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CAREGIVERS: TAKING CARE OF THOSE WHO CARE FOR VETERANS

Report of the Standing Committee on Veterans Affairs

Bryan May, Chair

**JUNE 2021
43rd PARLIAMENT, 2nd SESSION**

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Chair**

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NOTICE TO READER

Reports from committees presented to the House of Commons

Presenting a report to the House is the way a committee makes public its findings and recommendations on a particular topic. Substantive reports on a subject-matter study usually contain a synopsis of the testimony heard, the recommendations made by the committee, as well as the reasons for those recommendations.

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has the honour to present its

SEVENTH REPORT

Pursuant to its mandate under Standing Order 108(2), the committee has studied supports and services to veterans' caregivers and families and has agreed to report the following:

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LIST OF RECOMMENDATIONS

As a result of their deliberations committees may make recommendations which they include in their reports for the consideration of the House of Commons or the Government. Recommendations related to this study are listed below.

Framework Recommendation

That the Government of Canada work to ensure that spouses and dependent children of veterans who would be eligible to VAC’s rehabilitation program, can access other VAC programs, including financial support and mental health services, in their own right, and with an individual client number. 16

Recommendation 1

That Veterans Affairs Canada publicly promote its Mental Health Assistance Service so that veterans, their family members and other caregivers have a better awareness and understanding of the services available. 8

Recommendation 2

That the Caregiver Recognition Benefit be changed as follows:

- **That the maximum amount of the benefit be the same as the Department of National Defence’s Attendant Care Benefit;**
- **That the eligibility criteria be the same as those for the Attendance Allowance under the Pension Act;**
- **That access be expanded to better reflect the specific challenges faced by family members and other caregivers of veterans who suffer from mental health conditions and brain injuries;**
- **That eligibility be expanded to include caregivers under the age of 18. 11**

Recommendation 3

That the services offered as part of the Veterans Independence Program be transferred to the veteran’s spouse and maintained as a grandfathered right after the veteran’s death..... 14

Recommendation 4

That Veterans Affairs Canada automatically reimburse professional mental health expenses for the spouse and dependant children of veterans eligible for a rehabilitation plan for mental health concerns, up to \$3,000 per person, and that the department’s approval be required only when a claim is submitted that exceeds this amount. 22

Recommendation 5

That Veterans Affairs Canada ensure that every departmental client, whether or not they are case-managed, have a dedicated employee responsible for their file, be given direct access by phone or email to that employee, and that a group be given responsibility for answering questions from family members and other caregivers who would not be VAC clients. 25

Recommendation 6

That the *Veterans Well-being Act* be amended to include an obligation to dependent children of living veterans, and that applications to programs created to that effect may be submitted by any parent of the child. 27



CAREGIVERS: TAKING CARE OF THOSE WHO CARE FOR VETERANS

INTRODUCTION

“Family members have a central role in veteran well-being, and vice versa, that far exceeds the effects of medication and individually focused therapies. In sum, no matter the specific individual veteran-centric treatment, it is the social and family context that matters most to veteran welfare and progress.”¹

It has long been known that one of the most effective ways to prevent mental health issues is to maintain a solid support network. Canadian Armed Forces (CAF) members and veterans are no exception. Family members are the frontline of their networks. That is reflected in the saying, “When someone joins the military, their whole family serves too.” The dangers a CAF member faces are also felt at home, with children worried about war scenes they see on television and spouses concerned that “I’m fine” is not the whole story. If CAF members experience mental health issues after becoming veterans, their loved ones, usually their spouses, must then take on the role of caregiver, in addition to their existing family roles.

Later in the report we will see that the definitions of “caregiver” or “informal caregiver” can vary widely. Generally speaking, the term caregiver is used to describe a person who tends to the daily basic needs of another person without pay, where the time spent providing care is equivalent to a job, or more. The vast majority of caregivers are family members, and the vast majority of them are women.

This report has two parts. The first section outlines Veterans Affairs Canada (VAC) programs available to family members and other caregivers. It provides more detail on the shortcomings attributed to some of these programs, including the Caregiver Recognition Benefit and the Veterans Independence Program. The second section

1 House of Commons, Standing Committee on Veterans Affairs [ACVA], *Evidence*, 22 March 2021, 1535 (Dr. John Whelan, Lead Psychologist, Whelan Psychological Services Inc.).



discusses the five main issues that emerged from the Committee’s four public meetings on the subject:

- the lack of VAC programs intended specifically for veterans’ family members and the difficulty of defining their scope and objectives;
- the legislative limitations regarding the ability of injured veterans’ family members to obtain services from VAC in their own right;
- the January 2020 policy change that, according to the Veterans Ombudsman, has restricted family members’ access to mental health services;
- the ambiguous definitions of “caregiver” used in VAC programs; and
- how veterans’ mental health affects children, and what VAC’s responsibility is in this area.

In total, 21 individuals appeared as part of this study, and four briefs were submitted. Committee members would like to thank them for their contributions.

VETERANS AFFAIRS CANADA PROGRAMS FOR FAMILY MEMBERS AND OTHER CAREGIVERS

There is a significant contrast between veterans' perceptions of how they were treated while serving in the CAF, and their perceptions of their treatment by VAC. This even appears to have an impact on the onset and severity of mental health problems they may experience. As the Committee noted in a 2017 report:

Protective factors present in military life tend to disappear when people become veterans. [...] Without the support structure of military life, veterans whose problems could be controlled while they were in the service are suddenly left to their own devices. They often have little experience dealing with the stresses of civilian life and can find it difficult.²

As long as a member is still serving, the CAF provides its own solid support network that complements the family support network. If mental health issues arise, CAF provides excellent care that is easily accessible. Health care services are not offered to family members, but in recent decades the CAF has made a commendable effort to integrate

2 ACVA, *Mental Health of Canadian Veterans: A Family Purpose*, section 3, June 2017.

families into operational life, particularly through its Military Family Resource Centres (MFRCs). These centres are like a parallel network within the CAF that provides support to family members. Serving members feel well supported, and they also feel that their families are not left to their own devices.

Members may experience the most difficulty adapting during the transition period to civilian life, particularly for those who are medically released for mental health reasons. When they become veterans, they lose their strong ties to military life. The solid and structured network of brothers and sisters in arms is no longer there, and family members must learn to deal with a situation that is still in many ways a mystery, even to the world's leading experts.

At this point, mental health issues tend to get worse, family stress increases and relationships often break down. Access to health care is more difficult, as health care networks are overburdened and there is a shortage of experts who can understand and treat the unique problems veterans face. VAC has set up mental health clinics to help ease the shock of this transition and improve the quality of services available to veterans, but they are only available to family members and other caregivers in a very limited capacity.

While CAF acted as a protective factor for mental health problems, the experience of many veterans, family members and other caregivers in their relationship with VAC appears to act as an aggravating factor. In recent decades, VAC has made great strides in addressing this perception and demonstrating its dedication to veterans at every level of the organization.

However, as Mr. Sean Bruyey³ and Dr. John Whelan⁴ explained when they appeared before the Committee, the number of times the importance of family is mentioned in official VAC statements is not in step with the services it is able to offer directly to veterans' family members and other caregivers. That disconnect seems to create expectations the department is unable to meet, reinforcing the negative perception of those who are counting on this support.

A number of examples were provided as part of this study to illustrate how services for veterans were artificially disconnected from their family environment. The Caregivers' Brigade provided one such example in its brief:

3 ACVA, *Evidence*, 22 March 2021, 1610 (Mr. Sean Bruyey, Captain (Retired), Columnist and Advocate, As an Individual).

4 ACVA, *Evidence*, 22 March 2021, 1535 (Dr. John Whelan).



VAC must not only recognize, but assess the needs of the family when evaluating the needs of the Veteran. On the topic of back injuries, ... [o]ne option ... is a mechanical bed that raises and lowers the head and foot areas to make it easier for the Veteran to get in and out of bed, as well as sleep in a comfortable position. We are hearing from many spouses that their veteran has followed the process set out by VAC to apply for this device by having a home visit by an occupational therapist and getting a descriptive prescription from their physician, only to be told by VAC that a single bed (hospital type mechanical bed) is the only option to be provided. When asking if they could purchase a bigger bed to accommodate the spouse to remain in the bedroom, they are advised that the spouse side of the bed is at their own cost, not to be covered by VAC.⁵

As we will see in the program overviews, VAC's mandate is quite restrictive as regards its capacity to support family members and other caregivers who tend to the needs of veterans.

The programs and services described below are divided into three groups: mental health services, financial programs and services, and programs and services for families of deceased veterans.

Mental Health Services

Peer Support for Family Members of a Veteran Experiencing an Operational Stress Injury

The Operational Stress Injury Social Support (OSISS) program is a support network for CAF members, veterans and their families who are experiencing an operational stress injury (OSI). It is delivered jointly by the Department of National Defence (DND) and VAC. Established in 2001 at the initiative of Lieutenant Colonel Stéphane Grenier, this program was intended to overcome the reluctance of CAF members and veterans to seek assistance. It has provided services for family members since 2005. According to OSISS background documents, services are available to caregivers, who are defined as “family members and friends.”⁶ “Operational Stress Injury Social Support provides peer support to all individuals affected by an Operational Stress Injury, including Veterans, Canadian Armed Forces members, adult family members, close friends and/or caregivers who may or may not be the spouse of a person living with an operational stress injury.”⁷

5 Caregivers' Brigade, “Brief submitted to ACVA,” 23 March 2021.

6 Military Family Services Program, “Section Four—Care for the Caregiver,” *Easing your Transition: Veteran Family Journal*, p. 41.

7 VAC, “Response to an ACVA question,” meeting of 17 February 2021.

About 125 volunteers participate in the OSISS program, along with roughly 50 coordinators from DND and approximately 15 VAC employees. Nearly all of them have experienced mental health issues previously.

Veterans Affairs Canada Mental Health Assistance Service

The VAC Assistance Service is a 24/7 toll-free telephone service where CAF and Royal Canadian Mounted Police veterans and their families can obtain mental health counselling and referral services. It is the only mental health support program available to family members in their own right. It is similar to the services available through employee assistance programs in the public service. Veterans and family members who want to use the service do not need to be VAC clients, and the service is confidential and available in both official languages. Authorized VAC suppliers answer every call: they are all mental health professionals with a master's degree or a Ph.D. In December 2014, the number of sessions offered free of charge increased from six to twenty. VAC estimates that about one in four callers are family members.⁸ The only eligibility criterion is to be a veteran, or the spouse or child of a veteran. In 2016, referral times were between one and five days.⁹

According to the Office of the Veterans Ombudsman (OVO), the low participation rate of family members, only 578 in 2018–2019, is attributable to the fact that “[t]his service is an important element in providing short-term counselling for a defined issue as well as crisis intervention, but it is unable to provide mental health diagnosis or address the long-term mental health needs of family members of veterans.”¹⁰

Despite these limitations, and until family members and other caregivers have access to other services in their own right, Committee members believe that VAC should do more to promote its Assistance Service and use the service to better support caregivers and direct them to resources that could be helpful to them, such as training. Therefore, the Committee recommends:

8 ACVA, *Evidence*, 20 March 2017, 1650 (Ms. Chantale Malette, National Manager, Business and Customer Relations, Employee Assistance Services, Health Canada).

9 ACVA, *Evidence*, 20 March 2017, 1700 (Dr. Cyd Courchesne, Director General, Health Professionals Division, Chief Medical Officer, Veterans Affairs Canada).

10 Office of the Veterans Ombudsman (OVO), *Mental Health Treatment Benefits for Family Members, in their Own Right, for Conditions Related to Military Service*, 19 January 2021, p. 23.



Recommendation 1

That Veterans Affairs Canada publicly promote its Mental Health Assistance Service so that veterans, their family members and other caregivers have a better awareness and understanding of the services available.

Financial Programs and Services

Caregiver Recognition Benefit

This benefit is a non-taxable monthly amount of \$1,043.46 paid directly to the caregiver caring for a veteran with a serious disability who is receiving a disability benefit under the *Veterans Well-being Act*. However, the application cannot be submitted by the caregiver. The veteran must designate the person who will receive the benefit. This person does not need to be a family member. VAC anticipates that approximately 1,125 people will receive this benefit in 2020–2021, for a total cost of \$13.5 million. It replaced the Family Caregiver Relief Benefit on 1 April 2018. Its purpose was the same, but it was paid to the veteran, who was expected to pay his or her caregiver with it.

The Caregiver Recognition Benefit is a tax-free benefit, partly to ensure that it is not grouped with similar benefits provided by the provinces and territories. Those benefits are taxable because they are intended to partially cover the income caregivers lose while tending to another person. If the amount were higher, the Caregiver Recognition Benefit would be considered an income replacement, which could cause difficulties in conjunction with other benefits.

According to VAC's "[Policy on the caregiver recognition benefit](#)," the caregiver must be "a person 18 years of age or older who plays an essential role in the provision or coordination of ongoing care to the Veteran in the Veteran's home, for which the person receives no remuneration."¹¹ To be eligible, the veteran must need "ongoing care" and require at least one of the following:

- a level of care and supervision consistent with admission to an institution such as a long-term care facility;
- daily physical assistance of another person for most activities of daily living;

11 Veterans Affairs Canada (VAC), "Policy on the caregiver recognition benefit," document 2692, coming into force 1 April 2019.

- ongoing direction and supervision during the performance of most activities of daily living; or
- daily supervision and is not considered to be safe when left alone (i.e., veteran poses a risk to him/herself or others if not supervised on a daily basis).

As Crystal Garrett-Baird, Director General, Policy and Research, VAC, explained, this definition refers to a low proportion of VAC's clients, namely "veterans being unable to carry out most activities of daily living."¹²

References to "a long-term care facility," "daily physical assistance" and "ongoing supervision" led many witnesses to believe the criteria for this benefit were originally intended for older veterans or veterans with severe physical disabilities.

Ms. Marie-Andrée Malette, of the Caregivers' Brigade, gave the example of her husband. His claim was denied because "he's able to dress himself, feed himself and bathe himself."¹³ This criterion has the effect of making veterans with severe mental health problems that prevent them from participating in instrumental activities of daily living ineligible for the benefit because they are still able to "carry out most activities of daily living." The eligibility criteria seem to be quite restrictive, and little leeway is given, as demonstrated in the examples provided by Dr. Greg Passey, among others.¹⁴

Eligibility is also restricted because the veteran's need to "receive ongoing care" must be attributable to the health conditions for which the veteran received a disability award. In comparison, the Attendance Allowance, awarded under the *Pension Act*, which serves a similar purpose, can only be awarded to veterans who are totally disabled; however, the disability does not have to be attributable to the same condition for which the veteran was originally awarded a disability pension. A clause to give the benefit of the doubt was added to the [policy](#) for the Caregiver Recognition Benefit when it is "difficult, if not impossible, to separate the impact of a health condition for which a disability award or pain and suffering compensation has been granted from other non-entitled health conditions."¹⁵

12 ACVA, *Evidence*, 17 February 2021, 1805 (Ms. Crystal Garrett-Baird, Director General, Policy and Research, Veterans Affairs Canada).

13 ACVA, *Evidence*, 8 March 2021, 1625 (Ms. Marie-Andrée Malette, Director for Veteran Families, Caregivers' Brigade).

14 ACVA, *Evidence*, 21 April 2021, 1550-1555 (Dr. Greg Passey, Psychiatrist, As an Individual).

15 VAC, "Policy on the caregiver recognition benefit," document 2692, coming into force 1 April 2019.



Veterans who applied before 1 April 2006 are covered under the *Pension Act*, and therefore they are not eligible for the Caregiver Recognition Benefit. Veterans of the Royal Canadian Mounted Police are not eligible for it either, since they continued to be covered by the *Pension Act* after 2006. RCMP veterans are therefore eligible for the Attendance Allowance, while veterans under the *Veterans Well-being Act* are not.

In the brief it submitted to the Committee, the National Council of Veteran Associations in Canada questioned the need for both of these allowances when they appear to share the same purpose:

What continues to mystify the veterans' community is why the Government has chosen to "reinvent the wheel" ... For many decades, Attendance Allowance under the *Pension Act* (with its five grade levels) has been an effective vehicle in this regard, providing a substantially higher level of compensation and more generous eligibility criteria to satisfy this requirement. ... VAC should return to the AA [Attendance Allowance] provision, which potentially generates in excess of \$23,000 per year of non-taxable benefits to those veterans in serious need of attendance, and pay such newly-established benefit to the caregiver directly.¹⁶

When he appeared before the Committee, Mr. Richard Gauthier, of the Association du Royal 22^e Régiment, made the same observation, adding that the payment should be automatic when a veteran reaches a certain level of disability: "I have reached a disability threshold of almost 100% but I do not have access to [the caregiver recognition benefit]. It seems to me that, as you pass each disability threshold, it should be automatic."¹⁷

Nor is it understood why this assistance would be more generous for serving members with a serious disability, and then be decreased when that person becomes a veteran, even if the impairment is permanent. And yet that is exactly what happens with the [Attendant Care Benefit](#) paid out by the Department of National Defence. It is limited to members whose impairment is attributed to operations in Afghanistan. The member receives up to \$100 per day for a maximum cumulative 365 days, to cover the time necessary for a serving member to transition to civilian life. According to the National Council of Veteran Associations in Canada:

This policy also implicitly represents a recognition that the financial costs of attendants far exceed the need to address respite. A serious concern remains in the context of such a veteran's transition from DND to VAC as to the fact that the financial assistance to

16 National Council of Veteran Associations in Canada, "Brief submitted to ACVA," 26 March 2021.

17 ACVA, *Evidence*, 21 April 2021, 1620 (Mr. Richard Gauthier, Association du Royal 22^e Régiment).

such families dramatically drops from the DND program to the current VAC Caregiver Recognition Benefit.¹⁸

It is difficult to understand why veterans' caregivers would receive more solely because the severely disabled veteran they are tending to applied before 1 April 2006 or because the veteran participated in an operation in Afghanistan instead of elsewhere, or why it would decrease because the file was transferred from DND to VAC.

Jurisdiction also muddies the waters. DND's Attendant Care Benefit cannot be paid directly to caregivers, because the department's jurisdiction extends only to serving members, while family members and other caregivers are the responsibility of the provinces and territories. The issue of jurisdiction also applies to VAC's responsibilities toward veterans, and will be examined in more detail later in this report.

A number of witnesses expressed their view that the amount of the benefit was paltry in comparison with the sacrifices that caregivers had to make and the financial losses that entailed. Dr. Passey, who has been treating veterans with mental health issues for decades, said:

In caregiving at this level, professionals have difficulty with it, and we're expecting amateurs, lay people, to do this. I think the caregiver allowance.... If it's \$4,000 a month for someone to be in a long-term care facility and we're only paying a caregiver \$1,000, I think that's crazy.¹⁹

Their comments indicate that they believe the benefit should in fact be an income replacement. In that case, the benefit would have to be increased, and the amount payable would be decreased based on amounts provided under provincial or territorial programs or through an insurance program that fulfils the same purpose. For example, that is how the VAC Income Replacement Benefit is calculated when the veteran is also eligible for the DND Long Term Disability benefit under the Service Income Security Insurance Plan. Therefore, the Committee recommends:

Recommendation 2

That the Caregiver Recognition Benefit be changed as follows:

- **That the maximum amount of the benefit be the same as the Department of National Defence's Attendant Care Benefit;**

18 National Council of Veteran Associations in Canada, "Brief submitted to ACVA," 26 March 2021.

19 ACVA, *Evidence*, 21 April 2021, 1635 (Dr. Greg Passey).



- **That the eligibility criteria be the same as those for the Attendance Allowance under the *Pension Act*;**
- **That access be expanded to better reflect the specific challenges faced by family members and other caregivers of veterans who suffer from mental health conditions and brain injuries;**
- **That eligibility be expanded to include caregivers under the age of 18.**

Other General Programs

Veteran Family Program

This program gives the family members of medically released veterans access to 32 military family resource centres, managed by the CAF, and to certain transition support programs. Nearly 3,000 veterans or family members used one of the centres' services in 2019–2020.²⁰

Vocational Assistance

Spouses may be able to access vocational assistance if the veteran is eligible but unable to participate because of a health condition or if the veteran has died from a service-related injury or illness.

Caregivers' Area

This free online resource provides access to a community of sharing as well as a list of professionals and resources for caregivers.

Veteran and Family Well-Being Fund

This fund has an annual budget of \$3 million and subsidizes projects that support veterans and, in some cases, their families. Of the [22 projects subsidized in 2019](#), many are intended mainly for veterans and include a family member support component, but none of the projects are intended mainly for family members.

²⁰ ACVA, *Evidence*, 17 February 2021, 1835 (Mr. Mitch Freeman, Director General, Services Delivery and Program Management, Department of Veterans Affairs).

Programs for Survivors of Veterans

Public Service Health Care Plan

Survivors of CAF members who died in service or veterans who died as a result of a service-related injury or illness may join the Public Service Health Care Plan upon payment of the monthly contribution. Since 2006, veterans who are clients of VAC can join the Plan.²¹ According to the policy for joining the Plan, VAC is responsible for determining the eligibility of spouses and dependants.

Income Replacement Benefit for Survivors and Orphans

The income replacement benefit may be paid to survivors and orphans of veterans whose death is attributable to the health condition for which they were eligible for the benefit. If the death is not attributable to service, and the deceased veteran was eligible for the benefit, survivors and orphans may receive a lump-sum payment equal to two years of the benefit.

Survivor's Pension

Survivors and orphans of a deceased veteran who was receiving a disability pension under the *Pension Act* are entitled to a lifetime pension equal to 75% of the amount the deceased veteran was receiving if the veteran's disability level was greater than 50%, or 50% of the amount the veteran was receiving if the veteran's disability level was less than 50%.

Death Benefit

The death benefit is a tax-free lump sum payment of \$385,091.61 paid to the surviving spouse or common-law partner and dependent children of a member who dies while in service. This amount is equivalent to the maximum lump sum under the pain and suffering compensation.

Educational Assistance for Children

This program was created in 1953, abolished in 1995, and restored in 2003. It covers the cost of higher education for the children of members who die in service, veterans who die

21 VAC, *Access to Public Service Health Care Plan—Health Benefits Program*.



as a result of a service-related injury or illness, or veterans who die with a disability level of 48% or more, regardless of whether the death is attributable to service. Benefits are paid to the student for up to four years.

Veterans Independence Program for Survivors and Primary Caregivers

Housekeeping and grounds maintenance services under the Veterans' Independence Program may be available to the veteran's survivor if the survivor was the caregiver at the time of death and not receiving remuneration.

In its brief, the Union of Veterans' Affairs Employees (UVAE) raises a number of questions about this program. The example provided could suggest an underlying problem.

According to the UVAE, a policy change took place in 2016. Certain benefits under the Veterans Independence Program were grandfathered, so veterans' households could continue to receive them. However, these grandfathered benefits come to an end as soon as there is a significant change in the household situation. VAC considers the death of the veteran to be a significant change, and according to UVAE, it reassesses the services provided and cuts back on the assistance that the spouses of veterans have relied on for many years.²² In order to ensure that such situations do not open to the door to a stricter interpretation of the rules, the Committee recommends as follows:

Recommendation 3

That the services offered as part of the Veterans Independence Program be transferred to the veteran's spouse and maintained as a grandfathered right after the veteran's death.

Canadian Forces Income Support for Survivors

This benefit provides assistance to low-income survivors and orphans if the deceased veteran was receiving income support or the earnings loss benefit. The maximum monthly amount is \$1,658.77.

22 Union of Veterans' Affairs Employees, "Brief submitted to ACVA," 23 March 2021.

Funeral and Burial

Provided through the Last Post Fund, this assistance is available to the families of veterans whose death is attributable to a service-related injury or illness or, when the death is not service-related, to families whose assets are insufficient to provide a proper funeral and burial.

Pastoral Outreach

This support is available to veterans and their family members who are dealing with end-of-life issues, the death of a veteran, a burial in a national cemetery or bereavement.

FAMILY MEMBERS' INDEPENDENT ACCESS TO THE SERVICES OF VETERANS AFFAIRS CANADA

“[T]hese stories today are all too familiar for me as well.”²³

The scope of the programs for which family members are eligible has been raising ambiguities for many years. In 2009, in its evaluation of the New Veterans Charter programs, VAC had noted that “family members are not entitled to direct support from VAC initially as a matter-of-right.”²⁴ As early as 2010, the Committee had raised this issue in its report entitled *A Timely Tune-Up for the Living New Veterans Charter* and recommended: “That family members of veterans be able to access VAC’s rehabilitation programs independently.”

The Committee reiterated this shortcoming in its May 2012 report entitled *Improving Services to Improve Quality of Life for Veterans and Their Families*, followed by its June 2014 report entitled *The New Veterans Charter: Moving Forward*, and its December 2016 report entitled *Reaching Out: Improving Service Delivery to Canadian Veterans*.

In August 2016, on its blog, the Office of the Veterans Ombudsman recommended that mental health treatment benefits be provided to family members, according to their own needs, and that a caregiver benefit be created.²⁵

23 ACVA, *Evidence*, 22 March 2021, 1725 (Dr. John Whelan).

24 VAC, *New Veterans Charter Evaluation—Phase I*, December 2009, p. 25.

25 OVO, “Veterans’ Families: Caring for those who care,” 16 August 2016.



Unless the veteran is deceased, family members of veterans are not considered clients of VAC and are not eligible for VAC programs in their own names. For programs intended for family members, the veteran must submit the request, even in the case of the caregiver benefit, which is paid directly to the person providing care.

According to Col (Ret'd) Nishika Jardine, Veterans Ombudsman, the difficulties that family members experience with regard to their own mental health must be considered as a direct consequence of the veteran's military service: "we believe that family members of veterans deserve access to funded mental health treatment when their own need is connected to military service. This is something that does not currently exist for those family members not participating in a veteran's treatment plan."²⁶

This access would be offered to family members as such, whether or not they provide care to the veteran. The services provided should be entirely independent of the particularities of the veteran's condition and of whether or not he or she is willing to take advantage of VAC programs.²⁷ As Major-General (Retired) Glynne Hines said: "The veteran may choose not to apply for a disability award or to seek help, for whatever their own personal reason is, but that doesn't mean that his or her dependants aren't adversely impacted by the veteran's service, or that they don't need help."²⁸

Following the recommendation of the OVO, as well as the position expressed by many witnesses in this and several other studies conducted by the Committee over the past fifteen years, the Committee proposes one recommendation that frames all others and to which it wishes to give priority:

Framework Recommendation

That the Government of Canada work to ensure that spouses and dependent children of veterans who would be eligible to VAC's rehabilitation program, can access other VAC programs, including financial support and mental health services, in their own right, and with an individual client number.

According to Dr. Whelan, the focus on the difficulties veterans face overshadows the difficulties faced by those who live with veterans, whose role as dedicated support givers is often taken for granted.

26 ACVA, *Evidence*, 17 February 2021, 1840 (Col (Ret'd) Nishika Jardine, Veterans Ombudsman, OVO).

27 ACVA, *Evidence*, 17 February 2021, 1920 (Col (Ret'd) Nishika Jardine).

28 ACVA, *Evidence*, 21 April 2021, 1535 (Major-General (Retired) Glynne Hines, As an Individual).

Military veterans are under continual scrutiny, yet we lack a parallel framework to assess the consequences of military OSIs on family members, including vicarious and secondary trauma. In my view, the standing model of “veteran as casualty” excludes the entire family system, which can be a casualty of military service. Veterans’ partners receive little direct, practical help in managing their day-to-day lives with former military men with mental health problems.²⁹

This is not unrelated to the fact that the vast majority of veterans’ caregivers are women: “I think it really becomes part of, and an extension of, an ideology that those responsible for managing family life, home life and the emotional culture of that home were, by default, women. Inadvertently or due to not thinking it through, I think our policies take that for granted.”³⁰

Dr. Whelan, who has 30 years’ experience treating veterans with mental health issues, gave an eloquent description of a typical caregiver:

When it comes to veteran caregivers, they’re primarily women spouses and partners, in our experience. ... Their primary role is to attend to the mental and emotional needs of injured veterans. Caregiver spouses are expected to reduce stress and manage potential triggers, primarily dealing with Veterans Affairs Canada, or keeping children quiet in the home, which is a continuation, on some level, of the strength behind the uniform promoted in the military, and as a belief, held among many male veterans, that is premised on taking for granted women’s role to manage the home front.

Most of these caregivers are stoic women. Canadian military family researchers have catalogued the extraordinary efforts they expend in seeking out formal and informal supports. They seek out treatment options for their partners while often working outside the home, cleaning, managing bills, cooking and caring for children. Among those we saw, sleep disturbances, anxiety and physical and emotional exhaustion were quite common. They often placed their own needs second.³¹

This description is in line with what Ms. Tracy Lee Evanshen said when she described what a typical day looks like, where everyday situations are potential triggers for her spouse’s PTSD: roads to avoid because they bring back bad memories, the veteran’s routine that must be followed by everyone in the household, noise from the TV or videogames that may set him off, or the neighbour’s dog, the neighbour’s firearms or a lawnmower, the smell of burning in the kitchen, the children are constantly on high alert, and there is also the frustration of communicating with VAC. Then, when things calm down at night, he has night terrors. “Kevin is absolutely done. My boys are

29 ACVA, *Evidence*, 22 March 2021, 1535 (Dr. John Whelan).

30 ACVA, *Evidence*, 22 March 2021, 1640 (Dr. John Whelan).

31 ACVA, *Evidence*, 22 March 2021, 1535 (Dr. John Whelan).



confused. I am exhausted. My daughter heads to her friend's to get away from all the noise and the distractions."³²

Sometimes it is parents who become the caregivers to their children. That is the situation for Ms. Helena Broad, who described her experience in an email she sent to the Committee:

Here's my situation: My PTSD reared its ugly head November 2019. I separated from my husband in January 2019. My anxiety, sleep issues and PTSD kick the shit out of me. Some days I might get 3 hours of sleep. I have it in me to get one thing done. My mom retired and now I have become her new job. I can't organize myself, I lose things and she takes care of my kids when I can't. I don't think I will ever be able to live on my own, and so she is going to live with me forever. I have no idea what resources exist that can help her. She carries my stress and the stress of taking care of us when I can't.³³

Unfortunately, VAC has little to offer individuals in situations like this. In its January 2021 report, the [Office of the Veterans Ombudsman](#) suggests that the department's inability to provide mental health treatment to family members is due to the limitations imposed on the mandate of the Minister of Veterans Affairs in the *Department of Veterans Affairs Act*. This Act led to the adoption of the *Veterans Health Care Regulations*, which define eligibility for the various health care programs offered by VAC. Eligibility for some of the programs developed under these regulations is transferred to "survivors" of veterans in the event of death, but as long as the veteran is living, family members are not entitled to it. The OVO's report thus implies that if that eligibility were broadened through legislation, nothing would prevent family members from accessing the services provided.

However, the main reason that VAC cites to explain the restrictions of family members' eligibility for its health care programs is jurisdiction: "Provincial health authorities have the responsibility for addressing the health issues of these family members and it is not VAC's intention to provide family members with access to programs to which they are not entitled."³⁴

This argument would have more weight if VAC did not offer any health services to family members. However, it does so at its discretion if it believes it will contribute to the veteran's recovery. As family members' eligibility is at the department's discretion, it seems to follow that VAC's involvement in matters under provincial jurisdiction is also at its discretion.

32 ACVA, *Evidence*, 22 March 2021, 1545 (Ms. Tracy Lee Evanshen, As an Individual).

33 Ms. Helena Broad, Letter to ACVA, 29 March 2021.

34 VAC, Policy on Mental Health (Program of Choice 12), Document 1104, 1 April 2019.

Furthermore, provincial and territorial public healthcare plans only rarely cover the psychological services that caregivers are calling for. Therefore, there would be no conflict because the care offered to veterans' family members and other caregivers would only complement provincial and territorial services, following the same model VAC uses for all programs offered under the *Veterans Health Care Regulations*.

RESTRICTIONS ON FAMILY MEMBERS' ACCESS TO MENTAL HEALTH PROGRAMS

As the OVO clearly demonstrated in a recent report that lists the studies on this subject, family members of military members and veterans face unique challenges that require special psychological support: "if the family member's mental health condition is a result of service-related conditions, the OVO concludes that there is an obligation for the Government of Canada to provide access to the necessary care and treatment to support them."³⁵ The department itself had noted this in its program evaluation in 2009: "The Veteran's mental health condition has a negative impact on family members and family functioning, but VAC is unable to provide support to the family unless the Veteran is in the Rehabilitation Program."³⁶

According to [VAC's current policies](#), family members can obtain certain services if they are "part of the CAF Veteran's treatment or rehabilitation plans to help the Veteran achieve their own goals."³⁷ Therefore, eligibility for these services is not established according to the needs of the family members requesting them, but according to the veteran's needs: "treatment benefits are to be provided when they are expected to produce a positive treatment outcome for the entitled condition; or when there is a reasonable expectation to alleviate symptoms and/or effects that are caused in whole or in part by the entitled condition."³⁸ As the OVO concluded in a 2016 report, "Beyond the increase in the number of VAC assistance services sessions [see section B.1.(b) above], current initiatives do not provide treatment benefits specifically for family members in their own right."³⁹

35 OVO, *Mental Health Treatment Benefits for Family Members, in their Own Right, for Conditions Related to Military Service*, 19 January 2021, p. 18.

36 VAC, *New Veterans Charter Evaluation—Phase I*, December 2009, p. 26.

37 OVO, *Mental Health Treatment Benefits for Family Members, in their Own Right, for Conditions Related to Military Service*, 19 January 2021, p. 5.

38 VAC, Policy on Mental Health (Program of Choice 12), Document 1104, 1 April 2019.

39 OVO, *Support to Military Families in Transition: A Review*, January 2016, p. 13.



Also according to the OVO, a new guideline on mental health treatment for family members of veterans, which came into effect in January 2020, has restricted access to this treatment. Prior to January 2020, family members were reimbursed for the following services:

- family or couples counselling;
- psycho-education; and
- individual mental health treatment.

In September 2018, eligibility for these services was revoked for family members serving a prison sentence in a federal institution. That decision was made following protests surrounding the mental health services received by Christopher Garnier, the son of a veteran, after he was convicted of the second-degree murder of Catherine Campbell, a police officer from Truro, Nova Scotia.⁴⁰

According to the OVO, after the new guideline came into effect, family members became ineligible for “individual mental health treatment,” and counselling and psycho-education services were limited to 25 sessions a year. Many family members who were receiving mental health services for themselves were informed of the change by the person who was providing those services to them or by Blue Cross, the insurance company that administers the payment of these services. Despite the OVO’s representations to the department, the new guideline was retained after a review in May 2020.

According to the VAC data cited by the OVO, while 31,151 veterans received a disability benefit for a psychiatric condition in 2019, only 1,575 family members accessed individual counselling.⁴¹ However, it is impossible to know if that disparity is attributable to a low demand for these services or to an overly restrictive offer.

In fact, it can be a long and arduous process to get these services. As Dr. Heather MacKinnon and Mr. Bruyea explained:

[I]n order to get the mental health care for the family, the veteran first has to be case-managed.

40 See the press conference of the Minister of Veterans Affairs, Hon. Seamus O’Regan, on 25 September 2018.

41 OVO, *Mental Health Treatment Benefits for Family Members, in their Own Right, for Conditions Related to Military Service*, 19 January 2021, p. 23.

Once the veteran has put in a waiting period—and for some of those waiting periods, we’re talking about months and sometimes more than a year in some districts for a veteran to receive a case manager—then the veteran is admitted to the medical rehabilitation plan, or perhaps it might be a vocational rehabilitation plan. Once they’re admitted to a plan, then they have to go on to develop a case management plan with the case manager. Then the case manager has to identify whether that family needs those plans.⁴²

The main argument made by those calling for caregivers and family members to be able to access VAC services in their own right is that the requirement to demonstrate that these services will be beneficial to the veteran’s health is superfluous.

Because services offered by psychologists and psychotherapists are not covered by most provincial health care plans, they may be costly if the person using them does not have other insurance coverage. The Public Service Health Care Plan is accessible only to family members of military members who died in service or as a result of a service-related injury or illness. Since 2006, veterans who are clients of VAC can join the Plan.⁴³ According to the policy for joining the Plan, VAC is responsible for determining the eligibility of spouses and dependants. As mentioned in committee, that would mean that the spouses and dependants of current or retired federal public servants have easier access to psychological care than spouses and dependants of veterans who have a disability related to their military service and recognized by VAC.⁴⁴

It seems only fair that family members and caregivers of veterans with mental health issues should have access to services at least equivalent to what is offered by the Public Service Health Care Plan. Currently, basic family coverage reimburses 80% of a psychologist’s fees, up to \$2,000 in annual eligible expenses (of which \$1,600 is reimbursed) for the Plan member, their spouse and each dependant child. This program is available to the families of federal public servants, regardless of whether they are experiencing mental health issues. In the case of veterans, the cause of their mental health issues is that they served within the CAF. The family is dealing with difficulties associated with the fact that their loved one served their country. As a result, the value of the benefits offered to family members should be higher than the \$2,000 in eligible expenses offered to each family member. The Committee therefore recommends:

42 ACVA, *Evidence*, 22 March 2021, 1610 (Mr. Sean Bruyey).

43 VAC, *Access to Public Service Health Care Plan—Health Benefits Program*.

44 VAC, “Answer to a question from ACVA”, 5 March 2021.



Recommendation 4

That Veterans Affairs Canada automatically reimburse professional mental health expenses for the spouse and dependant children of veterans eligible for a rehabilitation plan for mental health concerns, up to \$3,000 per person, and that the department’s approval be required only when a claim is submitted that exceeds this amount.

WHAT IS A CAREGIVER?

The concept of “caregiver” or “informal caregiver” used for the Caregiver Recognition Benefit is ambiguous, since the definition does not depend on what the person does for the veteran, but on the severity of the veteran’s condition. In other words, a person who looks after a veteran on a daily basis would not be considered to be a caregiver for the purposes of the Caregiver Recognition Benefit if the veteran is able “to carry out most activities of daily living”⁴⁵ which means, according to witnesses, being able to bathe, dress and feed him or herself.⁴⁶ However, many individuals, whether or not they are the veteran’s spouse, devote considerable energy to providing care and support even if the veteran’s disability is not considered to be severe enough for the caregiver to qualify for the benefit. These individuals consider themselves as caregivers in their own right, and as such they expect a form of psychological and financial support for themselves without their eligibility being dependent on the severity of the veteran’s disability.

In response to a question about the definition of the terms “family” and “caregiver” in VAC programming, the Committee received the following answer: “Veterans Affairs Canada’s various pieces of legislation do not define ‘family,’ but rather each piece of legislation sets out who is eligible for benefits on a program by program basis and includes definitions, such as ‘dependent child,’ ‘caregiver,’ or ‘survivor.’”⁴⁷

The only definition for the term “caregiver,” which the department’s answer did not reference, is the one given for the Caregiver Recognition Benefit. However, as was explained above, this definition is inadequate because it refers only to the severity of the veteran’s impairment and not to the extent of the role of the individual providing their care. The English version of section 16(3) of the *Veterans Health Care Regulations* refers to “primary caregiver,” rendered in French as “*principale personne à s’occuper du client.*” It designates the person to whom certain services may be transferred if the veteran dies or is admitted to a health care facility. According to this definition, much closer to the

45 ACVA, *Evidence*, 17 February 2021, 1805 (Ms. Crystal Garrett-Baird).

46 ACVA, *Evidence*, 8 March 2021, 1625 (Ms. Marie-Andrée Malette).

47 VAC, “Response to an ACVA question,” meeting of 17 February 2021.

commonly understood meaning of the term, the primary caregiver means the adult person who “was primarily responsible, without remuneration, for ensuring that care was provided to the client.”

The disconnect between this more common definition and the more restrictive one used by VAC to determine eligibility for the Caregiver Recognition Benefit was behind this devastating letter from Mr. Derek Hollingworth, which deserves to be cited in its entirety:

Both my wife and I are Veterans and we both suffer from PTSD. Her PTSD was so severe it drove her into a deep depression and a gambling addiction. So my question to the committee, and please forgive me for being blunt as I am very very tired and do not have time for fluff. How does the government and more specifically VAC have the audacity to say that people who provide care service to their loved ones that have severe and crippling PTSD are not providing CAREGIVER status. I (her husband) am her pill dispenser, her day planner, her administrator, her first line medical “provider” to name a few. I had to be pulled away from a major exercise because my wife tried to kill herself. Imagine my wife home with my daughter..... I have pulled my wife out of the truck after looking for her when she took bottles of pills to kill herself. I have watched my wife taken out of the hospital room wrapped in a straight jacket so tight she was screaming, because they wouldn’t listen to her about being tied up. And this list goes on. She has been abused, raped, etc. The list goes on. I have taken care of my 14 to 21 year old (yes ALL OF THOSE YEARS) daughter while my wife suffered so severely in her depressive she stayed on the couch and in her bed crying or at the Casinos trying to buy her happiness or numb her pain because she didn’t want to live anymore. My daughter found my wife’s suicide note before I did and read it...that in case there are people not informed leaves a mark on a girl that loves her mom. Just one of the MANY THINGS I could go on to say. My daughter.....How is she NOT deserving of VAC coverage due to my wife AND my PTSD. She has anxiety and ongoing depression. She had to drop out of university because of this. If some guy can get coverage after murdering someone because his dad has PTSD. WTF IS WRONG WITH MY FAMILY? So again, how are we as a WHOLE family not entitled to coverage and how IN THE BLAZING HELL am I not entitled to caregiver status when I had to count apples to make sure my daughter was fed while my wife suffered. I also have PTSD. What happens if I get sicker? Who will do it all then? I also need to get on with my therapy. What happens to my family when I need to start setting up boundaries after 6 years to help with my recovery. Who then will help everyone else? Derek Hollingworth WO (Ret’d) CD1, (and other things that are starting to lose their meaning) [XXX-XXX-XXXX] (in case anyone would like to contact me) Have a good government day.⁴⁸

Ms. Jeanette McLeod, of the Caregivers’ Brigade, also brought up the dire situation that can occur when caregivers develop health problems themselves. After Ms. McLeod’s stroke, neither she nor her husband were able to prepare meals or manage their

48 Mr. Derek Hollingworth, Letter to ACVA, 31 March 2021.



medication.⁴⁹ The couple did get some support when VAC provided seven meals for a week, but these meals were only for the veteran:

My husband had to take the seven meals so that he could help care for me, because he became the caregiver. The roles reversed. Due to the restrictions I was given with the stroke on not being able to use stoves, etc., he had to take his meals and share them with his spouse, me, so that I could be fed as well.⁵⁰

As Ms. Malette described, it is the caregivers who suffer the most stress due to interactions with VAC, which can be difficult:

I'm the one who applies for my husband. If he's denied, that means I'm denied. It's as simple as that, because we're the ones who are doing all the paperwork ... The reason my husband is denied all the time is that he's physically capable of putting a spoon in his mouth, wiping his bum, washing himself and putting a shirt over his head. That's why.⁵¹

Dr. Passey recognized this frustration: "To be honest, every one of my veterans—and I mean every one—develops anxiety when they get a letter or an email from VAC, because the vast majority have had negative interactions. There's a reason why there's bulletproof glass in the VAC offices now, and that shouldn't be there; it should be a supportive environment."⁵²

Dr. MacKinnon described what a supportive environment could look like: "I really think that veterans need a caseworker, a manager or somebody who is theirs to contact. ... I think if we could just have more of that, a lot more problems would be sorted out and solved."⁵³ These people could help direct veterans and their family members to existing resources and programs. Having a dedicated employee responsible for their file would help all veterans, in writing and submitting applications, as well as exploring unaddressed or unidentified needs. The focus and intent would be to assist veterans in providing information sufficient to meet VAC program criteria, recognizing that disabilities, especially psychological injuries, affect cognitive functioning and diminish resilience to deal with complex bureaucratic processes. The Committee therefore recommends:

49 ACVA, *Evidence*, 8 March 2021, 1630 (Ms. Jeanette McLeod, Director of Community Education, Caregivers' Brigade).

50 ACVA, *Evidence*, 8 March 2021, 1635 (Ms. Jeanette McLeod).

51 ACVA, *Evidence*, 8 March 2021, 1715 (Ms. Marie-Andrée Malette).

52 ACVA, *Evidence*, 21 April 2021, 1615 (Dr. Greg Passey).

53 ACVA, *Evidence*, 22 March 2021, 1700 (Dr. Heather MacKinnon, Physician, As an Individual).

Recommendation 5

That Veterans Affairs Canada ensure that every departmental client, whether or not they are case-managed, have a dedicated employee responsible for their file, be given direct access by phone or email to that employee, and that a group be given responsibility for answering questions from family members and other caregivers who would not be VAC clients.

As Mr. Gerry White said, the best solutions are often the simplest ones: “Answer the friggin’ phone. That’s all I want; just answer the phone.”⁵⁴

RESPONSIBILITY FOR HELPING CHILDREN

Mr. Duane Schippers, Director and Legal Advisor, Strategic Review and Analysis, Office of the Veterans Ombudsman, noted the impact that military life could have on children’s mental health:

In terms of increased behavioural disorders, significantly in the three- to eight-year range, they increase by 19%, and stress disorders increased by 18%.

Although military families, as Colonel Jardine said, are resilient, approximately 10% of them struggle with the challenges directly related to military service—so their frequent moves, the deployments and the postings. The risk of injury and death increases when we’re in an active combat type of environment. They’re seeing stuff on the news and they’re concerned about their family member.

Of particular concern, I think, are the adolescent military dependants who are far more likely to have admissions for injury, suicide attempts and mental health diagnoses than non-military teens.⁵⁵

Children cannot obtain services independently from the VAC any more than spouses or caregivers can. Ms. Malette provided an example of the tangible implications of that limitation:

My son has ADHD, which greatly affects the behaviour of my husband. It triggers him quite a lot. We requested help from VAC. VAC approved the psychological supports. To get the support, I have to prove to Blue Cross that it affects my husband. It’s about running from one part of bureaucracy to another and ping-ponging yourself back and

54 ACVA, *Evidence*, 22 March 2021, 1555 (Mr. Gerry White, Lieutenant-Commander (Retired), As an Individual).

55 ACVA, *Evidence*, 17 February 2021, 1900 (Mr. Duane Schippers, Director and Legal Advisor, Strategic Review and Analysis, OVO).



forth. VAC says yes and doesn't relay the information. Blue Cross requests a letter from a psychologist.

...

I'm a full-time nurse. In the COVID situation, I work with units. I didn't have time to run after a psychologist to get a letter approved that says it triggers my husband when my eight-year-old screams non-stop.⁵⁶

...

The kids know that daddy went to war and they know that he ran after bad guys, because we're in a superhero world here. They have had to become accustomed to the fact that daddy cannot be scared, that they cannot jump on daddy and that they cannot scream when daddy is around. The children have been accustomed to that. It's how they were brought up, but it's very difficult for them sometimes.⁵⁷

Mr. Bruyeya also criticized the policy changes that put an end to the allowance for daycare services that he previously received for his son under the policy on [Additional Dependant Care](#).⁵⁸ He said this cancellation highlights the shortcomings of the *Veterans Well-being Act*, which does not outline any obligation to a veteran's dependants prior to the veteran's death.

In his brief, Mr. Roy MacEachern spoke about the importance of maintaining a relationship with his children:

I am still here not as a result of any mental health care initiative offered by VAC, but due to the unconditional love of my 6-year-old son. A mere boy who understands nothing of what is wrong with his father, but he does he judge me, nor persecute me, he just accepts me as I am, and that's enough to keep me going. If I didn't have him and the joy he brings into my life, I don't know what I do.⁵⁹

In Dr. MacKinnon's view, it is clear that some adult children of veterans have care needs that are associated with their parent's military experiences:

One patient is both physically and mentally ill. The father has PTSD that arose from these deployments. One child started becoming both physically and mentally ill when the father returned. His mother and he were receiving mental health counselling, which was pulled when the son of a veteran who murdered a police officer was found to be

56 ACVA, *Evidence*, 8 March 2021, 1650 (Ms. Marie-Andrée Malette).

57 ACVA, *Evidence*, 8 March 2021, 1725 (Ms. Marie-Andrée Malette).

58 ACVA, *Evidence*, 22 March 2021, 1540 (Mr. Sean Bruyeya).

59 Mr. Roy MacEachern, "Brief submitted to ACVA," 6 April 2021.

receiving counselling in prison. This caused a review and tightening of the policy. The family has never been able to get further treatment via VAC.⁶⁰

Dr. Whelan explained how dramatically children living in these families are affected, as they must often shoulder heavy responsibilities:

When it comes to military families, we know that children and adolescents in military families take on responsibilities. Everybody chips in with the idea of “team”. So when those families leave service, those children already know those roles. When there’s distress in the families, what we’ve [*Technical difficulty—Editor*] boys who were really trying to protect the family, or trying to protect the mom, trying to keep the dad kind of on an even keel. They’re beyond us trying to offer individual services. There is very little available for them.⁶¹

In keeping with the recommendation Mr. Bruyeya made in his brief,⁶² the Committee recommends:

Recommendation 6

That the *Veterans Well-being Act* be amended to include an obligation to dependent children of living veterans, and that applications to programs created to that effect may be submitted by any parent of the child.

CONCLUSION

VAC representatives have been publicly affirming the importance of support for family members for veterans with physical or mental impairments since the New Veterans Charter (*Veterans Well-being Act*) was debated and adopted in 2005. However, the department has introduced very few programs that explicitly recognize family involvement.

Before the 1960s, the expectation was that injured veterans, nearly exclusively men, would be cared for by their wife if they were married, or other members of their family if they were not. As a result, the *Pension Act* was expanded to recognize specific allowances and benefits to recognize and compensate for the additional responsibilities that fell to family members. These benefits were eliminated when the New Veterans

60 ACVA, *Evidence*, 22 March 2021, 1555 (Dr. Heather MacKinnon).

61 ACVA, *Evidence*, 22 March 2021, 1710 (Dr. John Whelan).

62 Mr. Sean Bruyeya, “Brief submitted to ACVA,” Recommendation 19, 8 April 2021.



Charter was adopted, but the presumption remained that if a veteran needed continued attention at home, his spouse would naturally be the one to provide it.

The concept of “caregiver” emerged as a result of the separation of the roles of “spouse” and “provider of care.” As women became professionally independent, they were no longer expected to sacrifice themselves to tend to a spouse with an illness or disability. In the case of veterans who are VAC clients, the disability is a result of their military service. Therefore, the department has outlined a range of programs for veterans that complement the provincial and territorial systems in place. The only services that do not receive financial compensation that complements the other systems are those provided free of charge by caregivers.

This inconsistency becomes obvious if we consider what would happen if a veteran with a severe mental impairment did not have a caregiver to rely on, whether a family member or otherwise. In this situation, it is clear that the expectation would be that VAC would take whatever steps necessary to obtain the services that the veteran requires. The veteran would not be told to find a spouse.

As this report has outlined, if a veteran is fortunate enough to be able to rely on a family member or friend for support, the person that fills this role is within their rights to claim the financial and psychological support they need to provide care. And yet the department’s official response is that this support falls to the provinces and territories, while the provincial and territorial plans do not cover psychological care.

From a strictly legal standpoint, the federal government is responsible for providing health care services only to serving Canadian Armed Forces members. The provinces are responsible for providing care to veterans and their family members. However, the federal government has continued to offer veterans health care services that *complement* those provided by the provinces and territories.

Therefore, Committee members believe that VAC should provide support to veterans’ family members and other caregivers that complements the provincial and territorial health care system. In terms of financial support, the support should be at least as generous as that already offered within the CAF when a seriously disabled member is waiting to be released from service. Eligibility criteria should be the same as what is offered to veterans receiving the Attendance Allowance under the *Pension Act*. As for psychological support that family members and caregivers may need when living with a veteran experiencing mental health issues, they should be offered services superior to those offered to federal public servants, since the veteran’s military service has been recognized as the source of the impairment.

Implementing these few measures, as well as the others described in this report, would send a clear message that is consistent with the public statements VAC has made about the importance of family and the irreplaceable role of caregivers. Over the long term, it will be the children of veterans who will benefit the most and who will speak with pride about what their parents have done to serve their country.

APPENDIX A LIST OF WITNESSES

The following table lists the witnesses who appeared before the committee at its meetings related to this report. Transcripts of all public meetings related to this report are available on the committee’s [webpage for this study](#).

Organizations and Individuals	Date	Meeting
Department of Veterans Affairs Mitch Freeman, Director General Services Delivery Program Management Crystal Garrett-Baird, Director General Policy and Research Steven Harris, Assistant Deputy Minister Service Delivery Branch	2021/02/17	13
Office of the Veterans Ombudsman Col (Ret'd) Nishika Jardine, Veterans Ombudsman Duane Schippers, Strategic Review and Analysis, Director and Legal Advisor	2021/02/17	13
As an individual Angus Cameron Richard Lavallé	2021/03/08	14
Caregivers' Brigade Marie-Andrée Malette, Director for Veteran Families Jeanette McLeod, Director of Community Education Paula Ramsay, Director for Serving Families	2021/03/08	14
Caregiving Matters Mary Bart, Chair	2021/03/08	14
As an individual Sean Bruyey, Captain (Retired), Columnist and Advocate Tracy Lee Evanshen Heather Mackinnon, Physician Gerry White, Lieutenant-Commander (Retired)	2021/03/22	16

Organizations and Individuals	Date	Meeting
Whelan Psychological Services Inc. John Whelan, Lead Psychologist	2021/03/22	16
As an individual Glynne Hines Greg Passey, Psychiatrist	2021/04/21	20
Association du Royal 22^e Régiment Richard Gauthier	2021/04/21	20
Caregiving Matters Mary Bart, Chair	2021/04/21	20
The Perley and Rideau Veterans' Health Centre Mary Boutette, Chief Operating Officer	2021/04/21	20

APPENDIX B LIST OF BRIEFS

The following is an alphabetical list of organizations and individuals who submitted briefs to the committee related to this report. For more information, please consult the committee's [webpage for this study](#).

Bruyea, Sean

Caregivers' Brigade

National Council of Veteran Associations in Canada

Union of Veterans' Affairs Employees

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. 13, 14, 16, 20, 28 and 30) is tabled.

Respectfully submitted,

Bryan May
Chair

