

Attribution of Service injuries- The Canadian Armed Forces and Veterans Affairs Canada must work collaboratively to support transitioning members and their families.

The drive for continuous improvement in the Service Delivery to our Veterans is not new, nor is it possible.

Silos of manufactured ignorance and incompetence built by revolving door ministries such as Veterans Affairs and its insurance bureaucracy mindset prevent Veterans Affairs & the Canadian Armed Forces from successful applications of various committee recommendations and audits over the years into providing more competent and timely services.

A recent audit objective was to determine whether National Defence, the Canadian Armed Forces, and Veterans Affairs Canada could adequately manage selected services and benefits to support eligible ill and injured Canadian Forces members and veterans in their transition to civilian life.

Why?

To determine if adequate management of services to transitional National Defence members and Veterans Affairs clients.

Some metrics:

Veterans Affairs & the Canadian Armed Forces must have an overarching governance structure to coordinate, harmonize, and communicate the spectrum of care, services, and benefits available to ill and injured Forces members and veterans, taking into account their assessed needs for care, treatment, and re-establishment in civilian life.

That structure should also include systems and practices to identify and minimize any gaps and inefficiencies (such as overlap and duplication of departmental services and benefits), where their respective statutory and legislative mandates might allow, and to address instances of non-compliance with applicable legislation and regulations;

- have service commitments and delivery standards that are met and communicated to all Forces members and veterans, and delivery approaches that support an efficient transition and continuity of care, taking into account the assessed needs of ill and injured Forces members and veterans; and
- measure and monitor performance, act on improvement opportunities to support the transition from military life and re-establishment in civilian life, and report on performance.

This former audit focused on National Defence, the Canadian Armed Forces, and Veterans Affairs Canada—the two main federal organizations responsible for managing selected federal services and benefits available to Canadian Forces members and veterans with service-related illnesses and injuries in their transition to civilian life. It included:

- case management services;
- mental health services and benefits;
- physical and psychosocial rehabilitation treatment services and benefits;
- vocational services and benefits;
- disability awards, and temporary and extended earnings loss financial benefits;
- transitional services provided by National Defence and the Canadian Forces to Forces members in the process of medical release, through Joint Personnel Support Units and the Integrated Personnel Support Centres;
- screening to identify and contact Forces members who are at risk of developing service-related physical and mental health problems after deployment; and
- outreach services to identify and communicate with all ill and injured Forces members and veterans in order to inform them of transition services and benefits for which they may be eligible.

This brings us to the first silo-manufactured ignorance. Veterans Affairs Canada does not recognize modern operational exposures such as antimalarial drug exposure.

As stated previously at the ACVA Standing Committee by Ontario Psychology expert Dr. Jonathan Douglas- when Veterans Affairs does not acknowledge Quinism (long term Mefloquine Toxicity) it prevents a treatment pathway for their client. This leads to poor health outcomes and breakdowns of the family unit. Veteran suicides increase, creating a generational problem as offspring of suicide families are more like to complete suicide.

See this entry by Dr. Douglas for greater clarity:

“Our understanding of Quinism is in its infancy. We have yet to grapple with its impact on the diagnosis, misdiagnosis, overlapping diagnosis, or exacerbation of Operational Stress Injuries, in part because too few of us are sufficiently aware of the need to screen for Mefloquine exposure, and subsequent reactions to that exposure.

In our ignorance, we’re also at risk of creating Sanctuary Traumas. A Sanctuary Trauma occurs when someone expects to find help and support, but instead, experiences invalidation and rejection. Research shows that the experience of such injustice can have a severe impact on recovery from physical and psychological injuries.”

This brings us to our second silo-manufactured incompetence.

As we deny veterans and worse, perpetuate misdiagnosis among the veteran community, we exacerbate previously studied impacts such as:

- difficulty accessing health care services, strained family and marital relationships,
- lack of social networks.

The most negatively impacted veterans are those who have been in the Canadian Armed Forces for many years, or those who joined when they were young. This population of veterans may not have experience accessing the civilian health care system. They may require assistance in finding and registering for a family doctor, and are often not used to experiencing the significant wait times associated with the provincial health care systems, and may be unable to access required services in a timely manner.

For Veteran families who relocate to a new community after the military member has left the military, the entire family may need to reapply for a family doctor in their new location.

As identified with military families, civilian health care professionals may lack an understanding of the unique military context and how this has impacted both the physical and mental health of Veteran clients and their families.

Mental health issues experienced by Veterans who have transitioned out of the Canadian Armed Forces can have a significant impact on their family members, and can make the adjustment to civilian life more difficult.

Existing literature confirms that operational stress injuries (O.S.I.s) such as post-traumatic stress disorder (P.T.S.D.), Acquired Brain Injuries (A.B.I.) from Mefloquine Toxicity) and Traumatic Brain injury (T.B.I.) resulting from experience during military service can have a devastating impact on family members via Secondary Traumas.

To break down these two strongest silos between our Veterans Affairs & the Canadian Armed Forces and to ensure better health outcomes for our active & retired Service Members, we must request that these two Service Providers work in greater harmony and transparency. Failure to do so will continue the practice of leaving the veteran and their family unsupported during a crucial transition in their lives. Canada can and must do better.