Executive Summary

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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Chair
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Ottawa
15 March 2004
In 2004 Canada is at a crossroads in the administration of veterans benefits. This is because the country has a new cohort of veterans: those who have served us in NATO and NORAD and in peacekeeping and those who serve us today in difficult and highly dangerous peacemaking missions in the Balkans, Afghanistan, and elsewhere. The demands of military service are as great now as they have ever been, but our system of veterans benefits has not kept pace with the needs of the men and women of the Canadian Forces (CF) who serve their country with such honour and distinction. This situation needs immediate attention and action. As Canadians, we kept faith with those who returned from the First and Second World Wars and from Korea – and we are still keeping faith with them. Now we must again stand together – in support of Canadian Forces members, veterans, and their families, who have earned our respect and care. It is to alert the public to an urgent national need that this paper, which surveys the history and present state of veterans benefits in Canada, has been written.

In 1917 the Government of Canada promised that those who were serving in the Great War would not thereafter find their country “a house of privilege, or a school of poverty and hardship.” In keeping with this commitment the Department of Soldiers Civil Re-establishment was formed in 1918 and the Pension Act passed in 1919. Under this Act disability pensions, based on application and medical assessment, were awarded on a percentage basis according to a table of disabilities. This system still applies. The Military Hospitals Commission, established in 1915, evolved into a national network of veterans’ hospitals. In 1930 a War Veterans’ Allowance, known as the “burnt-out pension,” was introduced. Veterans’ organizations were to the fore in all this, and through their constructive work and their philosophy of solidarity and sharing they emerged as partners of the Government of Canada in defining veterans benefits and building a better society.

In 1941 Ottawa promised rehabilitation benefits to everyone who served in the Second World War and set about devising a comprehensive benefit package – ultimately known as the Veterans Charter. It embodied the philosophy of “opportunity with security.” In 1944 the Department of Veterans Affairs (DVA) was established, and in the 1950s the Veterans Charter was adapted to the needs of veterans of the Korean War. Thereafter, however, the connection of DVA to the modern Canadian Forces was confined mainly to a limited use of the Pension Act.

In 1965, by order-in-council, the Minister of Veterans Affairs was given “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.” In 1969, in response to the report of a committee headed by Justice Mervyn Woods, the White Paper on Veterans Pensions was published, and many improvements in veterans benefits followed. In 1968 the government began transferring its veterans’ hospitals to provincial control and contracting out its health-care needs in relation to veterans. Since 1992 Ste Anne’s Hospital (Ste Anne de Bellevue, P.Q.) has been the only hospital operated by Veterans Affairs.

In 1976 it was announced that most of the DVA operation would be moved to Charlottetown, and in 1984 the “applied title” of the department became Veterans Affairs Canada (VAC). The Veterans Independence Program (VIP), which helps older veterans maintain their independence,
was inaugurated as the Aging Veterans Program in 1981. In the 1980s and 1990s VAC negotiated settlements with various groups that were claiming unfair or discriminatory treatment.

In the 1980s important adjustments were also made to procedures under the Pension Act, but these did not ultimately provide the desired timeliness in adjudication, a perennial problem. Accordingly, in 1994 the government committed itself to pension reform legislation and promised that by 15 September 1997 it would cut in half the time required to process and adjudicate disability pension claims and appeals. 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 pension adjudication; it merged the Bureau of Pensions Advocates (which assists veterans with their applications) with Veterans Affairs Canada; and it created the Veterans Review and Appeal Board (VRAB), which provides 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.

In October 1996, with most Second World War veterans now into their seventies, VAC launched a Review of Veterans’ Care Needs. The third phase of this, begun in January 1999, was devoted to the care and support of Canadian Forces clients and their families. The study revealed a situation that called for urgent action, arising out of circumstances which the Canadian Forces had faced in the 1990s: a dramatic increase in the number and complexity of operations both at home and abroad, base closures, and a drastic downsizing in personnel, both military and civilian. The effect of this speedup in operations concurrent with downsizing was well 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).

The final report of the Review of Veterans’ Care Needs, released in March 2000, built upon the findings of Stow, MacLellan, and SCONDVA. It showed that the VAC Canadian Forces client base had grown at an annual rate of 9 percent between March 1990 and March 1999 but that VAC was focusing 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.” This issue was, in turn, clearly related to the issue of “veteran” status, which former members of the Canadian Forces did not enjoy. The report concluded 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. At the same time, the respective roles of a range of service providers – including the Service Income Security Insurance Plan (SISIP, a Department of National Defence (DND) death and disability scheme launched in 1969) and VAC itself – needed to be clarified.
The VAC report advanced 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 had formed a joint steering committee. Since then, the two departments have been working closely together on a wide range of initiatives. 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. Important changes have also been made to the Pension Act and to SISIP in order to broaden and deepen the coverage. In the same spirit, National Defence established a number of Post-Deployment Regional Health Centres, a network of Operational Trauma and Stress Support Centres (OTSSCs), and a national peer support program for those with operational stress injuries. A joint Centres of Excellence project between the two departments, which makes use of VAC’s Ste. Anne’s Hospital (Ste. Anne de Bellevue, P.Q.), has enhanced Canada’s capacity to treat conditions such as post-traumatic stress disorder.

In 2003, following a successful pilot scheme, the Joint VAC/DND Release Transition Project was started. Under this program, VAC 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, which until 1995 had been available 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. 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 order-in-council PC 7633 of 1941, the starting point for the Veterans Charter.

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. Understanding this, Veterans Affairs Canada decided that the first of ten priorities in the Five-Year Strategic Plan it adopted in June 2001 would be to clarify its role in relation to Canadian Forces veterans and to improve the quality of service provided to them.

In July 2000 VAC appointed the Veterans Affairs Canada – Canadian Forces Advisory Council – as had been recommended in the report of Phase III of the Review of Veterans’ Care Needs – to offer advice, within the department’s mandate, on policies, programs, and services to meet the needs of
members and veterans of the Canadian Forces and their families. The Advisory Council has been meeting twice a year ever since, and at its October 2002 meeting it began the process that has led to the present paper.

Its timing was propitious because on 16 September 2003 Veterans Affairs Canada launched a Service and Program Modernization Task Force “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 devising rehabilitation programs that will give a new generation of veterans “opportunity with security” in circumstances suited to 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. 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 VAC – Canadian Forces Advisory Council believes that the task force should be guided in its work by the following principles and processes:

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.”

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.”

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.
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.”

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.

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.

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

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.

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

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

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.

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.

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

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

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.

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

The Advisory Council recommends 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 1944 Captain Donald Thompson, who now serves on VAC’s Gerontological Advisory Council, wrote to his mother from England that he wanted to return to “an organized country instead of people worried about paying too many pensions.” Canada was “an organized country” in 1945, and our need to be that on behalf of those who serve us in uniform is as compelling now as it was then.
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  
  Assiniboine Psychological Group  
  (Chair, Transition Services Committee)
- Professor Muriel Westmorland  
  McMaster University  
  (Chair, Research Committee)

**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
Stakeholder organizations (continued)

Harold Leduc  
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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

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Service Income Security Insurance Plan (SISIP) Financial Services

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