in effect, put on a pedestal... On the other hand, members of the Canadian Forces are not regarded as veterans with the result that they are not afforded the hero status conveyed through the veteran designation... From the program and benefit perspective, there is no doubt that VAC looks after wartime veterans better than it does today's members of the Canadian Forces. There is a perception that weak pension claims from World War II veterans are more likely to be ruled on favourably than those submitted by Canadian Forces members. CF clients feel that they have to provide "proof beyond a reasonable doubt" in submitting pension claims, instead of being afforded the "benefit of the doubt."⁴⁴

The most important observation in the report was perhaps that "the Government of Canada's responsibility to CF personnel and their families" needed "to be confirmed," as did Veterans Affairs' obligation to extend to them the full benefit of its mandate of care. This was seen as a critical stumbling

block, in both policy and program delivery, to offering better services and benefits to Canadian Forces clients. The review also noted that a lack of clarity about the roles of various organizations was a major impediment: “The current range of service providers (e.g. the Service Income Security Insurance Program (SISIP), Human Resources Development Canada, DND, Canada Pension Plan, provincial governments, local community resources and VAC itself), results in a lack of continuity of care for clients. For example, clients may have care plans from both the military and a civilian physician with no coordination. Roles need to be clarified.”⁴⁵

The report yielded 28 key findings. It argued that members of the Canadian Forces needed to be better recognized. Veterans Affairs’ three-tiered system of benefits and services reserved the best support for war veterans, and it met the needs of those who had served in Special Duty Areas better than the needs of other serving and former members of the Canadian Forces. This was described as unacceptable. Equally problematic were many aspects of the disability pension. The application process was described as confusing and unduly complex, and the tools and processes used to calculate pension entitlements were found to be outdated and illogical. Too many levels of decision making were involved, and the redress system was unsatisfactory.

Perhaps most importantly, the review found that the pension process was an overused and inappropriate tool with which to address many clients’ needs: “The disability pension process is currently the sole gateway to VAC benefits and services for CF clients. There are many instances where clients’ needs go unmet as they await decision on a pension application. There are also cases where the client neither wants nor needs the compensation provided by a disability pension payment, but rather needs ... rehabilitation or skills upgrading.”⁴⁶

The *Review of Veterans’ Care Needs* team also found that whatever their needs on release, Canadian Forces personnel and their families lacked appropriate access to transitional services to help them adjust to civilian life. Once they left the military community, they often discovered gaps in the coverage provided by provincial health-care programs and sometimes could not obtain needed health services. Finally, the review found that Veterans Affairs’ own staff needed to be better equipped both to communicate with and serve Canadian Forces clients.

This was a big agenda, but important steps had already been taken in the right direction. In 1997 the Department of National Defence and VAC had exchanged liaison officers, and in February 1999 they formed a joint steering committee, which has been meeting with impressive results ever since. The findings of the SCONDVA report also produced some quick results. On 25 March 1999 the Ministers of National Defence and Veterans Affairs announced that 59 of the committee’s 89 recommendations were accepted as written, 24 others were accepted in principle, and the remaining 6 would be addressed but by different means.⁴⁷ All this – the Quality of Life initiative – would cost nearly \$2.4 billion over a five-year period. In April 1999 the DND/VAC Centre for the Support of Injured and Retired Members and their Families (known as the Centre) was opened in Ottawa. Its purpose, the Minister of Veterans Affairs explained, was “to make the transition from injury to healing, from sickness

to health, and from service to civilian life as easy as possible.”⁴⁸ In 2003 the Centre had Casualty Administration and Support sections, the Operational Stress Injury Social Support Program (OSISS), a Transition Services Section, and a Pastoral Outreach Program.

Important changes were also made in relation to disability payments. Until 1999 the definition of “total disability” under the Service Income Security Insurance Plan (SISIP) was more restrictive than that in the Public Service’s and Royal Canadian Mounted Police’s Long Term Disability policies. As a result, many members of the Canadian Forces who were being medically released, were not eligible for SISIP Long Term Disability benefits and the vocational rehabilitation program accompanying them. This issue had been raised during the SCONDVA hearings that led to the Quality of Life report. In 1999 the definition of “disability” used by SISIP was modified so that many of the medically released would qualify for at least two years’ Long Term Disability benefits, including the vocational rehabilitation program. At the same time, Treasury Board agreed that it would fully fund Long Term Disability coverage for Primary Reserve Force personnel. Most had failed to purchase coverage following the 1991 changes that invited their voluntary participation, and they were thus at risk of financial hardship in the event of injury. By the same token, in October 2000 amendments were made to the *Pension Act* authorizing Veterans Affairs Canada to pay disability pensions to serving members of the Canadian Forces who had disabilities arising from service-related injuries sustained in non-Special Duty Areas, including Canada. The previous requirement that members await release before starting to collect benefits was removed.

In July 2003 both the *Pension Act* and the *Royal Canadian Mounted Police Superannuation Act*, were amended to create a new category of service, Special Duty Operations, in which individuals would be eligible for disability pension coverage under the insurance principle. Special Duty Operations can be designated by either the Minister of National Defence (for the Canadian Forces) or the Solicitor General of Canada (for the RCMP), in consultation with the Minister of Veterans Affairs, to cover operations that are not geographically limited and that expose members to conditions of elevated risk, either inside or outside Canada. Any appropriate operation occurring after 11 September 2001 is eligible for this designation, which complements but does not supplant the designation of Special Duty Areas (which cover geographically limited theatres of elevated risk abroad). It was anticipated that this provision would improve the benefits and extend peace of mind to those engaged in such hazardous operations as search and rescue, disaster relief, and anti-terrorism operations. To date, Special Duty Operations have been designated to cover Canadian Forces personnel who fought forest fires in British Columbia and who assisted in the Hurricane Juan cleanup in Nova Scotia, both during 2003.

In February 2003 the Minister of National Defence announced that the Service Income Security Insurance Plan would be changed so as to provide members of the Canadian Forces below the rank of colonel (those of that rank or above were already covered) with sliding-scale lump-sum payments of up to \$250,000 for cases of accidental dismemberment in the line of duty.

In the same spirit, National Defence established a number of Post-Deployment Regional Health Centres to ensure the provision of appropriate medical care to members of the forces who are returning from deployment abroad. Veterans Affairs benefits from these centres by being able to refer to them for diagnostic work associated with applications for disability pensions by former members of the Canadian Forces who have served in Special Duty Areas, such as the Persian Gulf or Croatia. National Defence also established a network of Operational Trauma and Stress Support Centres (OTSSCs) across the country. The first of these was located in Ottawa (1998), and others were then opened in Halifax, N.S., Valcartier, P.Q., Edmonton, Alta., and, Esquimalt, B.C. In 2001 a new Ste Anne's National Operational Stress Injury (OSI) Centre was created within Veterans Affairs' one remaining hospital, at Ste Anne de Bellevue, P.Q. The facility provides a range of mental health care and supporting services to those with psychological trauma resulting from military service. It is staffed by a team of psychiatrists, psychologists, physicians, social workers, nurses, and other professionals, who use an interdisciplinary approach to treat patients (and sometimes their family members as well) for conditions such as PTSD.

On 3 July 2002, National Defence and Veterans Affairs jointly announced that DND's five OTSSC sites, the Ste Anne's Centre, and a series of new mental health clinics to be opened at Veterans Affairs priority-access bed long-term care sites, would form a Centres of Excellence network aimed at improving the accessibility of mental health clinical services for both serving and retired members of the Canadian Forces. In association with these measures, Veterans Affairs Canada made a series of changes in the way it handles PTSD and other psychiatric illnesses, including the development of new Pension and Health Care protocols designed to ensure better support to those suffering from mental illnesses. In 2001, Veterans Affairs and the Canadian Forces also launched a toll-free Assistance Service to offer crisis support to former and serving members of the forces and their families who need to obtain professional counselling. Veterans Affairs has likewise been active on behalf of Gulf War veterans, whose medical concerns were the subject of a 1997 study, sponsored by National Defence, by health consultant Goss Gilroy, Inc. In February 2000, National Defence and Veterans Affairs agreed to cover the cost of depleted-uranium testing for former and serving members of the Canadian Forces who wished to have the tests.

The need for these changes and for improvements in the care extended to those with psychiatric illnesses was highlighted by the results of the Canadian Forces Supplement to the "Canadian Community Health Survey Version 1.2" (CCHS) conducted by Statistics Canada from May to December 2002. The CCHS measured the reporting of symptoms consistent with the diagnosis of depression, alcohol dependence, panic disorder, social phobia, and eating troubles. This last category correlated with the diagnosable conditions of anorexia nervosa and bulimia. Conditions measured in the parent CCHS that were not measured in the Canadian Forces Supplement included agoraphobia and mania. The supplement also measured the prevalence of PTSD and generalized anxiety disorder. The goal of the supplement was to determine the burden of suffering of mental health illness and injury in the Canadian Forces as well as to look at wellness measures and service utilization.

The results of the Canadian Forces Supplement were released in September 2003. They demonstrated that 15.1 percent of the Regular Force and 12.7 percent of the Reserve Force reported symptoms consistent with a diagnosis of one or more of the mental illnesses measured during the year preceding the survey. The mental illness most commonly reported in the Regular Force was depression (7.6 percent), followed by alcohol dependence (4.2 percent) and social phobia (3.6 percent). PTSD was the fourth most common mental illness and, not surprisingly, its occurrence correlated with the total number of missions in which an individual had taken part. Members of the Regular Force who had been deployed three or more times prior to taking the survey reported a lifetime PTSD prevalence of 10.3 percent. The rate of depression was not correlated with the number of past deployments. Experiencing less than twelve months between deployments was found to correlate with increased risk for having experienced symptoms consistent with one or more of the measured mental illnesses during a service member's lifetime.

While members of the Regular Force showed more mental illness on many of the categories studied than their counterparts serving in the Reserve Force did, they also showed improved access to care and more satisfaction with it. In general members of the forces reported having a greater percentage of needs met in relation to mental health services than was reported by civilians in the parent CCHS. Regrettably, only 24.5 percent of Regular Force members who reported having symptoms consistent with suffering from one or more of the mental illnesses measured in the survey felt that they had had their needs met. Significant improvement is required and is being addressed through a major Canadian Forces Health Care Reform Project, referred to as Project Rx2000.

In February 2001, to assist members of the Canadian Forces with the transition to civilian life, especially the many being medically released, Veterans Affairs launched a Transition Coordinators Pilot Project on seven bases. The coordinators were to play a bridging role between National Defence and Veterans Affairs, providing those who were being released and their families with information on Veterans Affairs services and benefits. In 2003 the success of the pilot led to the launch of the Joint VAC/DND Release Transition Project. Under this program, Veterans Affairs Client Service teams will operate on seventeen bases coast to coast and will provide comprehensive service to both Regular Force and Reserve Force personnel. By legislation introduced in the House of Commons on 18 September 2003, education assistance benefits available until 1995 to the children of Canadian Forces members killed in action and to the children of certain classes of disability pensioners were reinstated.

Although it was not given much national media attention at the time, perhaps the most consequential recent change made on behalf of former members of the Canadian Forces was their formal recognition as "veterans." This long overdue reform was announced on 29 March 2001, by the Minister of Veterans Affairs. Thenceforth the designation of "veteran" would be conferred upon any former member of the Canadian Forces who had achieved "trained" status by meeting military occupation classification standards and had subsequently received an honourable discharge. A fair and decent answer had been given to the haunting question, "Sir, Am I a Veteran?" Veterans in fact had become

veterans officially. The new designation did not, of course, bring with it new benefits, but it pointed the way to new benefits. In this sense it was a beginning in the spirit of PC 7633 of 1941, the starting point for the Veterans Charter. In the same spirit, the government announced in November 2002 that a seventh Book of Remembrance would be created to record the names of peacekeepers and soldiers who had died on service other than in the two world wars and Korea.⁴⁹

Principles and Processes

Obviously, much has been achieved in Canada for both serving and former members of the Canadian Forces since the Stow and MacLellan reports signalled an enveloping crisis in relation to care and commitment. Canadians should take pride in what has been accomplished and in the creative and fruitful cooperation of National Defence and Veterans Affairs to meet a fundamental national obligation. Much, however, remains to be done to ensure that, in the very changed social and economic circumstances of the early twenty-first century, those who serve in the uniform of Canada will not find our democracy “a house of privilege, or a school of poverty and hardship.”⁵⁰ Understanding this, the first of ten priorities in the Five-Year Strategic Plan that Veterans Affairs adopted in June 2001 was to clarify its role in relation to its Canadian Forces veterans and to improve the quality of service provided to them. The plan highlighted the need to adapt the disability pension process to the needs of Canadian Forces veterans; the need for departmental staff to receive more and better training on this group’s special needs; and the need to provide the veterans and their families with assistance in making the transition from military to civilian life. In addressing the plan’s second strategic priority, a review of its commemorative programs, the need to incorporate appropriate recognition of Canada’s peacekeeping tradition was noted.⁵¹

In July 2000 VAC appointed the Veterans Affairs Canada – Canadian Forces Advisory Council (VAC-CFAC) – this had been recommended in the report of Phase III of the *Review of Veterans’ Care Needs* – to offer advice, within the mandate of VAC, on policies, programs, and services to meet the needs of the members and veterans of the Canadian Forces and their families. The Council is interdisciplinary in nature and includes representatives from the Army, Navy & Air Force Veterans in Canada, the Royal Canadian Legion, the National Council of Veteran Associations in Canada, the Air Force Association of Canada, the Canadian Association of Veterans in United Nations Peacekeeping, the Canadian Peacekeeping Veterans Association, the Gulf War Veterans Association of Canada, and the Organization of Spouses of Military Members. The last four of these organizations date from the late 1980s and 1990s and build upon the legacy of service and constructive advocacy of the older veterans’ groups.

The Advisory Council has been meeting twice a year ever since, and at its October 2002 meeting it started the process that has led to the present paper. Its timing was propitious because on 16 September 2003 Veterans Affairs launched a Service and Program Modernization Task Force whose principal job “is to develop a comprehensive and improved suite of programs and services

to aid the successful transition of CF members and families to civilian life.” By extension, it will also explore the known and emerging needs of RCMP veterans. In effect, the task force will be adapting existing programs – such as the *Pension Act*, the Veterans Independence Program, etc. – to new needs and will be devising rehabilitation programs that will give a new generation of veterans “opportunity with security” in the context of the twenty-first century. In the process, the task force will be defining the future of Veterans Affairs Canada. A big part of that future will be looking after the veterans of the world wars and Korea, whose average age is now well over eighty. These veterans are fewer in number than before, but their care and support needs are great and must be met to the full. At the same time, Veterans Affairs Canada will have a growing body of Canadian Forces clients, expected to reach over 58,000 by 2013. This figure is small beside the number associated with the veteran cohort of the Second World War but it is substantial and will require careful and continuing research, planning, and administrative effort. Anyone who thinks that in future the Government of Canada will not need a branch devoted to veterans affairs had better think again. The number of veterans will change but, manifestly, the need and obligation will continue. Canada must be ready for that future, and the creation of the Service and Program Modernization Task Force is an important step in that direction.

Based on its discussions and findings to date, the Veterans Affairs Canada – Canadian Forces Advisory Council believes that the Task Force should be guided in its work by the following principles and processes:

What must the program do?

- 1 . The program must uphold and fulfill the Department of Veterans Affairs’ legislative mandate for “the care, treatment, training or re-establishment in civil life of any person who served in the Canadian Forces ... any other person designated ... [and] the care of the dependents of any such person.”**

This central exposition of the Veterans Affairs’ mandate echoes the scope of the benefits and services that were embedded in the Veterans Charter and were required in order to achieve its aim of providing “opportunity with security” to the discharged sailor, soldier, and air force member, while caring for the widows and children of those who did not return from battle. Today, a similarly comprehensive, if different, range of benefits and services must be established so that the particular re-establishment needs of Canadian Forces personnel can be met, their families assisted in the most critical aspects of bereavement or transition, and a productive place in Canadian society opened to them all.

- 2. The program must also honour the Minister of Veterans Affairs’ assigned responsibility for the “commemoration of the war dead and recognition of the achievements of Canadian citizens-in-arms in the defence of freedom and the development of Canada as a nation.”**

In interpreting this responsibility, full honour and respect should be given to those who have lost their lives while on duty with the Canadian Forces or the Royal Canadian Mounted Police, regardless of the time and place of their death. The program should also ensure that the achievements of Canadian Forces and RCMP personnel engaged in international peace and security operations, or in supporting fellow citizens during domestic emergencies, are duly recognized. Canadian Forces veterans should be afforded the respect and honour they deserve during remembrance ceremonies. Commemorative pilgrimages should be held to honour those in the Canadian Forces who have died in the service of peace, just as pilgrimages are held for those who died in the major conflicts of the twentieth century.

The Government of Canada Remembrance Policy was approved in June 2002. It was produced as a result of the most extensive national consultation ever undertaken on the subject. In the course of this, more than 5,500 individuals or organizations were contacted, wide-ranging research was completed, and the related activities of other nations were reviewed. The policy endorses the approach just outlined, and as a result some advances have been made in the direction recommended. Unfortunately, while the federal Cabinet approved this new policy, it has not provided the additional funding required to implement much of the redesigned program. Until funding is provided, it is unlikely that the sacrifices, achievements, and legacy of Canadian Forces personnel who served in peace actions and peacekeeping missions will receive their deserved degree of recognition.

3. The program must complement the ability of the Department of National Defence to recruit, retain, and deploy modern combat-capable armed forces, in accordance with Canada's defence and foreign policies, and in fulfilment of the country's international obligations.

Military recruitment and retention issues factor into the development of programs for Canadian Forces members, veterans, and their families. The Canadian Forces have experienced some difficulty in attracting sufficient recruits, an impediment to its goal of offering a "career of choice" to service-oriented Canadians. An improved suite of veterans and family benefits and services, tailored to the realities of modern military service, can only support the success of recruiting efforts, enhance the morale of serving members, and reinforce operational capabilities. In doing so, it will advance the entire nation's interest in maintaining the Canadian Forces as an effective policy instrument of the government and a reliable safeguard of the freedoms secured by veterans of the First and Second World Wars and the Korean War.

4. In its application, the program must support the Royal Canadian Mounted Police in achieving its stated mission as our national police service "to preserve the peace, uphold the law and provide quality service in partnership with ... communities."

The program should reflect and support the modern realities and pressures of police work, including those associated with fighting organized crime and international terrorism, and contributing to peace support and peacebuilding operations around the globe. It should also take account of the service requirement for frequent moves, the possibility of residency in remote locations, and the strains that this can place on RCMP members and their families.

To whom should the program apply?

- 5. The program should apply to both Regular Force and Reserve Force personnel, offering comparable benefits to personnel regardless of service status, while acknowledging the differences that Regular Force and Reserve Force terms of service and career paths can entail.**

Since 1987, when it adopted the “Total Force” policy, the Canadian Forces have taken numerous steps to lessen the distinctions in status, benefits, and obligations that once existed between members of the Regular and Reserve Forces: “Under the Total Force concept ... the Reserves are to become an integral part of Canada's defence structure on an equal footing with the Regular Forces. With relatively modest increases in funding, improvements to equipment, higher manpower levels and dedicated attention from the professionals within the Department of National Defence, the Reserves should re-emerge as a crucial pillar in Canada's security structure. In an era of soaring defence costs, the resuscitation of the Reserves will provide Canadians with more effective security for the dollars they spend on defence.”⁵² Under the policy, more than 2,500 Reservists served in United Nations operations alone between 1991 and 1995, with many more assuming primary responsibility for operational roles such as coastal patrol at home.

The 2000 Defence report *Rethinking the Total Force: Aligning the Defence Team for the 21st Century* stated: “When weighing the utility of the Reserves ... on operational deployments, [one should recall] that more Reserve Force personnel have served on international peace support operations in the past several years than were called out during all of the domestic support operations of the recent past – the Manitoba and Saguenay Floods, the crash of Swissair Flight 111, and the 1998 Ice Storm combined. There is therefore a continuing and undeniable requirement for Reserve augmentation of Regular Force combat arms units.”⁵³ Current policy is based on plans for 20 percent Reserve Force augmentation to operational deployments.⁵⁴

Since the Total Force policy came into effect, large numbers of Reservists have pursued military employment at the expense of developing civilian careers. They, no less than their Regular Force counterparts, may require substantial assistance in re-establishing themselves in civilian life, especially if they are medically released due to a service injury sustained at a relatively young age.

The Reserve Force makes an integral and essential contribution to Canada's operational defence capability, with large numbers of Reservists regularly deployed on domestic and international operations alongside their Regular Force counterparts. The Advisory Council believes that this reality needs to be reflected in the development of programs designed to compensate and care for those who are injured in the defence of the nation, to re-establish veterans in civilian life, to support their families, and recognize their achievements and sacrifices.

6. The program should acknowledge the contributions to the Department of National Defence and Veterans Affairs Canada made by spouses and families and, where possible, should provide them with benefits and services within the mandate of Veterans Affairs Canada.

Military life exacts a high price from members' spouses and children: long separations; "living the mission" and its hazards each day through real-time media reports; disrupted family roles; separation from established support networks; interrupted or abandoned spousal careers; and family relationships impaired by a member's physical or psychological injuries. All these have the potential to place military families at risk. These strains can lead to a higher than average number of marital breakdowns, increased suicide rates among children, and physical or mental breakdowns.⁵⁵ Spouses and children can experience secondary trauma when they are exposed to the suffering of a family member who has operational stress injuries. When the fabric of family life is strained or torn, it can be most effectively repaired through the involvement and support of all affected family members. For the good of Canadian Forces veterans, but also in consideration of the many positive contributions that military families make to the effectiveness of the Canadian Forces, spouses and children should be beneficiaries of the new program.

The MacLellan Report, the SCONDVA Quality of Life report, and the third phase of the *Review of Veterans' Care Needs* all spoke at length of the needs of military families and the importance of working to address them. The 2000 report on the *Canadian Forces' Response to Woman Abuse in Military Families* outlined some of the isolation experienced by military spouses who are abused by their partners, the challenges they face when attempting to get help on a Canadian Forces base, and the impediments put in their way by the military culture.⁵⁶ Family needs featured in two important recommendations contained in the report *Systemic Treatment of CF Members with PTSD*, which was released by the National Defence and Canadian Forces Ombudsman in 2002.⁵⁷ The Senate's 2003 report on *Fixing the Canadian Forces' Method of Dealing with Death or Dismemberment* also made recommendations on the need to develop guidelines for counselling, services, and benefits for the families of seriously injured members of the forces.

In truth, the realities of contemporary military operations have made it imperative that fundamental changes be made in the existing benefit package and that a more flexible attitude be adopted towards meeting demonstrable needs as they arise. In the words of *Duty with Honour: The Profession of Arms in Canada* (Canadian Defence Academy – Canadian Forces Leadership Institute, 2003), "most

operations in all environments" are now increasingly characterized by "uncertainty, ambiguity, and complexity." New operational demands require new thinking at Veterans Affairs Canada, and they require a benefit program that can be readily adapted to whatever rapidly changing military and international circumstances may require.

These and similar sources should be examined in order to develop a range of benefits and services within the responsibility of Veterans Affairs that meet the most pressing needs of the families of serving personnel and veterans.

How should the program be designed, delivered, and administered?

7. The program should meet needs (without reference to income) as they arise from modern military service.

The new program should be designed to offer "opportunity with security" to departing members of the Canadian Forces and their families, and should provide the range of benefits and services required to meet this objective. Recent analyses have identified numerous gaps in the existing programs and services, resulting in unmet needs and a failure to achieve a desirable outcome for clients. For instance, there is an urgent need for enhanced transition services, short-term income replacement and long term income support, compensation for injury that recognizes lost quality of life, treatment benefits, physical rehabilitation, vocational training and education, additional mental health services, access to long-term care, and robust case management.

At present, access to virtually all Veterans Affairs benefits and services is through the disability pension gateway. This means that many clients cannot get what they need to successfully make the transition to civilian life. It also means that people sometimes apply for and receive disability pensions solely as a means of obtaining the pension-related services they require. This is inefficient and a counterproductive state of affairs. By developing a suite of rehabilitation and re-establishment supports similar in scope to that found in the Veterans Charter, and by offering its various components to clients on the basis of a professional needs assessment, this inefficient approach will be remedied.

8. The program should reflect the results of a holistic assessment of clients' needs and should incorporate best practices in modern case management, including continuity of care, client engagement, and client self-determination.

This approach is in keeping with the federal Disability Agenda and is widely recognized as the most beneficial way of delivering health and social benefits today. It is respectful of the client as well as his or her circumstances and aspirations. It allows for the integration of diverse supports available through multiple jurisdictions and service providers and is more effective at ensuring that individuals do not "fall through the cracks."

The Client-Centred Service Approach adopted by Veterans Affairs in 2000 is designed on these premises and should be retained as an integral part of the new program. Veterans Affairs is also well positioned to expand its existing expertise in case management to embrace the kind of integrated, interdisciplinary case management envisioned by our recommendations.

9. The program design should be informed by modern disability management practices and should complement the federal government's Disability Agenda.

The modern approach to disability management involves the coordinated provision of services and benefits, which are selected for and geared towards achieving rehabilitation outcomes that are crucial for the disabled individual. It calls for the provision of supports that help persons with disabilities overcome barriers to participation in daily living, thereby aiding them to achieve maximum functionality within their chosen environment. The range of assistance harnessed to promote full citizenship and the quality of life of disabled persons can include rehabilitation, retraining, and educational assistance, income support, social support, health care, and transition assistance. The approach also promotes the development of accountability frameworks designed to monitor, measure, and report on the result and effectiveness of the programs.

10. The program should aim to promote and support clients' quality of life and the opportunity to enjoy a meaningful role in Canadian society.

Data collected during 2000 indicates that almost 60 percent of an estimated 4,000-5,000 individuals who are released from the Canadian Forces each year are under the age of 39, while fully 80 percent are less than 44 years old. These people are not retiring to enjoy their golden years. They want and need to obtain further employment so that they can support their growing families, contribute to society, and realize their full potential as human beings. Those who are disabled – at least 15 percent of those being released – hope to enjoy the full citizenship and social participation envisioned by the government's Disability Agenda. They may have sacrificed physical or mental capabilities in the service of Canada, but they do not wish to sacrifice career prospects and their enjoyment of life as well. Nor should they.

11. The program design should take account of existing federal and provincial benefits and services and avoid duplicating these whenever possible. However, the program design should also take account of regional disparities and the challenges posed by interjurisdictional issues, while striving to deliver equitable access and standards to those living in different parts of the country.

Military families that move from location to location are familiar with the waiting lists and differences in availability of health care and social services in different parts of Canada. This can make it enormously challenging to nurture children with special needs, to rise to the top of waiting lists for specialized services, or to complete educational programs. The Advisory Council is aware, as well, of the general

lack of mental health and addiction services in all provinces. Obtaining continuity of care is also difficult where a shortage of regional personnel makes it impossible to establish ties quickly with a family doctor or with the medical specialists required to advance treatment programs. According to the 2001 report of Dr Norah Keating and associates of the University of Alberta, “VAC policies help even out differences among regions in income security and in the availability and cost of public health care programs.... With respect to health and continuing care services, VAC programs are intended to supplement or ‘top up’ insured services under provincial/regional health care systems. However, in some regions VAC programs have become substitutes, increasingly involved in providing benefits to flatten regional disparities and ensure equity to veteran clients across Canada.”⁵⁸ The Advisory Council applauds this role and endorses its continuation, where required, as a means of ensuring that a Canadian veteran can look forward to equitable treatment, regardless of the region he or she chooses to call home.

12. Every effort should be made to harmonize or integrate federal benefits and services, while eliminating duplicate administrative procedures and complex offsets. To the greatest extent possible, the program should be delivered using a “one-stop” approach.

Although Canada’s social safety net offers members and veterans of the Canadian Forces and their families a mosaic of relevant programs and services, their variety and inconsistency frustrate potential applicants, who often possess neither the knowledge nor the coping strategies required to navigate the bureaucratic maze confronting them. The lack of a single point of entry or a common integrated administrative approach turns the search for entitled benefits into a daunting challenge. The stressful nature of this process can be especially acute for those who are being medically released from the Canadian Forces. Faced with the prospect of losing the livelihood that supports their family, as well as losing their career in a close-knit and supportive organization, these individuals (who at the same time may be undergoing medical treatment or coping with psychological injuries) are in a poor position to make life-altering decisions or to fight for the support they have earned.

In order to address these kinds of concerns, many have advocated the fuller coordination or harmonization of disability benefits available from the Department of National Defence, the Service Income Security Insurance Plan, Veterans Affairs (under the *Pension Act*), and Human Resources Development Canada (through the Canada Pension Plan – Disability Program). The Advisory Council concurs.

Other opportunities to cut red tape, close service gaps, and improve service to Canadians can be taken by adopting a citizen-centred collaborative approach, as outlined in *Results for Canadians: A Management Framework for the Government of Canada*.⁵⁹ This framework requires that one “recognize that the federal government exists to serve Canadians and that a ‘citizen focus’ must therefore be built into all government activities, programs and services.” The framework notes: “Citizen-focused government is seamless. It is easy to deal with. Citizen-centred services are brought

together in one place to facilitate client access.” The approach also promotes consultation, the development of partnerships, and a focus on results. The Advisory Council endorses this philosophy, noting that “integrated access” and a “person-centred approach” are hallmarks of the federal Disability Agenda. We also note that the MacLellan Report and the SCONDVA Quality of Life report both identified the benefit of a “one-stop” approach to service delivery.

Once fully implemented, Veterans Affairs’ new Integrated Service Delivery Framework, including an on-base presence for the delivery of Transition Services to Canadian Forces members and the establishment of interdisciplinary Client Service Teams across Canada, could supply the building blocks for a “one-stop” approach.

13. The program should take advantage of opportunities to form or enhance partnerships with veterans’ organizations and other non-governmental organizations, ensuring that it maximizes their expertise, goodwill, and networks of support.

Following the Second World War, many veterans’ organizations played leading roles in fulfilling the promise of the Veterans Charter. For instance, the nation’s most severely disabled veterans benefited enormously from the work of the Canadian National Institute for the Blind, the Canadian Paraplegic Association, and the War Amputations of Canada. Veterans’ organizations have always played an important role as veterans’ advocates, and many have maintained service units designed to offer practical, direct assistance to fellow veterans. The Royal Canadian Legion, for example, has a countrywide network of service officers representing veterans, while the War Amps gives special service to war amputees. Veterans’ organizations also often maintain benevolent, scholarship, or emergency assistance funds, which are used to help the needy. The tradition of veterans helping veterans is an honourable and extraordinarily effective one. In framing a new program, these happy precedents should be heeded.

14. The program should be prospective in application. Existing services and benefits should be “grandparented,” as appropriate.

When one government program supersedes another that was designed for a similar purpose and similar clients, the thorny questions of eligibility transition, effective dates, and “grandparenting” previous programs must be addressed. With respect to a new veterans program for Canada, the Advisory Council notes the examples of Australia and the United Kingdom, both of which have recently introduced significant reforms to their veterans benefit schemes. Both have decided to develop largely prospective schemes while “grandparenting” the schemes of those who were in receipt of benefits under the former program or could establish eligibility for those benefits.

The Advisory Council recommends that Canada adopt a similar approach. In doing so, it raises one major caution, bearing in mind the recent controversy regarding retroactivity in the extension of VIP

benefits for life to survivors (and, in cases where there is no survivor, other primary caregivers) of deceased veterans. Since Canada's veterans of the Korean War returned home to Veterans Charter benefits, many thousands of Canadian Forces members who honourably served Canada and the cause of peace have retired or been medically released from the Canadian Forces. They have faced many of the same gaps in benefits, services, support, and recognition that form the focus of this paper. We do not forget the services they have rendered, nor are we oblivious to the fact that many still have unmet needs. However, delayed "opportunity with security," may still be considered their just claim against the state.

We are also mindful of the fact that during the last decade the government has frequently amended eligibility under the Veterans Charter on behalf of various groups that were left out or insufficiently recognized for their services during the first blush of peace in 1945. So while we recommend that an updated program of veterans benefits for Canada operate on a prospective basis, we also urge the government to take account of those who served in the Canadian Forces and have left since 1950. In moving forward on a new agenda, the government should identify these veterans' most critical unmet needs and should strive to address them in a manner that does honour to their service and to the country in whose name they served.

What else should be considered?

15. The program should be developed on the basis of extensive consultations with members, veterans, families, and stakeholders of the Canadian Forces and the Royal Canadian Mounted Police.

As this document has shown, the best and most effective reforms to veterans benefits and services and the most satisfactory modifications to veterans legislation have come about as a result of consultation with veterans and serving members of the armed forces and their families. Since the end of the Second World War, the government has adhered to a valued tradition of veteran engagement on issues that directly affect their interests and well-being. Only when parliamentarians, military leaders, and senior public servants resumed a meaningful, open, inquiring dialogue with the members and veterans of the Canadian Forces and their families during the 1990s were their major concerns and heartbreaking problems identified. It is essential that this dialogue continue. We cannot overstate our belief that the tradition of veteran consultation and involvement must continue as the government develops a new program of benefits and services for the twenty-first century.

The Advisory Council is also aware that this enterprise must solicit, inform, and receive the support of numerous governmental organizations, each with a legitimate interest in the outcome. Walter Woods, a leading architect of the Veterans Charter, described it as a "combined operation." In reimagining "opportunity with security" today, we must again engage the cooperation, talents, and contributions of many. Only in this way will the potential of reform be maximized, the diverse strengths of the public service be harnessed, and the best and most

efficient results be achieved. Such a desirable outcome is predicated, in large measure, on the success of broad-based consultations.

16. The new program's development must not lead to any diminution in the existing quality and nature of benefits and services provided to veterans of the First World War, Second World War, and Korean War.

All those who serve in the Canadian Forces and in the Royal Canadian Mounted Police are aware that their own careers and service are the continuation of two distinctive but equally illustrious traditions of achievement and sacrifice. They respect and honour those who have worn the uniform before them, adding laurels to Canada's reputation and leaving a legacy of selfless service to future generations.

Today's serving members and those who became veterans in recent decades have no wish to detract from the recognition their predecessors earned, often at great personal expense and sacrifice. Therefore, we believe that any new program designed for Canadian Forces and Royal Canadian Mounted Police members, veterans, and families should not detract from or in any substantive way diminish the benefits or services provided to veterans – their families and survivors – who served in the world wars and the Korean War. We also believe that these benefits should be updated and augmented as required. Only in this way will Canada honour all of its veterans.

17. The new program should be based on valid and reliable research and should reflect best practices.

In 2001 Veterans Affairs Canada launched a Research Directorate. This was a most welcome development, and the directorate has started an ambitious but small-scale research program. The directorate should be properly funded, should establish linkages with university researchers as appropriate, and should coordinate its efforts with related work at National Defence. For the new program to succeed, up-to-date information and analysis must be available to planners and administrators. The directorate has a key role to play in this regard. Good research is fundamental to a successful program.

Priorities

During the course of the Advisory Council's deliberations, it has identified numerous gaps in the range of benefits and services now available to the members and veterans of the Canadian Forces and their families. Many have been alluded to already. A large number of the special reports and inquiries that this document has examined also contained lists of gaps, needs, and recommendations for the future.

We do not wish to underestimate any of the legitimate concerns, needs, or issues that have been raised in speaking about the modernization of support arrangements for former and serving members of the forces and their families. However, as an advisory body to government, we are mindful that governing involves making difficult choices and that advising government involves the process of selecting options for action. It is legitimate and necessary, therefore, that we outline what we believe to be the most important priorities facing the government in addressing this challenging reform agenda.

To this end, the Advisory Council would like to recommend that the following six issues be given priority consideration by those developing a new benefits and services program:

1. A complete and thorough overhaul of the way that Canadian Forces members and veterans are compensated for injury. A new approach based on “no-fault” principles, similar to that recently adopted in the United Kingdom, may be worthy of attention. A key consideration in all this will be the coordination of the *Pension Act* and SISIP. One possibility would be to have the *Pension Act* provide compensation for non-economic loss and to have SISIP provide income replacement in a more integrated fashion. This should be explored further.
2. The development of a robust program of transition services and benefits. This must be easily accessible, responsive to client needs, timely, and flexible.
3. The development of policies that will enhance the support provided to spouses and children, most particularly in the areas of health care and structural economic inequalities.
4. The expansion of existing health-care benefits to reflect a more comprehensive mental health strategy and new approaches to rehabilitation and retraining.
5. Acknowledgment of the government’s “duty to accommodate” disabled members of the Canadian Forces through an enhanced priority for employment in the Public Service.
6. The provision of equitable access to funeral and burial benefits.

In January 1944 Captain Donald Thompson – who now gives distinguished service to the Veterans Affairs Canada Gerontological Advisory Council – wrote home from England to his mother in Saint John, New Brunswick, in these direct terms: “Arrived home from leave tonight and had a dozen letters and two parcels and one parcel of cigarettes awaiting for me so I sure was lucky. I certainly felt bad about Wink Johnson [killed in action]; he was a good lad and very well liked. I feel very deeply for his father and mother and will write to them right away. Please don’t think that there is any note of weariness or anything in my letter at any time because I am always happy, but what worries me most is to think of after the war. What are people at home going to do for all these lads and the parents and wives and family of the lads that get it? Will they have the same attitude as after the last war, that they

are a lot of bums? Or will they face facts and realize the situation and plan now so that lads will be able to go home to an organized country instead of people worried about paying too many pensions? We all wonder about these things and can you blame us.’⁶⁰

In the spirit of Don Thompson’s trenchant letter, it is imperative that the men and women of the Canadian Forces, wherever they serve – in Afghanistan, Bosnia, during the recent weather emergency in Nova Scotia, and in the many other places and situations to which our military need takes them – should be assured at all times that our country has a comprehensive, coordinated, and easily understood plan for their future. In 2003 a constructive and reinvigorated Veterans Affairs Canada, working closely with the Department of National Defence, gives appropriate priority to this important national work on behalf of all Canadians. The Veterans Affairs Canada – Canadian Forces Advisory Council is privileged to be part of this effort and looks forward to assisting across a broad front the efforts of the Service and Program Modernization Task Force.

The Advisory Council is grateful to Jim Rycroft for administrative support in the preparation of this paper, which draws upon the council's reference paper "The Origins and Evolution of Veterans Benefits in Canada, 1914-2004."

The Veterans Affairs Canada – Canadian Forces Advisory Council draws its membership from the ranks of: medical researchers and practitioners; academia; the retired Canadian Forces community; veteran and military family organizations; and federal government departments and organizations that are service providers to Canadian Forces members or veterans and their families. Council members are:

Academics, researchers and practitioners

Peter Neary, PhD (Chair)	University of Western Ontario
Deborah Harrison, PhD	University of New Brunswick
Greg Passey, MD	
Vivienne Rowan, PhD (Chair, Transition Services Committee)	Assiniboine Psychological Group
Professor Muriel Westmorland (Chair, Research Committee)	McMaster University

Retired Canadian Forces community

Lieutenant General Roméo Dallaire (Retired)

Stakeholder organizations

Robert Cassels (Chair, Communications and Culture Committee)	Army, Navy & Air Force Veterans in Canada
Lieutenant General Lou Cuppens (Retired) (Chair, Benefits and Services Committee)	Royal Canadian Legion
Colonel Don Ethell (Retired) (Chair, Family Health and Well-Being Committee)	Canadian Association of Veterans in United Nations Peacekeeping

Brian Forbes	National Council of Veteran Associations in Canada
Lucie Laliberté	Organization of Spouses of Military Members
Harold Leduc (Chair, Remembrance and Recognition Committee)	Canadian Peacekeeping Veterans Association
Bob McKinnon	Gulf War Veterans Association of Canada
Major Bob Tracy (Retired)	Air Force Association of Canada

Federal departments and organizations

Colonel Pierre Lemay (Retired)	Service Income Security Insurance Plan (SISIP) Financial Services
Superintendent John Nikita	Royal Canadian Mounted Police
Colonel Brian O'Rourke	Department of National Defence
Brenda Patterson	Health Canada
Colonel Marcia Quinn	Department of National Defence
Colonel Ken Scott, MD	Department of National Defence
Susan Williams	Department of Social Development

For further information about this paper and the work of the Veterans Affairs Canada - Canadian Forces Advisory Council, please contact vac-cfac@vac-acc.gc.ca or visit the VAC Website at www.vac-acc.gc.ca

Notes

1. For the history of veterans benefits in Canada, see Robert England, *Discharged: A Commentary on Civil Re-establishment of Veterans in Canada* (Toronto: Macmillan, 1943); Walter S. Woods, *Rehabilitation (A Combined Operation)* (Ottawa: Queen's Printer, 1953); Desmond Morton and Glenn Wright, *Winning the Second Battle: Canadian Veterans and the Return to Civilian Life 1915-1930* (Toronto: University of Toronto Press, 1987); and Peter Neary and J.L. Granatstein (eds.), *The Veterans Charter and Post-World War II Canada* (Montreal & Kingston: McGill-Queen's University Press, 1998).
2. Morton and Wright, *Winning the Second Battle*, 73.
3. *Acts of the Parliament of the Dominion of Canada* (hereafter *Acts*), 1918, chap. 42, 137-38.
4. *Acts*, 1919, chap. 43, 275-94.
5. *Acts*, 1932-33, chap. 45, 231-49.
6. James Hale, *Branching Out: The Story of the Royal Canadian Legion* (Ottawa: The Royal Canadian Legion, 1995).
7. House of Commons, *Debates*, 1940, vol. 1, 60.
8. The account given here of developments during and immediately after the Second World War is based mainly on Woods, *Rehabilitation*, Neary and Granatstein (eds.), *The Veterans Charter and Post-World War II Canada*, and J.L. Granatstein and Peter Neary (eds.), *The Good Fight: Canadians and World War II* (Toronto: Copp Clark, 1995). For legislation, see *The Veterans Charter: Acts of the Canadian Parliament to Assist Veterans* (Ottawa: King's Printer, 1947).
9. Woods, *Rehabilitation*, 13.
10. *Ibid.*, 5, 16.
11. *Ibid.*, 430; *Canada Gazette*, 29 June 1940, 4083-84.
12. *The Veterans Charter*, 105.
13. Neary and Granatstein (eds.), *The Veterans Charter and Post-World War II Canada*, 247.
14. *Ibid.*, 249.
15. *Ibid.*, 277.
16. *Ibid.*, 250.

17. Neary and Granatstein (eds.), *The Good Fight*, 406. For the history of Canadian women in the Second World War and veterans' policy in relation to them see Ruth Roach Pierson, "*They're Still Women After All*": *The Second World War and Canadian Womanhood* (Toronto: McClelland and Stewart, 1986).
18. The account of Newfoundland veterans given here is based on Peter Neary, "How Newfoundland Veterans Became Canadian Veterans: A Study in Bureaucracy and Benefit," in James Hiller and Peter Neary (eds.), *Twentieth-Century Newfoundland: Explorations* (St John's: Breakwater, 1993), 195-237.
19. For term 38, see S.J.R. Noel, *Politics in Newfoundland* (Toronto: University of Toronto Press, 1971), 38-39.
20. *Acts*, 1950-51, chap. 62, 393-97; 1952, chap. 52, 397; 1952-53, chap. 52, 417; 1953-54, chap. 65, 749-60.
21. The account given here of the work of the Korea Veterans Association of Canada is based on information in the association's Website (www.kvacanada.com) and in correspondence Don Ives to Peter Neary, 9 May 2003.
22. Veterans Affairs Canada (VAC), Department of Veterans Affairs (DVA), *Annual Report*, 1969-70, 27, and 1973-74, 17.
23. By PC 1965-688, 13 April 1965.
24. VAC, Information for the House of Commons Committee on Veterans Affairs, 1985, 12.
25. VAC, *Report of the Committee to Survey the Organization and Work of the Canadian Pension Commission*, 3 vols (1968); *White Paper on Veterans Pensions*, 3 vols. (Ottawa: Queen's Printer, 1969).
26. The account of SISIP given in this paper is based on information provided by that organization.
27. VAC, DVA, *Annual Report*, 1976-77, 11.
28. Information in correspondence Don Ives to Peter Neary, 20 May 2003.
29. VAC, W.D. Mogan, Director General, Program and Service Policy Division, "The Veterans Independence Program: A Second Legacy to the People of Canada," submission to the Commission on the Future of Health Care in Canada (2002).
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32. VAC, Minutes of the Proceedings and Evidence of the Standing Committee on Veterans Affairs, 22 May 1985, 2:7.
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34. VAC, *Review of Veterans' Care Needs*, Phase III: *Needs of Canadian Forces Clients*, "Key Findings of Phase III – Review of Veterans' Care Needs" (2000), 1.
35. DND, J.W. Stow, *A Study of the Treatment of Members Released from the CF on Medical Grounds* (1997).
36. Department of National Defence (DND), R.G. MacLellan, *Care of Injured Personnel and Their Families Review: A Final Report* (1997), i.
37. *Ibid.*, 17.
38. House of Commons, Standing Committee on National Defence and Veterans Affairs, *Moving Forward: A Strategic Plan for Quality of Life Improvements in the Canadian Forces* (1998), 1-2.
39. *Ibid.*, 2.
40. *Ibid.*, 6.
41. VAC, *Review of Veterans' Care Needs*, Phase III: *Needs of Canadian Forces Clients*, "Key Findings of Phase III – Review of Veterans' Care Needs."
42. *Ibid.*, 5-8.
43. *Ibid.*, 22.
44. VAC, *Review of Veterans' Care Needs*, Phase III: *Needs of Canadian Forces Clients*, "'Sir, Am I a Veteran?': A Discussion Paper" (2000), 3-4.
45. VAC, *Review of Veterans' Care Needs*, Phase III: *Needs of Canadian Forces Clients*, "Key Findings of Phase III – Review of Veterans' Care Needs," various.
46. *Ibid.*, 19.

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49. VAC, Speaking Notes for the Honourable Dr Rey Pagtakhan, Minister of Veterans Affairs, for the Veterans' Week statement in the House, 6 November 2002.
50. Morton and Wright, *Winning the Second Battle*, 73.
51. VAC, *Five-Year Strategic Plan 2001-2006* (2001), 25-26.
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57. See, for instance, recommendations 15 and 28.
58. VAC, Norah Keating, Jacquie Eales, and Janet Fast, *The Differential Impact of Veterans Affairs Canada Policies on the Economic Well-Being of Informal Caregivers*, Final Report to Veterans Affairs Canada (Edmonton: Department of Human Ecology, University of Alberta, 28 February 2001), 33.
59. Putting the needs of citizens first was an important theme of the federal government's 1999 Speech from the Throne. The philosophy was further articulated in the Treasury Board's *Results for*

Canadians: A Management Framework for the Government of Canada (2000).

60. Donald Thompson to Mrs J.E. Thompson, 21 January 1944 (punctuation added), quoted by permission of the author.