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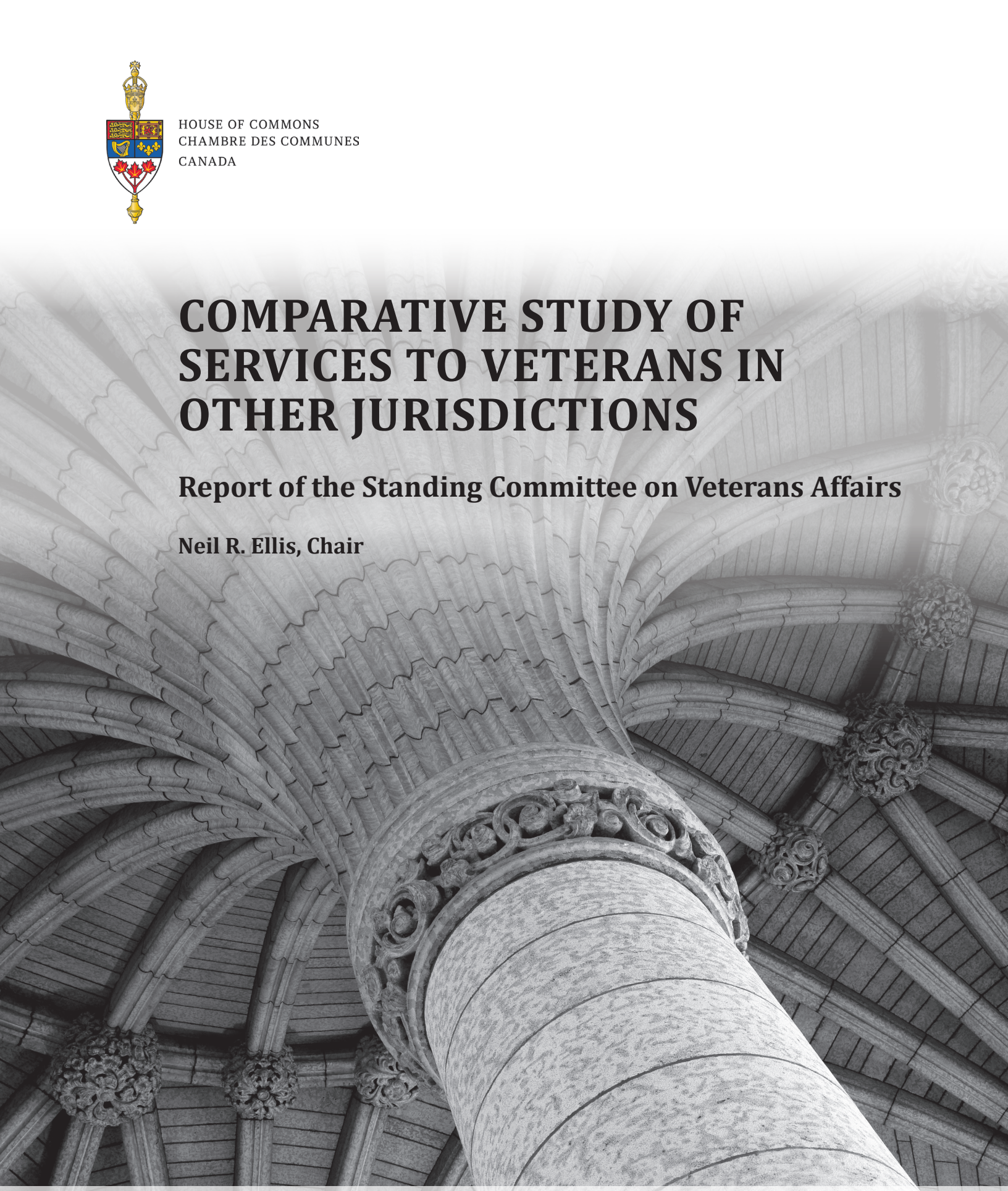
CANADA

COMPARATIVE STUDY OF SERVICES TO VETERANS IN OTHER JURISDICTIONS

Report of the Standing Committee on Veterans Affairs

Neil R. Ellis, Chair



DECEMBER 2017
42nd PARLIAMENT, 1st SESSION

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Chair

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NOTICE TO READER

Reports from committee 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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THE STANDING COMMITTEE ON VETERANS AFFAIRS

has the honour to present its

EIGHTH REPORT

Pursuant to its mandate under Standing Order 108(2), and the motion adopted by the Committee on Monday, February 6, 2017 the Committee has studied services to veterans in other jurisdictions 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.

Recommendation 1

That the Department of National Defence and the Canadian Armed Forces be more flexible in applying the principle of universality of military service and consider establishing a "limited assignment status", as defined in the US Air Force Instruction 36-3212. 19

Recommendation 2

That the Canadian Armed Forces medically release members only once:

- **they have adequate housing options;**
- **they have access to gainful employment options or to a vocational program;**
- **they have adequate and continuing medical follow up for their condition;**
- **Veterans Affairs Canada has made a final adjudication on their application for a disability award and, if applicable, the financial benefits in parts 1, 2, 3 and 3.1 of the New Veterans Charter;**
- **all health, rehabilitation and vocational services under the responsibility of Veterans Affairs Canada have been put in place. 20**

Recommendation 3

That, with the aim of securing access to family doctors and to other necessary health and social services for veterans in the province / territory they settle:

COMPARATIVE STUDY OF SERVICES TO VETERANS IN OTHER JURISDICTIONS

1. INTRODUCTION

The end of the Cold War in the early 1990s changed the nature of Canada's military operations and those of its allies. Instead of a situation where two blocs of nations allied with two superpowers and avoided the risks of direct confrontation by testing their claims of military and ideological superiority through indirect conflicts, many of the military actions of the past quarter century have been conducted mainly to protect civilian populations (civil wars or ethnic conflicts) or to fight terrorism. During the Cold War, Canada participated in many international peace-keeping missions to prevent the belligerents, which were usually allied with one of the two blocs, from resuming hostilities and involving the superpowers in a destructive spiral. These missions were often conducted under extremely tense conditions, but the type of mission meant that Canada's military personnel were rarely involved in combat operations. With the end of the Cold War and the break-up of the Soviet Union, the international forces, whose legitimacy derived from the fact that they were not aligned with the blocs, became associated with specifically Western coalitions, and the belligerents increasingly considered them stakeholders in the conflicts, as either allies or enemies. As a result, the international coalitions became targets themselves and, despite the moral legitimacy bestowed on them by United Nations Security Council resolutions, they have found it much harder to assert their neutrality.

Since the 1990s, military interventions have become more risky for military personnel, even those under the authority of the United Nations. Canada's participation in the Gulf War, the conflict in the former Yugoslavia and certainly in Afghanistan, has led to a loss of life, as well as physical and psychological injuries, to an extent that the Canadian Armed Forces has not seen since the Korean War.

This profound change in the nature of armed conflicts, and the increased danger to soldiers, has created the need for a corresponding change throughout the system of services for people who have grappled with the consequences of these conflicts – veterans and their families. In Canada, the unanimous adoption of the New Veterans Charter by Parliament in 2005 has come to represent the scope of this change. Most of Canada's allies have made significant changes for the same reasons, but the solutions to sometimes similar problems have differed greatly depending on each country's specific

circumstances. For example, the Vietnam War had a great impact on the benefits and programs for American veterans, and the Algerian War had a similar effect on France.

Canada and its allies are now at the stage where they can step back and assess the performance of the many programs introduced to respond to the transformation in armed conflict following the end of the Cold War. The committee members chose to take this broad perspective in their study of services to veterans in other jurisdictions. The committee's objective was not to examine all aspects of a specific program but to expand the scope and consider the decisions made by Canada and its allies over the years to see if approaches that produced sound results could serve as inspiration here, or inversely, to prevent Canada from embracing an idea that seemed promising a few years ago but has failed to produce the anticipated results.

The first witness to appear was Guy Parent, the Veterans Ombudsman, and he began by telling members that they should not expect too much from international comparisons:

> I think it is important to look at what other countries are doing to support their veterans in order to keep up with best practices. However, I also think it is imperative to develop Canadian solutions to address Canadian challenges and problems. [1]

If the context surrounding a particular program or benefit is not taken into account, it becomes easy to say whether Canada is doing better or worse than another country, but it also invites inaccurate comparisons.

For example, Veterans Affairs Canada has been working for several years to reduce the number of veterans per case manager. The ratio is currently about 30 veterans for every case manager, and the goal is to bring that number down to 25. The committee members were surprised to learn that in New Zealand each case manager was responsible for about 200 veterans.[2] The reason for the difference is that the definition of a case manager is not the same in Canada as in New Zealand. In Canada, veterans service agents handle most veterans, while case managers are responsible for the approximately 10% of veterans with more complex needs. In New Zealand, they are all called "case managers." That country makes a distinction between veterans who are actively case-managed and those who do not require management during certain periods:

1 ACVA, *Evidence*, 1 May 2017, 1530 (Mr. Guy Parent, Veterans Ombudsman, Office of the Veterans Ombudsman).

2 ACVA, *Evidence*, 14 June 2017, 1700 (Ms. Pat Povey, Manager, Veterans' Services, Veterans' Affairs New Zealand).

> [The caseload depends on] the level of care required. We have many more veterans who are not actively case-managed. … They're coping quite nicely at home, but as soon as anything changes for them, they will be actively case-managed, and they will go back to that same case manager they had previously, so there is always that one point of contact. … [T]he level of risk and need determines how often we are in contact with them. So for perhaps our younger contemporary veterans who have mental health issues and who are high risk, we could be having weekly contact or more, depending on the situation at that time.[3]

Consequently, there are no huge discrepancies between the two countries when it comes to caring for veterans with more complex needs.

Many such misconceptions could arise if context is not considered carefully. The Veterans Ombudsman must be taken seriously when he states:

> Understanding context is important when looking at services provided by other countries to their veterans. If a country has a national health care system or a high cost of living, both aspects can greatly affect why a service is or is not being provided, and the particular dollar value of that service.[4]

Throughout this report, the committee members have tried to heed these words of wisdom and resist the temptation to make hasty comparisons.

Representatives from the United States, Australia, New Zealand, the United Kingdom, France and Germany appeared before the committee. Another meeting was held with a representative from the Ontario workers compensation programs to see how comparable they are with programs for veterans with service-related injuries. In May 2017, seven committee members also traveled to Washington to study programs for U.S. veterans.

Given the many subjects addressed during this study, the committee members gave more attention to those features of a program or service that are most likely to support a successful transition from military to civilian life. These subjects have been grouped into five main themes:

- social recognition of the value of military service and commemoration;

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3 ACVA, *Evidence*, 14 June 2017, 1700 (Ms. Pat Povey, Manager, Veterans' Services, Veterans' Affairs New Zealand).

4 ACVA, *Evidence*, 1 May 2017, 1530 (Mr. Guy Parent, Veterans Ombudsman, Office of the Veterans Ombudsman).

- transition and rehabilitation services (medical, psychosocial and occupational) as well as income replacement measures during transition and rehabilitation;

- financial benefits to compensate for pain and suffering resulting from a service-related disability (non-economic loss, in the form of lump sum amounts or regular payments), and the additional financial support to seriously injured veterans and their families;

- service delivery, specifically, the organizational structure and everything that can affect the way in which veterans programs are provided, are well understood by veterans, and are delivered in a timely manner;

- specific mental health initiatives, including homelessness and suicide prevention programs since they are often related to mental health problems.

2. VARIED CONTEXTS

Throughout the study, committee members saw to what extent a country's programs are the product of a range of factors that are difficult to transfer from one country to the next. These factors include levels of government; the availability of public health and social programs; the conflicts in which a country's armed forces participated; military culture; shared responsibility for veterans services between two departments or sole responsibility within the department of defence; the relative presence or absence of community agencies; and simply the number of veterans concerned.

2.1 The U.S. exception

It is difficult to make direct comparisons between the United States and any other country given the size of its military, the number of conflicts in which it has taken part, its social services, the presence of 21 million veterans, and a range of other factors. The U.S. Department of Veterans Affairs (VA) is the second-largest department in the U.S. administration, after the Department of Defense. It has 370,000 employees and a budget of C$225 billion. In other words, the VA alone is comparable to Canada's entire federal public service in terms of number of employees, and its budget is nearly equivalent to the Government of Canada's total expenditures. As VA representative Robert Reynolds told the committee:

> Our health side has what is probably the largest hospital network facilities in the world. We have over 1,700 facilities, from big brick-and-mortar facilities all the way to what we

> call community-based outpatient clinics, along with what we're doing more and more of, which is telehealth benefits. We serve nearly nine million veterans in the health care arena. Our cemeteries and memorials side would be our smaller administration. We oversee cemeteries for about 4.3 million veterans and their family members who reside on our grounds. We inter about 130,000 a year within our memorial affairs side. [5]

These astronomical numbers show that the challenges involved in administering the United States' veterans programs are in a class by themselves.

Michael Missal, Inspector General with the VA – the equivalent of an auditor general in Canada – described the enormous task performed by the U.S. government:

> [I]n the last fiscal year VA completed more than 58 million medical appointments and over 25 million community care appointments. VA also has 56 regional offices that are responsible for the distribution of benefits for veterans who have earned them. Around 4.5 million veterans receive disability compensation. About 300,000 veterans and over 200,000 survivors receive pension benefits. … VA operates the 10th largest life insurance program in the U.S. with over $1.2 trillion in face amount of insurance policies. VA also provides education assistance to over one million students. VA has a home mortgage program with over $2.5 million active loans guaranteed by VA. VA provides vocational rehabilitation and employment benefits to over 140,000 veterans. These numbers are staggering and highlight the size and complexity of VA.[6]

While avoiding hasty comparisons, we can still illustrate the amount of work done by the VA by noting that the department costs $696 per capita while the Veterans Affairs Canada costs $129 per capita. This difference is explained largely by the percentage of Americans who are veterans, as well as the fact that the provinces pay the large part of healthcare costs. In Australia, the figure is $497 per capita, which can be explained in part by the fairly large number of clients: 300,000 out of a population of 24 million, compared with 200,000 Canadians out of a population of slightly more than 36 million.

2.2 New Zealand: Different responses to similar problems

At the other end of the spectrum, the New Zealand agency responsible for veterans services is part of the Ministry of Defence and has 68 employees delivering services to 12,000 clients. The agency has a budget of about C$280 million, for a ratio of $60 per capita. Unlike the practice in the United States, Australia and Canada, few

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5 ACVA, *Evidence*, 5 June 2017, 1530 (Mr. Robert Reynolds, Deputy Under Secretary Disability Assistance, United States Department of Veterans Affairs).

6 ACVA, *Evidence*, 5 June 2017, 1650 (Mr. Michael Missal, Inspector General, Office of Inspector General of the United States Department of Veterans Affairs).

services are offered directly, as Bernadine Mackenzie of Veterans' Affairs New Zealand explained:

> Veterans' Affairs is a funder and facilitator, not a service provider. This means it is key for us to have effective partnerships with other organizations. We work with a number of other government agencies including the Accident Compensation Corporation, a comprehensive no-fault personal injury insurance scheme for all New Zealanders; the Ministry of Social Development, which administers payment of veterans' pensions on our behalf; and the Ministry of Health, which supervises an excellent public health system through which veterans can access quality medical services.
>
> We also work very closely with veteran groups, including the Royal New Zealand Returned and Services' Association, and a recently formed advocacy group that represents younger, contemporary veterans, No Duff. Having effective working relationships with these groups is very important to us in connecting with the veteran community because, as I have already mentioned, we have no regional offices.[7]

Similar to Canada, the United Kingdom and Australia, New Zealand conducted a full review of all its veterans programs in the 2000s, following the intensification and increased risk related to post-Cold War conflicts:

> The legislation under which we operate is the Veterans' Support Act of 2014. This act replaced our previous legislation, which dated back to 1954. It was brought in to modernize the support available to veterans and their families, and it has a new focus on rehabilitation, rather than simply paying pensions and providing financial support to veterans. This change recognizes the changed veteran community we are serving—a declining number of older Second World War and Korean War vets, and younger veterans looking to establish a life after they have left the defence force.[8]

This explanation mirrors the Canadian government's rationale for introducing the New Veterans Charter in 2005. The difference in the New Zealand system, however, is that it draws on a national workers compensation program:

> It is important to state that the legislation under which we operate does not cover all those who have ever served in New Zealand forces. The act defines clearly those who come under its provisions. This means all who served in New Zealand armed forces before 1 April 1974. This was the date when the Accident Compensation Corporation came into being. ACC covers personal injury from accidents from 1 April 1974 onwards, so all veterans, as New Zealanders, would have cover from ACC for injury, illness, or death from accident during service in that period.[9]

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7 ACVA, *Evidence*, 14 June 2017, 1635 (Ms. Bernadine Mackenzie, Head, Veterans' Affairs New Zealand).

8 ACVA, *Evidence*, 14 June 2017, 1635 (Ms. Bernadine Mackenzie, Head, Veterans' Affairs New Zealand).

9 ACVA, *Evidence*, 14 June 2017, 1635 (Ms. Bernadine Mackenzie, Head, Veterans' Affairs New Zealand).

Veterans who suffered service-related injuries after 1 April 1974 can supplement the benefits from the universal system with benefits from Veterans' Affairs New Zealand. Other services, similar to those received by Canadian veterans, are also available, including a veterans' independence program. This program is comparable to the Canadian program of the same name.[10]

2.3 France: A unique system of governance

Most of the programs that come under Veterans Affairs here in Canada are governed in France by the *Code des pensions militaires d'invalidité et des victimes de la guerre* [law governing military disability pensions and pensions for victims of war]. The first iteration of the code came into force in April 1951. Responsibility for the code was given to the Ministry of the Armed Forces (formerly the department of defence). France has no independent department responsible for developing and implementing veterans programs. However, the Office national des anciens combattants et des victimes de la guerre [national office for veterans and victims of war, or ONACVG] has been responsible since 1916 for administering programs other than disability benefits, such as training for injured veterans and commemoration activities.

Over the past few decades, France has had a minister of veterans affairs, or an associate minister reporting to the minister of the armed forces, who is responsible for administering veterans programs. However, Prime Minister Édouard Philippe did not appoint anyone to this position in the current government. As a result, Geneviève Darrieussecq, secretary of state to the minister of armed forces, has performed this role since June 2017.

2.4 United Kingdom: Local responsibility for rehabilitation programs

Like France and most European countries, the United Kingdom does not have a separate veterans department. The Minister of State for Defence Personnel and Veterans is responsible for veterans programs and for the Service Personnel and Veterans Agency. One of the agency's components, Veterans UK, administers veterans programs and services.

In the same manner as Canada, Australia and New Zealand, the United Kingdom has two separate legislative schemes for veterans. The War Pension Scheme (WPS), which applies to service-related injury or death prior to April 2005, was established under the *Naval, Military and Air Forces Etc. (Disablement and Death) Service Pensions Order 2006*. Most of its provisions that are currently in effect were introduced in 1947. A review of

10 ACVA, *Evidence*, 14 June 2017, 1635 (Ms. Bernadine Mackenzie, Head, Veterans' Affairs New Zealand).

the scheme in the late 1990s noted that social legislation passed after the WPS came into effect introduced many benefits that shared the same objectives as the WPS.

The review also found that a new scheme was needed to introduce more modern supports focused on "increased capacity and empowerment." [11] This finding led to the introduction of the *Armed Forces and Reserve Forces (Compensation Scheme) Order 2005*, known as the Armed Forces Compensation Scheme (AFCS), which provides compensation for any injury or death caused by service after April 2005.

As in Canada, the most controversial part of this new scheme was the creation of a lump-sum disability payment to replace the disability pension. There are numerous similarities between the benefits available under the two schemes, and the benefits available through other social programs. A comprehensive review of the AFCS in 2010 led to recommendations on some 15 issues. The government accepted them all and has begun to implement them.

During the same period, the UK government issued the Armed Forces Covenant, which expresses its commitment to serving members and veterans. Two related covenants are the covenant for businesses and the covenant for communities.

2.5 Australia: Transition rather than severance

Australia has a separate department responsible for veterans programs and services. As in Canada and the United Kingdom, the Australian government found that traditional programs did not meet the needs of veterans of post-Cold War conflicts. Unlike Canada and the United Kingdom, however, Australia had been actively involved in the Vietnam War and had deployed close to 60,000 service members. As a result, the transition between the old system of programs and the system introduced in 2004 was less radical than the reforms introduced in Canada and the UK.

Most of the rehabilitation programs and programs to assist seriously injured veterans who cannot return to work are similar to those introduced in other Commonwealth countries. The most significant difference, and the one which illustrates this greater continuity, lies in the compensation system for service-related disabilities. Australia maintained the lifelong pension, but gives veterans the option of changing it to a lump-sum payment, using a calculation that takes into account both the degree of disability and the veteran's age at the time of injury (see section 5 of this report).

11 UK Ministry of Defence, "UK Service Injury and Death Compensation Schemes," 2008.

2.6 Germany: From "former soldiers" to "veterans"

After the Second World War, defeated Germany was occupied by the United States, the United Kingdom, France and the USSR. Because of disagreements with the Western Allies, the USSR cut off their access to Berlin, which was in the Soviet-occupied zone to the east. The blockade was lifted on 12 May 1949, leading to the establishment on 23 May 1949 of the Federal Republic of Germany (FRG), made up of the Allied-occupied zones. In response, the USSR proclaimed the foundation of the German Democratic Republic (GDR) in October 1949. The 1955 Paris Agreements ended the Allies' occupation of the FRG, paved the way for FRG's membership in NATO, and set the conditions for its remilitarization through the creation of the *Bundeswehr* that same year. Military service was in place until 2011.

Today the German armed forces have 180,000 members, compared to the 89,000 members of the Canadian Armed Forces. Some are career soldiers, that is, they wish to devote all their professional lives to their military career, while others are contracted military members who enlist for a fixed term. The benefits and programs available are different, depending on whether the former members were career soldiers or contract soldiers.[12]

Germany has no legal definition of a veteran. Former members of the National Socialist-era [*Wehrmacht*] (German armed forces during the Second World War) do not enjoy public recognition comparable to what is given for example to the heroism of Canadian veterans of the Second World War.

One of the conditions of the FRG joining NATO in 1955 was that the West German forces would be restricted to a national defence role and that any foreign operations they could participate in would be under NATO authority. This limited the number of military service incidents resulting in injury or death. However, Germany's participation in international operations intensified following the disintegration of the Soviet Union, the fall of the Berlin Wall and the reunification of Germany in 1990. Since 1992, roughly 300,000 German soldiers have served in international operations.[13]

In the late 2000s, at the height of the conflict in Afghanistan, about 6,000 members of the German forces were deployed in the theatre of operations at any given time, making

12 ACVA, BGen Bernd Mattiesen, Medical Corps, Federal Ministry of Defence, Germany, *Evidence*, 5 December 2017.

13 Michael Birnbaum, "Germany struggles with homecoming of Afghanistan veterans," *Washington Post*, 30 April 2012.

them the second largest contingent in the coalition.[14] Since the end of the mission in Afghanistan, which cost the lives of 55 German service members, organizations were formed to advocate for the recognition of veterans and for better support services, particularly specialized mental health services.

In 2013, to address the demands of a new generation of veterans, former German defence minister Thomas de Maizière proposed a definition of veterans as having been honourably discharged from active service and served in at least one operation outside of Germany.[15] Under this definition, today there is said to be 120,000 veterans in Germany.

All programs and services for former members of the German armed forces since 1992 are the responsibility of the Ministry of Defence. There are two separate systems: one for "career soldiers", who are employed permanently, and one for "contract soldiers" who serve for a limited number of years.

2.7 Canada: Good intentions in need of structure

According to Veterans Ombudsman Guy Parent, Canada's system of veterans services lacks an overall vision to guide the objectives of each of the many programs available. As he explained, "It's very hard to compare … if you don't have a defined outcome somewhere."[16]

This lack of an independent scale to measure the Canadian system's performance against its own values results in many inconsistencies and, in Mr. Parent's view, makes comparisons with other countries difficult. He used compensation as an example of how the lack of a clearly defined outcome makes it impossible to make an informed decision on a program's actual relevance:

> I think the difficulty at this point is that there is no outcome that is set, so we don't actually know when we get there. In fact, our last few reports have indicated that in some cases veterans are getting more money than they would if they had stayed in the forces uninjured, but it's never at the right time or the right place.

14 Thomas Wiegold, "15 Jahre Bundeswehreinsatz in Afghanistan" [available in German only], *Bundeszentrale für politische Bildung*, 15 December 2016.

15 Michael Daxner, "Einsatzrückkehrer und Veteranen"[available in German only], *Bundeszentrale für politische Bildung*, 9 May 2016.

16 ACVA, *Evidence*, 1 May 2017, 1610 (Mr. Guy Parent, Veterans Ombudsman, Office of the Veterans Ombudsman).

> There has never been any outcome that has been determined. How much do we want our veterans and their families to have as an income? Do we want them to reach the poverty line? Should it be the median line of income? That's never been determined. Until we have some kind of an outcome, as we have done for the lump sum award now with the Federal Court, it's very hard to determine.
>
> That's why I'm saying that one thing that would be of value in interviewing allied countries would be to determine which ones have outcomes and how they arrived at them.[17]

The Veterans Ombudsman raised this concern repeatedly during his testimony:

> We need to ask what is it that we want to reach. Then the basic approach there is that if you're expected to have the same salary you would have had if you had stayed in the forces uninjured, what can you provide for yourself? There has to be willingness for an individual to work. What you cannot provide can be your benefit, in fact, to bring you up to whatever you would have earned in the forces. Why do you need 19 different benefits to get there? Right now we don't know, because we don't have this outcome line. Nothing has ever been set to say everybody will make at least $50,000 a year or something like that. It's never been set.[18]

The vagueness of some programs' objectives contrasts with the clarity of the single basic objective of provincial workers compensation programs. As John Genise of the Workplace Safety and Insurance Board (WSIB) of Ontario stated, "Our main focus at the WSIB, and I think all across the province, is return to work."[19]

Bernard Butler, Assistant Deputy Minister at Veterans Affairs Canada, described the objectives of his department's programs, but it is harder to measure their outcomes than those of the WSIB: "The financial, physical, and mental well-being of eligible veterans and their families is our goal and the strategic outcome to which many of the programs and services of Veterans Affairs Canada contribute."[20] He returned to this issue later in his testimony: "What is our programming really out to achieve? I would argue that it's out to achieve support for veterans and their families to achieve a sense of

17 ACVA, *Evidence*, 1 May 2017, 1540 (Mr. Guy Parent, Veterans Ombudsman, Office of the Veterans Ombudsman).

18 ACVA, *Evidence*, 1 May 2017, 1600 (Mr. Guy Parent, Veterans Ombudsman, Office of the Veterans Ombudsman).

19 ACVA, *Evidence*, 3 May 2017, 1550 (Mr. John Genise, Executive Director, Case Management, Workplace Safety and Insurance Board (Ontario)).

20 ACVA, *Evidence*, 1 May 2017, 1645 (Mr. Bernard Butler, Assistant Deputy Minister, Strategic Policy and Commemoration, Department of Veterans Affairs).

wellness and successful re-establishment and transition to civilian life."[21] No one would say that this is not a worthwhile objective but can we measure whether it has actually been met? Unlike a single, verifiable objective like returning to work, a sense of wellness varies from person to person and may be hard to align with large-scale programs like the ones that the federal government must implement.

3. RECOGNITION OF SERVICE AND COMMEMORATION

Participation in commemorative activities has risen in Canada over the past 15 years, in part because of Canadians' recognition of members' sacrifices in Afghanistan. Social esteem for military service has remained fairly high in Canada, which has sometimes been difficult in some countries involved in more controversial military conflicts, such as Algeria (France),[22] Vietnam (the United States, Australia and New Zealand), Iraq in the 2000s (the United States, United Kingdom and Australia), and of course the Second World War for Germany.

Pat Povey from Veterans' Affairs New Zealand explained that Vietnam veterans had considerable difficulty transitioning smoothly to civilian life because society did not value their service in the Vietnam War. The New Zealand government realized this issue, and re-established some level of trust with veterans by offering them more personalized support:

> [T]here was a feeling that their service wasn't valued [in New] Zealand when they came back, settled back into the community, and so forth. It was quite a difficult period for them. What the New Zealand government did was to make a public apology. We had a welcome home, and a memorandum of understanding was put in place. It has gone a long way in helping those veterans feel like they are valued and their service was valued.
>
> There are still some veterans who struggle with the public perception when they came back to New Zealand. Certainly, in terms of Veterans Affairs' helping, the experience become more positive for them. We have seen over years, as the one-on-one case management service has been provided, that they feel there is value in their service and that we recognize its value to New Zealand. [23]

During a visit to a Vet Center in Washington, committee members learned of the difficulties American veterans encountered when they returned from the Vietnam War.

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21 ACVA, *Evidence*, 1 May 2017, 1710 (Mr. Bernard Butler, Assistant Deputy Minister, Strategic Policy and Commemoration, Department of Veterans Affairs).

22 ACVA, *Evidence*, 26 September 2017, 0905 (Mr. Frédéric Charlet, Project Director to the Executive Director, Office national des anciens combattants et victimes de guerre, ministère des Armées).

23 ACVA, *Evidence*, 14 June 2017, 1710 (Ms. Pat Povey, Manager, Veterans' Services, Veterans' Affairs New Zealand).

These centres were established specifically to assist Vietnam veterans whom the U.S. government could not integrate fully into its programs.

Commemorative ceremonies and programs clearly help to express society's recognition of veterans' sacrifice, and this recognition gives strengthens the commitment of veterans who continue to experience the physical and psychological impacts of their military service.

4. TRANSITION AND REHABILITATION

When conducting a comparative study, it is easy to forget that most of the veterans in the countries concerned do not make great use of the programs and services available, because the vast majority of them transition smoothly. In Canada, statistics reveal transition problems in 27% of cases. This percentage is even lower in the United Kingdom, although it is impossible to determine whether the same criteria are being used. Mark Heffron of the Ministry of Defence of the United Kingdom stated that

> under 10% of those who transition out of the armed forces have an issue with regard to anything. … [W]e're talking of the veteran population in the U.K. being about 2.56 million. That's the number we're talking of. Over 50% of them are aged 75 or over, the results of the Second World War and the U.K. national service around to the end of the 1950s. We expect that, in the coming two to three years, the number should drop away to around 1.5 million veterans and will probably will flatline. Those are the kinds of figures we're dealing with: 1.5 million from that point on, about 16,000 leaving the services, and those sort of percentages of how well they're doing.[24]

There is an often mistaken impression that physical or mental health problems are the main obstacle to a successful transition from military to civilian life. Captain Heffron told the committee that "it is really the housing and the employment status of the individuals that is the main issue. Some of them seem to take longer to establish themselves in a permanent form of employment. That seems to be the main issue. The issues around illness, etc., are a lot less." [25]

John Boerstler of NextOp, a U.S. organization that coordinates the work of 40 agencies offering transition support services to veterans, expanded on this idea and said that finding rewarding employment after leaving the military may directly help to prevent mental health problems among veterans: "If we can prevent unemployment, we can

24 ACVA, *Evidence*, 19 June 2017, 1120 (Group Captain Mark Heffron, Deputy Head, Service Personnel Support, Welfare, Ministry of Defence of the United Kingdom).

25 ACVA, *Evidence*, 19 June 2017, 1120 (Group Captain Mark Heffron, Deputy Head, Service Personnel Support, Welfare, Ministry of Defence of the United Kingdom).

prevent substance abuse, family challenges, homelessness, criminal behaviour, and suicide, most importantly. It really all starts with career transition."[26]

For the veterans who need them, medical and psychosocial rehabilitation services are essential, but they alone do not guarantee a successful transition. Instead, workforce reintegration seems to be the key.

4.1 Universality of service

A debate is taking place in Canada about whether the principle of universality of service should be maintained. In its review of the defence policy, the federal government recently announced that it would "introduce new measures" aimed at applying the principle with greater flexibility.[27] The principle of universality requires that serving members must be able to be deployed with their unit to a theater of operations on short notice. If a member cannot be deployed because of a health problem and does not have a reasonable expectation of recovery, that member must be medically released. As stated in paragraph 02-04 of the *Military Personnel Management Doctrine*:

> The principle of Universality of Service is imposed by section 33(1) of the [National Defence Act]. This law mandates that all Regular Force members are "*at all times liable to perform any lawful duty*". The legislative imperative means that a member who cannot "*at all times… perform any lawful duty*", cannot serve within the Regular Force, except of course during recovery and transition periods.

This principle imposes significant constraints during transition from the military, given that members who are permanently disabled cannot be reassigned to other duties in the Canadian Armed Forces. They would have preferred to continue to serve their country with honour, but must be released against their will and find work with another employer. As the Veterans Ombudsman told the committee, this has not always been so:

> [I]n the Canadian Armed Forces, people who were injured in service were allowed to stay in a different capacity, a different military occupation, perhaps. But when they came up with universality of service, then that became a problem, because unless you meet the physical standards.... The universality of service introduced the concept of the soldier first and the trade afterwards.

26 ACVA, *Evidence*, 3 October 2017, 0905 (Mr. John W. Boerstler, Executive Director, NextOp).

27 Department of National Defence, *Strong, Secure, Engaged: Canada's Defence Policy*, p. 22.

> You'd have to ask people from National Defence why that is so, but I think they expected that the money they would get would be spent on boots-on-the-ground sorts of things, on people who can fight. That's why the restriction is there now. [28]

Medically released members are given priority for public service jobs for which they are qualified,[29] but there is still a major difference between a civilian job within the Department of National Defence, and retention as a member of the Canadian Armed Forces.

The Australian military has a similar principle, and the veterans who must leave the military involuntarily for medical reasons share the same sense of frustration. According to Lisa Foreman of the Department of Veterans' Affairs Australia:

> Those who leave voluntarily, who choose to discharge, seem to be in a much better state of mind and state of health compared to those who are discharged medically. They often fight it right until the very end because they want to stay in Defence. So when they're discharged and they come to us, they're angry and actually grieving because they've lost their career. I think that's a problem.[30]

France has a similar principle but seems to take a more flexible approach:

> So they must be able to take part in an external operation. There are also a number of civilians who are generally assigned support tasks, like fixing or maintaining equipment, for instance. With any military training, there is always a need for a civilian workforce, for people who can't be deployed abroad. Soldiers who have been injured and who can't be deployed elsewhere could therefore take jobs like these.[31]

In Germany, injured soldiers who cannot be deployed will not be released as long as they remain in rehabilitation or participate in a training program. According to brigadier general Bernd Mattiesen, there are currently between 500 and 700 German soldiers who are on such special assignment.[32]

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28 ACVA, *Evidence*, 1 May 2017, 1600 (Mr. Guy Parent, Veterans Ombudsman, Office of the Veterans Ombudsman).

29 In 2015–2016 there were close to 46,000 hires in the public service. Of these 32,000 were students or casuals, 14,000 were indeterminate hires or leading to indeterminate, and 409 were medically released military personnel. Between 1,000 and 2,000 members have been medically released each year for the past five years. See the *2015–2016 Annual Report* of the Public Service Commission.

30 ACVA, *Evidence*, 7 June 2017, 1825 (Ms. Lisa Foreman, First Assistant Secretary, Rehabilitation and Support Division, Department of Veterans' Affairs Australia).

31 ACVA, *Evidence*, 26 September 2017, 1010 (Mr. Frédéric Charlet, Project Director to the Executive Director, Office national des anciens combattants et victimes de guerre, ministère des Armées).

32 ACVA, *Evidence*, 5 December 2017, (BGen Bernd Mattiesen, Medical Corps, Ministry of Defence, Germany).

The general rule in the United States is the same as in Canada and Australia, but some members can receive Limited Assignment Status (LAS) in certain exceptional cases.[33] This possibility of continued service is usually limited to members who have 15 to 20 years of service and possess specific skills, the loss of which would clearly jeopardize certain objectives.[34] As stated in the Air Force brochure, "The number of members retained in LAS will be held to an absolute minimum."[35]

John Genise of the Workplace Safety and Insurance Board of Ontario described his organization's approach, which highlighted the additional challenges veterans face by comparison. Mr. Genise explained the importance of preparing early to return to work after an injury or illness:

> We use a collaborative approach in return to work planning, by involving the client, the employer, and the treating physician together to come up with a plan. When workers are able to go back to the workforce, we continue to support them while they are working, and help them to work through their challenges and some of their barriers.[36]

The advantage for the WSIB is that, in most of the cases it handles, the employer is obliged to reintegrate injured employees and give them comparable duties, which is not possible for military personnel given the universality of service principle. If we were to read the previous quote in the context of a member transitioning out of the military, the "client" would be the serving member, the "employer" would be the Canadian Armed Forces and the "treating physician" would be a military doctor. Implementing an approach like that of the WSIB would demand the following set of circumstances: the member being released has already found a civilian job; the civilian employer is involved in the injured member's transition plan, and the medical file has been transferred to provincial authorities so that a civilian doctor can follow the member after release; and, assuming that Veterans Affairs Canada acts as a coordinator like the WSIB, a VAC employee continues to monitor the case once the veteran is in a civilian position. Coordinating these activities is challenging and involves many actors: the member (who may already feel the stress of having to change careers), the member's family, military officials and armed forces health personnel, VAC employees, one or more provincial

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33 Various terms are applied to this status: Permanent Limited Duty (Navy), Limited Assignment Status (Air Force), and Continuation on Active Duty (Army).

34 For information on the types of limited service available in the branches of the U.S. armed forces, see the overview of Department of Defense health services at https://www.realwarriors.net/active/disability/disability.php.

35 *Air Force Instruction 36-3212*, in force as of 27 November 2009. p. 55.

36 ACVA, *Evidence*, 3 May 2017, 1545 (Mr. John Genise, Executive Director, Case Management, Workplace Safety and Insurance Board (Ontario)).

doctors and the new employer. All of these people must coordinate their efforts even before the member begins working for the new employer. And that is assuming that the transitioning member is ready to work. Planning is even more complicated when the transition involves training. In that case, VAC should play a supportive role until the recently released veteran has taken training and found gainful employment.

This complexity of the transition process is due in large part to the principle of universality of military service and the fact that two separate government departments are involved.

By comparing federal veterans programs and provincial worker compensation programs in Canada, we can see immediately how the lack of the universality of service restriction lets provincial programs focus on returning to work, which is a much narrower objective and does not involve the lost sense of purpose that arises from ending a career in the military. As John Genise of the Ontario Workplace Safety and Insurance Board explained:

> We focus on abilities. So, at the very beginning, if the worker is able, it's part of the employer's obligation to offer modified work. If that modified work is at a wage loss, then we will compensate the worker 85% of the net difference. Even if they could work two hours a day, as I explained a little earlier, we would compensate the worker for 85% of the difference.[37]

Since the principle of universality does not apply to provincial programs, it is much easier to measure their performance against their objectives. Federally, the principle may make it necessary to take a more flexible approach to VAC program objectives, one that reflects the more personalized notion of veterans' wellness. Applying the universality of service principle less restrictively could help promote wellness among injured serving members and alleviate the sense of unfairness that some veterans may feel upon their release. Therefore, the committee recommends as follows:

Recommendation 1

That the Department of National Defence and the Canadian Armed Forces be more flexible in applying the principle of universality of military service and consider establishing a "limited assignment status", as defined in the US Air Force Instruction 36-3212.

37 ACVA, *Evidence*, 3 May 2017, 1540 (Mr. John Genise, Executive Director, Case Management, Workplace Safety and Insurance Board (Ontario)).

4.2 Transition

In its December 2016 report on service delivery, the committee recommended as follows:

That medically releasing members be considered released only once Veterans Affairs Canada has made a final adjudication on their applications for benefits and once all health, rehabilitation and vocational services have been put in place.

In light of the testimony received during this study, the committee wishes to repeat this recommendation and add certain specifications.

Recommendation 2

That the Canadian Armed Forces medically release members only once:

- **they have adequate housing options;**
- **they have access to gainful employment options or to a vocational program;**
- **they have adequate and continuing medical follow up for their condition;**
- **Veterans Affairs Canada has made a final adjudication on their application for a disability award and, if applicable, the financial benefits in parts 1, 2, 3 and 3.1 of the New Veterans Charter;**
- **all health, rehabilitation and vocational services under the responsibility of Veterans Affairs Canada have been put in place.**

In order to facilitate the implementation of some of the elements of the above recommendation, the Committee also recommends:

Recommendation 3

That, with the aim of securing access to family doctors and to other necessary health and social services for veterans in the province / territory they settle:

- **the Minister of Veterans Affairs engage with the Minister of Health and the Minister of Health's provincial / territorial counterparts to increase access to family doctors for veterans;**

- **Veterans Affairs Canada coordinate its transition, employment, housing, health and rehabilitation services with the relevant provincial and territorial authorities and community agencies.**

These recommendations echo similar ones that the committee has made previously and that have been proposed repeatedly by Veterans Ombudsman Guy Parent, and National Defence and Canadian Forces' Ombudsman, Mr. Gary Walbourne, in a number of their reports and public statements. Mr. Parent told the committee that this practice is already in place in the Netherlands.[38] The situation in the United States appears similar to that in Canada, but Robert Reynolds of the U.S. Department of Veterans Affairs told committee members about a joint portal for the transition services of the defence and veterans affairs departments.[39]

Transition programs for military personnel in the United Kingdom seem very similar to those in Canada. Martin Goudie of Veterans UK described them as follows:

> Anyone who is going to be medically discharged automatically is drawn to the full resettlement package, which means they automatically receive up to the seven weeks' worth of training. In addition to that, as part of the policy, no individual will depart through medical discharge until their medical pathway's clear and they are able to leave the service into future, whether it be, education, training, or employment. They receive as much of a package as possible up until the date of discharge.
>
> In addition to that, we also have, as I spoke about earlier, personnel recovery units, which is where individuals who have suffered significant injuries—are wounded, injured, sick—and those with other injuries now will be placed in personnel recovery units to allow them to receive even more dedicated and direct support. Within that, they will have a singular welfare officer or a personnel recovery officer who will have 12 individuals on their caseload, and they and their families are provided with extensive one-to-one support to ensure employment, housing, schooling for children, move-of-house, and adaptation of houses through the Defence Infrastructure Organisation.[40]

A complementary approach is taken at enlistment to link new recruits with the services they may need when they leave the military so that the agency responsible for these services does not have to make additional efforts to reach them. This approach was

38 ACVA, *Evidence*, 1 May 2017, 1615 (Mr. Guy Parent, Veterans Ombudsman, Office of the Veterans Ombudsman).

39 ACVA, *Evidence*, 5 June 2017, 1530-1540 (Mr. Robert Reynolds, Deputy Under Secretary Disability Assistance, United States Department of Veterans Affairs).

40 ACVA, *Evidence*, 19 June 2017, 1150 (Mr. Martin Goudie, Business Development Manager, Veterans Welfare Service, Veterans UK).

introduced recently in Australia. Liz Cosson of the Department of Veterans' Affairs Australia explained the program as follows:

> One of the key things for us was that information sharing with Defence, so 12 months ago we initiated a program so that we would know everyone who enlists in the Australian Defence Force now. We have visibility of everyone who enlists and we also have visibility of any injury sustained during service, which the Department of Defence notifies us about. So we start to bring them into the Department of Veterans' Affairs before they need us.[41]

Unless the Canadian Department of National Defence plans to relax the principle of universality of service, steps should be taken, perhaps at enlistment, to prepare members for the possibility that they will have to be medically released before they are ready to end their military careers.

4.3 Vocational rehabilitation

Some veterans may experience difficulty when leaving the military because they lack the training to fulfil their ambitions in civilian life. In the United States, there are many sometimes complex training programs established to meet the specific needs of veterans of certain conflicts. Robert Reynolds of the United States Department of Veterans Affairs explained the process and highlighted the diversity, scope and complexity of the U.S. programs:

> Our vocational rehabilitation and employment program is a benefit program for those veterans who are service connected for disability compensation but who might need further education. That's actually how I got my undergrad degree. It was through vocational rehab, not our education program. For voc rehab, we have about 135,000 veterans who participate in that program as well. It's really to help those with service-connected disabilities to get back to the daily act of living.
>
> I'm sure you've heard about our education program. It's mostly our Post-9/11 GI Bill. We've given that benefit out to 1.74 million, so it's getting close to two million. That would be not only veterans; this benefit allows you to transfer that entitlement to your spouse or dependant as well.[42]

Canada's vocational rehabilitation programs have often been used to highlight the duplication that can occur when several different agencies try to fill the same gap.

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41 ACVA, *Evidence*, 7 June 2017, 1820 (Ms. Liz Cosson, Deputy Secretary and Chief Operating Officer, Department of Veterans' Affairs Australia).

42 ACVA, *Evidence*, 5 June 2017, 1530-1540 (Mr. Robert Reynolds, Deputy Under Secretary Disability Assistance, United States Department of Veterans Affairs).

Bernard Butler, Assistant Deputy Minister at Veterans Affairs Canada, noted that the creation of new programs is well intended but can lead to confusion:

> [M]ore and more benefits come online. We've seen a host of them with budget 2017. All of them are very important, and all of them help to meet gaps and address needs that are emerging. The fact of the matter is, however—and this would be my personal assessment—that the more individual program elements you create, the more you are at risk of adding complexity because you have to have separate eligibility criteria for each one. Eligibility criteria for the new education benefit, obviously, would be different than eligibility criteria for a rehabilitation benefit. I think that creates the challenge for the department to find ways and means to make the benefit suite simpler. [43]

Veterans Ombudsman Guy Parent raised the subject of vocational rehabilitation, which he often uses to criticize the complexity of the suite of Canadian veterans programs. He showed the committee a diagram depicting the tangle of programs and noted that many of the boxes in the image would disappear if the overlap in vocational rehabilitation programs were eliminated:

> It's very complicated, again, because there is a duplication of programs. Again, if the two programs—the vocational rehabilitation programs available through the Canadian Armed Forces and the ones available to VAC—were actually merged, maybe 10 of these boxes would disappear. It takes some drastic steps, I think, from National Defence and Veterans Affairs Canada to say, 'Okay, let's make it simpler.'[44]

In this instance, it certainly seems that the advantages of having a separate veterans department are offset somewhat by the duplication in bureaucracy. For example, starting in April 2018, veterans who have more than 6 years of service are eligible for an education and training benefit of up to $40,000, and those who have more than 12 years of service are eligible for a subsidy of up to $80,000. For comparison, veterans who are released for medical reasons must participate in the Service Income Security Insurance Plan's (SISIP) Long Term Disability (LTD) Vocational Rehabilitation Program (VRP), owned by the Department of National Defence, and administered by Manulife. It is available to medically released members of the Canadian Armed Forces (CAF) six months prior to release, and to medically released veterans during the first 24 months after their release. It will reimburse a maximum of $28,000 in tuition costs for the duration of the program, plus specific monthly allowances, if applicable, for supplies, child care and travel, for a possible maximum amount of about $48,000. The training options are also more limited than under the education and training benefit.

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43 ACVA, *Evidence*, 1 May 2017, 1650 (Mr. Bernard Butler (Assistant Deputy Minister, Strategic Policy and Commemoration, Department of Veterans Affairs).

44 ACVA, *Evidence*, 1 May 2017, 1600 (Mr. Guy Parent, Veterans Ombudsman, Office of the Veterans Ombudsman).

In his appearance before the Committee, National Defence and Canadian Forces Ombudsman Gary Walbourne defended the quality of the SISIP Vocational Rehabilitation Program.[45] His comments, however, focused on the effectiveness of SISIP in processing applications, as well as the overall satisfaction of veterans who participated in the program. What is at stake in the current study is not so much the efficiency of the program's administrators, but its content and eligibility requirements that lead to overlap with other vocational rehabilitation programs. In addition, the multiplicity of criteria creates confusion, and can sometimes cause unfair situations for some veterans.

For example, as noted above, if a veteran is released for medical reasons before having reached 6 years of service, he/she would be eligible for SISIP's program only, and not for the education and training benefit. A veteran who is released for medical reasons after 6 to 12 years of service could also receive less than a veteran who has not been released for medical reasons after 12 years of service.

Therefore, noting that the criteria of both programs could lead to an unfair disadvantage for medically released veterans, the committee recommends as follows:

Recommendation 4

That, following the introduction of the education and training benefit in April 2018, Veterans Affairs Canada ensure that veterans who are released for medical reasons attributable to service and participate in the vocational program offered by the Service Income Security Insurance Plan do not receive less than veterans who are eligible for the education and training benefit.

It is worth noting that Canada's programs are relatively generous compared with programs in the United Kingdom, for example, that have similar objectives. Martin Goudie of Veterans UK provided the committee with a description:

> When someone joins the armed forces they are asked to sign up for what is called enhanced learning credits. During their service, if they serve four years, they receive 1,000 pounds up to three years in a row post-discharge which they can use, or if they serve eight years-plus, 2,000 pounds per year for three years. That is to allow them what is classed in the U.K. as a level 3 or above qualification, which is just one level below a degree qualification. It also allows them to use that to fully fund, if they haven't used any, a degree qualification as long as it is their first degree. You couldn't have someone have a degree and then use that funding to get a master's, for example, but they can use it for a first degree.

45 ACVA, *Evidence*, 2 November 2017, 0850 (Mr. Gary Walbourne, National Defence and Canadian Forces' Ombudsman).

> Career transition partnership is also linked with a program called X-forces, which is particularly for entrepreneurial and small business aspects and which people can use as part of their transition in order to develop their own, as you say, entrepreneurial and small business development post-discharge, not just going to work for someone else.[46]

However, the UK programs are for all serving members, whereas those offered by Veterans Affairs Canada were until quite recently for veterans participating in a rehabilitation program. When a new education grant is introduced in April 2018 for all Armed Forces members with at least six years of service, the actual demand for the benefit will help determine to what extent it meets a need for all members transitioning to civilian life.

5. FINANCIAL PROGRAMS

5.1 Compensation programs for a service-related disability

The financial compensation scheme for a service-related disability is one of the main criteria veterans look at to assess the quality of programs in a given country. For this study, three main schemes were identified:

- Lifetime pension: a pension paid for life, based on the severity of the disability (United States and France), combined with other measures to meet the more specific needs of certain veterans, such as social integration, which has proved challenging following their departure from the Armed Forces, their release for medical reasons, or their inability to be deployed to combat operations;

- Lump sum: a lump sum amount based on the severity of the disability (Canada, United Kingdom, New Zealand and Germany), paid in one installment or staggered if the veteran so chooses, combined with income replacement measures payable during the period in which the veteran participates in rehabilitation programs or permanently if the veteran can no longer work;

- Convertible pension: a pension payable for life, based on the severity of the disability, convertible into a lump sum payment based on projected life expectancy (Australia), combined with other income replacement programs payable during the rehabilitation period or permanently if the veteran can no longer work.

46 ACVA, *Evidence*, 19 June 2017, 1150 (Mr. Martin Goudie, Business Development Manager, Veterans Welfare Service, Veterans UK).

Each scheme has its share of advantages and disadvantages, but it is usually assessed on the basis of two criteria: the total amount that will be paid to the veteran in his or her lifetime, and the scheme's ability to promote a harmonious reintegration into work and society. Generally, lifetime pensions tend to lead to veterans receiving more over a lifetime from the government. Lump sum payments accompanied by income replacement measures during the rehabilitation period tend to support a better transition. Veterans will generally earn more over a lifetime, but less of it will come from the government.

It is this second approach the Government of Canada subscribed to by replacing lifetime pensions with lump sums. As Veterans Ombudsman Guy Parent made clear: "At one point in time under the old Pension Act, it was a monthly pension for life. If you got better, you got less money, and if you got worse, you got more money, so it was not an incentive to get better."[47]

The great advantage of Australia's convertible lifetime pension is that it takes into account the age of the veteran at the time of injury. The amount paid is proportionally higher as the percentage of disability increases. For example, for a 50% disability, the payment is about $500/month, increasing up to about $1,500/month for a 100% disability. This amount is not sufficient as a veteran's sole income, but, like in Canada, income replacement measures are also available during the rehabilitation period until the veteran can find suitable work.

Under the Australian scheme, converting the pension into a lump sum would be done as follows: for a 30-year-old veteran with a 50% disability, the lump sum would be about $130,000. For a 50-year-old veteran, the lump sum would be about $103,800, and would be slightly higher if the veteran were a woman, to take into account her higher life expectancy. For the same 30-year-old veteran with a 100% disability, the lump sum would be about $668,500, and about $363,000 if the veteran was 50 years old.

This scheme also applies to some provincial workers' compensation plans. As John Genise explained:

> We do have a non-economic loss award, or benefit, for a functional abnormality or loss which results from the injury. It's expressed as a "whole person impairment" as a percentage using a prescribed rating schedule—we use the AMA guide. In 2017, that prescribed amount, the "whole person" base amount, was approximately $59,000. The base amount is then adjusted at the time of the injury, based on the workers age. There's an added adjustment factor for every year that the worker is under the age of

47 ACVA, *Evidence*, 1 May 2017, 1630 (Mr. Guy Parent, Veterans Ombudsman, Office of the Veterans Ombudsman).

> 45 and on the other side, we subtract the same adjustment factor for every year that they are over the age of 45.[48]

From a strictly financial point of view, the United Kingdom's lump sum payment system is progressively more generous for veterans as the severity of the disability increases. The maximum amount is roughly the equivalent of C$1 million, more than double the maximum paid to the most severely injured Canadian veterans.

Paul Kingham of Veterans UK explained what motivated the British government to increase the amounts paid to the most seriously injured veterans:

> It was largely formed from the unfortunate horrific injuries that people were sustaining in the more recent conflicts. At the start of the scheme, which was very loosely based on the criminal injuries compensation scheme, that type of injury wasn't really catered to, so you could have the possibility of a veteran with three or more serious injuries being awarded compensation for only two of them.
>
> Quite clearly when you look at a full compensation scheme, yes, those with a higher tariff have a guaranteed income for life, but to cater to their ongoing care and housing needs, particularly if they're not able to work at all, that's why the higher figure is required.[49]

In contrast, France has a lifetime pension scheme. The amount is comparatively modest, and is based on the type of disability and the person's rank at the time of the injury or illness. A disability rating guideline sets out eligible diagnoses and the corresponding disability percentage.

The pension calculation is rather complex and is based on the annual "pension point" amount, which in 2017 was €14.40. As an example, for severe chronic sciatic pain rendering the veteran unable to walk or work, the rating guidelines provide a rate of 45% to 60%. Assuming that the rate was set at 50%, that means a "main pension" of 240 points, so 240 × €14.40 = €3,456 per year. This is then increased based on rank. For example, if the veteran had the rank of major, the pension is increased by 46.7 pension points for a total annual tax-free pension of €4,128.

Under certain conditions, the military disability pension amount can be combined with other social benefits or employment income.

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48 ACVA, *Evidence*, 3 May 2017, 1540 (Mr. John Genise, Executive Director, Case Management, Workplace Safety and Insurance Board (Ontario)).

49 ACVA, *Evidence*, 19 June 2017, 1205 (Mr. Paul Kingham, Chair of Chairs, Veterans Advisory and Pensions Committee, Veterans UK).

Increases are also provided for dependent children, as are additional allowances for severe disability (i.e., 85% or more).

Today in France approximately 150,000 veterans receive a pension, as well as roughly 55,000 spouses or children of injured or deceased soldiers. These figures are relatively modest given France's population of 67 million, and entail spending of around €1.2 billion.[50]

Compared to the pension amount paid in France, the amount paid in the United States seems much more generous, and can exceed $3,000/month for severe disabilities. However, France has far more free social programs than the United States, so a comparison of amounts alone is not possible.

In general, it is more difficult to establish the severity of a mental disability which may take longer to stabilize. In recognition of this difficulty, the United Kingdom and Australia award an interim disability payment that can be adjusted if the disability were to permanently worsen.[51]

In Germany, there are two separate plans, depending whether the injured member is a "career soldier", or a "contract soldier". If the veteran is a career soldier with a loss of earning capacity of 50% or more as a result of a deployment outside of Germany, he/she will receive a lump sum of 150,000 euros, and a lifetime earnings loss benefit of 80% of the salary the member would have made at the top of the pay scale one grade above his/hers.[52]

Contract soldiers may also receive a lump sum payment equal to two months' pay if they have less than 4 years of service, and up to 12 months' pay if they have 20 or more years of service. Service members leaving the armed forces at the end of their contracts, or who must be medically released prior to the end of their contract, receive a transition benefit equal to 75% of their pay for a period depending on the duration of their contracts. For instance, military members under a fixed-term contract who served for 4 years automatically receive 75% of their pay for 12 months, while those who served for 12 years or more receive 75% of their pay for 60 months.

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50 ACVA, *Evidence*, 26 September 2017, 0855 (Mr. Alexandre Coyo, Project Manager, General Secretariat for Administration, Ministère des Armées).

51 ACVA, *Evidence*, 19 June 2017, 1125 (Ms. Beryl Preston, Assistant Head, Service Personnel Support, Compensation, Ministry of Defence of the United Kingdom).

52 ACVA, *Evidence*, 5 December 2017, (BGen Bernd Mattiesen, Medical Corps, Ministry of Defence, Germany).

After considering the various compensation mechanisms for pain and suffering caused by a service-related disability, the committee finds that the convertible pension seems to be the most flexible and offer more advantages than disadvantages in comparison with other systems. Therefore, the committee recommends as follows:

Recommendation 5

That disability compensation for pain and suffering be offered as a lifetime pension and that, at the veteran's request, it be convertible into a lump-sum payment based on the veteran's age at the time of the injury or illness for which compensation was granted.

5.2 Turnaround times and appeals

As part of its previous study on service delivery, the committee examined the efforts of Veterans Affairs Canada over many years to process requests for services more quickly. This problem exists in most of the countries studied, but, as with everything else, takes on gigantic proportions in the United States. Mr. Reynolds described the progress made by the U.S. administration:

> We have worked on making some huge strides in VBA and VA as a whole. On the benefit side, I know that the last time I testified to you, it was around our backlog. We were really taking a lot on that.... We had a peak inventory of 611,000 claims. That number is down, with the backlog being just under 100,000, at about 95,000 or so. We've made great strides there.[53]

The Inspector General of the United States Department of Veterans Affairs, Michael Missal, suggested that it was not so much the fact that an application was accepted or rejected that was a problem, but the neverending appeal procedures on the degree of disability granted by the department. As the U.S. context shows, the lifetime pension scheme may make appeal procedures more complex since the monthly amount can be reviewed periodically if the veteran believes his or her condition has worsened. This has helped clog the appeals system in the United States:

> We hear from a number of veterans who feel that they're not properly tested or assessed as to the kind of benefit. In addition, if veterans want to appeal the VA's decision on benefits if they disagree with it, it could take up to five years for that appeal to be done, so they're very frustrated by how long the appeal process takes.[54]

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53 ACVA, *Evidence*, 5 June 2017, 1535 (Mr. Robert Reynolds, Deputy Under Secretary Disability Assistance, United States Department of Veterans Affairs).

54 ACVA, *Evidence*, 5 June 2017, 1705 (Mr. Michael Missal, Inspector General, Office of Inspector General of the United States Department of Veterans Affairs).

To shorten turnaround times, most countries have adopted a presumptive list for medical conditions related to military service, with no need for veterans to prove the connection. New Zealand established such a list to reduce the huge backlog of applications by veterans who participated in the Vietnam War but who could not necessarily prove the link between their medical condition and their military service.[55]

In Canada, one of the major frustrations of veterans who applied for financial benefits was the slow appeal process and the difficulty understanding the reasons for the decisions of the Veterans Review and Appeal Board. With the entry into force of the New Veterans Charter in 2006, the situation seems to have markedly improved,[56] which might suggest that shifting from a lifetime pension scheme to a lump sum payment scheme put an end to the neverending appeal process that can be found in the United States. The system in place in the United Kingdom[57] is very similar to that in Canada, and it would be interesting to examine whether the shift to a lump sum payment scheme resulted in an accelerated appeal process. On the other hand, it would be interesting to examine whether the lifetime pension scheme in France resulted in the same lengthy appeal process that can be found in the United States.

5.3 Income replacement and transition support measures

In Canada, the lifetime pension scheme was replaced with a lump-sum scheme similar to provincial workers compensation programs, but more generous.[58]

This generosity is also reflected in the income replacement measures. As of 1 April 2017, the earnings loss benefit pays 90% of the member's income at the time of release. This amount is paid during the entire time the member is undergoing rehabilitation or permanently if it is deemed that the member is no longer able to work. This system is also similar to that of most provincial workers compensation programs. John Genise of WSIB Ontario described how income support measures work in Ontario:

> Benefits are calculated depending on the date of injury, based on annual wage ceiling. We pay 85% of net average earnings. Loss of earnings benefits continue until the person is no longer impaired by the injury, there's no longer a loss of earnings—perhaps they're back to work—or until age 65, whichever comes first. After 72 months, those benefits

55 ACVA, *Evidence*, 14 June 2017, 1710 (Ms. Pat Povey, Manager, Veterans' Services, Veterans' Affairs New Zealand).

56 See ACVA, *Reaching out: Improving Service Delivery to Canadian Veterans*, section 3.4.

57 ACVA, *Evidence*, 19 June 2017, 1130 (Ms. Yvonne Sanderson, Assistant Head, Operational Policy, Planning and Training, Veterans UK).

58 ACVA, *Evidence*, 1 May 2017, 1600 (Mr. Guy Parent, Veterans Ombudsman, Office of the Veterans Ombudsman).

> are made permanent to age 65. Payments are issued every two weeks and adjusted for inflation annually.[59]

The difference between the provincial income replacement measures and the benefit paid to veterans is that the veterans benefit is not subject to a cap. It pays 90% of income, regardless of whether the income is that of a private or that of the highest ranking officer. In comparison, the maximum eligible income in the provinces is usually around $70,000. In addition, the earnings loss benefit guarantees a minimum income equal to a corporal's salary of about $45,000 a year, even if the member earned less.

A similar scheme is in place in countries that have switched from a lifetime pension scheme to a lump sum or convertible pension scheme. To make up for the lack of an equivalent program in lifetime pension schemes, a number of special measures have been put in place to compensate for the inability of some veterans to earn an income similar to what they earned as a member, or for veterans whose disability is not necessarily serious but who face financial hardship or are having problems reintegrating for other reasons.

Robert Reynolds of the United States Department of Veterans Affairs gave an overview of the various programs in the U.S. to compensate for its relatively limited social security:

> In our home loan benefit, this past year we did over 705,000 guaranteed loans. It's a great benefit that can be used numerous times throughout your life once you're eligible. One of the keys to that benefit is that, as you know, we've been working hard to end homelessness, and part of doing this in the VA home loan program is that if we become aware you're becoming delinquent on a home payment or are in financial problems, whether you have a home loan with VA or not, we will work on your behalf, the veteran's behalf, with the lending institution to try to keep you in that home.
>
> For example, last year we helped 97,000 veterans stay in their homes, without going to foreclosure, to keep them from becoming homeless. This is a huge benefit, because once you lose your home, typically where do you go next? It's a great program within our home loan benefit. …
>
> We have over six million who are covered under our insurance. Our insurance has a huge coverage, with about $1.2 trillion in coverage for those who have opted for our insurance program.[60]

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59 ACVA, *Evidence*, 3 May 2017, 1540 (Mr. John Genise, Executive Director, Case Management, Workplace Safety and Insurance Board (Ontario)).

60 ACVA, *Evidence*, 5 June 2017, 1530-1535 (Mr. Robert Reynolds, Deputy Under Secretary Disability Assistance, United States Department of Veterans Affairs).

In Australia, veterans are still able to access home ownership measures under the convertible pension scheme. Carolyn Spiers said that the primary measure offered by Australia's Department of Defence is a housing subsidy that can include a loan guarantee.[61]

6. SERVICE DELIVERY

Canada, Australia and the United States have a separate department responsible for providing programs and services to veterans. France, New Zealand, the United Kingdom and the Netherlands do not have a veterans affairs department but an organization under the authority of the department of defence responsible for administering and providing all or part of these programs. In Germany, all programs are under the responsibility of the Ministry of Defence.

In the United Kingdom, programs are generally similar to what is offered in Canada. The main difference is the existence of Veterans UK, a parapublic organization under the authority of the Department of Defence, which is responsible for coordinating the efforts of multiple community organizations that provide direct, local services to veterans:

> We don't have a veterans department. Veterans are, first and foremost, members of society, so it falls on all the different government departments to look after them, including the Department of Health, the National Health Service, the Department for Communities and Local Governments, and the devolved administrations. You have to remember that Scotland, Ireland, and Wales do operate slightly differently. It falls on everybody to look after them.[62]

This approach fosters better local coordination of services and makes it easier for community agencies and private organizations to participate in service delivery. Mr. Boerstler of NextOp spoke of the work being done in Denmark,[63] and recommended a similar approach in the very different context of the United States:

> [W]e can't just create another program to find a solution to the complex needs and problems in the veteran community. We needed to create a system of programs that

61 ACVA, *Evidence*, 7 June 2017, 1900 (Ms. Carolyn Spiers, Principal Legal Advisor, Department of Veterans' Affairs Australia).

62 ACVA, *Evidence*, 19 June 2017, 1120 (Captain Mark Heffron, Deputy Head, Service Personnel Support, Welfare, Ministry of Defence of the United Kingdom).

63 ACVA, Evidence, 3 October 2017, 1015 (Mr. John W. Boerstler, Executive Director, NextOp).

> connected all of the government agencies, the NGOs, and the private organizations that have a stake in military transition and veterans affairs.[64]

Service delivery in the United Kingdom is decentralized and organized by region according to an original governance structure:

> Our veterans' minister independently appoints 13 regional chairmen for the various regions within the United Kingdom and the Republic of Ireland to look after veterans' awareness, raise issues of veterans' awareness within the regions, but because they're independently appointed by a minister, all the chairs have access to the minister to talk about how we're doing as an organization.[65]

In France, veterans who have been injured as a result of military service remain under the responsibility of the Ministry of Armed Forces, which administers the main disability benefits. However, it has delegated the administration of reintegration and commemoration programs to another agency. The Office national des anciens combattants et victimes de guerre is the government agency responsible for supporting veterans through programs it administers on behalf of the Ministry of the Armed Forces. Its mandate does not include processing most benefits, except for support of last resort, emergency support, and commemoration activities. Its mandate was recently expanded to cover victims of terrorism. It has an annual budget of about €100 million and provides services to 2.7 million individuals.

Although ONACVG is under the authority of the Ministry of the Armed Forces, the ministry is not directly involved in developing and managing most ONACVG programs. Instead, this responsibility falls to the ONACVG executive board of directors, made up of about 40 representatives of the veterans community.

Similar to Veterans UK, the Dutch Veteraninstituut, and NextOp in Texas, the ties that ONACVG maintains with organizations in the veterans community support decentralization and help to integrate these organizations into “single window” points of contact where community agencies and all levels of government can come together and serve veterans in a way that best meets their specific needs.

6.1 Program complexity

All governments, including Canada, have to deal with complex veterans programs and services because of the different needs of successive generations of veterans. The rules in place are sometimes so complex that it becomes difficult for public servants to apply

64 ACVA, Evidence, 3 October 2017, 0850 (Mr. John W. Boerstler, Executive Director, NextOp).

65 ACVA, *Evidence*, 19 June 2017, 1105 (Mr. Rob Rowntree, Deputy Head, Welfare and Support, Veterans UK).

them consistently. The Inspector General of the United States Department of Veterans Affairs, Michael Missal, described the problem in the U.S.:

> VA is going to try to simplify some of the rules. One of the issues we have found is that the people who work at VBA, the veterans benefits administration, don't fully understand some of the complex rules. I know the secretary has spoken about that, and it certainly comes up as it relates to the wait times to get into a medical centre. There are all these different rules. The secretary has said he'd like to try to simplify the rules, both for access and benefits, so that it's easier to work through the administrative function there.[66]

Robert Reynolds with the United States Department of Veterans Affairs gave the example of a support program for family caregivers – which Canada's Veterans Ombudsman has lauded[67] – that has had unexpected consequences. This situation can be found in all the countries studied and shows how a government's sincere desire to meet the real needs of some veterans and their family members can sometimes result in unexpected injustice:

> we have a caregiver benefit. It's actually derived out of our health care side, but that is only for veterans who are from the Post-9/11 GI Bill generation. One of my good friends right now is a quadruple amputee. He has no limbs whatsoever. He was before the Post-9/11 GI Bill. His wife, who has provided caregiver services ever since he lost all his limbs, is not eligible for that benefit. There's a lot of discussion on Capitol Hill on how we make this inclusive for all eras, not just post-9/11.[68]

Despite a completely different context, the representative of Veterans' Affairs New Zealand, Bernadine Mackenzie, also expressed bureaucratic challenges:

> We are conscious that we need to simplify processes and be able to work effectively with our changing veteran population. We have made changes, and we are going to make more. Some of these include implementing a new information management system; reorganizing staff functions to allow more end-to-end processes to be managed in one team, so that veterans and their families have one point of contact; a communications change program, again, aimed at reaching the changing veterans demographic; and making sure our communications are clear and understandable to all veterans.[69]

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66 ACVA, *Evidence*, 5 June 2017, 1710 (Mr. Michael Missal, Inspector General, Office of Inspector General of the United States Department of Veterans Affairs).

67 ACVA, *Evidence*, 1 May 2017, 1620 (Mr. Guy Parent, Veterans Ombudsman, Office of the Veterans Ombudsman).

68 ACVA, *Evidence*, 5 June 2017, 1550 (Mr. Robert Reynolds, Deputy Under Secretary Disability Assistance, United States Department of Veterans Affairs).

69 ACVA, *Evidence*, 14 June 2017, 1635 (Ms. Bernadine Mackenzie, Head, Veterans' Affairs New Zealand).

6.2 Connecting with veterans who are not departmental clients

An issue that frequently came up in the committee's discussions was the difficulty connecting with members who leave the Armed Forces and do not immediately need the services of Veterans Affairs Canada, but may later. This problem also arose in the United States and in Australia after the Vietnam War, where the rather negative public image of veterans may have prevented some of them from seeking government services.

> Our vet centres were stood up after Vietnam. When our Vietnam veterans came home, they weren't really treated correctly, and didn't trust the government. Their own stood up the vet centres. They have the state criteria of eligibility, which is combat veterans.[70]

In Australia, the department is still struggling to reach Vietnam veterans. Liz Cosson with Department of Veterans' Affairs Australia highlighted efforts to better reach veterans who may need services:

> You mentioned our commitment to Vietnam. We had about 60,000, including our nurses, who deployed to Vietnam, but unfortunately we only know one in three of those veterans, and from recent conflicts, we only know one in five. Our efforts are really focused on how we can connect to those veterans and that broader community where they do have eligibility for our support and services.[71]

According to the Canadian Veterans' Ombudsman, Mr. Guy Parent, Australia's solution to the difficulty of reaching out to veterans has been to make them clients of the Department of Veterans Affairs as soon as they become members of the Australian Forces[72]. In order to facilitate the outreach efforts made by Veterans Affairs Canada towards veterans who are not clients but who could be eligible for programs and services, the Committee recommends:

Recommendation 6

That the the Canadian Armed Forces and the Royal Canadian Mounted Police require their recruits to sign up, upon enlistment, for a My Vac Account.

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70 ACVA, *Evidence*, 5 June 2017, 1550 (Mr. Robert Reynolds, Deputy Under Secretary Disability Assistance, United States Department of Veterans Affairs).

71 ACVA, *Evidence*, 7 June 2017, 1805 (Ms. Liz Cosson, Deputy Secretary and Chief Operating Officer, Department of Veterans' Affairs Australia).

72 ACVA, *Evidence*, 2 November 2017, 1005 (Mr. Guy Parent, Veterans' Ombudsman, Office of the Veterans' Ombudsman).

6.3 Transferring records

Another difficulty caused by the existence of two separate departments is the transfer of medical records between the two organizations. This issue was repeatedly raised during the committee's discussions about Canada, but the challenges faced by the U.S. administration are enormous in comparison, given the number of files it handles.

Commenting on a recent announcement by the U.S. Secretary of Veterans Affairs to have a standard electronic system so that information can be shared between the two departments, Mr. Reynolds described the scope of the necessary steps:

> [W]e had worked together to do interoperability with information and data exchange. DOD did a long assessment over a couple of years to determine what application and architecture platform they wanted. They made that decision while VA was still wondering where it was going to go. Today, the secretary and the President announced that we will be going with the same platform and the same software as DOD. That is a huge win-win for service members and veterans, because we will use the same software and the same electronic health record from the moment the service member comes in, all the way through their life cycle, until they use their last benefit, which is memorial affairs.[73]

In Canada, the department has introduced a comprehensive digitization initiative, but the Department of National Defence and Veterans Affairs Canada systems have yet to be integrated. In addition, for veterans who are not VAC clients, medical records will be administered by provincial authorities after their release. The Committee therefore recommends:

Recommendation 7

That upon enlistment of their recruits, the Canadian Armed Forces and the Department of National Defence be authorized to share, on an ongoing basis, relevant medical records with Veterans Affairs Canada, in accordance with existing privacy legislation.

7. MENTAL HEALTH, HOMELESSNESS AND SUICIDE

The greatest difference among the countries is probably the delivery of mental health programs and services, as they must be coordinated with the health care system in each country. Canada's federal system poses challenges that do not exist in New Zealand, and the lack of a universal health care system in the United States requires a parallel system of health institutions that Canada no longer needs. These considerations therefore have

73 ACVA, *Evidence*, 5 June 2017, 1535 (Mr. Robert Reynolds, Deputy Under Secretary Disability Assistance, United States Department of Veterans Affairs).

a significant influence on how each country develops its own solutions to mental health problems that may arise from military service.

In New Zealand, for example, since there is no separate department for veterans, the programs for them are the same as those for serving and transitioning personnel. The smaller number of cases, given the smaller number of personnel, makes it easier for New Zealand to offer individual service.[74]

In the United Kingdom, the services of the armed forces are available to serving and transitioning personnel up to six months after release. After that, the national health service is responsible for veterans' health care needs. Special needs are met by community organizations with which the Department of Defence works through Veterans UK, the central umbrella organization that coordinates service delivery at the local level. For example, in the case of community mental health services for veterans, the largest partner organization in England is "Combat Stress." In Scotland, Veterans First Point coordinates these services, while another organization coordinates services in Wales.[75]

What is important is that, unlike in Canada, the governments of these two countries only coordinate specialized community services. They do not directly provide mental health programs to their veterans.

During this study, some discussions on mental health led to a discussion about the connection between mental health problems and homelessness. In the United States, homelessness is clearly a problem, and not just for veterans. However, the large numbers of veterans in the U.S. mean many are among the homeless population. It is therefore easy to assume a cause-and-effect relationship between being a veteran and homelessness. However, this link has not been clearly established. Similarly, data from the United Kingdom do not suggest any direct link between the two. As Captain Heffron points out:

> There has been a study undertaken in the last few years, only available for London, where we see as few as 3% of all those who are homeless in the London area being ex-armed forces, and indeed they may come from armed forces of different nations. It is a

74 ACVA, *Evidence*, 14 June 2017, 1635 (Ms. Bernadine Mackenzie, Head, Veterans' Affairs New Zealand).

75 ACVA, *Evidence*, 19 June 2017, 1115 (Mr. Martin Goudie, Business Development Manager, Veterans Welfare Service, Veterans UK).

> very small number who have problems there. A very small number have difficulty transitioning.[76]

Neither Germany nor France seem to have any specific problem with homeless veterans either. Mr. Charlet of the Office national des vétérans et des victimes de guerre notes:

> In France, nothing compares to what the U.S. and Canada have experienced with respect to the homeless. The regional network I mentioned earlier helps individuals in distress to find a local support service.
>
> Let me add one thing. It is important to realize that those regional services, those local services, work closely with other government services, particularly the prefects. I'm not sure whether the Canadian system is similar to the French system, but the ONACVG works extensively with the prefects, who have specific responsibility in the area of housing. In France, prefects have quotas for housing that they can assign. Since we work well with the prefects, we may very well turn to them to try to find housing when a veteran is homeless and in distress.[77]

In the United States, it is commonly believed there is a direct causal link between the suicide rate and veterans, given their risks of mental health problems. As Robert Reynolds of the U.S. Department of Veterans Affairs reported, 22 U.S. veterans commit suicide each day.[78] In Canada, the suicide rate among veterans is about 50% higher than among serving members and the general population.[79] It is not clear whether this difference is as significant in the other countries studied.

Mr. Boerstler strongly objected to this popular belief, which he thinks stigmatizes veterans and makes employers worry that all veterans suffer from mental health problems and will be a danger rather than an asset to the organization:

> When I educate employers every day, I talk about the misnomer that is “post-traumatic stress”, about demystifying it and talking about the data. They say that 22 American veterans commit suicide every day. Let's drill down on that data. We don't have to go into the specifics when we talk to the employers, because they usually get it right away, but 20 out of those 22 veterans are white males over the age of 60. This is exactly consistent with the civilian population in the United States, which shows, obviously, that

76 ACVA, *Evidence*, 19 June 2017, 1120 (Captain Mark Heffron, Deputy Head, Service Personnel Support, Welfare, Ministry of Defence of the United Kingdom).

77 ACVA, *Evidence*, 26 September 2017, 0920 (Mr. Frédéric Charlet, Project Director to the Executive Director, Office national des anciens combattants et victimes de guerre, Ministère des Armées).

78 ACVA, *Evidence*, 5 June 2017, 1550, (Mr. Robert Reynolds, Deputy Under Secretary Disability Assistance, United States Department of Veterans Affairs).

79 See ACVA, MENTAL HEALTH OF CANADIAN VETERANS: A FAMILY PURPOSE, June 2017, p. 8.

> there is no correlation to military service. It just shows that white males over the age of 60 tend to commit suicide, unfortunately, at a higher rate than do other populations.[80]
>
> In order to prevent further mental health issues from occurring in their transition and reintegration into civilian life, we need to focus more on the employment and career transition instead of putting more dollars and media attention and efforts into explaining why veterans are broken rather than why we're civic assets and we will be the best employees at your company.[81]

This statement offers some food for thought. Just because a veteran committed suicide does not mean he committed suicide because he was a veteran. We must challenge the preconceived suspicion that veterans are less reliable in the workplace because of the potential mental health challenges that have become too often associated with them. All the evidence provided to this Committee clearly demonstrates that veterans tend in fact to be more reliable in the workplace than other employees.

8. CONCLUSION

The committee's comparative study identified a number of issues that seem to exist in most countries to varying degrees. However, it was not possible to identify country-specific solutions that could be applied in Canada without calling into question the entire system, or at least some of its core elements. For example, it can be said that having two separate departments for veterans in Canada, the United States and Australia creates bureaucratic difficulties for veterans transitioning to civilian life. Yet it can also be said that having a separate department ensures that veterans are not treated as secondary clients by the Department of Defence or as one client among many others in the health care system, and that the government has not unloaded some of its responsibilities on community organizations. It would be unfair to compare the pros of one system with the cons of the other. This applies to most of the elements examined during this study. A lifetime pension scheme promotes greater financial security, but a lump-sum payment scheme with income replacement measures promotes better job reintegration and a greater sense of well-being in a successful transition.

Most of the countries studied had to review a significant portion of their veterans programs and services in response to the transformation in conflict following the end of the Cold War. Each country took into account the specific context in which its armed forces were involved, its traditions, the inevitable comparison with the programs and

80 ACVA, *Evidence*, 3 October 2017, 0920 (Mr. John W. Boerstler, Executive Director, NextOp).

81 ACVA, *Evidence*, 3 October 2017, 0945 (Mr. John W. Boerstler, Executive Director, NextOp).

services for veterans of previous conflicts, its financial capacity and the possibility that other organizations are able to deliver its programs and services more effectively.

When examining the key elements of schemes in these countries or in Canada, it is important to ensure that their disadvantages are so significant that replacing them will not risk creating comparable disadvantages to other elements of the scheme. Comparisons show that countries should expand their thinking beyond their own borders and consider possibilities that they would not have conceived of otherwise. However, while comparisons have the advantage of encouraging us to think outside the box, they can also cause us to see things from an overly positive angle, without fully considering all aspects of the situation.

APPENDIX A
TRAVEL REPORT: WASHINGTON, D.C., 14–16 MAY 2017

INTRODUCTION

As part of its study on the programs and services available to veterans in other jurisdictions, the House of Commons Standing Committee on Veterans Affairs travelled to Washington to hold meetings and undertake visits on 15 and 16 May 2017. The delegation included the Committee Chair, Neil Ellis, and the Vice-Chair, Robert Kitchen, as well as Colin Fraser, Doug Eyolfson, Bob Bratina, Cathay Wagantall and Wayne Stetski. The delegation was accompanied by Patrick Williams and Nathalie Clairoux from the House of Commons, as well as Jean-Rodrigue Paré from the Library of Parliament.

MEETINGS

A. 15 May 2017, Embassy of Canada

1. 9:00 a.m.–10:00 a.m.: Information Session from Canadian Diplomatic Staff

Sheila Riordon, Minister of Political Affairs at the Embassy, received the Canadian delegation in Washington and provided an overview of the main issues surrounding what she presented as an "unusual context of crisis" since the Trump administration was sworn in. At the time of the meeting, there were about 400 vacancies at the highest levels of government, which was slowing down the planning of bilateral negotiations. Several federal agencies were about to be eliminated or have their role changed without Congress having had the opportunity to monitor the magnitude of the changes. Ms. Riordon said she expected the State Department's program budget to be cut by 35%.

Meaghan Sunderland, Canada's Attaché to U.S. Congress, then highlighted the main issues facing Congress in the coming months, specifically the future of Obamacare. She then presented the positions of the most active senators and representatives in the veterans file, as well as references to Canadian veterans in Congress. In particular, she noted the recognition of the Devil's Brigade, the surviving members of which received the Congressional Gold Medal in 2015. This Canadian-American special force, which was active during World War II, served as a model for the creation of the Navy SEALs.

Ms. Sunderland also informed the delegation members of a bill tabled in the House of Representatives by Tim Ryan, Representative for Ohio, intended to recognize American volunteers who joined the Canadian Forces during World War II before the United States entered the war.

Ms. Riordon then outlined the issues affecting trade between Canada and the United States. The possibility of renegotiating NAFTA will be at the heart of the discussions between the two countries, as will duties on softwood lumber. In her view, signals from the Americans are not currently clear enough to allow Canada to develop a negotiating strategy.

Commander Ian Torrie, Canada's Defence Health Services Attaché to the United States, presented the collaborative files between Veterans Affairs Canada (VAC) and the U.S. Department of Veterans Affairs (USDVA). Their discussions tend to focus on research and the sharing of service delivery best practices. The digitization and transfer of military medical records is an issue that the two departments are looking at together in order to find solutions.

Daniel Abele, Head of Intergovernmental Affairs, Rear-Admiral Bill Truelove, Commander of the Canadian Defence Liaison Staff, and Gregory Witol, First Secretary (Defence), also offered additional information.

2. 10:00 a.m.–11:00 a.m.: Information Session from the U.S. Department of Veterans Affairs

Dr. David Atkins, Chief Research and Development Officer with the U.S. Department of Veterans Affairs (USDVA), presented the research program he is leading, highlighting in particular the many collaborations that have been established with the Department of Defense. With respect to research on transition, Dr. Atkins spoke of a "high degree of synergy in research" between the two departments.

Robert Jaeger, Director of Post-Deployment Health Research at the USDVA, presented the strengths of his research program, including the capacity to conduct large-scale epidemiological studies, given the U.S. veterans' medical system. He gave many examples of successful collaborations between Canada and the United States on veterans' health, including frequent discussions on emerging issues such as canine therapy and regular consultations between U.S. and Canadian experts on health policies and treatment for veterans.

3. 11:00 a.m.–12:00 p.m.: Meeting with Dr. Lynda Davis, Chief Veterans Experience Officer at the Department of Veterans Affairs

On 4 April 2017, Dr. Lynda Davis was appointed to this position, which was recently created within the USDVA and is intended to ensure that the policies and decisions made within the Department are truly focused on veterans and their experience with services and programs. She outlined her role and the priority challenges she intends to address in the first few years of her mandate, including expanding collaboration with the Department of Labor to facilitate the transition to civilian life of released military members.

Discussions with the delegation included coordinating the relationship between the Department and the many veterans' organizations, as well as ways to improve public and employer understanding of military culture to facilitate the transition. The Canadian principle of universality of military service, which seems to exist in a more flexible form in the United States, was also discussed. Dr. Davis informed the delegation that the Department of Defense was studying the possibility of introducing the principle of permanent limited duty, which would allow military forces to continue to benefit from the skills acquired by members of staff who, because of health problems, can no longer be deployed within their units.

B. 16 May 2017, United States Senate, Room of the Senate Committee on Veterans' Affairs

1. 3:00 p.m.–4:00 p.m.: Meeting with Senators Thom Tillis (North Carolina) and Mike Rounds (South Dakota)

The delegation was received in the room of the Senate Committee on Veterans' Affairs by Senator Thom Tillis and Senator Mike Rounds, members of their staff, members of the Committee's staff and employees from the Library of Congress responsible for the veterans file.

Senator Tillis summarized the Committee's recent discussions on enabling veterans to choose their health care provider from outside the network of USDVA-employed professionals. Recent statistics showing that 20 veterans die by suicide every day in the United States were also discussed.

The Chair of the House of Commons Standing Committee on Veterans Affairs, Neil Ellis, summarized the Committee's most recent studies, and a discussion was held on the issues of transitioning to civilian life, including the difficulty for army veterans in having their professional skills recognized by civilian employers.

VISITS

A. 15 May 2017, Washington D.C. Vet Center, Silver Spring, Maryland

The Center's director, Wayne Miller, received the delegation and outlined the Center's many activities. These centres were created to meet the needs of Vietnam War veterans. Even today, it is still this cohort that mainly uses the services of the centres, but veterans of the more recent conflicts in the Middle East and Afghanistan are turning to them more and more. The discussions were quite varied and informal, but frequently came back to the differences between the American and Canadian systems, stemming from two main factors: the number of veterans in the United States, which sits at around 15 to 20 million, compared to fewer than 700,000 in Canada, and the importance of the Vietnam War to the development of American programs and services.

B. 15 May 2017, Arlington Cemetery, Arlington, Virginia

The members of the delegation visited Arlington National Cemetery to lay a wreath at the foot of the Cross of Sacrifice, a monument that honours Americans who served in the Canadian Armed Forces during World War I, World War II and the Korean War. The delegation then attended the changing of the guard ceremony in front of the Tomb of the Unknowns.

C. 16 May 2017, Walter Reed National Military Medical Center, Bethesda, Maryland

The members of the delegation were welcomed by Colonel Michael Heimall, Director of the institution, and then met with the medical readiness team, under the direction of Dr. Zizette Makary and psychologist Marisa Barra. The various stakeholders explained each step in the military medical readiness process before, during and after deployment.

All members of the military must undergo a preventive medical readiness exam at least once a year, regardless of their situation. For those deployed overseas, the process is more structured. The first step is screening which involves a series of standardized medical exams. The second step assesses the person's capacity to be deployed overseas. This assessment looks at the financial state of the household of the member to be deployed, the existence of a criminal record or offences of a sexual nature, drug and alcohol abuse, domestic violence, the military past of the spouse, and the honourable or non-honourable nature of their discharge, if applicable, and custody arrangements for the children.

The delegation then visited the facility's Warrior Clinic, a complete medical clinic for injured members of the military and adult members of their families. The clinic provides a holistic approach to the physical, spiritual and mental well-being of injured members. The range of services is very broad, from short-term acute care, to coordination of specialized services, to awareness of healthy living. The delegation members were able to speak with Captain Paul Gobourne, Clinic Director, about issues common to both countries, including the use of marijuana in pain treatment, and including family members in the rehabilitation program.

The delegation members ended their visit of the medical centre at the National Intrepid Center of Excellence (NICoE), which joined the Walter Reed Center in 2015. The NICoE specializes in the research and treatment of traumatic brain injury and psychological health conditions. It offers a four-week intensive outpatient program, where patients and their families can engage in a personalized treatment plan with on-site providers specialized in western medicine and alternative therapies. Treatments offered are very diverse and include canine therapy, brain imaging systems, the virtual reality therapeutic environment (CAREN), art therapy and sleep management, as well as most established physical, psychosocial and occupational rehabilitation. The Center also offers short-term assessment and treatment services, a brain fitness centre, and an evaluation centre offering a one-week diagnostic program.

APPENDIX B
LIST OF WITNESSES

Organizations and Individuals	Date	Meeting
Department of Veterans Affairs	2017/05/01	51
Bernard Butler, Assistant Deputy Minister Strategic Policy and Commemoration		
Office of the Veterans Ombudsman		
Guy Parent, Veterans Ombudsman		
Sharon Squire, Deputy Veterans Ombudsman, Executive Director		
Workplace Safety and Insurance Board (Ontario)	2017/05/03	52
John Genise, Executive Director Case Management		
Office of Inspector General of the United States Department of Veterans Affairs	2017/06/05	56
Michael J. Missal, Inspector General		
United States Department of Veterans Affairs		
Robert T. Reynolds, Deputy Under Secretary Disability Assistance		
Government of Australia Department of Veterans' Affairs	2017/06/07	57
Liz Cosson, Deputy Secretary and Chief Operating Officer		
Lisa Foreman, First Assistant Secretary Rehabilitation and Support Division		
Veronica Hancock, Acting First Assistant Secretary Health and Community Services Division		
Stephanie Hodson, National Manager Veterans and Veterans Families Counselling Service		
Craig Orme, Deputy President		

Organizations and Individuals	Date	Meeting
Government of Australia Department of Veterans' Affairs	2017/06/07	57
Kate Pope, First Assistant Secretary Transformation Division		
Carolyn Spiers, Principal Legal Advisor		
New Zealand Defence Force	2017/06/14	59
Col Clare Bennett, Chief Mental Health Officer Defence Health Directorate		
Steve Mullins, Director Integrated Wellness		
Veterans' Affairs New Zealand	2017/06/14	59
Bernadine Mackenzie, Head		
Pat Povey, Manager Veterans' Services		
Ministry of Defence of the United Kingdom	2017/06/19	60
Capt Mark Heffron, Deputy Head Service Personnel Support, Welfare		
Beryl Preston, Assistant Head Service Personnel Support, Compensation		
Veterans UK		
Martin Goudie, Business Development Manager Veterans Welfare Service		
Paul Kingham, Chair of Chairs Veterans Advisory and Pensions Committees		
Rob Rowntree, Deputy Head Welfare and Support		
Yvonne Sanderson, Assistant Head Operational Policy, Planning and Training		
Carolyn Short, Assistant Head War Pensions Scheme and Armed Forces Compensation Scheme		

Organizations and Individuals	Date	Meeting
Ministère des Armées - France	2017/09/26	61
Frédéric Charlet, Project Director to the Executive Director Office national des anciens combattants et victimes de guerre		
Alexandre Coyo, Project Manager General Secretariat for Administration		
NextOp	2017/10/03	62
John W. Boerstler, Executive Director		
National Defence and Canadian Forces Ombudsman	2017/11/02	64
Robyn Hynes, Director General Operations		
Gary Walbourne, Ombudsman		
Office of the Veterans Ombudsman		
Guy Parent, Veterans Ombudsman		
Sharon Squire, Deputy Veterans Ombudsman, Executive Director		
Department of Veterans Affairs	2017/11/07	65
Bernard Butler, Assistant Deputy Minister Strategic Policy and Commemoration		
Department of Veterans Affairs		
Michel Doiron, Assistant Deputy Minister Service Delivery		
Federal Ministry of Defence - Germany	2017/12/05	69
BGen Bernd Mattiesen, Medical Corps		

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. 51, 52, 56, 57, 59, 60, 61, 62, 63, 64, 65, 67, 69 and 70) is tabled.

Respectfully submitted,

Neil R. Ellis
Chair

Supplementary report of the NDP on Comparative Study Of Services To Veterans In Other Jurisdictions

New Democrats would like to thank the many witnesses who appeared before the committee for the Comparative Study Of Services To Veterans In Other Jurisdictions. New Democrats support the findings of this report but believe that the report's recommendations must be strengthened. The NDP therefore wishes to amend some of the recommendations.

Currently, Recommendation 1 states:

> That the Department of National Defence and the Canadian Armed Forces be more flexible in applying the principle of universality of military service and consider establishing a "limited assignment status", as defined in the US Air Force Instruction 36-3212.

The NDP believes that the model used by the Workplace Safety and Insurance Board (WSIB) of Ontario, as heard in the testimony brought forward by John Genise, could greatly inform the Department of National Defence's approach to help Canadian Forces members returning to work. WSIB uses an incremental and collaborative approach and the latter was well explained by the witness:

> We use a collaborative approach in return to work planning, by involving the client, the employer, and the treating physician together to come up with a plan. When workers are able to go back to the workforce, we continue to support them while they are working, and help them to work through their challenges and some of their barriers.[1]

This step-by-step and collaborative model shows the CF member that he or she is supported and that efforts are being made to find an employment opportunity that will suit his or her aspirations, abilities and needs.

Therefore, in addition to recommendation 1, the NDP further recommends:

> That DND use a collaborative approach similar to WSIB that involves the CF member, the military and the treating physician, together to come up with a plan to accommodate the CF member within the military in a new role. And also apply this model to medically released veterans requiring assistance to find work outside of the military.

Currently, Recommendation 2 states:

> That the Canadian Armed Forces medically release members only once:

[1] ACVA, *Evidence*, 3 May 2017, 1545 (Mr. John Genise, Executive Director, Case Management, Workplace Safety and Insurance Board (Ontario)).

- they have adequate housing options;
- they have access to gainful employment options or to a vocational program;
- they have adequate and continuing medical follow up for their condition;
- Veterans Affairs Canada has made a final adjudication on their application for a disability award and, if applicable, the financial benefits in parts 1, 2, 3 and 3.1 of the New Veterans Charter;
- all health, rehabilitation and vocational services under the responsibility of Veterans Affairs Canada have been put in place.

The NDP believes that aspects of this recommendation must be more specific and also strengthened in order to ensure veterans have a smooth transition out of the Military.

With regards to the first item, the term ''adequate'' is too vague and is not sufficiently binding. The NDP therefore suggests it be replaced with:

> They have appropriate, affordable and safe housing options that meet their needs.

The same concern applies to the third item. As it currently appears in the report, it does not provide certainty to veterans, in particular those living in remote communities who might have difficulty accessing sufficient medical care.

The NDP therefore suggests item three be replaced with:

> All health care for the veterans and their families be in place.

Currently, Recommendation 4 states:

> That, following the introduction of the education and training benefit in April 2018, Veterans Affairs Canada ensure that medically released veterans who participate in the vocational program offered by the Service Income Security Insurance Plan do not receive less than veterans who are eligible for the education and training benefit.

The myriad of programs CF members/veterans have to apply for and the different eligibility criteria established for each of them can be very complicated and confusing. The NDP therefore believes it is of prime importance to make it more understandable and as seamless as possible to navigate for CF members and veterans.

New Democrats therefore suggest the following recommendation replace current recommendation 4:

That there be one application form to apply for education benefits and the CF member/veteran can be matched to the program that best meets his or her needs or the two benefits be combined to an cover the education program as the CF members transitions out of the SISP plan to Education and training benefit.