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CONTINUUM OF TRANSITION SERVICES

Report of the Standing Committee on Veterans Affairs

**Royal Galipeau
Chair**

JUNE 2015

41st PARLIAMENT, SECOND SESSION

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THE STANDING COMMITTEE ON VETERANS AFFAIRS

has the honour to present its

SIXTH REPORT

Pursuant to its mandate under Standing Order 108(2), the Committee has studied the Continuum of Transition Services and has agreed to report the following:

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CONTINUUM OF TRANSITION SERVICES

General framework for the study

When members of the Canadian Armed Forces (CAF) are ill or injured, whether or not the injury or illness is service-related, they may be medically released if their condition causes their long-term inability to be deployed with their unit. This release also means that responsibility for the member's rehabilitation and compensation will be transferred from the Department of National Defence (DND) to other stakeholders, in particular, Veterans Affairs Canada (VAC) and the Service Income Security Insurance Plan (SISIP). The process that begins the moment a member becomes ill or injured can be complex, and the programs established to support the member's transition are numerous. As a result, it can be difficult for members, veterans and the public to navigate them, and misunderstandings may arise.

With this study on the continuum of services, the House of Commons Standing Committee on Veterans Affairs wishes to determine the key steps in this process, identify the programs available to serving members, veterans and their families at each of these steps, and establish an outline of the respective responsibilities of the various parties involved. The Committee hopes that this study will help point up the stronger and weaker points along this continuum in order to facilitate a sound transition to civilian life for injured members.

This document provides an overview of the transition process based on testimony heard from witnesses during the seven meetings the Committee held on this topic between February 26 and April 23, 2015. Its purpose is to outline the steps and time frames of the transition process and to highlight the issues identified by witnesses. The continuum of transition services is divided into three phases:

- The period starting when an injury or illness appears and ending when the decision is made to release a CAF member for medical reasons;
- The period between the decision to release a CAF member for medical reasons and the actual release;
- The adjustment period, of approximately two years following the release, and during which Veterans Affairs Canada services replace those provided by the Canadian Armed Forces.

The purpose of this report is not to provide another review of all the programs and services that Veterans Affairs Canada can offer to veterans; rather, it is to highlight the lesser-known elements of the transition process, such as what programs are available from the Canadian Armed Forces before the Veterans Affairs Canada programs take effect, what coordination measures are taken by both departments during the transition process, and what initiatives are available through third-party organizations that complement government measures.

The period leading to a release for medical reasons

Regular Forces members are exempt from the *Canada Health Act*, and as a result it is the CAF that plays the role of a provincial health care system in their case. Ambulatory care—that is, care requiring only a short hospital stay—is provided by a network of about 40 military clinics serving CAF bases and wings. When CAF members have a health issue that requires specialized care the clinics cannot provide, they are directed to the appropriate civilian resources. In complex cases requiring the coordination of multi-disciplinary resources, their treatment is monitored by a case manager. Case managers are generally specialized nursing staff, and they work closely with the medical clinics.

When an injury or illness is serious enough to require a rehabilitation period, the CAF member is transferred to one of the 24 Integrated Personnel Support Centres (IPSCs) that comprise the Joint Personnel Support Unit (JPSU). The JPSU has 300 employees, of which 200 are CAF members, and each IPSC location provides a full range of support services. These IPSCs oversee the “Caring for Our Own” program, whose ultimate aim is to see CAF members reintegrate and return to their full duties.¹

This program has three phases: recovery, rehabilitation and reintegration. There is no set length of time for each step, as healing times can vary.

DND engages with specialized provincial and private health care services to provide care during the recovery and rehabilitation phases. Given that CAF members have unique needs for complex physiotherapy services, affiliated provincial health care centres receive additional support from the Department of National Defence, either through additional specialized civilian physiotherapists, or, for example, through sophisticated computer systems, such as the two Computer Assisted Rehabilitation Environment (CAREN) systems located in Edmonton and Ottawa.

For mental health care, DND has implemented a network of seven Operational Trauma and Stress Support Centres (OTSSCs). They are located on military bases and primarily serve active-duty CAF members. They are separate from the OSI clinics operated jointly by DND and VAC, which primarily serve veterans. As part of a tripartite agreement, active-duty members and veterans of both the CAF and the RCMP can receive care from both the OTSSCs and the OSI clinics.

After their medical condition has stabilized, usually after several months, CAF members are assigned a “temporary medical category” for six months. During this time, their care is coordinated, and an initial assessment is carried out to determine whether it is likely they will be able to return to their duties at some point.² They are assigned a “permanent medical category” once their condition has fully stabilized and it becomes

1 Commodore Mark Watson (Director General, Morale and Welfare Services, Department of National Defence), *Evidence*, ACVA, 2 April 2015, 0850.

2 Colonel Hugh MacKay (Deputy Surgeon General, Canadian Forces, Department of National Defence), *Evidence*, ACVA, 10 March 2015, 0920.

apparent which tasks they could continue to accomplish, and which tasks their medical condition will prevent them from ever carrying out again.

It usually takes at least two six-month temporary categories before an accurate prognosis can be made, at which point a permanent medical category is assigned. It is possible, but rare, for a permanent category to be assigned after only one six-month temporary category.³

If the permanent category they are assigned establishes that they can accomplish the tasks of their military occupation, CAF members can rejoin their unit.

As soon as a medical officer determines that the ill or injured person can begin to reintegrate, a return-to-duty plan is developed by the return-to-duty coordinator, in conjunction with the individual and their commanding officer. With the concurrence of the medical officer and the care team, the individual starts down the critical path of return to duty. The intensity and complexity of their assigned tasks increase as the member's condition continues to improve. The ultimate aim is to return the person to full duties.⁴

When their illness or injury results in more severe restrictions, CAF members may become unable to rejoin their unit. In that case:

[T]he file goes up to the director of military career administration and they, with the employment limitations assigned by the medical community, decide whether or not a person meets the universality of service principle and whether they also meet the bona fide trade requirements. Based on that, a decision is made as to whether you can stay in your own military occupation, whether you could be transferred to another military occupation, or whether you should be released.⁵

In some complex cases, it may take up to two years before a permanent medical category is assigned.⁶ The decision regarding whether they meet the conditions of universality of service falls to the Chief of Military Personnel (CMP) under the Directorate of Military Careers Administration (DMCA). This decision could take between six months and one year, and CAF members can appeal the decision by following the procedure described below:

The first step would be to do that with their health care provider. They can review the case, and seek specialist consultation if necessary to determine the nature of the employment limitations and the reasonableness of those employment limitations. If they're not satisfied with the decision from their primary care provider, they can also request a re-evaluation from our headquarters level in the Health Services Group, and we will then also consult further on the case and make a determination as to whether or not those employment limitations fit the illness or injury of the member.

3 Colonel Hugh MacKay (Deputy Surgeon General, Canadian Forces, Department of National Defence), *Evidence*, ACVA, 10 March 2015, 0920.

4 Commodore Mark Watson (Director General, Morale and Welfare Services, Department of National Defence), *Evidence*, ACVA, 2 April 2015, 0850.

5 Colonel Gérard Blais (Director, Casualty Support Management, Department of National Defence), *Evidence*, ACVA, 2 April 2015, 0925.

6 Colonel Hugh MacKay (Deputy Surgeon General, Canadian Forces, Department of National Defence), *Evidence*, ACVA, 10 March 2015, 0920.

At that point, the file will probably go over to DMCA, which will make a decision with respect to universality of service. If a member is not satisfied with the decision by the DMCA, they also have a further ability to grieve that decision, which could go all the way up to the level of the Chief of Defence Staff for a final determination.⁷

If CAF members must be released for medical reasons due to their condition, they can continue working within the CAF for up to three years, even if they do not meet the conditions of universality of service. After that time, another six-month period finalizes their transition to civilian life.

To sum up, for CAF members whose injury or illness is severe enough to require a rehabilitation period and a transfer to the Joint Personnel Support Unit, it will generally take between one year and two years before a permanent medical category can be assigned. If it is established that they can accomplish the tasks of their military occupation, CAF members can rejoin their unit. The decision as to whether or not they meet the conditions of universality of service will usually take between 6 months and a year. If the decision is that the member has to be released for medical reasons, there will be at least a six-month period between the time of the decision, and the actual release date. Therefore, a two-year period is generally the earliest a CAF member will be released for medical reasons after an illness or an injury. Depending on the nature of the injury or illness, the time it takes to stabilize, the complexity of the member's rehabilitation needs, and the availability of civilian resources after the release, the transition process will usually last more than two years, and in certain cases can last up to five years after the injury or illness.

The period before a release for medical reasons

When the decision has been made to release a member for medical reasons, the transition toward civilian life usually begins six months before the final release date. The first step is to develop an "integrated transition plan" that involves the CAF member, their family members if they wish, and a case manager familiar with their medical history. The case manager's role is to coordinate medical, psychosocial, professional and financial resources to ensure that everything the CAF member will need in civilian life is put in place before their release.

As long as individuals are still on active duty, their medical services, for both physical and mental injuries, will continue to be provided by the Canadian Armed Forces. The problem is identifying civilian health care providers beforehand that CAF members can use once they are released. This issue can often delay the member's release:

[W]e have put in place a means to be able to extend the transition period to give us the best possibility of finding civilian health care providers.

I can tell you that I did confirm with our case managers that your point about finding primary care providers is probably their biggest challenge, and they work very hard to try

⁷ Colonel Hugh MacKay (Deputy Surgeon General, Canadian Forces, Department of National Defence), *Evidence*, ACVA, 10 March 2015, 0905.

to achieve that. They work in conjunction with the Veterans Affairs case managers to identify those care providers in the civilian sector.⁸

In addition to clinical care, the Joint Personnel Support Unit provides peer support services for CAF members with operational stress injuries. Around 50 CAF members who have suffered OSIs themselves are hired to provide this support:

Once they have had the chance to get better and their physician certifies that they are better, they come back and are hired as peer support coordinators. They meet one-on-one with individuals. They are not clinical in any sense, but they listen to people and they refer them to the services they need. Very often those suffering from post-traumatic stress are much more open to listening to one of their peers. When they get this service, they then find their way into the medical system to actually be referred to one of the clinics.⁹

As regards vocational rehabilitation, the Department of National Defence offers the Vocational Rehabilitation Program for Serving Members (VRPSM). This program gives CAF members who will be released for medical reasons the opportunity to participate in on-the-job training or an education upgrade program in the six months leading up to their release.¹⁰ The VRPSM is usually coordinated with the SISIP Vocational Rehabilitation Program, which takes effect once CAF members are released.

The Canadian Armed Forces Morale and Welfare Services can also coordinate access to career transition services offered by third-party organizations. Commodore Mark Watson gave several examples of these initiatives:

[O]ur latest initiative is the military employment transition program, or MET, a three-partner initiative jointly pursued by the Canadian Armed Forces, Veterans Affairs, and Canada Company. Through this endeavour, more than 200 employer partners are offering jobs to veterans through the “10,000 jobs in 10 years” campaign. Currently there are more jobs than applicants, but that’s because we’re in the early stages of this program.

We are also working diligently to provide post-service employment opportunities on a wide variety of fronts. For example, Prospect, another not-for-profit enterprise based in western Canada, has an 85% success rate in securing employment for ill and injured veterans in the Edmonton area. It offers follow-up coaching services to both the employer and the employee. This program will soon be piloted in other parts of the country.

Under the auspices of the Prince’s Charities, one-week university-based training is available for those who wish to establish their own business. As well, ongoing follow-up assistance is available free of charge.

Helmets to Hardhats offers apprenticeship programs to achieve a journeyman qualification in the building and construction trades, as well as potential management

8 Colonel Hugh MacKay (Deputy Surgeon General, Canadian Forces, Department of National Defence), *Evidence*, ACVA, 10 March 2015, 0900.

9 Colonel Gérard Blais (Director, Casualty Support Management, Department of National Defence), *Evidence*, ACVA, 2 April 2015, 0910.

10 Commodore Mark Watson (Director General, Morale and Welfare Services, Department of National Defence), *Evidence*, ACVA, 2 April 2015, 0850.

opportunities in the industry. In addition, we continue to work to obtain Red Seal qualifications for as many of our trades as possible to facilitate direct post-military employment in similar civilian occupations.

We also continue to work with the Canadian Franchise Association to explore franchisee opportunities at favourable terms for those who would like to explore this second career avenue.¹¹

Even though the financial benefits for which individuals could be eligible as a result of their injury or illness will not be paid out until the weeks following their release, the months leading up to their release give them an opportunity to fill out the required applications while they have access to all the relevant information, and remain on full salary within the CAF. Once members have been released, it becomes more difficult to obtain certain medical information from military personnel, which can add to the length of time required.

Members generally apply for the Service Income Security Insurance Plan (SISIP) first, because it is the disability insurance program put in place by the employer (for program details, see below). Under an agreement signed between the Treasury Board, the Department of National Defence and Veterans Affairs Canada, SISIP is the first payer, and anyone eligible for disability benefits must go to SISIP first.¹²

Role of Veterans Affairs Canada

Veterans Affairs Canada currently does not have a legislative mandate to work with CAF members who are still serving.¹³ However, a connection must be established between VAC and serving members before they are released to ensure a smooth transition. That is why Veterans Affairs Canada case managers are integrated with the IPSCs.¹⁴ As a result, CAF members can begin all the assessment processes with VAC and submit applications for benefits quickly.

Colonel Marc Bilodeau, from the CAF's Health Services Centre, indicated that different qualifications for CAF case managers and VAC case managers could cause coordination issues: "Our case managers are nurses; VAC case managers are not all clinicians. This creates an issue from the perspective of sharing the medical information. VAC is working to bring itself to a similar level of clinician case managers."¹⁵

11 Commodore Mark Watson (Director General, Morale and Welfare Services, Department of National Defence), *Evidence*, ACVA, 2 April 2015, 0855.

12 Mr. Phil Marcus (Associate Vice-President, Operations Policy and Product Management, Department of National Defence), *Evidence*, ACVA, 2 April 2015, 0905.

13 If Bill C-59 is passed this situation could change, as clause 218 of the bill gives the Department of Veterans Affairs the authority to intervene with CAF members while they are still serving.

14 Colonel Hugh MacKay (Deputy Surgeon General, Canadian Forces, Department of National Defence), *Evidence*, ACVA, 10 March 2015, 0920.

15 Colonel Marc Bilodeau (Director, Medical Policy, Canadian Forces Health Services Centre, Department of National Defence), *Evidence*, ACVA, 10 March 2015, 0950.

This difference between case managers from each of the two departments can sometimes lead to confusion during the transition process. Ms. Kimberly Davis, who previously worked for the Caregivers' Brigade, explained the situation as follows:

There's a challenge between what we think a case manager is in VAC and what a case manager is in DND. When there's a release, the case manager in DND hands it over to a case manager in VAC. When they're transitioning, what they do in DND is different from what we do in VAC. These members come out thinking that they have the same support system they had in DND, when in some cases it's not the same. It varies from one end of the country to the other. There doesn't seem to be a lot of consistency.¹⁶

This observation was echoed by the Veterans Ombudsman, Mr. Guy Parent:

Currently both CAF and VAC case managers work independently with no formal coordination or monitoring. Resource constraints, including the number of available CAF and VAC case managers, result in interview delays and inconsistent service standards across the country. Today approximately 10% of all medically releasing members are deemed to be complex cases and receive an integrated transition plan.

All medically releasing members should have the opportunity to plan and coordinate their transition.¹⁷

VAC representatives indicated that a great deal of this confusion could be avoided if VAC was able to get involved earlier in the transition process:

One of the challenges has been having the Veterans Affairs case managers pick up the clients a little earlier in their transition phase as opposed to near the end of their transition phase. That's one of the big things that we're working on to try to make sure that we can have as smooth a transition as possible as the veterans leave the Canadian armed forces. So our case managers are speaking about the cases. I believe they even participate in the multi-disciplinary team meetings.¹⁸

Veterans Ombudsman Mr. Guy Parent agreed:

[T]he Department of Veterans Affairs should enter into the transition process much earlier than it does right now. In your discussions with the previous group of witnesses, it was even suggested that transition planning be incorporated into a member's initial career training, that the member learn about the programs and benefits available to veterans.¹⁹

16 Ms. Kimberly Davis (As an individual), *Evidence*, ACVA, 24 March 2015, 0910.

17 Mr. Guy Parent (Veterans Ombudsman, Office of the Veterans Ombudsman), *Evidence*, ACVA, 23 April 2015, 0955.

18 Colonel Hugh MacKay (Deputy Surgeon General, Canadian Forces, Department of National Defence), *Evidence*, ACVA, 10 March 2015, 1000.

19 Mr. Guy Parent (Veterans Ombudsman, Office of the Veterans Ombudsman), *Evidence*, ACVA, 23 April 2015, 1000.

One of the avenues being considered to facilitate the transition is encouraging active-duty CAF members to open a file with Veterans Affairs Canada, even if they do not end up using VAC programs later in life.²⁰

Reaching CAF members as they become veterans, right when they are being released, is a key focus on which both departments have asked the academic community's research on veterans to study:

Right now the most pressing issue is how to have access to the population of veterans at the moment of transition, and this is why there is so much research being done on transition. We're trying to figure out a way to ease the transition by following the member before they are released until they are released so that they will have access to all the programs before they need them, so they know the programs exist and they and their families are well educated.²¹

Colonel Marc Bilodeau, of the Canadian Forces Health Services Centre, mentioned that discussions were underway within the VAC–CAF steering committee, which addresses issues of common interest to the two organizations:

I know there is work under way within our VAC CAF steering committee, including discussions around My VAC Account, which I think is a good idea. The intention is that, as members join the Canadian Armed Forces, they become aware of Veterans Affairs Canada and may start a VAC account so that they already have something in place with Veterans Affairs Canada. I think we're far less likely to have people leave the service, go off into their civilian lives, and then have some trouble reconnecting with Veterans Affairs Canada at a later date if they have something like that in place.²²

Mr. Guy Parent, the Veterans Ombudsman, recommended that the major decisions regarding release be made by a decision-making authority recognized jointly by both departments:

It's the office's view that the discretion to make decisions should fall on a single department or an individual jointly appointed by both departments. Under the current regime, some decision-makers work for Veterans Affairs Canada and others work for the Department of National Defence. No real joint decision-making authority exists. Decisions are made by both departments, and then we end up chasing our tails in order to solve release-related problems. The transition process needs to be fully integrated. Decisions should be made by an authority that both departments recognize.²³

20 Colonel Hugh MacKay (Deputy Surgeon General, Canadian Forces, Department of National Defence), *Evidence*, ACVA, 10 March 2015, 0950.

21 Ms. Stéphanie Bélanger (Associate Director, Canadian Institute for Military and Veteran Health Research), *Evidence*, ACVA, 24 March 2015, 0940.

22 Colonel Marc Bilodeau (Director, Medical Policy, Canadian Forces Health Services Centre, Department of National Defence), *Evidence*, ACVA, 10 March 2015, 0950.

23 Mr. Guy Parent (Veterans Ombudsman, Office of the Veterans Ombudsman), *Evidence*, ACVA, 23 April 2015, 1005.

The SCAN program

Several weeks before their planned release date, all members leaving the Canadian Armed Forces are invited to participate in the Second Career Assistance Network (SCAN) program. For CAF members who are leaving voluntarily, the seminars are given over a two-day period, and they can choose which presentations they would like to attend. For CAF members being released for medical reasons, the seminars are condensed and given in a single day to ensure that participants have access to all the information they need. Veterans Affairs Canada (VAC) gives one of the presentations that is part of the SCAN program. It is intended for CAF members who are about to be released for medical reasons, as they are the most likely to require the services provided by VAC. CAF members are strongly encouraged to attend the seminars, but attendance is not mandatory. Spouses are also invited to attend, especially if the release is for medical reasons.

VAC case managers responsible for transition support work closely with the Joint Personnel Support Unit (JPSU). Ms. Mélanie Witty, a VAC case manager, gave the members of the Committee a presentation similar to what she gives to CAF members who are about to be released. The transition process focuses on three environments: work, home and community. The presentation summarizes the various services provided by VAC, as well as the financial support available. People who are interested in the programs are encouraged to fill out the required forms as soon as possible, for example, if they would like to apply for a disability award. The presenters also encourage CAF members to meet with a case manager in person to open channels with VAC that will be maintained once they leave the military. CAF members are also informed of the importance of the transition interview. The primary concern of people attending the seminar is whether VAC will recognize the link between their medical condition and their military service.²⁴ This recognition is what will give them access to most VAC services and financial benefits.

This seminar is considered valuable, but the Veterans Ombudsman, Mr. Guy Parent, informed the Committee that some CAF members, for instance those who suffer from an operational stress injury, can have difficulty absorbing all the information they are given during the transition process: “the volume of information a member receives during transition is currently overwhelming and may contribute to what is already a stressful and confusing situation for an injured member who may not be leaving the forces voluntarily.”²⁵ He also pointed out that these seminars could be offered earlier in the transition process and are not mandatory.

The transition interview

CAF members who are about to be released voluntarily are encouraged to participate in a transition interview. A VAC Client Service Agent goes over a questionnaire

24 Mélanie Witty (Case Manager, Veterans Affairs Canada, Service Delivery, Ottawa Office), *Evidence*, ACVA, 26 February 2015, 0850.

25 Mr. Guy Parent (Veterans Ombudsman, Office of the Veterans Ombudsman), *Evidence*, ACVA, 23 April 2015, 1000.

with them, and attempts to establish whether they may have health care needs that have not yet been identified. For members being released for medical reasons, the transition interview is mandatory and it is a more in-depth interview with a case manager. Colonel Gérard Blais explained to the Committee the crucial role this interview plays in the transition process:

Everybody who leaves has to sit down with a case manager from Veterans Affairs, whether you're injured or not, to go through what your career looks like insofar as your health is concerned. Veterans Affairs explains at that time, one-on-one, all of the benefits that are available and takes notes on anything in case you do open a file in the future. That is being done, but it is being done before you leave the service.²⁶

Representatives from the Royal Canadian Legion can also advise CAF members preparing for the transition interview. Mr. Steven Clark, from the Dominion Command of the Royal Canadian Legion, explained that his organization strongly encourages CAF members to include their family members in the transition process:

For ill and injured members, we strongly recommend that it be mandatory for family members to be in attendance. We recommend that transition interviews be conducted early in the release process to help members and their families identify any needs they may have well ahead of time.²⁷

CAF members are strongly encouraged to request a copy of their medical file during this transition interview. Reaffirming recommendation 1b of their unanimous June 2014 report, *The New Veterans Charter: Moving Forward*, members of the Committee believe that a copy of their medical file should be given to all CAF members before their release. Once members have been released, it is much more difficult to obtain access to this information quickly, because the file must be given to Veterans Affairs Canada instead of directly to the member. Colonel Hugh MacKay, Deputy Surgeon General within the Canadian Armed Forces, gave a clear explanation of the restrictions involved in transferring medical files once the member has been released:

The transfer of medical records is usually done on a request from Veterans Affairs, based on the request by the member to Veterans Affairs Canada.

We are not able to transfer files directly from the Canadian Armed Forces to Veterans Affairs Canada because of their regulations and the Privacy Act. When we receive a request from Veterans Affairs Canada, we need to take the medical record and sever any third-party information from those medical records.

For example, sometimes when you are encountering a patient, a physician may write in a clinical note that the member's spouse is having problems with mental health issues. It's not appropriate for us to give information about the spouse to Veterans Affairs Canada. We need to make sure that that kind of information is removed from all of the files. That creates a bit of a delay in our being able to process and transfer those files. I will say that we have increased the staff that are doing that severing right now. We've reduced the

26 Colonel Gérard Blais (Director, Casualty Support Management, Department of National Defence), *Evidence*, ACVA, 2 April 2015, 0940.

27 Mr. Steven Clark (Acting Dominion Secretary, Dominion Command, Royal Canadian Legion), *Evidence*, ACVA, 24 March 2015, 0855.

backlog of files from about 1,600 to 800. We are now able to process requests from Veterans Affairs Canada within 31 days, which is far better than we did about 6 or 8 months ago.²⁸

The period after a release

When members leave the Canadian Armed Forces, a reason for release is assigned. The primary reasons are voluntary release and release for medical reasons. In the former case, if they voluntarily leave the CAF and do not immediately require the services of Veterans Affairs Canada, they will transition into civilian life without being a client of the Department. Most veterans fall into this category. If needs become apparent later on that result from their military service, these veterans are able to apply for services at that time.

Most clients of Veterans Affairs Canada are CAF members who were released for medical reasons. Of the roughly 5,000 members who leave the CAF every year, approximately 1,000 are released for medical reasons. When the CAF decides to release members for medical reasons, it does not determine whether their medical condition leading to release is related to their military service. Whether their condition is the result of a military operation or a personal activity has no bearing on the fact that they can no longer fulfill their military duties. From an operational standpoint, the link between the medical condition and military service is not relevant.

However, this distinction becomes relevant after their release, because it involves the Government of Canada's responsibility to support and compensate citizens whose physical, mental and professional capacities have been affected by the fact that they served their country in uniform. This responsibility is undertaken by Veterans Affairs Canada, and that is why the Department's programs must take into account the link between the veteran's specific situation and the circumstances of their military service.

Some witnesses, such as Mr. Perry Gray, the Editor in Chief of Veteranvoice.info, believe that the responsibility for assessing the link between a veteran's medical condition and their military service should fall to the Department of National Defence.²⁹

28 Colonel Hugh MacKay (Deputy Surgeon General, Canadian Forces, Department of National Defence), *Evidence*, ACVA, 10 March 2015, 0930.

29 Captain(N) (Retired) Perry Gray (Editor in Chief, VeteranVoice.info), *Evidence*, ACVA, 12 March 2015, 0955. Mr. Gray also testified (at 0950) that, in 2000, his condition was deemed a severe disability by the CAF, and that he was later assessed by VAC as being able to work "with some limitations". During ACVA's study of Bill C-59, this statement by Mr. Gray led to the question of how a diagnosis made by a military doctor was treated by VAC adjudicators. Mr. Michel D. Doiron, VAC's Assistant Deputy Minister, Service Delivery, replied: "Veterans Affairs accepts the diagnostics from CAF doctors. We do not provide diagnostics. We have doctors who may review a diagnostic to say, "Do we understand exactly what the medical doctor is telling us?" It would be the same thing from the private sector, not just CAF. So we do accept the diagnostic from the doctor, and from there, that's where we base our eligibility." (ACVA, *Evidence*, 26 May, 0915)

The Service Income Security Insurance Plan

The Service Income Security Insurance Plan's Financial Services (SISIP FS) provide Canadian Armed Forces members with life insurance, disability insurance and vocational rehabilitation services. The SISIP products and services are offered by the Department of National Defence through Manulife Financial.

For the purposes of this study, the most significant aspect of SISIP is the Long Term Disability Plan (LTDP) and the accompanying Vocational Rehabilitation Program (VRP).

The Long Term Disability Plan

The Long Term Disability Plan (LTDP) was first implemented in 1969 as an optional plan for non-service-related medical releases. The Committee made note of the following in its June 2014 report on the New Veterans' Charter:

At the outset, benefits were equal to 60% of the member's pay at release, plus 5% for each dependent child, up to a maximum of 75%. It was then found that veterans who had been released for medical reasons not attributable to military service had an advantage over some veterans who had been released for medical reason attributable to military service but were receiving only disability benefits. As a result, the SISIP was then extended to all medical releases, whether the disability was attributable to military service or not. Then, benefits were capped at 75% of the member's pay at release, regardless of their family situation. Since 1995, benefits stop when the veteran reaches age 65. Prior to 1995, SISIP long-term disability benefits were payable for life.³⁰

In the two years following a member's release, Veterans Affairs Canada oversees the medical and psychosocial rehabilitation, at the request of the released CAF member, and SISIP pays out the financial benefits and oversees vocational rehabilitation.

Whether their disability is service-related or not, all members of the Canadian Armed Forces released for medical reasons are automatically entitled to disability benefits under SISIP for the two years following their release.³¹ The conditions of these benefits—75% of their pay on release—were applied to the Earnings Loss Benefit (ELB) when it was implemented following the coming into force of the New Veterans Charter in 2006.³² The difference between the LTDP provided by the Department of National Defence and the ELB provided by Veterans Affairs Canada is that veterans may be eligible for the former even if their medical release was not service-related, and veterans may be eligible for the latter even if they were not released for medical reasons.

30 House of Commons, Standing Committee on Veterans Affairs [ACVA], [The New Veterans Charter: Moving Forward](#), June 2014, p. 15.

31 Mr. Phil Marcus (Associate Vice-President, Operations Policy and Product Management, Department of National Defence), *Evidence*, ACVA, 2 April 2015, 0905.

32 For part-time reservists, the characteristics of the disability benefits were also applied to the Earnings Loss Benefit: in 2006, it was 75% of a monthly income of \$2,000, which was increased to \$2,700 in October 2011. Since April 2015, all reservists who are eligible for the ELB are guaranteed the same minimum annual income as veterans of the Regular Force who are eligible for the ELB.

For example, if a member left the Canadian Armed Forces voluntarily and discovered later that he was suffering from a service-related medical condition—as is often the case for people with PTSD—he would not be eligible for the SISIP programs, because he had not been released for medical reasons. That is one of the main reasons for which VAC created the Earnings Loss Benefit. It gives veterans with a service-related medical condition assistance if they agree to participate in a rehabilitation program, even if a number of years have passed since they left the CAF.

Roughly a year and half after CAF members are released for medical reasons, SISIP will carry out a medical assessment to determine if the veteran is temporarily incapacitated or totally and permanently incapacitated. If SISIP determines their condition is not total and permanent, 24 months after the veteran's release it will stop paying financial benefits and offering vocational rehabilitation services.

If veterans are not found to be totally and permanently incapacitated two years after being released for medical reasons and they have not found paid work in the civilian world, they will still have access to the VAC's Vocational Rehabilitation Program, and they can receive the Earnings Loss Benefit until they become employable again.

If, two years after being released, SISIP deems that the veteran is totally and permanently incapacitated, that is, if the veteran is unlikely to find paid employment due to their condition, SISIP will continue paying veterans 75% of their salary until the age of 65.

For all SISIP benefits, as well as for the VAC's Earnings Loss Benefit, any other form of income will reduce the benefits by an equivalent amount. As a result, VAC will not pay out the Earnings Loss Benefit as long as the veteran is receiving disability benefits under the SISIP. If veterans have other sources of income, such as a CAF pension or a Canada Pension Plan disability pension, and if the sum of these other incomes is equivalent to 75% of their pay when they were released, they will not receive any benefits from SISIP or VAC. An exception is provided for veterans attending vocational rehabilitation programs. In these cases, their benefits are reduced by only 50% of the income earned.

The SISIP Vocational Rehabilitation Program and the Veterans Affairs Canada Vocational Rehabilitation Program

Commodore Mark Watson clearly described the SISIP Vocational Rehabilitation Program:

SISIP's vocational rehabilitation program [...] enables participants to restore or establish their vocational capacity to prepare them for suitable gainful employment in the civilian workforce. The vocational rehab program, or VRP, focuses on the veteran's abilities, interests, and medical limitations and on the potential economic viability of their chosen path to help establish their future. SISIP VRP support can start up to six months prior to

release, and is often coordinated with the member and the Canadian Armed Forces VRP program to ensure continuity after release.³³

In other words, the VRP provides training in support of skills members have already acquired in the Canadian Armed Forces, and it only rarely provides veterans with an opportunity to begin in a different field.

The Veterans Affairs Canada Vocational Rehabilitation Program has more flexibility in the way the amounts are paid out. The program is only available to those who are not eligible for the SISIP VRP, or to those who have exceeded their two-year eligibility period following their release without having found suitable employment. In other words, the SISIP program offers vocational rehabilitation services to all CAF members released for medical reasons, while the VAC program is only available 24 months after release, and is offered mostly to veterans who are capable of working but whose vocational rehabilitation needs are more complex.

The Veterans Ombudsman, Mr. Guy Parent, saw a limitation in both SISIP's and VAC's vocational rehabilitation programs. In a report published in June 2013, he noted that "Veterans interested in pursuing university-level education or attaining a professional designation do not share the same access to programs," unlike those interested in pursuing a career in the trades.³⁴ Mr. Donald Leonardo, of Veterans Canada, provided additional information about this observation when referring to the SISIP VRP, saying "For those who want to start a fresh degree program, it's not available for you if you are starting from scratch. If you've already started a degree program in the service, in the military, then yes, you can continue it, but not if you are starting from scratch."³⁵

The central financial support feature of the SISIP VRP involves reimbursing tuition fees up to a maximum of \$25,000 for the full program. The VAC VRP reimburses amounts of up to \$75,800 for the total duration of the program, which, in addition to tuition fees, includes the cost of school supplies, travel costs and some parking costs and temporary housing costs.³⁶

Access to services for people who leave the Forces voluntarily

According to Mr. Michel Doiron, Assistant Deputy Minister, Service Delivery, VAC, 72% of people who are released voluntarily and seek VAC services later on are suffering from PTSD.³⁷ In October 2014, an accelerated process was introduced so these people could access services earlier. The first step is that they must agree to participate in a

33 Commodore Mark Watson (Director General, Morale and Welfare Services, Department of National Defence), *Evidence*, ACVA, 2 April 2015, 0855.

34 Veterans Ombudsman, [Investing in Veterans' Vocational Training](#), June 2013, p. 5.

35 Mr. Donald Leonardo (Founder and National President, Veterans Canada), *Evidence*, ACVA, 12 March 2015, 0920.

36 For more information, see: Veterans Affairs Canada, [Vocational Rehabilitation and Vocational Assistance – Training Expenses](#), 1 October 2013.

37 Mr. Michel D. Doiron (Assistant Deputy Minister, Service Delivery, Department of Veterans Affairs), *Evidence*, ACVA, 26 February 2015, 1000.

rehabilitation program, at which point mental health services become available to them. They must also submit a disability award application that, if it is accepted, will confirm the link between their condition and their military service. The difference for these people is that, since they were not released for medical reasons, they were not eligible for SISIP for the two years immediately following their release, or for the SISIP VRP. If they participate in a VAC vocational rehabilitation program, even if they were not released for medical reasons, they will also have access to the Earnings Loss Benefit for the duration of the rehabilitation program.

Programs offered by third-party organizations

During the meetings held as part of this study, a number of discussions took place about how the federal government could best support the transition process, given that there are organizations already working in the field that might be able to meet certain needs better than the government could. In this process, all organizations have a specific role to play, and some witnesses mentioned that, in certain cases, the federal government could play a role in coordinating, reaching out and informing people about the programs offered by third-party organizations. Some of these programs were presented to the Committee. A number of examples are listed below:

The Veterans Transition Network³⁸

This program, which started at the University of British Columbia, uses an innovative approach to help veterans with mental health issues regain control of various aspects of their lives. Since 2012, 500 veterans have participated in the program.³⁹ The Executive Director of the Network, Mr. Tim Laidler, indicated that the federal government now provides financial support to the program as a result of the Committee's previous work: "The government now pays us \$15,000 per veteran. We created a solution. The government saw that as a success. This committee made the recommendations. Within nine months the minister made that announcement."⁴⁰ The Royal Canadian Legion, which funded the initial phase of this project, asked that active CAF members be given access to this program.⁴¹

38 For program details, please consult the [Report of the Senate Subcommittee on Veterans Affairs, June 2014](#), pp. 62–63.

39 Mr. Tim Laidler (Executive Director, Veterans Transition Network), *Evidence*, ACVA, 12 March 2015, 0900.

40 Mr. Tim Laidler (Executive Director, Veterans Transition Network), *Evidence*, ACVA, 12 March 2015, 0935.

41 Ms. Carolyn Gasser (Service Officer, Dominion Command Service Bureau, Royal Canadian Legion), *Evidence*, ACVA, 24 March 2015, 0850.

Monster Canada

Representatives from the Monster Canada job search portal gave an explanation about a technical tool that matches military skills with sought-after skills in civilian employment.⁴²

Honour House Society

Honour House is a 10-room residence in the Vancouver area, built with financial support from the BC Construction Association, that provides members of the military, veterans and their families with a place to stay free of charge if they are undergoing medical treatments. Mr. Tim Armstrong, the Director of the Honour House Society, explained that the residence is still underutilized because the service it provides is not well known.⁴³

True Patriot Love Foundation

The True Patriot Love Foundation, established in 2009, is a non-profit organization that was created to help military families. It collects funds from corporations and disburses them to programs that support its mission to help military families.⁴⁴ One of its areas of involvement is to encourage companies to take advantage of the experience CAF members bring when they transition to civilian life. The President of the Foundation, Ms. Bronwen Evans, explained that one of the key challenges is “translating” the experience acquired in the military world into civilian language:

We did a quantitative survey of 850 corporate HR departments in Canada. [...] We also found that only 13% of HR departments have been trained on how to read a military resumé. One thing we found especially interesting was that 46% believe having a university degree is more important than years of military experience. [...] The feeling with that was if you looked at their years of service, it wouldn't qualify essentially as the kind of training or internship that they were hoping to see and that they would need in order to bring veterans into their companies.⁴⁵

It is also involved in integrating medically released veterans into the labour force:

There is a program named MET, the military employment transition program, which is run by Canada Company in partnership with the Department of National Defence. That's very hands-on in terms of matching up employers with veterans. However, it's only able to handle so much volume, and on top of that, they don't deal with the ill and injured population at all. [...] We certainly found that pretty much every employer indicator

42 Mr. Scott Byrne (Manager, Strategy, Monster Government Solutions, Monster Canada); Admiral (Retired) Greg Smith (Representative, President, Military.com, and Vice-President, Monster Worldwide Inc., Monster Canada), *Evidence*, ACVA, 12 March 2015, 1000.

43 Mr. Tim Armstrong (Director, Honour House Society), *Evidence*, ACVA, 12 March 2015, 0905.

44 Ms. Bronwen Evans (President, True Patriot Love Foundation), *Evidence*, ACVA, 26 March 2015, 0850.

45 Ms. Bronwen Evans (President, True Patriot Love Foundation), *Evidence*, ACVA, 26 March 2015, 0855.

showed that medically released veterans are worse off than veterans who aren't medically released.⁴⁶

During her appearance before the Committee, Ms. Evans also spoke highly of the Prospect program in Edmonton, which receives financial support from her foundation:

[The Prospect program] has proven to be the most successful. It's scalable. The cost per person for placing an individual is probably about \$1,500, which is not bad. I think it's a program that government should be looking quite seriously at making national. I don't necessarily see government delivering it, but rather, contracting with this organization that has a great track record in doing this. I think that's the role for government.⁴⁷

Treble Victor Group

The Treble Victor Group is a network of former members of the military who currently work in the public and private sectors and support implementing programs to make the transition from military to civilian life easier. Mr. Don Ludlow, the President of the organization, told the Committee that, while organizations recognize the leadership qualities that members of the military bring, their military experience often makes them seem like a hiring risk.⁴⁸ To mitigate this risk, Mr. Ludlow said that "efforts to grant equivalency certifications based on military service and qualifications should be accelerated. A veteran will certainly appear to be much less of a risk if they, at the very least, have similar education and qualifications to others competing for civilian jobs."⁴⁹

Wounded Warriors Canada

Wounded Warriors provides financial support for programs that reach out to members of the military or veterans with service-related injuries in order to facilitate their transition to civilian life by supporting families living with veterans suffering from PTSD. It also ensures that reservists who have served in military operations are treated fairly.

Mr. David Macdonald, the National Partnerships Director, told the Committee there is a need to inform employers about how to properly integrate someone with an operational stress injury into their staff:

But was there any formal education program in that bag? No. Maybe HR could have supplied something to them to explain that if you have someone who has PTSD...just a simple education document on what PTSD is, because a lot of employers don't understand what it is. [...U]nfortunately, there are still a lot of people out there who think that this guy is going to snap one day and possibly go on a shooting rampage in the

46 Ms. Bronwen Evans (President, True Patriot Love Foundation), *Evidence*, ACVA, 26 March 2015, 0855.

47 Ms. Bronwen Evans (President, True Patriot Love Foundation), *Evidence*, ACVA, 26 March 2015, 0935.

48 Mr. Don Ludlow (President, Treble Victor Group), *Evidence*, ACVA, 23 April 2015, 0845.

49 Mr. Don Ludlow (President, Treble Victor Group), *Evidence*, ACVA, 23 April 2015, 0850.

office. It's not that at all. Unfortunately, the media has portrayed it that way, as we see too often on TV. That's not the case.⁵⁰

Unique situation of reservists

Reservists who are released for medical reasons are in a similar situation to regular CAF members, because almost all of them must participate in a transition interview. It is more difficult to reach the rest of them due to the nature of their service. Reservists can leave with only a few days' notice, and it becomes difficult to locate them after they go.

Mr. Tim Laidler, the Executive Director of the Veterans Transition Network, clearly described the unique challenges reservists face during their transition.

For reservists can quite often start when they come back from their tour. They'll come back off a tour, they'll have a week's leave, then they'll be back into civilian life. If they are to go back on tour again and again, they'll continue training. They might try to work full time with the military, but some of them decide that's the point when they're ready to leave the military. The actual day they'll get the release, though, could be three, five years later. So if we think of the transition only starting when they're leaving the military, that will leave a reservist in a three to five-year limbo quite often. This is something that I think we can look at how to address and try to get more of these programs and services further upstream. The reservist can't apply for their Veterans Affairs benefits while they're still in the military, yet many of the programs like the retraining program that's there, the veterans rehabilitation program, often don't start until the reservist is actually released from the military.⁵¹

The Royal Canadian Legion also dedicates significant resources to informing reserve units about whether their members are eligible for various programs offered by Veterans Affairs Canada.⁵²

50 Mr. David Macdonald (National Partnerships Director, Wounded Warriors Canada), *Evidence*, ACVA, 23 April 2015, 0900.

51 Mr. Tim Laidler (Executive Director, Veterans Transition Network), *Evidence*, ACVA, 12 March 2015, 0905.

52 Mr. Steven Clark (Acting Dominion Secretary, Dominion Command, Royal Canadian Legion), *Evidence*, ACVA, 24 March 2015, 0855.

APPENDIX A LIST OF WITNESSES

Organizations and Individuals	Date	Meeting
<p>Department of Veterans Affairs</p> <p>Michel D. Doiron, Assistant Deputy Minister, Service Delivery</p> <p>Mélanie Witty, Case Manager, Service Delivery, Ottawa Office</p>	2015/02/26	38
<p>Department of National Defence</p> <p>Marc Bilodeau, Director Medical Policy, Canadian Forces Health Services Centre</p> <p>Hugh MacKay, Deputy Surgeon General, Canadian Forces</p>	2015/03/10	39
<p>Honour House Society</p> <p>Tim Armstrong, Director</p>	2015/03/12	40
<p>Monster Canada</p> <p>Scott Byrne, Manager, Strategy, Monster Government Solutions</p> <p>Greg Smith, Representative, President, Military.com and Vice-President, Monster Worldwide Inc.</p>		
<p>Veterans Canada</p> <p>Donald Leonardo, Founder and National President</p>		
<p>Veterans Transition Network</p> <p>Tim Laidler, Executive Director</p>		
<p>VeteranVoice.info</p> <p>Perry Gray, Editor in Chief</p>		
<p>Canadian Institute for Military and Veteran Health Research</p> <p>Stéphanie Bélanger, Associate Director</p>	2015/03/24	41
<p>Royal Canadian Legion</p> <p>Steven Clark, Acting Dominion Secretary, Dominion Command</p> <p>Carolyn Gasser, Service Officer, Dominion Command Service Bureau</p>		
<p>As Individual</p> <p>Kimberly Davis</p>		
<p>True Patriot Love Foundation</p> <p>Bronwen Evans, President</p>	2015/03/26	42

Department of National Defence

2015/04/02

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GérardJ Blais, Director,
Casualty Support Management

Phil Marcus, Associate Vice-President,
Operations Policy and Product Management

Department of National Defence

Mark Watson, Director General,
Morale and Welfare Services

Office of the Veterans Ombudsman

2015/04/23

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Guy Parent, Veterans Ombudsman

Sharon Squire, Deputy Ombudsman, Executive Director,
Operations

Treble Victor Group

Don Ludlow, President

Tim Patriquin, Past-President

Wounded Warriors Canada

David Macdonald, National Partnerships Director

Phil Ralph, National Program Director

APPENDIX B LIST OF BRIEFS

Organizations and Individuals

Royal Canadian Legion

True Patriot Love Foundation

VeteranVoice.info

REQUEST FOR GOVERNMENT RESPONSE

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

A copy of the relevant *Minutes of Proceedings* ([Meetings Nos. 38, 39, 40, 41, 42, 44, 45, 54 and 55](#)) is tabled.

Respectfully submitted,

Royal Galipeau

Chair

